QUESTIONS FOR WITNESS.
STATE OF GEORGIA,
Fuller County.
J. Chappelear of said State and County, having been presented
as a witness in support of the application of Millelland, Say for pension
under section 1254, Code, and after being duly sworn true answers to make to the tonowing questions, deposes and
1. What is your name and where do you reside?
I Man County
2. Are you acquainted with one Subsection, the applicant; If so, how long have you known him? Over Subsection
8. Where does he reside, and how long and since when has he been a resident of this State?
4. When, where and in what company and regiment did he enlist, and how do you know?
March 1862. Fullen Co-loo B. 9 hastal Veliler
5. Were you a member of the same company and regiment?
6. How long did he perform regular military duty? Aux Surrustin
7. When and where was his command surregidered? April 1865 Suppolination
8. Were you present when it surrendered? I was -
9. Was applicant present? The was-
10. If he was not present, where was he? He hallo present
When did he leave his command This 1865 For what cause? Surrender
By what authority be let : Confidence & Heldred . How do you know all of this? Recause I was with him all the whell
Kraw is personally
11. What property, effects or income has the applicant? (Give your means of knowledge.)
12. What property, effects or income did the applicant possess in 1901, 1902, 1908, 1904, 1905, 1906 and 1907,
soul
and what disposition, if any, did he make of same?
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
14. What is the applicant's occupation and physical condition?
Farming all & feell
15. Is the applicant unable to support himself by labor of any sort; if so, why?
The is server be compared to support himself by labor of any ord; it so, way to
and Subleness-
16. How was he supported during the years 1901, 1902, 1908, 1904, 1905, 1906 and 1907?
17. What portion of his support for these four years was derived from his own labor or income? 18. Give a full and complete statement of the gaplicant's physical condition that entitles him to a pension under
Sign of the property of the applicant's physical condition that entitles him to a pension under
18. Give a full and complete statement of the applicants payered condition that entities aim to a pension under Section 1254, Code
19. Who composes family? What property have they? Children's ages and tall earning capacity?
20. What interest have you in the recovery of a pension by this applicant?
Sworn to and subscribed before me, this the
12 av 1 (1904) Witness
Jahra (Williams)

AFFIDAVIT OF PHYSICIANS.

STATE OF GEODGIA,	
Halton Commen	16
Personally came before me	1
Every Gardens	both known to me as reputable physicians
of said County, who, being severally sworn, any on cath that	
Ma 11 5 P	loant for pension under Section 1254, Code, and after
such personal examination say that his precise physical con-	
	His break and Kigh
Engle, and mofored as	u water management as
Mary States in a	margiel and makes
math to make a Souther	Total & Callin
and that we have no interest in said pension being allowed.	
Sworn to and subscribed before me, this the	16/2 1 2 1 043
The pay of Jany 1909	1900
fourt welkuson on	linary. Twan faithering
1	
ORDINARY'S C	ERTIFICATE.
STATE OF GEORGIA,	
Quellar COUNTY.	
	Ordinary, in and for said County, hereby certify
that the applicant MD Say	resides in said County, and has
been a bona fide resident of this State since the	day of189
and that the witnesses, via Do lohah	helian
0 12	
are of trustworthy character, and that their statements are e	ntitled to full faith and oredit.
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 affidavite was	read to the applicant and witness before same was signed.
I further certify that the tax digest of	County shows that applicant
returned for taxation in his name in 1901	Dollare of
property, and in 1902	Dollars of property; in 1908
	Dollars of property ; in 1904
	Dollars of property ; in 1905
	Dollars of property; in 1996
	Dollars of property; in 1907
	Dollars of property.
In my opinion the foregoing claim is	made in good faith
Witness my hand and seal of office, this	· · · · · · · · · · · · · · · · · · ·
	day og 444 190 €
- your	ordinary.
The same	A CONTRACTOR OF THE PARTY OF TH
The first are considered and incompany the Ordinary	Ordinary.
1. Dates any question up universel, the Ordinary of words, the bole truth, so half y limited." 2. Additional affiliative large beautiful of the large selection of the large large selection of the large sel	Ordinary.

Tous our guing What interest have you in the recovery of a position by this applicant?

Sworn to and emberribed before me, this the 1

Our for the supplement of the 1

Our for the supplement of the supplemen for a mater like this Humboody Ga May 11 1909 but will not contend for that Mr & Il Sical Bay Hear Sin would Mr J g lehapalen be you have in your office an affice for a alboard to & Spunge his name off the aflication fendion in facen of Mr in it'd beharaten Me & fay in it & fay lived were and I have not lived in ala he told told of the mater non wont me him Self that he til & her from yen & hope had been livering on Sand To bea from your Soon Witchell monden 14 yers & dont think he ought to have a pendion from ga Un his office no the how so y's lehapaler is his witness & feel almost Sure That us I I behapalen

would that he lived there

I am reday to make affidavil

To what I say and can get others but I think the

grand Jury is the place

Suys in a day lives in all has lived there since in years. Surrossy P.J. 12 & st # 1.

Sure to as io un says pendion from ga he had Runwoody & a May 17 1909 leilingen Ship of feutlow leousty & don't care any thing neces draned a pendion Mr 4 11 Sind Sey Rear Sir hid his application is fild your like to hand I hope a bout a copy of the rest the 12 garmany og & fact almost you will panden me for of the application & say Saw not reling yew whent county my & P and he is at work Mr Jay Sent his application new beter than to witness on the mater yew rate for un tay I want to get without getting fromthe M & fay Level his me a sout the reterns and application from Fullow I am going to help him willy will to ditchall comily and he swore to it whim in trouble he'is my neighbor he don't now that before the ordinary of fullow country his witness I now any thing a bout it would un I'd lehapalen he un J'I Chapalen is her in allowed to take his name Lulton before the Same off The afflication now ordinary if so let we wow could yew Mr. M se say lived in ala send use a coppy of the fags he told we that he lived application Just what Mor in ala on Sand Mounten Lay Swore to as a cilipen and had a home there and of Hulton County ga and had been there 14 yers & what sin I I Chapalen don't think he ought to have

STATE OF STORGIA)

June 29th, here.

Personally appeared before no the undersigned Notary Public T. J. Chappelenr who having been duly sworn says:

That in Canuray of the present year he signed his name to a pension paper made out in favor of one L.D.Lay in the presence of the latter and a lawyer. Deponent states that the paper was not read to him before he signed it and that he signed without knowing the full contents of the said document. Deponent states that in signing the paper he vouched for Er.La; having been a resident of this State and County for a number of years. Deponent states that Er. Lay has not been a desident of this State or County for the last eighteen or twenty years; except for a short time, temporarily, when he made his home in this county in the latter part of 1908 and the first part of the present year. Deponent states he was misled in signing the document and that he would not have signed the said document had he known that the contents touched on the length of residence of the said 1.D.Lay. Deponent wishes to file this statement as a counter affidavit to correct the error in the said pension papers of the said L.I. Lay.

Signed y. J. Chapman

Eworn to and subscribed before me this 20th day of June, 1800.

Listine Peace, Tulton County, Ga.

WIDOW'S
Indigent Pension.

1901

Name Mr. A.C. County
Widow of Johns & County

Name Mr. A.C. County

Widow of Johns & County

Widow of Johns & County

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

STATE OF GEORGIA.						
Market Committee	County.					avail bers
I.	hereby auth	orize			\$	passed following
ſ	County, to receive an	d receipt for the p	ension allowed and	I that he		Ch.
emit the same to me at		by his check or regi	stered mail.			2.
Witness my hand this	day of		190		(2)	3,
Execut ed in presence	oi)					. 4
	Ordinary,		20 20 00 10 00	L. S.		
	County.					de a
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SEAL (*				
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0	5 60 5	W. LINDSEY	WARRANT HANDED TO	1		23.
	J 2 3 3 2 0	` ≱	LANI	100		
2 5 5	1 3ch 4,	NHO	VAR	E .		Sworn to a
30	2 2	및 의	hall to		1	day o

Questions for Applicant.

E
STATE, OF GEORGIA,
Jullant Country
The flore (Al arke of said State and County, desiring to
avail berself of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly, passed 1900, hereby submits her proofs, and siter being duly sworn true answers to make to the
lollowing questions, deposes and answers as follows :
1. What be your name and where do you reside (Give State, County and Post Office)
2. How long and since when have you been a resident of this State?
3. When and where were you born? Ochrid
4. When and where was your husband born—state his full name, and when were you and he married?
5. When and where, and in what Company and Regiment did your husband enlist or serve during the
war between the States 1/ P. Co 9- XS R. F. Vol
the same of the sa
6 How long did your hydrand serve in said Conprens and Regiment 7 1 d of 1/2 -
When and where did your husband's Company and Regiment surrender and was discharged?
it is a contraction to
8. Was your husband present at the time and place when his Company and Regiment surrendered?
9. If not with his command at surrender, state clearly and specifically where he was, when he left com-
mand, for what cause, and by what authority?
10. When and where did your husband die?
10. When and where did your husband die?
11. Which of the following grounds do you base your application for Pension, viz: First-Age and
Poverty; Second Inflimity and Poverty, or Third-Blindness and Poverty? St. A
Fix VA
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.
To the ld.
and Jan 1423.
16. What has been your occumation since your husband's death?
Caul and by helpla list
14. However can you carn gloss, by your own exertion or labor?
16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
16. What property, real or personal, did you pessess at death of husband or he left you, and of the year
1899-1900, and what disposition, if any, by sale or gift, have you made of the same? 116-14
17. In what counties did you reside in 1899 and 1900, and what property did you return for taxation?
18. How have you been supported singe death of husband, and especially for 1899 and 1900 5
he is the had and chilled
19. How much did your support cost for each of those years, and how much did you contribute by your
own labor or income? Not Must - Noth
20. What was your employment during 1890 and 1900—how much did you receive for each year?
Man melling
21. Have you a family? If so, who composes such family? Give their means of support. Have they
any ands or other property? More five daught the de Me
22. Have you ever made an application for pension before?
23. How many applications have you made for a Pension, and under what class?
ran
Sworn to and subscribed before me this other many of 79by 1901 mm. Flora O her Xi ach Owland Will Russian Command
day of 190 mg. 1906 1900 Trong
(PUOLA)

Questions for Witnesses.

Questions for withesses.
STATE OF GEORGIA,
Willow County.
to have and County, baying
been presented as a witness in support of the Application of Mrs.
for a Pension under the Act of 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 do you reside?
70 08 1
If so, how long have you known her? 46
Where does she reside, and how long and since when has she been a resident of this State?
4. When and where was she born?
5. Were you ever acquainted with her husband?
6. Where did he reside in 1861? When and to whom was he matried?
A THE RESERVE AND A SERVE AS A SE
9. How long have you know him? 10. When and where dol. Market description of the war between
the States, and it what Company and Regiment did he collist and how do you know this? 20 3. 444 Ref.
11 Were you a member of the same Company and Regiment?. To
12. How long did he perform regular military duty
13. When and where was nie Company and Regiment surrendered and discharged from service?
14. Were you with the command, when k surrendered? 15. Was film a direct the hisband of applicant present?
This bearing palaces
16. If not present, where was he? 17. When and where did he leave his Command?
For what cause?
By whose authority he left?
How do you know all this? (State fully and clearly.)
× = 1 233
18. When and where, did die?
19. Where did he reside at his death and how long had he been a resident of Georgia at his death?
inite land
20. Do you of your own knowledge know that applicant is the lawful widow of
and the second of the second o
21. Has she remained unmarried since her soldier husband's death, and is now his widow?
22. What property effects or income has the applicant, if any, and hop do you know this of your own knowledge?
own knowledge?
23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she
. "
24 Has applicant conveyed any property in last two years or given any away, if so what was it and to
whom '
25. What is applicant's physical condition and her changes and ability to earn a support?
1 Add the state of

26. Is applicant able to earn a support at labor of any sort, if not why?
27. How was she supported for 1899 and 1900?
28. How much did applicant contribute to her support for last two years?
29. Give a full and complete statement of applicant's physical condition?
mbellitikken magelit de skalenne en saak all se en in earlie men men de benommen men de se en be
30. What interest have you in the recovery of this pension by the applicant?
Sworn to and subscribed before me this day of John Multhmorillinary. July County. Witnesses.
Affidavits of Physicians.
STATE OF GEORGIA,
Tullon Country
Personally before me comes It Coughton Man and
Chang In a both known to me te be reputable
physicians of said county who being severally styrn, say on oath that they have examined carefully Mrs.
John 19 The Alva a Calvaplicant for a Pension under Act of 1900, and after
such personal examination say that her physical condition is this
Take is where the first a thing
for is made
The second secon
and we have no interest in said pension if allowed.
Sworn to and subscribed before me this day of 12bry 1901 got all worgh tow.
Jullan County.
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
fullon County.)
1. R Wilking on, Ordinary in and for said county, hereby
certify that the applicant, Mrs. Flora C & correspondence in said
county, and has been a bona fide resident of this State since day of RF Privally
are of trustworthy character, and that their statements
are entitled to full faith and credit.
I do further certify that before answering the foregoing questions, the applicant and said witnesses took the oath herein prescribed, and the full text of the affidavits was read to the applicant and witnesses before the same
I further certify that the tax digest of the county shows that applicant
returned for taxation in her own name in 1890.
of property, and in 1900 dullars worth of property.
Triness dry and and outline seed, the
John R Wilkinson Ordinary,
SEAL }
words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."
Norse—: Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "Y out do selemnly swear that you will true answers make to each of the questions asked of you, and the widence you shall give will be the whole truth; So help you God." 2. Additional sificative may be stateded, if banks space are inswificient. 3. All affidavis must be made before Ordinary. 4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now
 Witnesses and two Physicians are necessary to make out claims.

County. County. County. County. County. County. County. County. County. to receive and receipt for the pension allowed and that he remit the same to me at Witness my hand this day of 190 Executed in presence of Ordinary. County. Count	P	OWER OF A	TTORNEY.		Questions for Applicant.
County. In the part authorize the period allowed and that he county to reverte and newery for the period allowed and that he was to me at the county to reverte and newery for the period and that he was to me at the county to reverte and newery for the period and that he was to me at the county to reverte and newery for the period and that he was to me at the county to reverte and newer for the period and th	STATE OF GEO	RGIA	1		STATE OF GEORGIA,
Example of the present of the present allowed and that he found the server of the present allowed and that he found the server of the present allowed and that he forms are all the server of the serv	STATE OF GEO.		}	1	County.)
Control in record and record for the purious allowed and that he high his check or registered mail. Wittens so is not if Executed in generated Ordinary. Country.	1				avail herself of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly
Witness ony hand this Executed in presence of (bellinging) (bellingin	i				following questions, deposes and answers as follows:
Witten any head thin Cerent of in procures or the control of the state. When and where we we your head head heart was a for this state. When and where we we your heart in this muse, and when we we we and he married. When and where we have not heart. A When and where odd in what company and happened did your heart enders or were during the new between the heart. A When and where did your which the distribution of the state of	and the same to me at	vounty, to rece			The Thora Caralia And Where do you reside! (Give State, County and Post Office.)
SAMOR When and where were you to man. Control of the second give many and the process of the second give many and the se		jr		mail.	2. How long and since when have you been a resident of this State?
When and where who when were the first limited more, and when were were and he married and the control of the c			190	· ·	
Mona and where sold in what Company and Regiment did your humanil edits or serve during the war between the Ration 2. 4. Mean and where slot in what Company and Regiment of the your humanil edits or serve during the war between the Ration 2. 5. When and where they are hopped error in each Company and Regiment accreate and was discharged? 6. Was your humberled from an all the general and you have been an electrical and was discharged? 7. When and where did your humberled from an place when he Company and Regiment surrendered? 8. Was your humberled from a place when he Company and Regiment surrendered? 10. When and where did your humberled from the command, for what cross, and by what authority: 11. Which of the following general do you have you application to Pound, you Part And and Pound, the property probability of the infinitely and its extent. If you he there were entirely probable there you do not have a property and you applied the property of the infinitely and its extent. If you he there are you are going, but your applied. 12. How have the good and when the deburyty and when and wherey you let your applied he there, the your property of the infinitely and its extent. If you he there are you was a going, one, by your own carries one have. 13. What has been your your own going, but you applied and when not between your property and the property when the property of the infinitely and the your applied to the property of the infinitely and you make a for your and the property of the infinitely and the your applied to the property of the infinitely and your read for taxation? 14. Has your foundly 1. How the company of the infinitely and property did you return from the your applied to the property of	Execut ed in prese	. /		1.8	4. When and where was your husband born—state his full name, and when were you and he married?
Monography and the server desired to make the company and Replacent all your hashand cells or error during the was between the Riskinston. I then bound this your layingted green is said to quappy and linguisest controller and was discharged? The thing who hashand present at the gine and place when his company and Regiment currentered? But me with being dispersent at the gine and place when his company and Regiment currentered? I more with being greated do you have your application to Pression, our Fourth Age and Pererry; Secular-indicating greated do you have your application to Pression, our Fourth Age and Pererry; Secular-indicating greated do you have your application to Pression, our Fourth Age and Pererry; Secular-indicating greated do you have your application to Pression, our Fourth Age and Pererry; Secular-indicating greated do you have your application to pression and Pererry; Secular-indicating greated do you have been in such a condition that you reason the high case and short you are and give a reason to the pression of the intering and its extent. If upon the first greated state how being you have been in such you reason give. If it may not have not always death is a possible to the pression of the intering and its extent. If upon the second whose you contain the pression of the intering and its extent. If upon the first greated who you contain the pression of the second was your greated on the pression of the second was your greated on the pression of the second was your greated on the pression of the p				1. 0.	Leas 1 - 1626 - Christer Co.
How brong this year posted Coppany and Haginest 1. 1. White and where this year household Coppany and Haginest varieties and was discharged? 2. When and where this year household prove brobught Coppany and Haginest carrenders? 2. Hence with the connection as negative, start clearly and specifically where he was, when he left commund, for what cause, and by what authority? 10. When and where dad your husband die? 11. Which of the folds thing grounds do you have your application to Fencian, vir. Front-Age and Poverty; verball-infamily and Poverty. or Thin-Hillindens and Poverty. 11. Which of the folds thing grounds do you have your solidien that you remain the best for growing the folds from the power of the infamily and its extent. If upon the third, then been in nearly a confident that you remain tray your support. If upon the exceeda give a full and complete history of the infamily and its extent. If upon the third, then they grow need they grow need to highly and a where and becape you to you right. 11. Many folds the property are the power of the infamily and its extent. If upon the third, many you can grow you can you grow, by you were accretion or lake? 11. Many folds are you can grow, by you can are grow, by you were accretion or lake? 12. Have power, read or prevention of the year 1990—1900, and what property did you return for transition? 13. In what countrie did you points in the power and power power you many gift in the power you was prevention or lake? 14. Have you a family? Be, who compass varily family you receive for each year? 15. Have march did your reading that of thousy your and did you countribute by your only lake or house. And the your reading you was not prevented by the way you make the near a lake the your analysts are power and you you was prevented and you proved the first power and the warm of any power of your power and you was power and you was a power and you was power and your po		County.			5. When and where, and in what Company and Regiment did your husband enlist or serve during the
7. When und where all types be locally core booleaging to empay and Regiment sourcester and use discharged? 8. Was your handship forewart at the game and place when his tompany and Regiment sourcesteer? 10. When and where did your handship of the state cause, and by what cause and Deverty. 10. When and where did your handship of the infinity and Poverty, or Third—Bindiness and Poverty. 11. If upon the first ground, state bow long you have been in such a condition that you cannot carry your suspent. If upon the second, you a right and complete binary of the infinity and all the states. If upon the cause whether you are totally high, and when and when you into your sight. 11. What has been your ground on its you one agention into your sight. 12. What property, and or personal, of the sum of the sum? 13. What property are not personal, did not prove as a faith of handship of the sum? 14. However, and what disposition, if any, by sale or gift, have you made of the sum? 15. What many our sumpers can far you can be did you restate the shadles, and impossibly the 1809 ged 1900 to the first of the sum of the sum? 16. What was your employment days feath of handship, and impossibly the 1809 ged 1900 to meters for each year? 17. In what counties did you praid laye feath of handship, and impossibly the 1809 ged 1900 to meters for each year? 18. How have your hand they can be compense such family? Give their means of support. Have they any lands or other property? 19. What was your employment genes have for passes before? 19. Have you a family? If on, who compense such family? Give their means of support. Have they any lands or other property? 20. Have ma	(SEAL)				war between the States 1/2
7. When und where all types be locally core booleaging to empay and Regiment sourcester and use discharged? 8. Was your handship forewart at the game and place when his tompany and Regiment sourcesteer? 10. When and where did your handship of the state cause, and by what cause and Deverty. 10. When and where did your handship of the infinity and Poverty, or Third—Bindiness and Poverty. 11. If upon the first ground, state bow long you have been in such a condition that you cannot carry your suspent. If upon the second, you a right and complete binary of the infinity and all the states. If upon the cause whether you are totally high, and when and when you into your sight. 11. What has been your ground on its you one agention into your sight. 12. What property, and or personal, of the sum of the sum? 13. What property are not personal, did not prove as a faith of handship of the sum? 14. However, and what disposition, if any, by sale or gift, have you made of the sum? 15. What many our sumpers can far you can be did you restate the shadles, and impossibly the 1809 ged 1900 to the first of the sum of the sum? 16. What was your employment days feath of handship, and impossibly the 1809 ged 1900 to meters for each year? 17. In what counties did you praid laye feath of handship, and impossibly the 1809 ged 1900 to meters for each year? 18. How have your hand they can be compense such family? Give their means of support. Have they any lands or other property? 19. What was your employment genes have for passes before? 19. Have you a family? If on, who compense such family? Give their means of support. Have they any lands or other property? 20. Have ma	()		S		6. How long did your bushand perve in said Company and Regiment?
A. We your handpully present as the time and place when his Company and Regiment surrendered? 9. If not with his command at construct, rather thereby and specifically where he was, when he left command, for what come, and by what authority? 10. When and where did your husband die? And the left state of the left of					1861 FA (CLC 1865)
2. If not with his canneal at complete, state clearly and specifically where he was, when he left command, for what cause, and by what authority? 10. When and where did your hardward die? And the state of the foll-thing grounds do you have your application to Pennian, viz. First—Age and Poverty; refended—infamily and Poverty, or Thin—Blindanes and Poverty. 11. Which of the foll-thing grounds do you have been in such a condition that you cannot earn your your propert. If pennish the second give a told and complete builty of the infamily and its extent. If upon the thick, state the pennish the second gives a told and complete builty of the infamily and its extent. If upon the thick, state the pennish of the pennish o					11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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POWER OF ATTORNEY.

	ORGIA, County.			
I,			, h	ereby authorize
		of		* ** ** *** **************************
to receive and recei	ipt for the pension pai	d hereon, and	request that he	remit same to
		at.		-
In Witness W	hereof, I have hereunto	set my hand an	id seal, this	81 0
day of	1902.			
				[L. S.]
Executed in	presence of		*	

			POW	ER	OF A	ATTC	RN	EY.		
	STATE	OF GEO	KGIA,	Cour	ity.	chin 1	1.	iles la	eq=14.	N
	I,_		· December 1						_, hereby	y authorize
	-		Patricipal of the same		of_			-		
	to receive	and rece	eipt for the	pension	n paid l	hereon, a	nd req	uest the	t he ren	ait same to
		Witness	Whereof, I		at_			- 1 11		
	day of	er uness	w nereoj, 1		90 3 .	set my na	ina ana	sear, th	15	
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3	To Those Heretofore Paid 1903.	~	42	For year ending Dec. 31, 1903	13	7	NO NO	<u> </u> S	W.	0.00
21			3		Mes		Widow Co. v			
-	6.									

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	Lory O Leach
Tr 14	th, that she is a bona fide resident of said County of
	of Georgia, and that she has RESIDED in said State
consequences over since All	That she is the Widow of
Why Breach	who was a soldier in Company Regiment of
Volunteers, that he enlisted in said regiment on	
156 / and survey in the Army on to	unender wit
on the 2 'm/ day of	July 14.94.
	· ·
IGEV- K	iverly,
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	eccased soldier, during his service in the Army as a
	his death aforesaid, and that she became his wife in
the year 15 6 24	his death aforesaid, and that she became his wife in
Thave been allowed an Indigent pension	Fulton
	now apply f is the pension provided by law for the
year ending December 31, 1902	· · · · · · · · ·
this day of 1002	Im Flora Chicken
day of the blands of	Office
State of Georgia,	John R. Wilkinson.
_ Fulton, County.	Ordinary of said County, certify that I am well
acquainted with Mrs. Flasa Co	Ordinary of said County, certify that I am well
	ue, and I know she is the individual she represents
hereself to be, and that she has continuously re	sided in this State since the
day of 18_	
Given under my official signature and scal, t	
Official Complete Comments	Test to a
1 Sept. 1	Ordinary of Fulton. County.
NOTE All blanks must be filled.	

NOTE.— All blanks must be filled.

Vouchers and affidavits must bear date after January 1st, 1002

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

	F GEORGIA,	
County of_		Silora & Leach
	who, being sworn, says	on oath, that she is a bona fide resident of said County
	7,	State of Georgia, and that she has RESIDED in said St
continuously ever	- 1 1	That she is the Widow
	John BLE	who was a soldier in Compa
of the	10 49th	Regiment of
Volunteers, that	he enlisted in said regime	nt on or about the month of
186 /, and ser	ved in the Army up to	Wel 1805 That he d
on the Z	ad day of	July 1494
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soldier, and that the year 18.154 I have bee County, under A year ending Dec Sworn to dis	she has never married some allowed an Indigent pen et 1900, for the year 1903, ember 31, 1903. and subscribed before many of JAN 1905. Ordinar,	sion as a resident of and now apply for the pension provided by law for
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soldier, and that the year 18 15 47 I have bee County, under A year ending Dec Sworn to da State of Go acquainted with	she has never married sum allowed an Indigent pen et 1900, for the year 1903, ember 31, 1903. and subscribed before many of JAN 1900 According County of JAN 1900 C	sion as a resident of and now apply for the pension provided by law for the pension and pension provided by law for the pensio
soldier, and that the year 18 15 47 I have bee County, under A year ending Dec Sworn to da State of Go acquainted with am satisfied that	she has never married sum allowed an Indigent pen et 1900, for the year 1903, ember 31, 1903. and subscribed before many of JAN 1900. According to County of JAN 2000. County	sion as a resident of and now apply for the pension provided by law for the pension and pension and the pension provided by law for the pension and pension and the pension provided by law for the pension and the pension provided by law for the pension pension provided by law for the pension pe
soldier, and that the year 18.1.2.4 I have bee County, under A year ending Dec Sworn to the Sworn to the State of Ge acquainted with am satisfied that herself to be, ap	she has never married some allowed an Indigent penet 1900, for the year 1903, ember 31, 1903. and subscribed before may of JAN 1904 1900. According County Mrs. Julya County the facts therein stated at that she has continuous	sion as a resident of and now apply for the pension provided by law for the pension and now apply for the pension provided by law for the pension and the pension provided by law for the pension and the pens
soldier, and that the year 18 12 4 I have bee County, under A year ending Dec Sworn to day State of Go acquainted with am satisfied that herself to be, and day of	she has never married some allowed an Indigent pen et 1900, for the year 1903, ember 31, 1903. and subscribed before may of JAN 1900. Additional Ordinar corgia, The facts therein stated at that she has continuous	sion as a resident of
soldier, and that the year 18 12 4 I have bee County, under A year ending Dec Sworn to day State of Go acquainted with am satisfied that herself to be, and day of	she has never married some allowed an Indigent penet 1900, for the year 1903, ember 31, 1903. and subscribed before may of JAN 1904 1900. According County Mrs. Julya County the facts therein stated at that she has continuous	and now apply for the pension provided by law for the second
soldier, and that the year 18 12 4 I have bee County, under A year ending Dec Sworn to day State of Go acquainted with am satisfied that herself to be, and day of	she has never married some allowed an Indigent pen et 1900, for the year 1903, ember 31, 1903. and subscribed before may of JAN 1900. Additional Ordinar corgia, The facts therein stated at that she has continuous	sion as a resident of

POWER OF ATTORNEY.

I Treceive and receipt for the pe IN WITNESS WHEREOF, I have	at .		request that		authorize
IN WITNESS WHEREOF, I have	ension paid he		request that		authorize
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Executed in presence of					
Executed in presence of					[L. S.]
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	щ. <i>Л</i>	So.	LINDSEY,	_	
	ER ?	tors	3 2	9 07	Atlant
	EM	131	LINDSEY,	WARRANT ISSUED AND HANDED TO	17
	NG DEC	- ; 3!	Comm	ARRANT ISS	ON !
2 2 5 50	ING	1/2 9		RAN	S James
	E. D	£ 1/2	JOHN W.	WAR	W Harrison
7 9	A AK	1			
1904. " \$0 INDIGENT		1	, ,		2
	FOR YEAR ENDING DECEMBER 31, 1994 Thu F Colored ""	Widow of	7		8

POWER OF ATTORNEY.

# M	
STATE OF GEORGIA,	
County	
I, , hereby auth	orize
of	
to receive and receipt for the pension paid hereon, and request that he remit sa	me to
at more and the second	
In Witness Whereof, I have hereunto set my hand and seal, this	
day of1905.	
	L. s.]
Executed in presence of	

WIDOW'S PENSION, INDIGENT

1905.

To Those Heretolore

33

No.

For year ending Dec. 31, 1905.

The Month of State W.

Widow of 1200 B Leach

JOHN W. LINDSEY, 'commissioner of Pensions. WARRANT ISSUED

AND HANDED TO

FORM No. 2. FOR INDIGENT WINDWS HERETOFARE ALLOWED DENGIONS

MES MRS.
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of said County o
SIDED in said State
s is the Widow o
oldier in Company
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in the Army as a
became his wife in
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led by law for the
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tify that I am wel
ove affidavit, and
ual she represent
1904
sou

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1904.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Fultor	PERSONALLY COMES MIRS.
L'es?	outh, that she is a bona fide resident of said County of te of Georgia, and that she has RESIDED in said State
continuously ever since form S. Lee Jot the 49 cm	That she is the Widow of who was soldier in Company Regiment of Elargia
Volunteers, that he enlisted in said regiment of the Land served in the Army up to the day of	n or about the month of
any of	july 1877,
Blindness in	a poverty
Department sweets that she was the wife of said	deceased soldier, during his service in the Army as a
	his death aforesaid, and that she became his wife in
he year 18	m as a resident of Fulton.
ear ending December 31, 1905	I now apply for the pension provided by law for the
Sworn to and subscribed before me, hisday of JAN 2 1905_1905.	Protottice Jos Decalin Sh
	Ordinary of said County, certify that I am well
cquainted with Mrs. AMA (C.O.)	ue, and I know sho is the individual she represents
erself to be, and that she has continuously res	Mark to 12 years and the second secon
ay of18	JAN 2 1905
Given under my official signature and se	al, this the day of 1905 1905.
Official (Ordinary of Full On. County.
NOTE.—All blanks must be filled. Vouchers and Affidavits mu	st bear date after January 181, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,

to r	I, eccive a	and rece	ipt for	the per			Park of Lines		uest that			The state of the s
day		iness W	hereof,		herei	atuto se 1906,			seal, this			[L. S.
To Those Heretofore Pald.	1906.	Execu	INDICK!	WIDOW'S PENSION,	ес. 31, 1906.	Thu Hava by Lack	Fulton, County	Widow of 1944, B. Regiment.	JOHN W. LINDSEY, Commissioner of Pensions.	WARRANT ISSUED	AND HANDED TO	Mo

POWER OF ATTORNEY.

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To Those Heretofore Paid 1907.	No.	Z	3	For year en	The	الم	Sto 1	1	JOHN	M.	, ,

FORM No. 2

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Fulton.	
who, being sworn says on oath, that she is a bona fide resident of said County of	
State of Georgia, and that she has RESIDED in said State	
continuously eyer since That she is the Widow of	
who was a spliter in Company	
of the 49th Regiment of Sa	
Volunteers, that he enlisted in said regiment op or about the month of	
theday of18	
The state of the state of	
Elinaness & poverty.	
AND DEVELOPED TO THE PROPERTY OF THE PROPERTY	
The part of the second	
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a	
soldier, and that she has never married since his death aforesaid, and that she became his wife in	
the year 1852	
I have been allowed an Indigent pension as a resident of	
County, under Act 1900, for the year 1905, and now apply for the pension provided by law for the	
year ending December 81, 1906.	
Sworn to and subscribed before me	
the day of AN 1906.	
Post Office Attante	
Post omce Linux	
State of Georgia,	1
County, Ordinary of said County, certify that I am well	
Coding . 1 Ordinary of said County, gertify sast 1 am well	
acquainted with Mrs. Mara Cally, who made the above affidavit, and	
acquainted with Mrs. ALATAL AS LACELL, 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	
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	
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	
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	

NOTE.—All blanks must be filled.

Vouchers and Affdavits must bear date after January 1st, 1906.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

p	
STATE OF GÉORGIA.	PERSONALLY COMES MRS.
County of Fulton	Hora le Teach
	oath, that she is a bona fide resident of said County of
N 1	CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE CONTRACTOR OF THE PROPERTY O
1	te of Georgia, and that she has RESIDED in said State
continuously ever since	That she is the Widow of
a plu, si	who was a soldier in Company
	Regiment of SIA,
Volcunteers, that he enlisted in said regiment	
186, and served in the Army up to	Los C full 186 That he died on
theday of	18
	And the second s
2	The state of the s
Elinances 4 por	ustu
minute of the	
and the state of t	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
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 sinc	e his death aforesaid, and that she became his wife in
the year 18	
I have been allowed an Indigent pensio	n as a resident of
	nd now apply for the pension provided by law for the
-	and now apply for the pointing provided by him to the
year ending December 31, 1907.	
Sworn to and subscribed before me	Den Sanger
this day of 2- 1907.	1100-
John R. H. Laman, Ordinary.	Post Office
	1. John R VI
State of Georgia,	<u> </u>
Fulton. County.	//
acquainted with Mrs. Hora W.	(ACM, who made the above affidavit, and
	true, and I know she is the individual she represents
herself to be, and that she has continuously r	esided in this State since the
day of18	
	seal, this theday ofJAN 21907.
Gired under my omoins signature and	John R. Wilkinson
Official Seal	
1 Seal)	Ordinary of County.
NOTE All blanks must be filled.	

_day of __ JAN 2-_ 1907. Given under my official signature and seal, this the_____ John OR Willinson Given under my official signature and seal, this a Officiai Seal WHILLOW. Official) Ordinary of_ NOTE.-All blanks must be filled. Youchers and Affidavits must bear date after January 1st, 1907. NOTE.—All blanks must be filled. Vouchers and Affidavits must bear date after January 1st, 1906. May. 18 1926. Fulton County For Funeral expenses of Mrs. Flora C. Leach. 1926 175 Hampton St. Application for Pension J. AUSTIN DILLON COMPANY FUNERAL DIRECTORS Due Deceased Pensioner 344 S PRYOR STREET (UNDER ACT 1919) PHONES MAIN 4680 PRIVATE AMBULANCE (To pay expenses of last illness and funeral) April 8 1926/ For Thorn 6 Leach Date of Death Opa 8 192 6 Casket & Box. Embalming & Services. Amount \$ /0000 Pallbearers Gloves. Funeral Notices. \$ 276.50 Hearse. Approved and ordered paid Georgia 22 July Fulton County. JOHN W. CLARK, 26. Commissioner of Pensions Personally appeared before me Mrs. J. Austin Dillon who after being sworn says the above account is correct and was for the funeral expenses of Mrs.Flora Ordinary: Fill out above in full and send this blank to Pension Department for approval. Do not pay out the money until the approved C. Leach.

Molar Pulle (Setter Co 16)

blank is in your hands giving you authority to do so. Send back to the Pension Department, with your receipted payrolis to be permanently filed with them. Do not keep this application in your office.

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 Fullow County

Personally before me, the Ordinary of said County, comes La Caustur Dillon of said County, who, after being sworn, on oath
Sillor of said County, who, after being sworn, on oath says that he knew Flora & Laule of said County, and that said Pensioner
was on the Pension Roll of said County at the time of death, which occurred in Tulkous.
County, in this State, on the day of the day of
a Pension of (\$) Dollars was due pensioner and
unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children accriting, and
no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ \$776.50, per
sworn statements fully and completely. ITEMIZED hereto attached.
Sworn to and subscribed before me
Lucko County Jaustin Dillon
(Seal of Ordinary)
CERTIFICATE OF ORDINARY
GEORGIA, Fullow County.
1. Thou H Jeffues Ordinary of said County, do certify
1. Thoo H. Leffues Ordinary of said County, do certify that I personally know J. Curolin Dillon , who is a resident
citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit;
citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew Flore Person while in life and that this was
citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew Flore Person while in life and that this was the same person whose name appears on the Pension Roll of Fullow
critizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew Flore Stade while in life and that this was the same person whose name appears on the Pension Roll of Fullow County, and was paid a Pension of Fifty (\$56.20) Dollars
that I also knew Flore & Glack while in the and that this was the same person whose name appears on the Pension Roll of Fullow County, and was paid a Pension of Fifty (\$56.00) Dollar in said County for 192 and I now believe said pensioner to be dead; and that the instructions at the foot of
that I also knew Flores Subject that I also knew Flores Subject to Subject that I also knew Flores Subject to
that I also knew flore of Sala County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew flore of Sala while in life and that this was the same person whose name appears on the Penson Roll of Filter (County, and was paid a Penson of Fifty (\$56.00) Dollar in said County for 192 and I now believe said pensoner to be dead; and that the instructions at the foot of this voucher have bleen carefully observed in making up this voucher and the bills which are attached hereto. Given under my hand and official seal, this
that I also knew flore of Salad County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew flore of Salad while in life and that this was the same person whose name appears on the Penson Roll of Full County, and was paid a Penson of Full (\$56.00) Dollars in said County for 1920, and I now believe said pensoner to be dead; and that the instructions at the foot of this voucher have bleen carefully observed in making up this voucher and the bills which are attached hereto. Given under my hand and official seal, this (Seal or Ordinary) Ordinary
that I also knew I love of Sala County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew I love of Sala while in life and that this was the same person whose name appears on the Person Roll of Filter (County, and was paid a Penson of Fifty (\$56.00) Dollars in said County for 192 and I now believe said pensoner to be dead; and that the instructions at the foot of this voucher have bleen carefully observed in making up this voucher and the bills which are attached hereto. Given under my hand and official seal, this
that I also knew flore of Salad County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew flore of Salad while in life and that this was the same person whose name appears on the Penson Roll of Full County, and was paid a Penson of Full (\$56.00) Dollars in said County for 1920, and I now believe said pensoner to be dead; and that the instructions at the foot of this voucher have bleen carefully observed in making up this voucher and the bills which are attached hereto. Given under my hand and official seal, this (Seal or Ordinary) Ordinary
that I also knew I love and that said person is of truthful and trust worthy character, entitled to full faith and credit; that I also knew I love and that this was the same person whose name appears on the Pension Roll of Love County, and was paid a Pension of Love County, and was paid a Pension of Love 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 band and official seal, this (Seal or Ordinary) (Seal or Ordinary) INSTRUCTIONS: The Beoutte those claiming sepanses of list illines and funeral to make out their secounts in fully itselfied form, giving seath seas and the value of R, and seath date. The Above and foregoins account is rendered for services in the less tilines so for funeral sepanses, as the case may below
that I also knew I truck that I tru

.gtin. The Ordinary signs pay rell, as Ordinary, for the pension and then disburses the monsy himself and takes recepts.

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

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

							· · · · · · · · · · · · · · · · · · ·			1926.
F	or	Fune	ral	expenses	of	Mrs.	Flore	C.I	eoh,	
			175	Hampton	St.					

J. AUSTIN DILLON COMPANY **FUNERAL DIRECTORS** 344 S. PRYOR STREET

PHONES MAIN 1143

PRIVATE AMBULANCE

April 8 1926/

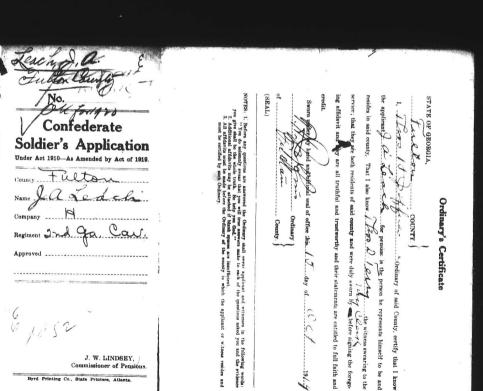
Casket & Box. Embalming & Services. Pallbearers Gloves. Funeral Notices. Hearse.

\$ 276.50

Georgia Fulton County.

Personally appeared before me Mrs. J. Austin Dillon who after being sworn says the above account is correct and was for the funeral expenses of Mrs.Flora C. Leach.

this voucher have bwen carefully observed in making up this voucher and the ., 192 4 22 Given under my hand and official seal, this Ordinary (Seal or Ordinary) County INSTRUCTIONS: 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," etc.) "The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of , who died without owning sufficient property to pay this bill." ard. The Ordinary must see to it that each bill is perfectly legitmate in every respect, and properly sworn to, and all attached neatly to this blank has been properly completed as indicated. (th, 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 parment. . Sith. The Ordinary signs pay rell, as Ordinary, for the pension and then disburses the money himself and tables recepts. Sith. Return this application, and attached bills, with your final settlement' to the Fension Department. N. Ordinary should set that the back of this binds, when folded, it filled out.



10-23-1919

Ordinary's Certificate

STATE OF GEORGIA,
Tuelou COUNTY.
1. The I I have not that I know
a de do ask
resides in said county. That I also know Thomas D. Terry the witness swearing to the
service; that they are both residents of said county and were duly sworn by before signing the forego
ing affidavit and view are all truthful and trustworthy and their statements are entitled to full faith and
credit.
Sworn under by hand and of final scal of office this 1.5 day of C 194
No ly mo Ordinary
of County
SEAL
The state of the s
NOTES 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words:

8. I. Before any questions are answered the Ordinary shall were applicant and witnesses in the following words: "You do seismly swear that you will true answers make to each of the questions asked you and the evidence you goe shall be the shole truth. So help you Ood."

Additional affidavis must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

oldier's Application

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

Questions For Applicants to Answer

STATE OF GEORGIA,
Fulton COUNTY.
J. A. Lench of said State and County, hereby applies
for the pension provided by Act of 1910, as amended by Act of 1919, to Confederate Soldiers, and submits
his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to
make to the questions propounded, answers as follows, to-wit:
1. What is your name and where do you reside? (Give County and Post-office) J As - Leach
126 Confederate Avenue Atlanta, Ga
2. How long and since when have you been a continuous resident citizen of this State !
All my life
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from
1861 to 1865
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of
Service) August 1864. in Warsew. Ga Co H. 2nd Gs. (Wheeler's Cax)
5. How long did you remain in the actual military service with said Company and Regiment ! (Give
date of discharge)Until surrender in April 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service!
Kingaton, Ga., April 1865
7. Were you actually present with your command when it was surrendered or discharged!Xea
8. If you were not actually present, state specifically and clearly where you were
a. Where was your command when you left it! Singsign. Qa.
Address of the State of the Sta
b. When did you leave the command!
c. For what cause did you leave! Surrendar
d. By whose authority did you leave?
c. For how long was your leave granted? In what way?
4.00
f. Why did you not return to your command after leave expired!
g. In what way were you prevented f
h. What effort did you make to return?
i Were you captured during the war!No
j If so, when, and where? In what prison were you held and when were you released?
9. Are you drawing a pension of any amount from this State or the United States? No
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was
not allowed? No
Sworn to and subscribed before me, this the
hu R Wallut & Ordinary
of Fulton County.
(SEAL)

Questions for Witness as to Service

STATE OF GEORGIA,

Fulton COUNTY.
These De Terry of said State and County is hereby presented
as a witness in support of the application of
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! .ThosD Terry.,93.Alta.Ava
2. How long and since when have you knownJALeach the applicant?
All his life
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! 126 Confederate Ave. 1149d. In Gas. all Dis. 1119.
and how do you know!
4. When, where and in what Company and Regiment didJ. A. Leachenlist during
war from 1861 to 18651 (Give date and place.) August 1864. Co. H. 2nd Ga. (Wheeler's Cav) in Warsaw, Ga. 5. How did you obtain your information of this Service!
Was member of same cmpany
6. How long within your own personal knowledge did he perform actual military service with this
Company and Regiment (Give date) From August 1864_to April 1865
7. When and where was his command surrendered or discharged (give date and place) no body of troops urrendered in Borth Carolfins, and deta: troops gurrender discharged and Lingston. Ga., April 1865, Leach and I being mambers of detail troops sent to Kingston. S. Wesspace passonally present at the urrender! Xas.
9. If not, where were you and how came you there 1
10. Was the applicant personally present with his command at surrender! XOA.
11 If not whose was he and how same him thoust
April 1865 12. When did he leave his command! After surrender 10. Where was his command
when he left it! Kingeton, Ge. For what cause did he leave! Surrenter
By whose authority did he leaveand how
long was he granted leave?How do you know
all that you have stated to be true! If of your own knowledge, tell clearly and specificallyI. was mamber
of same company and saw him constantly from date of enlistment to
date of surrender 13. In what way was he prevented from returning to his command? Commanded - discharged -
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?
when released
Sworn to and subscribed before me, this the \ Thomas D. Leeg
3day ofSaptember19_19
William R. Marlouta, Ordinary
of Rulton County.
(SEAL)

LEACH, J.A. Jultan Co.

For Fullon County 1926

Application for Pension Due Deceased Pensioner (UNDER ACT 1919)

(To pay expenses of last illness and funeral)

Date of Death Juney 22 1926 Amount \$ 10000

Approved and ordered paid

Orlin W. Classe JOHN W. CLARK,

B Dec VG. Commissioner of Pensions

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

M Fineral expe nses of J A Leach

1896

HARRY G. POOLE FUNERAL DIRECTOR 96 S. PRYOR STREET ATLANTA GA

1926

July 22 1926 Casket Embalming and services Suit 35.00 Notices 3.45

\$250.00 15.00 38.45 9.00 13.00

Grave covers 7.50Gloves 1.50 Hearse 10.00 Drayage 3.00 Georgia

Fulton Co. ulton Ce.

Personally appeared before me Harry G. Poole who after being sworn says that the above account is just due and unpaid and was for the burial of J.A.I.each who died with our suffic eent funds to pay his funeral expenses

Sworn to and subscribes before me this Oct 18-1926 allen marbet 6.60

1896

IN ACCOUNT WITH HARRY G. POOLE, FUNERAL DIRECTOR 96 S. PRYOR STREET ATLANTA, GA.

1926

WALNUT | 6388

Oct 16th 1926 Dear Arthur:

We called on Mrs Leach and she said that her husband J.A.Leach died with out funds , that she owned a little property but he had nothing, therefore I am making the nesessary affidavit.

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)

BEORGIA, Fullon Co	ounty.
Harry Double	County, comes
vas on the Pension Roll of said County at the tim	ne of death, which occurred in
County, in this State, on the	ay of July 1925, and that
Pension of	(\$
anpaid at the time of pensioner's death, and tha	t pensioner left no widow or dependent children surviving, and neral expenses, which amounted to the sum of \$3355457, per
worn statements fully and completely ITEMIZ	
Sworn to and subscribed before me R. Walley Gridinary Fully County	Harry 4. Poole
(Seal of Ordinary)	
-	

CERTIFICATE OF ORDINARY

DEORGIA, Fullou County.
EEORGIA, Fulton County. 1, Thoo H. Jeffings Ordinary of said County, do certify
hat I personally know Harry I Cools who is a resident
itizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit;
hat I also knew Ja Tepch while in life and that this was
he same person whose name appears on the Pension Roll of Tulkou County, and
reas paid a Pension of (\$50.00.) Dollare
his voucher have bWen carefully observed in making up this voucher and the bills which are attached hereto.
Given under my hand and official scal, this 18 asy of 1, 1926
(Seal or Ordinary) Ordinary
County , County

INSTRUCTIONS:

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 N, and each date. 2nd. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "fust, true, due, unpaid," etc.)

, who died without owning sufficient property to pay this bill." 2rd. The Ordinary must see to it that each 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 vouches—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.

blank, efter the blank has been properly completed of indicated.

It is not considered to place and the bills—must be sent to the Puzzion Department for approval and no money must be passed out until it is recursful to pour up our authority to make the puzzion.

Eth. The ordinary signs pay roll, as Getipary, for the possess and then disherent the manny history desired takes recognized to the following the possess of the possess of the possess of the Puzzion Department of the Puzzio

. M.JE Leach, J.A.

YEAR 1920 COUNTY Pulson.

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

ENLISTED WHEN AND WHERE? Aug. 1864 at Warsaw, Ga.

RANK:

GOMPANY AND REGIMENT? Co. H. 2nd Georgia Gavalry.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED:

WHEN AND WHERE SURRENDERED? April 1865 at Kingston, Ga.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

0

BURIED:

WITNESSES: Thes. D. Terry Gommand Gommand

BOKIED:

POWER OF ATTORNEY.

STATE OF GEORGIA,

_County.

hereby authorize

Leash, John B.	Further prof printings
INDIGENT PENSION	on fred 2 Paner
Name 13 Luch County Fultur	
Approved Jany 1887	
This claim should have been have as app to in 109 T.	
GEO. W. HARRISON, STATE PRINTER, ATLANTA	

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	to receive and receipt for the pension allowed and request that he remit same to	
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1897.

Witness my hand and seal this.

Executed in presence of

3/2.97

POWER OF ATTORNEY.

I,				hereby		
receive and receipt for	or the pension allows		hat he remit same			
	_ nt		by			
Witness my han	d and scal this	day	of		1897.	
Executed in pre	sence of	}				
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Questions for Applicant.

	STATE OF GEORGIA,
	- Fuela County.
	6 4
	of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after
	being duly sworn true answers to make to the following questions, deposes and answers as follows;
	1. What is your name and where do you reside? (give State, County and post office.)
	man accepte "inter long as
	Where did you reside on January 1st, 1894, and how long have you been a resident of this State
	Swind in attention Jany 1/84 5 in State 42. dines my tinh - 3. When and where were you born? Gerry 4 stay, 2/1832, correct Calga.
	4. When and where and in what company and regiment did you enlist or serve Arrok Grid 562
	Lewisted in House Care in Co. J. 49th 4a. Kick regardly
٦,	
٢	by How long did you remain in such company and regiment?
8	Co. + ngiment will close of non of noulise
Ä	in 1867-
Ь	6. For how long a period did you discharge regular military duty? Buing sulin in of others de
P	7. When, where and under what circumstances were you discharged from service?
ď	of 7220 horse again duranter in /865=
7	Margine harmal and and
Y	9. How much can you earn (gross) per annum by your own exertions or labor.
Ø	9. How much can you earn (gross) per annum by your own exertions of labor." 10. What has been your occupation since 1865. Forming, Corbinshing to Madring
υ	11. Upon which of the following grounds do you base your application for pension, viz.: first "age and
Н	poverty," second "infirmity and poverty" or third "blindness and poverty"? age or horning-
'n	12. If upon the first ground, state how long you have been in such condition that you could not earn
b	your support? If upon the second, give a full and complete history of the infirmity and its extent? If
4	upon the third, state whether you are totally blind and when and where you lost your sight
4	how tun mose to come in the triple
d	for the host two geors, - celling, to the unation and phieralogy in back hips and head contracted in 185
ö	13. What property, effects of theore do you possess and its gross value?
ğ	Hove no property or means wholever.
ö	14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any,
ጟ	did you make of same? How we property or wearen
Ø	Lucing said your much like as I now ash
Ь	at acqueetile hate hostion of what County did you then return for taxation?
Ĕ,	Kish a Gunty and you resulte during those years and what property and you then return to taxation.
W	16. How were you supported during the years 1895 and 1896?
5	
Ä	Reflicte ase por of enfunda worst as scened got it of responsible most -
Ä	Aglielle asse for 12 confunder rooms as Course got in a performan rooms -
Ä	11. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income?
Ä	Reflielle ask for 17 confunds month as Could got the glasgone month - 11. How much did your support got for each of those years, and what portion did you contribute thereto by your own labor or income? fill— 18. What was your employment during 1895 and 1896? What pay did you receive in each year? Much Willest enforcement, had, New 1896 and 1896?
Ä	Agelielle ask jobs 17 Instructor worth as Court god in a furground with 11. How much did your support gost for each of those years, and what portion did you contribute thereto by your own labor or income? It was your employment during 1895 and 1896? What was your employment during 1895 and 1896? What pay did you receive in each year? Much with what was not employment during 1895 and 1896? What pay did you receive in each year? Much with the was your employment during 1895 and 1896? What pay did you receive in each year? Much with the was your employment during 1895 and 1896? What pay did you receive in each year? Much was you a family? If so, who composes such family? Give their means of support? Have they,
Á	My lielle and for 17 confined month as Court got in the properties most - 11. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? It was a support of the properties of
Á	Agelielle ask jobs 17 Instructor worth as Court god in a furground with 11. How much did your support gost for each of those years, and what portion did you contribute thereto by your own labor or income? It was your employment during 1895 and 1896? What was your employment during 1895 and 1896? What pay did you receive in each year? Much with what was not employment during 1895 and 1896? What pay did you receive in each year? Much with the was your employment during 1895 and 1896? What pay did you receive in each year? Much with the was your employment during 1895 and 1896? What pay did you receive in each year? Much was you a family? If so, who composes such family? Give their means of support? Have they,
4	Reflielle and for the second second second of the second of the second second of the second s
4	My lielle and from 17 confused month as Court of the frame in most - 11. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? It is a support of the property of the support of the supp
Ä	My lielle and from 17 confused month as Court of the frame in most - 11. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? It is a support of the property of the support of the supp
4	My field and fath of some source of these years, and what portion did you contribute thereto by your own labor or income? It was a superior of these years, and what portion did you contribute thereto by your own labor or income? It was a superior of the
4	Meffelle and first of confined north as Could got its of performance north. 11. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? It was a support of the contribute o
4	Meffeille and fath of confined month as Could got it of performed month. 11. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? It is a support of the performed with the confined months of the country of the coun

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Fulton County.
William J Lie of said State and County, having been presented
as a witness in support of the application of John B Leach for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the
1. What is your name and where do you reside? Halliam I Lee
I reside in Allanda Ga Hulton co -
2. Are you acquainted with John B Leach the applicant, if so how long have you known him? I her known him Since 162
3. Where does he reside, and how long has he been a resident of this State? in Alluntu for heed bin a resident Time March 1862
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you
know this " I do know! he served in in the confederate army
Swell with him in the west
5. When where and in what company and regiment did be enlist? March 200 1862
in Hancock ex company I 49 you redyment
6. Were you a member of the same company and regiment? I was
7. How long did he perform regular military duty, and what do you know of his service as a Confed-
erate soldier, and the time and circumstances of his discharge from the service? Acoust 62
to Jurender he was parolled after surender
he made a very good soldier
· Notes
8. What property, effects or income has the applicant? (Give your means of knowledge.)
he has no properly effects or income I know him
, 9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if
, 9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if
any did he make of same? 100 property of incom
1. 1.1.
10. What is the applicant's occupation and physical condition? has no furticulas
occupation at present as I no of
11. Is the applicant unable to support himself by labor of any sort, if so, why?
unable from age bad health ?
12. How was he supported during the years 1895 and 1896? he washed with
and his children hope him
13. What portion of his support for these two years was derived from his own labor or income?
about \$ 35 or 40 dolars
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension
under the Act of December 15th, 1894? he has distasein his
back and head which renders him
unable to labor
15. What interest have you in the recovery of a pension by this applicant?
Sworn to and subscribed before me, this
the 2 day of 21/21/41897. Witness.
Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
County. J
Personally came before me. S. A. Landkein , both known to me as reputable physicians
111-
of said County, who being severally sworn, say on oath that they have examined carefully AMA John D. Lack,
such personal examination say that his precise physical condition is as follows:
We Sind him suffering with Street agent: 1 estings Also Vidney, effection And Chronic Pheumation During to his age and general debilitated hats,
Orving G his age and general debilitated firsts,
The chave lise asis are permanent and he is not shoricaly able to do any mork
We further say on oath that the physical condition of applicant renders him unable to labor at any
work or calling sufficient to earn a support for himself, and that we have no interest in said pension being
allowed. Sworn to and subscribed before me, this Attendary M. L.
the 2 day of 2000-4 1897.)
Co. a. Jaughan my
Ordinary.
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
STATE OF GEORGIA,
STATE OF GEORGIA, County. Ordinary in and for said County, hereby certify
STATE OF GEORGIA, County. County. Ordinary in and for said County, hereby certify that the applicant 73 Lecture resides in said County, and was a bona
STATE OF GEORGIA, County. 1, Ordinary in and for said County, hereby certify that the applicant T S County, nor said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz.:
STATE OF GEORGIA, County. 1, Ordinary in and for said County, hereby certify that the applicant 73 Lecture resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz.:
STATE OF GEORGIA, County. 1, Ordinary in and for said County, hereby certify that the applicant resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz.: are of trustworthy character and that their statements are entitled to full faith and credit.
STATE OF GEORGIA, County. Ordinary in and for said County, hereby certify that the applicant resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz. If further certify that before answering the foregoing questions, the applicant and each witnesse took
STATE OF GEORGIA, County. Ordinary in and for said County, hereby certify that the applicant resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz. If further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness
STATE OF GEORGIA, County. Ordinary in and for said County, hereby certify that the applicant resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz. If further certify that before answering the foregoing questions, the applicant and each witnesse took
STATE OF GEORGIA, County. Ordinary in and for said County, hereby certify that the applicant of this State on the first day of January, 1894, and that the witnesses, viz. The state on the first day of January, 1894, and that the witnesses, viz. 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 applicant and each witness before same was signed. I further certify that the tax digests of County show that applicant
STATE OF GEORGIA, County. 1. Ordinary in and for said County, hereby certify that the applicant of this State on the first day of January, 1894, and that the witnesses, viz.: A the county of trustworthy character and that their statements are entitled to full faith and credit. If further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.
STATE OF GEORGIA, County. Ordinary in and for said County, hereby certify that the applicant resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz.: are of trustworthy character and that their statements are entitled to full faith and credit. I further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the applicant and each witness before same was signed. I further certify that the tax digests of County show that applicant returned for taxation in his name in 1895, dollars
STATE OF GEORGIA, County. Ordinary in and for said County, hereby certify that the applicant of this State on the first day of January, 1894, and that the witnesses, viz.: are of trustworthy character and that their statements are entitled to full faith and credit. I further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the fiffidavits was read to the applicant and witness before same was signed. I further certify that the tax digests of County show that applicant returned for taxation in his name in 1895, dollars of property, and in 1896, In my opinion the foregoing claim is made in good faith.
state of Georgia, County. Ordinary in and for said County, hereby certify that the applicant resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz.: are of trustworthy character and that their statements are entitled to full faith and credit. I further certify that before answering the foregoing questions, the applicant and each witness took the cath hereon prescribed, and that the full text of the applicant and each witness before same was signed. I further certify that the tax digests of County show that applicant returned for taxation in his name in 1895, dollars of property, and in 1896, In my opinion the foregoing claim is made in good faith. Witness my hand and seal of office, this 7 day of 7 taxatol. 1897.
STATE OF GEORGIA, County. Ordinary in and for said County, hereby certify that the applicant of this State on the first day of January, 1894, and that the witnesses, viz.: are of trustworthy character and that their statements are entitled to full faith and credit. I further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the fiffidavits was read to the applicant and witness before same was signed. I further certify that the tax digests of County show that applicant returned for taxation in his name in 1895, dollars of property, and in 1896, In my opinion the foregoing claim is made in good faith.

Before any questions are answered, the Ordinary shall awar applicant and the witnesses in the following words: "You thall true answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so halp you God." Additional affacture may be stateded if blank process or larmicibens.

POWER OF ATTORNEY.

STATE OF GEORGIA,)			
***************************************	Coun	ty. }			
I,				, her	eby authorize
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to receive and receipt for th	e pens	ion allowed,	and request	that he r	emit same to
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by					
Witness my hand and so	al this	Ċ	lay of		1899.
Executed in presence of		}			(L. S.)
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any Employ Co ENT PENSI		1/4	8	ON,	2
	O,	S NO	SSO	RICHARD JOHNSON	WARRANT HANDED TO COMPANY HANDED TO WARRANT STATE ACHIEF
	5681	2 5	E .	JO Journal	HANDED TALE Printer
S D S	0	00 2	MA //	IRD	Thon. 3
INDICATE AND INDIC		6	WARRA	CH.	WARRANT
		Oh		RI	66
		Name County			
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POWER OF ATTORNEY.

			Cc		.} of		het		horize
to receive	e and re	eceipt fo			allowed, an		that he re	emit sa	me to
-)	itness m				day o	f		19	00,
	Execute	d in pre	sence of	2000					
CODE SEC. 1284. (For Those Aiready Enrelled.)	NO.	INDIGENT	LDIER'S PENSION,	1900.	B Leach	WARRANT ISSUED	JOHN. W. LINDSEY, Communication of Penness.	WAERANT HANDED TO	Gee, W. Harrison, State Printer, a tlama.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
FULTON County.	
200	
Personally appears 29 deac	
County, State of Georgia, who being duly sworn,	
and resident of said County and State, and has	resided in said State continuously ever
by occupation a day of January	1894; that he is O years old and
by occupation a ; that he enlis	ted in the military service of the Confed-
erate States (or of the State of) during the war between the States.
and served for the term of 5 glas in (Company C., of 49 th Regiment of
	; that his physical condition is as
follows:	A 1
follows: General	Muilia-
*	
that his property consists of the following items	· ·
of the value of	The Harman day has a second of the second
condition and poverty he is unable to support l	Dollars, that by reason of his physical
that he receives no pension but the one herein ap	
Deponent desires to participate in the bene	
1864, and the acts amendatory thereof, and make	s application for the pension to which he
is entitled for the year 1899. I have heretofore a	
county been allowed a pension for the year 189	,
Sworn to and subscribed before me, this, the	if RY-al
8 day of Ja-, 1819	John D Lease
77 27 7/ renordi	.)
11 11 the new Ordi	hary.
State of Georgia,	
FULTON County.	
I, W. H. HULSEY,	Ordinary of said County,
do certify that I am well acquainted with	3 = Constant of said county,
applicant in the foregoing affidavit, and am well s	
in his said affidavit are true, and I know he is the	* II-12
and that he resides in this County.	
Given under my official	signature and seal, this
day of	1899.
CARTI	1
vour sea here.	111111111
	Ordinary FULTON County.
Note -The blank spaces must be filled.	

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
County.	
personally appears BECARL of FU-	
County, State of Georgia, who being duly sworn, says on oath that he	
and resident of said County and State, and has resided in said State	te continuously ever
since the day of any 1894; that he is	years old and
by occupation a that he enlisted in the military s	ervice of the Confed-
erate States (or of the State of Sa-) during the war	between the States,
and served for the term of 4 fermin Company C, of	th Regiment of
; that his ph	ysical condition is as
follows: Sineral detertion	
- Uneral Min Com	
that his property consists of the following items	
	`
of the value of Dollars, that by re	ason of his physical
condition and poverty he is unable to support himself by his own ex	estion or labor and
that he receives no pension but the one herein applied for.	critical or labor, and
Deponent desires to participate in the benefits of the Act, appre	
1894, and the Acts amendatory thereof, and makes application for the	wed December 15th,
is entitled for the year 1900. I have heretofore as a resident of	
county been allowed a pension for the year 189	
Sworn to and subscribed before me, this, the	
// -	
Ordinary.	
State of Georgia,	
FULTON County.	
I, W. H. Ordin	ary of said County,
do certify that I am well acquainted with J. B. Leant	the
applicant in the foregoing affidavit, and am well satisfied that the state	ments made by him
in his said affidavit are true, and I know he is the individual he repre	sents himself to be
and that he resides in this County.	
Given under my official signature and seal, t	his
day of Carry 1900.	
your seal	
OrdinaryFULION	County.
Nors.—The blank spaces must be filled.	

Oldinary of said County, do certify that I am well acquainted with 2. 3. - 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 - 12111111111 Ordinary FULTON County. Note -The blank spaces must be filled. Norg. - Affidavit should not be attested before January 1st, 1899.

do certify that I am well acquainted with Q.B. Leave 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 Garay 1900.

Ordinary FULION

County.

Nors.—The blank spaces must be filled. Norn .- A fidavit should not be attested before January 1st, 1900.

STATE OF GEORGIA ents are entitled to full faith and credit Dana WIDOW'S APPLICATION my hand and official seal of As Amended by Act of 1919. ORDINARY'S tulkout Widow of Jack office this CERTIFICATE ; that both of the foregoing were applicant for this pension, Ordinary of said County, do certify that I are truthful and trustworthy rriage, by ident of said County and that she is the duly Ordinary,

asked you and

full term

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

Company H. Regiment 2 ya

Approved Jolen W. Classe 4 Och 26

C. E. M. CREGOR, Commissioner of Pensions.

ORDINARY'S CERTIFICATE

U	KDINAKI S CEKI	IFICALE		
STATE OF GEORGIA,	COUNTY.			•
I. Thoo Ho know Mrs. Danaha	200	Ordinary of said Cour		
person she represents herself to and was on the day That I also know	yanglu	1926 witness as to marri	aggrand I also know	
η.	ve affidavits, and that they	oth of the foregoing are truthful and tr		
statements are entitled to full Sworn under my hand and (SEAL.)	\sim	Jany or St.	Ordinary,	
the evidence you shall g 2. Additional affidavits m 3. All affidavits must be m 4. Only widows who are n b. Attach certified copies general reputation. 6. Widows of Disabled Pe	e answered the Ordinary shall a swear that you will true answe the will be the truth. So help y sy be attached if blank spaces and before the Ordinary of the name that the ordinary of the arting bleans if Ortainab marings license if Ortainab naioners must use the Blue App b be made no proof of service a	rs make to each of the of the of the of the of the officient. county of residence. 881, are entitled. e. If not, prove marriag	re, by some person, or by	
WIDOW'S APPLICATION To Be but on Roll in Her Own Right When Hisband Was on the Indigent Roll or Put on Under Act of July 11, 1510— An Amended by Act of 1919.	County Fulkon Namedurah a gaselu. Widow of Janach	Regiment V Go. Cov. Approved Jordin W. Clark. MUH 76	Commissioner of Pensions.	7-3-26
THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TO THE OWNER,	manufacture designation of the property of the	apalipa	The second second	

Seach, Seach a . [Mas.]

Julian (s.)

1924

Application for Perision

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

The H-Jeffings Ordinary

Forther and K a cach

Date of Death way 19 1929

Amount \$ / 62

Approved and ordered paid and part of the seach of the sea

Ordinary: Fill out above in full and send this blank to Pension Department for approval. Do not pay out the monsay antil the approved blank is in your bands giving you autherity to do so. Send back to the Pension Department with your receipted payrolly to be parmanently filed with them. Do not/keep this application in your office.

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,	}
FULTONCOUNTY	·. }
Personally before me comes. Sare	h A. Leach of said County,
who, after being duly sworn, says that she is	the widow of John A. Leach
to whom, in the County of Porayth	State of Georgia she was married on
the day of 18 , and	that she remained his wife, and resided with him to
the date of his death in July 22nd 192	26 and that she has not since his death remarried. At
the time of his death he was a resident of	Fulton County, in said State
of Georgia, and he was on the Pulton	Pension Roll of the State and paid a pension
of \$ in FullouGounty fo	r 19per annum, on account of being a soldier in
Company Regimen	t Villa (au, (Volunteers or State Militia)
	en of said County of Pulton and she
has so continuously resided since da	y of
Sworn to and subscribed before me, this	
1 day of Sept 19	W V
and of the state o	nary Jarah ax Leach main.
petus Khairy 0.0. Ordi	nary dach a x geach
of Pulton Cou	inty.)
(SEAL)	
Affidavit of Witnesses to	Prove Marriage and to Whom.
	ath of Husband.
STATE OF GEORGIA.)
Fullow COUNT	{
	,
Personally before me comes Ma	ry auglin known to be
	said County, who after having been duly sworn, say:
	unha Teach, who made the foregoing
affidavit, is the lawful widow of	a hearly who died in tulbon
County in said State ofon	
and that she has not since remarried. That a	ifter years as husband and very
the day of the	and that she and he had resided together as man
and wife continuously	2 and that the
was the same man who was on the pension ro	ll of said State from
Countywhen	he died.
Sworn to and subscribed before me, this	the
day of the 19	
Ordi	mary Mary enighi
of tultous con	inty.
(SEAL)	,

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)

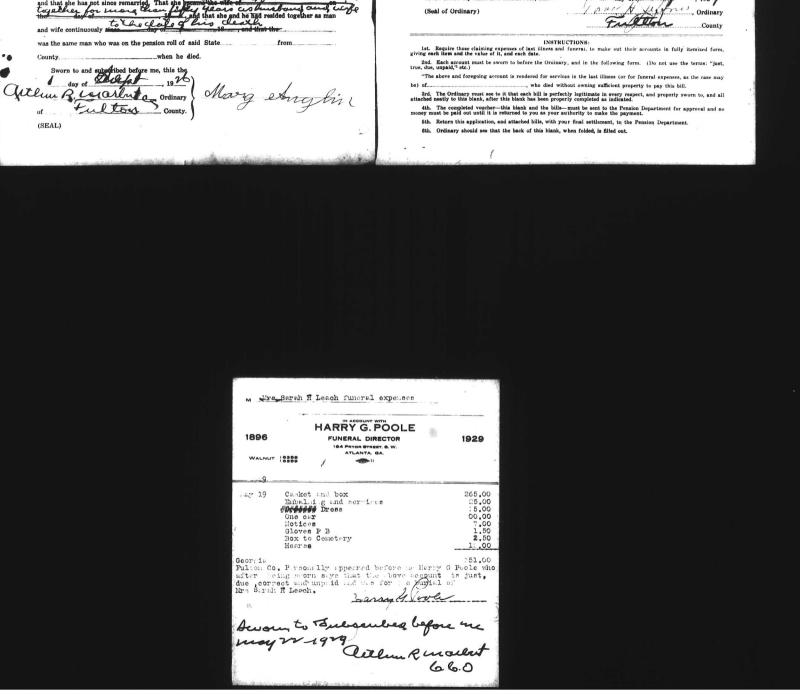
10000	Personally before me, the Ordinary of said County, comes				
of said County, who, after being sworn, on oath					
says that he knew Daniel W. Sales L. of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in Trullon County, in this State, on the					
				Fullon County	Jany 11 VIV
				(Seal of Ordinary)	
				,	J
				I. Thoo H- Jeffing that I personally know Harry	County. Ordinary of said County, do certify , who is a resident
				Man of said County and that add and the	
					truthful and trustworthy character, entitled to full
faith and credit; that I also knew	O death while in life and that this was				
faith and credit; that I also knew to the same person whose name appears on the Pens	O deach while in life and that this was				
faith and credit; that I also knew to the same person whose name appears on the Pens was paid a Pansion of	while in life and that this was sion Rolf of Fulbon County, and				
faith and credit; that I also knew to the same person whose name appears on the Pens was paid a Pansion of	a Reach while in life and that this was sion Rolf of Fulbon County, and				
faith and credit; that I also knew to the same person whose name appears on the Penswas paid a Pansion of Total in said County for 1929, and I now believe sa	while in life and that this was sion Rolf of Fulbon County, and				
faith and credit; that I also knew to the same person whose name appears on the Penswas paid a Pansion of Total in said County for 1929, and I now believe sa	while in life and that this was sion Rolf of Fulbon County, and (ST) Dollars Dollars id pensioner to be dead; and that the instructions at the				
faith and credit; that I also knew to the same person whose name appears on the Penswas paid a Pension of Total in aid County for 192 9 , and I now believe sa foot of this voucher have been carefully observed.	while in life and that this was sion Rolf of Fulbon County, and (ST) Dollars Dollars id pensioner to be dead; and that the instructions at the				
faith and credit; that I also knew to the same person whose name appears on the Penswas paid a Pansion of Total in aid County for 192 9 , and I now believe sa foot of this voucher have been carefully observed tached hereto.	while in life and that this was sion Rolf of Fulbon County, and (ST) Dollars Dollars id pensioner to be dead; and that the instructions at the				

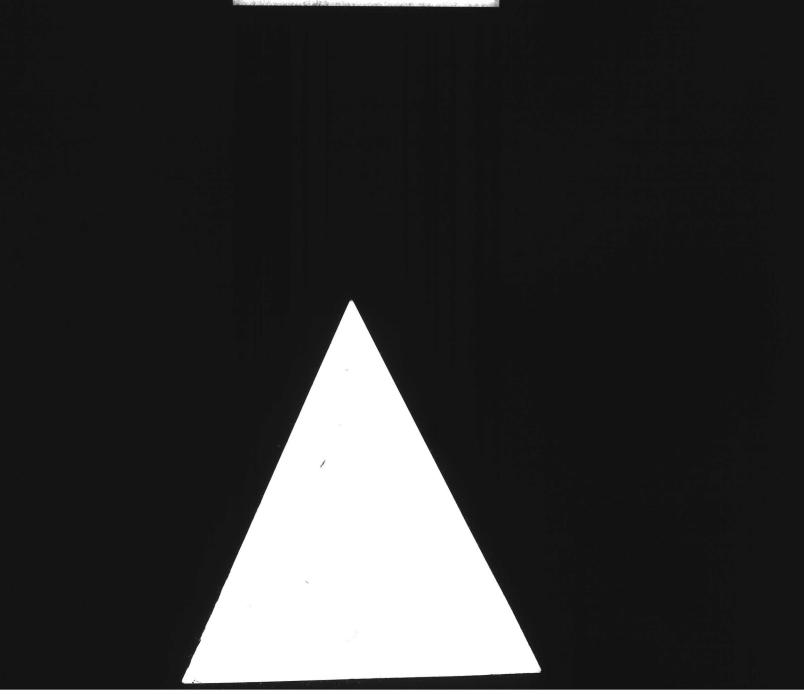
Sed. The Oordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.

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.

6th. 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.







Fultan Co.

APPLICATION FOR ALLOWANGE Applicant, Thomas Seach County Riter Amount Rich Sollars
Date of Warrant May 2 188.9 MATA apple cart

That he raly six of affilians is result of service in C.S. a. 22 yrs before amendment must be

must slumith coting

ling chisability in 1865-1960,

In order to avoid unaccessary iclays to applicants, and to canble all parties interested to understand the laws gravited, the following suggested has been desired by the Governor touching the payments provided, the following suggested has been would should be carefully and fully set furth by applicant has been wounded, the Gheription of the wound should be carefully and fully set furth by applicant cairon disability from disease contracted in the service, a full and carefully stated history of the glassess should be given, incaugh the disability by positive proofs to the service.

The law makes no allowance for an arm or leg, utiles the arm or leg has been readered authorizing and carefully stated which the service is the service.

There is no qualification to the clares of the Asian restauces to the arm or leg, but the limb must for all sufficient set of the Asian restauces to the arm or leg, but the limb must for all surfaces as sufficiently set of the second leg, it would seem to be a full read carefully and the second leg, it would seem to be a full contraction of the Asian cannot be that the legister of the Asian cannot be the second of the second leg, it would seem to be a full contraction of the second set of the second leg and the second leg to the second legister of the second second legister of the sec

NOTES

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

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the cetted of the disability. It applicant claims disability from disease contracted in the service, a full and carefully stated history of the disability from disease contracted in the service, a full and carefully stated history of the disability for the disability of the disability of the disability. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and carefully sudes.

and casesticilly 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."

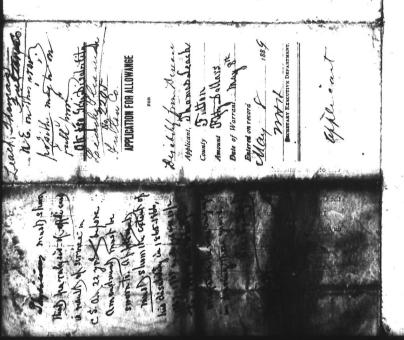
4. It the application is for a wounded leg, it would seem to be a fair construction of the Act, and the
words alove queetly to say that unless the injury is such as to require the constant use of crutch or stick,
that the leg is not "substantially and essentially useless."

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

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

The Ordinaries of the several counties are specially requested to call the attention of the physicians

and applicants to these points.



For Use of Applicants Who Have not Heretofore Drawn.

· ·	
STATE OF GEORGIA,	
County.	
The country of	
PERSONALLY appears Thomas Leach 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 been such since the 22' day of	
1847; that he enlisted in the military service of the Con-	
Sederate States (or of the State of a) during the war between the	
States, and served as a Privale in Company 13, of th Regiment	han a si
of leable, Lynn Volunteers learnely 's Brigade; that whilst engaged	
in such military service, at the battle of No har ille gover way in the State	
on the he special day of April - 1865; he was	
wounded as follows: Her Coulracted. Innualicum seed	
Meuralqua, from which he, his in licens	cul
Meuralgia, from which he ties in licenses	21
supereind and till Continue. That he	
io now, in his ficcion, formountly discord	
and intitted to a portion werenthe low	2
The State of Georgia.	
Deponent desires to participate in the benefits of the Act, approved October 24, 1887,	
and the Act amendatory thereof, approved December 24, 1888, and makes application for	
the allowance to which he is entitled for the year thereunder ending October 26, 1889.	
Sworn to and subscribed before me, this the	
Sworn to and subscribed before me, this the Homes & Sench	/
In and	
John & Wooded hat Pul Ful Ga	
NOTE. State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.	
o-no amendo o ono amonto.	

Commissioned Officer's Affidavit.

STATE OF GEORGIA, of utton county. PERSONALLY came before me_ of the county of Harmonia State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company of the C woulds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said Norma Le noh as stated by him in said affidavit. Deponent further states that said is a bona fide citizen of this State and resides

PERSONALJ.Y came

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

Sworn to and subscribed before me, this

day of

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

STATE OF GEORGIA. Frellen

Personally comes before me M. L. back . . Ordinary of said county. re 18. Harningand Il Co. A sher, me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined Thomas Leoch, w examination say that the applicant has been injured as follows: he Raid

Thosomos Leoch Controcted Chromes Kheumakicu in the mititions Revoca of the

Confedent States, and that Paralysis followed as a regreal, and has existed on Continued until

the sexual time and the deliver in her.

morent, loudering the Raid opplicant's entire

Sworn to and subscribed before me, this 4" day of Mo ay 1889

W. Llo alhum

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

STATE OF GEORGIA.

Hullen County

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

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

Given under my official signature and seal, this 4 " day of the and 1889 mod lo cichim

Ordinary Thering County

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

county, in said State, do hereby appoint

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

Executed in the presence of us:

STATE OF GEORGIA,

Fullow County.

I, II & Calhoren Ordinary of do certify that I am well acquainted with Thomas Keaph 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. natures thereto are genuine.

Given under my official signature and seal, this 45 day of February 1890. Mr. L. Lo alhum.
Ordinary Francisco County.

Ordinary of said county.

STATE OF GEORGIA, I. W. L. L. County. I. Ordinary of said County. I. County the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this County. I further certify that
before whom the foregoing affidavits were made and power of attorney was signed, is a
of said County, and the said affidavits and
Given under my official signature and seal, this 3 day of February 1891. Ordinary Haller County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fin ((on county.)
PERSONALLY appears Thomas Lench of said county,
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has been such continually since the 295 day of
18/9; that he enlisted in the military service of the Con-
federate States (or of the State of Lecaped) during the war between the
States, and served as a Private in Company A, of the Regiment
of Cobbo Legion Volunteers - 's Brigade; that whilst engaged
in such military service, at the battle of in the State in the State
of nother day of 186 heaves
woulded as tollows: Said upplicant was viever wounded.
but was paralied in his left sade atin
and hand, canned by excessive exposine
dunio said war, reandering his left taster
substantially and expentially areless, and
substantially and essentially areless, and thereby disabling sould applicant from doing action manual falls
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 sudjust October 26, 1850. I have heretofore been allowed a pension of
entitled for the year ending October 26, 1890. I have heretofore been allowed a pension
Sworn to and subscribed before me, this the
Sworn to and subscribed before me, this the
or the action
Nora State fully nature of country 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 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 of180
Executed in the presence of us:
· · · · · · · · · · · · · · · · · · ·
Send money to me as follows, by
Send money to me as tonows, by
County, Georgia.
AND CONTRACTOR OF THE PROPERTY

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.
Hullon County
County, State of Georgía, 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 January 1849; that he enlisted in the military service of the Con-
federate States (er of the State of //
States, and served as a find in Company of the British
Volunteers Houngland Brigade; that whilst engaged
in such military service ex the battle of
in such military service et the battle of in the State
wounded so follows he became during and
Contracted Newalgia and Sheumalion
Which was arended of Paralysis
and renders him uncompolant he lutor
The ordinary manual break and beton
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 or the year ending October 26, 1891. I have heretofore been allowed a pension of
Hapty dollars, for 1890
Sworn to and subscribed before me this the
3 dd day of Filma 1891. Manus Leach
day of / lena 1891.)
m. L. Callow ording
Note State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
POWER OF ATTORNEY.
STATE OF GEORGIA,
}
County.)
Know all Men by these Presents, That I.
fCounty, State of Georgia, do hereby appoint
THE RESERVE OF THE STATE OF THE
my true and lawful attorney in fact, for be 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 for the Confederate States (or of this State), as stated in inshe foregoing affidavit; hereby authorising my said attorney to receipt in my name for any Warrant that may be issued by the Goveror, 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 iseal, this
day of18q1.
Executed in the presence of us:
Executed in the presence of us:
A second sea of second
DIRECTION.
Send money to me as follows, by
to P. O.
County, Georgia.

State of Georgia, 3 Fulton County. Kersonally appeared hefre me, a Justice of the Reace in and for Said State and County, Sold Hourwood, M.D. and W.C. As het, M. It, procticuly physiciaus and See. your in Loid State and County, and known to me as of good reputations in their profession, who upon onth, depose and pay that they, the laid for the Hormand, y. D., and M.G. hehr, M. are personally acquainted with Thomas Leoch, of Roid Hote and County, What they have know him, The Soid Thomas Leach, Rince the Close of the wan between the State, wint: the lonfedware Sicher and the huiled States of America; that they hour hum him sieve his release This hour in 1865; they have severally been his for ily physicions, that they have had profesional throwledge of his phpical Condition almost Continually for a ke hid of time embrocing 1865 upto 1889; that at the Clase of spid won between the States, the said Thomas heach was from expansione in said won, Suffering from Chamic Khumotisen and

STATE OF GEORGIA, Hullow County, I. M. S. Lowellow Ordinary of said county, do certify that I am well acquainted with. The Lowellow 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 repesents himself to be, and that he resides in this county. Given under my official signature and seal, this for day of World 189 2.

Ordinary. Finition

SOLDIER'S PENSION.

1892.

FOR THE VEAR EXDING OCTOBER 36, 1902.

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Ruxalgia; that while prdiciona breakensut and bet attimes tilieved him, and enabled him to perform manual lobor, he was not at anytime restored to former health. that eventually, and in the pathological progress of the disease he Contracted in Raid Confederate Hoter Army from expansionation field, Rasslysis Supervened; and that he The said Thomas Lock, is now a helpiere paralytic. And, that he will remain in his Present helpling Condition during The remainder of life. The Roid Dr. Joeld Housewood and We, teken, forther Boy, and afferen, upon soto, that the Raid Thomas Feach's Condition is such, that in their opinion, he should be allowed the longest and mart liberal annuity provided for the inform and depend int solding County, in said State, do hereby appoint of the tate confederay Swon and suscaided before me, this the 7th day of May, 1884. U. U. Manni Executed in the presence of us:

For Applicants Heretofore Allowerstate of Georgia,	ed Pensions.
PERSONALLY appears January Jear h	
Personally appears January Jean In	being duly sworn, says
n oath that he is a bona fide citizen and resident of Georgia, and ha	
ince the day of	18/ 5 : that he enlisted
the military service of the Confederate States (or of the State of	year Gearing
uring the war between the States, and served as a // Volunteers	in Company de
Volunteers Volunteers	Carl delamin
Brigade; that whilst engaged in such military service at the battle of	. ,
n the State of, on the	day of
186 , he was wounded as follow	s: Gillette
n the State of , on the 186, he was wounded as follow that for the state of the sta	denier in
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Deponent desires to participate in the benefits of the Act, approve he acts amendatory thereof, and makes application for the allowance he year ending October 26, 1892. I have heretofore been allowed a Dollars for 1897	to which he is entitled for pension of
Sworn to and subscribed before me this the Jhammas day of Manh 1892.	Leach
	had
Nork-State fully nature of wound or character of disease which causes the disab	
ztent of the disability.	mity, and explain particularly the
POWER OF ATTORN	EY.
STATE OF GEORGIA,	
County.	
Vnow all Man by these Presents. That I	

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

[L. S.]

DIRECTION.

Send money to me as follows, by

... County, Georgia.

Tex Main Turan County Personally come to R Leach who an fullow ooth sone That he is a son of Thomas Maimed Soldiers. Level That his hutth was good before The war, That he came home in 1865-Voucher No. 2205 Audited from The Goney, o had Rhumstian very Amount, & CO, 00 bod, had huralgin so bad that for COMPTROLLER GENERA Paid to Thomas Leach Janu time he was totally blind & For Leveral Desability had to be led about That the Rheumatrain finding led to paralying from which he has suffermed since 1447 May 8. which constined with The Kheumotism · henrolgia render him permanulty disabled from performing any Included in Warrant No. work for support issued to Treasurer. Sworn to A subscribed before me hung 4/89 a. a. misming h.P.H 200 W. J. Campbell, State Printer, Constitution Job Offic In amendment to above I will say that I known applicant through 66, 67, 68 and leg and that he was not able to do any work of any kind.

₩ RICE BROTHERS. FLAIN AND ORNAMENTAL WROUGHT IRON FINCING. Cresting, Grates, Ventilators, Vases, Brackets, Balcony Railing, Lamp Posts, Mangers, Park Seats, Sash Weights, Fire Dogs, Well Wheels, →IRON + AND + BRASS + CASTINGS. ATLANTA. GA. Slay 4th This of the continue that Thomas Jeach The application Volunteered in the stallen Dragoons and lest externita for Virginia on 14th day of August 1861. at which tetru he evas in good health and remained in good health and evas always ready for duly: during the first gears of the war, after & lest the command in 1864 he became official with hereral - my and Chematiting and he has been in but health over Viner The war.

No 2205

EXECUTIVE DEPARTMENT.

STATE OF GEORGIA.

Manta, Da May 8

Themas Lead

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 Lecural Disability

He is entitled to receive the sum of Dollars for such disability, the same being the allowance due to the year ending October 24, 1889

The Treasurer will pay the same and hold his resipt of this voucher, and return same

By the Governor

My arren

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty soofwo

Dollars,

r above voucher, this

suffered to

Maimed Soldiers.

Voucher No. 188

Amount & CO

Amount & CO

Paid Show Reach

For Descale by

Descare

Leby 4 1890

Included in warrant No.

155461 to Treasurer

WARRANT CLERK.

Auditea

COMPTROLLER GENERAL.

applicant

Leach, homas

1891.

Maimed Soldiers.

Voucher No. 36

Paid to Mar & cach_

For Disoby Dereon

Included in warrant No.

issued to Treasurer.

1891.

WARRANT-CLERK

appleant

Allanta, Sa. Hebry 11 1990 STATE OF GEORGIA, EXECUTIVE DEPARTMENT. Mr Thomas Leach having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, Disabled by Disease He is entitled to receive the sum of diffy toof for such disability, the same being the allowance due for the year ending October 24, 18/76 The Treasurer will pay the same and hold his receipt on this voucher, and return same to Executive Department for warfant. By the Governor. MH Hamson RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Atlanta, Sa. Olly 3. 1891. EXECUTIVE DEPARTMENT. Mr. Thomas Jeach of the County having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for Dejables by Desease 31VL He is entitled to receive the sum of.... for such disability, the same being the allowance are followed par each of October 24, 1891.

The Treasurer will pay the same and hold in the same and seturn same to Executive Department for warrant. 74. L. Mentun the Governor.

Nanisen
Sec'y Executive Department.

Dollars,

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

STATE OF GEORGIA,

Hefly vool RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia. Dollars, per above voucher, this Dollars, Wetman Q. S. Britan

Jester Georgy 9.

Fulton Co:i

O.K Spr 1912

Confederate
Soldier's Application.

County Fallon
Name Startes Company and Garage
Regiment 1.5 Calladay

ENTERED ROSTED DEFICE

9/25/11

Tutton G:

Tutton G:

The Man Mile

Tonfederate

Soldier's Application.

UNDER ACT 1910.

UNDER ACT 1910.

Lettery

Company Application

Resident 18 Lettery

Approved

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,
County.
of said State and County, hereby applies
for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded. In answers as follows, to wit:
0 1. What is your name and where do you reside? (Care County and Post-office)
Leave Allantes Va
How long and since when have you been a continuous resident citizen of this State?
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 Regiment did you enlist? (Give the arm and class of Service)
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge)
6. When and where was your Company and Regiment surrendered or discharged from the Service?
7. Were you actually present with your Command when it was surrendered or discharged?
8. If you were not actually present, state specifically and clearly where you were.
a. Where was your Command when you left it? disage host, Cleaner
b. When did you leave the Command? Musch 1869
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? The Hangh, 30 charge
f. Why did you not return to your Command after leave expired? Returning salkann array
g. In what way were you prevented?
h. What effort did you make to return? Man as They Release at them to the state of
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 wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.).
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 description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemised list).
nead was the same of the same
12. What annual or monthly income or earnings of yourself and wife and the source derived have
you? 2and
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
16 day of Old 191

O UESTIONS FOR WITNESS AS TO SERVICE

Q DESTIONS FOR WITNESS	AS TO SERVICE.	
STATE OF GEORGIA,		
Tulton County.		1.5
Red nichan		
s a witness in support of the application of	said State and County is hereby presen	ted
y the Act of 1910, in said State, and after being sworn true an		
nswers as follows:	swers to make to the questions propound	ea,
1. What is your name and where do you reside?	O Milan-	
attanta Grorgia	Godd.	
2. How long and since when have you known	the applica	int?
about soyears - sweet p		
3. Where does he now reside, and since when has he b	een a bona fide, continuing resident in t	this
. ?		
12 Duing Ener Juqui	111	
4. When, where and in what Company and Regiment die	enlist duri	ing
ar from 1861 to 1865? (Give date and place). Co. Co.		4.1862
5. How did you obtain your information of this Service		2
Leorge I Jandes Campany ams	a severy wich him	<u></u>
6. How long within your own personal knowledge did		ith
is Company and Regiment? (give date) May 1862	, .	
Marrietaron Command surrendered or o	ischarged (give date and place)	
S. Were you personally present at the Surrender?	7.0	
9. If not, where were you and how came you there?		
10. Was the applicant personally present with his Comm	aand at surrender? 20	
11. If not where was he and how came him there?	Heme on Justings	
	, / /	
12. When did he leave his Command? March		nd
en he left it? Mangefort Verm for what cau	se did he leave? Junlangh	
By whose authority did he leave Gel L	4. Clarke apt h	ow
ng was he granted leave?	How do you kno	
that you have stated to be true? If of your own knowledge (T	'ell clearly and specifically)	
y furtrugh		
13. In what way was he prevented from returning to his		nes
ow do you know? Secause America surronde	ad in april 1800	*****
14. What effort did he make to return to his Command an		alex
of the annies		
15. Was applicant captured as a prisoner226		-
In what prison was he held?	and when release	d?
Sword to and substribed before me, this the	PMilau	1 2
day of 10V		T 2
welling Victorian OB ordinary,		: : 1
of tulin	County.	

AFFIDAVIT OF TWO FREEHOLDERS

AFFIDAVII OF TWO FREEHOLDERS.
STATE OF GEORGIA.
County.
Personally before me comes (U) & III & Call & who on oath
says that they are freeholders residing in selectionity and we know the says that they are freeholders residing in selectionity and we know the says that they are freeholders residing in selection to the says that they are freeholders residing in selection to the says that they are freeholders residing in selection to the says that they are freeholders residing in selection to the says that they are freeholders residing in selection to the says that they are freeholders residing in selection to the says that they are freeholders residing in selection to the says that they are freeholders residing in selection to the says that they are freeholders residing in selection to the says that they are freeholders residing in selection to the says that they are freeholders residing the says that they are freeholders residing the says that they are freeholders residing the says that they are freeholders residing the says that they are freeholders residing the says that they are freeholders residing the says that they are freeholders residing the says that they are freeholders residing the says that they are freeholders residing the says that the says that they are freeholders residing the says that they are freeholders residing the says that they are freeholders residing the says that they are freeholders residing the says that the says that they are freeholders residing the says that they are freeholders residing the says that they are freeholders residing the says that they are freeholders residing the says that they are freeholders residing the says that they are freeholders residing the says that they are freeholders residing the says that the says that they are freeholders residing the says that they are freeholders residing the says that they are freeholders residing the says that they are freeholders residing the says that the says that they are freeholders residing the says that they are freeholders residing the says that they are freeholders residing the says that they are freeholders residing the says that they
the applicant for pension and we know the property that is now in the we, possession and control of himself
and wife and of its cash value to wit: (Make List by items and value.)
v '
What property, if any, has been sold or given away by the applicant or his wife since 4 Nov
1908? (State it fully by items.)
2. When and to whom was it sold or given to?
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant?
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full values?
or was it made to obtain a pension?
Sworn to and subscribed before me, this the
day of Held
Ordinary
of County.
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA.
Tultyn County.
Ordinary of said County, certify that I know
the applicant g. g. Luke for Pension is the person he represents himself to be and resides in
said County. That I also know
service and W & Mc claulland who are freeholders, that
they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and
they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the
Fax Results of Tax A MAN shows that Tax A MAN and wife
/slue for tax is in 1908 8
sworn under my hand and omeist seal of office this. day of the state o
Ha Otina
O
"You do selemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."

Million Whitesn/B. Ordinary,

.....County.

"You do recimply swear that you will true answer make to such question ashed you and the evidence you shall give shall be the whole truths is on hey you Cool." are inaufficient.

All affidavite must be much before the Ordinary and certified by him.
If applicant has he property at all in ha possession, use or control of self and wife, affidavits of freehelders

Leake, G.G.

1926

Application for Pension Due Deceased Pensioner (UNDER ACT 1919)

(To pay expenses of last illness and funeral) Throo H. Jeffies Ordinary

Date of Death Nov 16 1926 Amount \$ 500

Approved and ordered paid

Mu W. Clark.
16 Dec 96 JOHN W. CLARK,
Commissioner of Pensions

Paid .

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.

(Das

HAME Leeks, George G.

COUNTY Pulton

THAT AID TERE BORNS Resident of Georgia 80 years.

EMPLIAND SEN AND WARE? My 1868, does not state where.

Ralli

CCIP.JY 4MD REGIMENT? Co. A, 15th Georgia Cavelry Regiment. S years.

CAFTUTED,

RILLARIE

WILL AND THAT CULREPDERED?

Command surrendered, April 1865, Morri etcan, Teanessee.

tion to depend the state of the E. Y. Glarke.

DITO, WEST AND BEARS?

BURIED,

R. P. Hilam - Same Company. WITNESSES

Application for Pension Due to a Deceased Pensioner

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

GEORGIA Fullon County. Personally before me, the Ordinary of said County, comes L. B. Davidson, with H. M. Patterson Son of said County, who, after being sworn, on oath was on the Pension Roll of said County at the time of death, which occurred in ... Fullow County, in this State, on the 1926, and that unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$5697. per sworn statements fully and completely ITEMIZED hereto attached. Sworn to and subscribed before me Grilling regarbet Continary Fuel on Scounty Hadanidon. (Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, Lullon County 1. Thos H- Jeffers , Ordinary of said County, do certify that I personally know & Described and Herroral of the County of said County, do certify citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit, the same person whose name appears on the Pension Roll of Luctor County, and this voucher have been carefully observed in making up this voucher and the bills which are attached hereto. Given under my hand and official seal, this 29... (Seal or Ordinary)

THE PRICE TO WA

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.

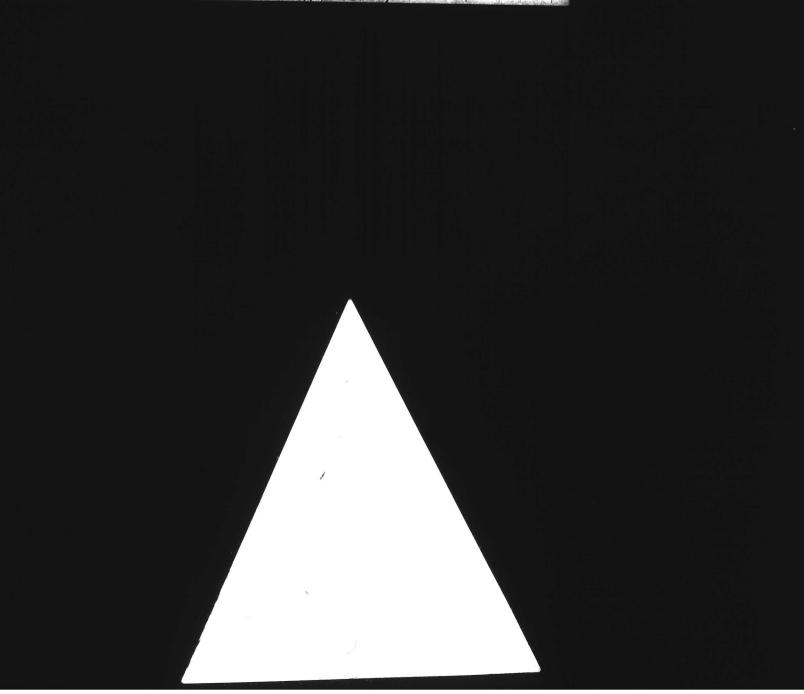
and. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "just, true, due, unneid "esc.) The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of ...

\$rd. The Ordinary must see to it that each 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.

et. 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 navment.

Eth. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the moncy himself and takes receipts 8th. Return this application, and attached bills, with your final settlement, to the Funsion Department. Th. Ordinary should see that the back of this blank, when tolded, in filled out.

(Seal or Ordinary)..... Ordinary County 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. End. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "just, true, due, unpaid," etc.) "The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of, who died without owning sufficient property to pay this bill. 2rd. The Ordinary must see to it that each 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 Peusion Department for approval and no money must be paid out until it is returned to you as your authority to make the navment. 8th. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes 6th. Return this application, and attached bills, with your final settlement, to the Pension Department. 7th. Ordinary should see that the back of this blank, when folded, is filled out. B.M. Patterson & Son 96 North forsyth Street Atlanta, Ga. Sold to Juneral expenses of Mr. George G. Leake Sr. November 17, 1926. Casket and Metal Lining 350 Transfer to Office Embalming, Bathing, Shaving, Dressing 25 Suit 35 Two Constitution Notice Journal Notice 60 Grave and Lining 10 Cement Vault 57 50 Pall-bearers' Gloves 2 50 Lotor Flower Cur Motor dearse 21 Three Limousines 45 Fulton County, 569 26 Georgia Personally appeared effore me F.W. Patterson, who on oath states that the above account is correct, due and large id. Sworn to before me this November 23, 1926. Mr. H. Bowen M. P. Othertal Garage



Confederate

Soldier's Application.

UNDER ACT 1910.

County Little Coun

office, 11/23/10.

Mpplicant mis

Pension Office, 11/23/10.

Applicant must prove service and capture by some one who knows abac lutely of what is estated in application. Ethness submitted more nobil of these facts, and hearsay information and ballef is not subdivide evidence.

J.W. Lindsey, Com. of Pensions

Confederate

Soldier's Application.

UNDER ACT 1910.

County Kallow

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APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA.	Applicants to Answer.
Fulton County	
John R Leemon	.)
propounded, answers as follows, to wit:	of said State and County, hereby applies Confederate Soldiers, and submits his sworn statement, with er being duly sworn true answers to make to the questions you reside? (Give County and Post-office)
	St, Atlanta, Rulton County Georgia.
	u been a continuous resident citizen of this State?
	Confederate States or of the Organized Militia of this State
from 1861 to 1865?In Confederate	States, during April 1861. mpany and Regiment did you enlist? (Give the arm and class
of Service) April 1861, At America 5. How long did you remain in the	s. Ga., In Company K.4th Ga Regiment
(Give date of discharge)F.pomApril18 6. When and where was your Compar	61toApril4th1865.whenIwasmadeprison y and Regiment surrendered or discharged from the Service?
	our Command when it was surrendered or discharged?Ng
	tate specifically and clearly where you were. I was captured
	on April 4th 1865, and sent to City Point Ve
	you left it?
	4
	d? April 4th 1865.
	Captured by the Federal soldiers,
d. By whose authority did you lea	ve?,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
absence but was captured	ted? In what way? Was not granted leave of by the Federal soldiers.
g. In what way were you prevented	ommand after leave expired? In prison.
	rn?In prison.
	r. At Appomettox Ve.
	prison were you held and when were you released?
	x. Va. City. Point. Va. July. 1865. parolled. on was owned, in the use, possession and control of yourself
	8? (Make list by items and value.)
	ou or your wife disposed of and for what purpose since 4 Nov.,
	property of any kind.
11. What property of any description	n of any kind, and of any value now owned and in the use, and its cash value? (Make itemised list)
No property of any ki	nd,my wife died in September 1906
	or earnings of yourself and wife and the source derived have
	200
	amount from this State or the United States?
	orgia Pension and had it refused? and for what cause it was
	application for pension.
1 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Saking Bellevien

County.

QUESTIONS FOR WITNESS AS TO SERVICE.

	STATE OF GEORGIA,
	Fulton County.
	J A S Baisden,of said State and County is hereby presented
	as a witness in support of the application of
	by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers as follows:
	What is your name and where do you reside? J. A. S. Baisden, 65 Piedmont Place, Atlanta Ga.
	2. How long and since when have you known J. R. Leamon the applicant?
	56 years, since May 1854.
	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? 319 Jackson St, Atlanta Ga, from May 1854 I have
	known him all the time. 4. When, where and in what Company and Regiment did. J R Leamon enlist during
	war from 1861 to 1865? (Give date and place) April 27th 1861, Americus Ga, Co. K. 4th Ga. 5. How did you obtain your information of this Service? Was in the same Regiment,
	Company K 4th Ga, and by papers of the Company.
	6. How long within your own personal knowledge did he perform actual military service with
	this Company and Regiment? (give date) From April 1861 to April 1865.
	7. When and where was his Command surrendered or discharged (give date and place)
	8. Were you personally present at the Surrender? No at home on furlough.
	9. If not, where were you and how came you there? At home on furlough, with a
	mound in right leg.
	10. Was the applicant personally present with his Command at surrender?
	11. If not where was he and how came him there? At City Point Prison Va, as a
	prisoner of war, of the Federal Army.
	12. When did he leave his Command?April4th 1865
	when he left it?AppomattoxVafor what cause did he leave? Capturedbythe
Fe	deral Army, By whose authority did he leave Was a prisoner of war and how
	long was he granted leave? was a prisoner of war. How do you know
	all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) I was a member of the same Co K 4th Ga regiment during the war, and from the records of the Company I and he were in.
	13. In what way was he prevented from returning to his Command? Was a prisoner of War.
	How do you know? By records of the Company.
	14. What effort did he make to return to his Command and how do you know? Was a prisoner
	of war at City Point Prison Va.from April 4th 1865 to July 1865.
	15. Was applicant captured as a prisoner Yes
om	attox Va In what prison was he held? City Point Va and when released?
	July 1865.
	Sworn to and subscribed before me, this the A B Barsder P. 166,
/	John Coreking ordinary,
_	of County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE	OF GEORGIA.	۱
	OF GEORGIA.	

Pe	ersonally before me comes to R. Dillandhama, who on oath
	they are freeholders residing in said County and we know
	cant for pension and we know the property that is now in the use, possession and control of himself
	and of its cash value to wit: (Make List by items and value.)
	some no property at all
1.	What property, if any, has been sold or given away by the applicant or his wife since 4 Nov
	State it fully by items.)
2.	When and to whom was it sold or given to?
3.	
	What was the price paid or stated to be paid?
4.	What relation is the party to applicant? Thouse who all
5.	What disposition was made of the proceeds of the sale?
8.	Was the disposition of this property made in good faith and full values?
or was it	made to obtain a pension?
Sv	worn to and subscribed before me, this the ER Dillingham P.K.
^ 4	day of October 1910,
JON	WWWKiisan Ordinary,
	of Tulty County
Japaneses	
36.	ORDINARY'S CERTIFICATE.
OT A T	* AF CEOPCIA
900	OF GEORGIA,
9.0	County.
Ι,.	Ordinary of said County, certify that I know
the appli	OW I en sool
said Cour	(14/14) 210 1011
service a	(R.6) 110
	all residents of said County and were duly sworn by me before signing the foregoing affidavit and
	all truthful and trustworthy and their statements are entitled to full faith and credit. That the
Tax Resu	ults of A Lamon shows that and wife
value for	tax is in 1908 \$ Name for 1909 \$ MML for 1910 \$ MML
	forn under my hand and official seal of office this 21 M day of Oct 1910
ANG	UTULINA Ordinary,
1	Ordinary,
	of County.
NOTES 1.	Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words

John Corekingen ordinary,

... County

You do solimaly event that you will tries assever make to each question saked you and the oridance you nail give shall be the whole traits, no last you do good, or insufficient or insufficient or insufficient to the contract of the contra

NAME License John R.

YEAR 1911 COUNTY Falson

COURT AND WHERE BORN? Besident of Georgia since May 1864(86 years)

WHEN AND WHERE? April 1061, Americae, Coorgia.

B

COW 'NY AND REGIMENT? Co. E, 4th Georgia Regiment.

Y AL OF JAPTAIN AND COLONEL? -

WC PL FD?

WAY THIRD, WHEN AND WHERE? April 4th 1888, captured at Appenditor, Ya. and sent to Gity Point, Virginia.

CHASED. Expedied Parolod July 1868.

Time and where surrendered? Commad currendered; April 6th 1865, Appenditor, Virginia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Captured and sent to/Folia (Ta.)

DIED, WHEN AND WHERE?

BURIED.

WI INESSIS. J. A. S. Baieden - Some Regiment.

No data.

BURIED, WI INESSES. J. A. S. Baledon - Some Regiment.

State Dept. Public Welfare, Atlanta, Feb. 2, 1958. John S. Leath enlisted as a private in Co. G. 13th Regt. Ga. Infantry Moh. 9, 1862. Wounded, Gettysburg, Pa., July 1, 1863, and at Spotsylvania, Va., May 12, 1864; at Monocacy, Md., July 9, 1864. Widow's Application Under Act of 1910-As Amended by Act of 1919, and Constitutional Amendments Roll for Feb. 1865, last pn file, shows him in Macon, Ga. of 1920 and 1937. hospital, where he was captured Apr. 30, 1865. County FULTON Director Confederate Records Name MRS. SURAM E. LEATH

Widow of . JOHN S. LEATH Date of Marriage June 12. 1892

Date of Husband's Death Apr. 23, 1894

STATE OF GEORGIA

Ordinary's

Certificate

is the person she represents herself to be,

and that she

since January 1st, 1920; that I also know

Mrs. Susan E. Leath

for pension;

THOMAS H. JEFFHIES,

FOLTON

Director.

Div.

減か**ぶるパートもあるあるパー語の外が**the marriage; that both of them are signing the foregoing affidavits,

they

are entitled to full faith

(SEAL OF ORDINARY

e Ordinary shall swear applicant and make to each of the questions asked

in which the

INSTRUCTIONS

under my hand

tate Dept. Pu

Application /Idow's 1910

Ordinary's Certificate

STATE	OF	GEORGIA,

FULTON COUNTY. THOMAS H. JEFFKIES. Ordinary of said County, do certify that I know. Mrs. Susan E. Leath 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 sald State since January 1st, 1920; that I also know. Mrs. W. H. Bourn. the witness who swears to the witness that the witness who swears to the witness who swears to the witness who swears to the witness who swears to the witness who swears to the witness who swears to the witness who swears to the witness who swears to the witness who swears to the witness who swears to the witness who swears to the witness who swears to the witness who swears to the witness who swears to the witness who swears to the witness who swears who swears to the witness who swears witness who swears to the witness who swears witness who swears who of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit. Given under my hand and seal of office this. 31 (SEAL OF ORDINARY)

INSTRUCTIONS:

- swered the Ordinary shall swear applicant and the witness in the following words: a answers make to each of the questions asked you and the evidence you shall give

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE	OF	GEORGIA,	
		FULTON	COUNTY.

ST

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

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

- Mrs. Susan E. Leath, 1096 Tilden Ave. N.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? Fourteen Years in Appellin County le affectant attaches Give date, of year, of your birth. June 25, 1868 Age? 75
- 3. (1) When, (2) where and (3) to whom were you married? (1) June 12, 1892
- (2) Columbus, Ga. (3) John S. Leath
- b. When and where did your first husband die? .. Apr. . 23, 1894 . Phoenix City, Ala.
- c. Were you residing together when he died? Yea.
- d. If not, how long had you resided apart?....
- c. Are you now a widow? XGR
- Have you or your husband heretofore been paid a pension by the State? ... Ho. g. If so, when and for what cause were you or your husband placed on the roil? SECTION II.

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

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

Sworn to and subscribed before me, this the

31.8t day of Jan. 193 8.

(SEAL OF ORDINARY) County.

Mrs. busar & Leath

An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,	as a witness in support of the application of
County of FULTON	provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920
Before me, the Ordinary of said County, comes Mrs. Susan 4. Leath	and 1937, in said State, who, after being sworn true answers to make to the questions propounded, answers
who, after being duly sworn, deposes and says:	as follows, to-wit:
1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers;	1. What is your name and where do you reside? (Give Post Office and County)
That her deceased husband was not a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension;	2. How long and since when have you known
 That she is unable to obtain from any person or source evidence as to the Confederate mili- tary service of her deceased soldler husband; 	 Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State?
4. That this affidavit is being made to authorize the use, as evidence, of any official record of said	4. When and to whom was she married? How do you know?
Confederate military service as may be preserved either at the Capitol in Atlanta, or in the office of the Adjutant-General, Washington, D. C.	5. How long and since when did you knowhe husband?he
	6. When and where diff
Wie Susen. E. Louts	the husband of applicant, die?
Sworn to and subscribed before me, this the	7. Were the applicant and her husband living together as husband and wife at the date of his death
31st day ofJanuary, 193 8.	the state of the s
Fr 1 samps C. Co., Ordinary,	
	8. If not, how long did they live apart before his death?
FULTOM County.	Were they divorced?
	9. When, where and in what Company and regiment didenlist
	(Give date and place)
	10. How did you obtain your information of this service?
	11. How long within your personal knowledge did he perform actual military service with this 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? and how came him there?
	When, where and for what cause did no 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)

STATE OF GEORGIA,

......COUNTY.

Questions for Witness as to Marriage and Service of Husband.

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

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

·····

...If so, when and where?.....

......amd when released?

(Witness)

mand?.....

17. Was he captured as a prisoner?.....

Sworn to and subscribed before me, this the

of, County. (SEAL OF ORDINARY)

In what prison was he held?.....

Personally before me came Mrs. Susan E. Leath, who on oath says that when she made her application for confederate Widow's Pension last week and the question was asked (Section 1, question 2) in regard to her residence in Georgia, she thought it meant "Mow long she had lived at her present address - Fulton County". She stated she had lived here fourteen years. She now states that she has always lived in Georgia except two years - 1892 to 1894, that she has lived in Fulton county fourteen years.

Sworn to and subscribed before me

Mrs Susin & Leath

This Feb. 2, 1938

Notary Public, Fulton County, Ga.

State of Georgia, Fulton County.

 STATE DEPARTMENT OF PUBLIC WELFART

HART BUILDING

ATLATTA

February 5, 1938

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

WHEREAS:

MRS. SUSAN E. LEATH, "IDOW OF JOHN S. LEATH,

has filed in this office as application for the Georgia pension allowed to widows of Chife's rate veteruns; and it appearing that the late hu bend of this applicant performed actual silitury corride as a Confederate solidor said was homorebly securated from such service; and that applicant was married to said solidor prior to January 1t, 1930, and that she was not reserved; it is, therefore,

ORDERED:

That said applicant be admitted to the pension rell of the State of Georgia for the Louth of February 1938, and thereafter; and that a copy of this order be cent to the Ordinary of said courty,

This, the 5th day of February 19 38 .

S. This "Pat" Giller

Director, Confederate Division State Department of Public



Georgia,	Muscagee	County
----------	----------	--------

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

YOU ARE HEREBY	AUTHORIZED TO JOIN	2 00001
John S. Leath,	and Susan Frma Luno	
in the Holy State of Matrimony, according to the shall be your sufficient license, to be returned at of of marriage.	e Constitution and laws of this State, a conce to this office, with your certificate	and for which this of fact and date
Given under my hand and seal, this 12th	laday of June, 1892.	X19
(L. S.)	Joseph F. Pou,	Ordinary.
Georgia, Muscogee County.		
I do hereby certify that John S. I	Leath,	and
Susan Fama Lupo,	were duly joined in Matri	mony by me this
12th, day of June, 1892.		mony by me una
	R. F. Williams,	
-	Minister,	
	Ordinary's Office.	
State of Georgia, Muscogee County		
2000	I. H. H. Hunter. Jr.	
Court of Ordinary of said County, do hereby cer	tify that I have compared the forego	oing copy of the
Marriage License and Certificate of Marriage of	John S. Leath,	and
this office, and the same	with the original record thereof, is a correct transcript therefrom, and d that said Court is a Court of Record	of the whole of
IN TESTIMONY W	HEREOF, I have hereunto set my har	nd and affixed the
seal of the Court of Ordi		19.38. art of Ordinary
	Ordinary's Office.	
State of Georgia, Muscopse County S. S.	,	
	I, H. H. HUNTER, Ordinary of a	aid County, and
presiding Magistrate of the Court of Ordinary the	creof, do hereby certify that the above	e attestation sub-
scribed by E Hunter, Jr. of law, that his signature thereto is genuine.	, as Clerk of said Court, is sufficient	and in due form
Nimes we had and of the		

Hos Hunter Ordinary.

Clerk Court of Ordinary Ordinary's Office.

State of Georgia,

I, H. H. HUNTER, Ordinary of said County, and

presiding Magistrate of the Court of Ordinary thereof, do hereby certify that the above attestation sub-......, as Clerk of said Court, is sufficient and in due form

SISSIA STELL Ordinary.

Le Bante, Wandowie

Confederate

Soldier's Application.

UNDER ACT 1910.

County Fullow 1

Namo Win Lounds Cont

Company Flory & Rights

Regiment 2 - For Bull where

J. W. LINDSEY,

Confederate

Soldier's Application. UNDER ACT 1910.

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,

Pulton County. William Louis LoConte of said State and County, hereby applies
for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit:
What is you name and where do you reside? (Give County and Post-office). illiam L. Lesonte, Atlanta, Fulton 2. 2.
2. How long and since when have you been a continuous resident citizen of this State? All my life; born in finte fived largery since the war closed
3. Did you callst in the Army of the Confederate States or of the Organised Militia of this State from 1801 to 1805. 1814 1815 181 1814 1814 1814 1814 1814
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge, NOS PROMOTOL ACTOR COSTYRAUME, ALL. COST.
6. When and where was your Company and Regiment surrendered or discharged from the Service?
Tas wounded at Carewood pefore the war closed.
 Were you actually present with your Command when it was surrendered or discharged? EQ If you were not actually present, state specifically and clearly where you were.
acor, Ca. Nounded in hip, and never able to rajoin fiest.
a. Where was your Command when you left it? Atlanta, Ga.
b. When did you leave the Command: After second day's fight, Atlanta.
d. By whose authority did you leave? Col Cooper Viscot Comple. Coth. Ca
e. For how long was your leave granted? In what way? until recovery
f. Why did you not return to your Command after leave expired? "Ound not healed g. In what way were you prevented?" As above.
h. What effort did you make to return?
i. Were you captured during the war?
j. If so, when, and where? In what prison were you held and when were you released?
9. What property of every description was owned, in the use, possession and control of yourself and its cash value on the 4 Nov. 1908? (Make list by items and value, and where situated.) 1000 King Mardware So. Atlanta, Sr. \$1200 stock Central Sank
 What property of any kind have you disposed of and for what purpose since 4 Nov. 1808. To whom and for what price?
11. What property of any description of any kind and of any value now owned and in the use. possession and control of yourself and its cash value? (Make itemized list)
12. What snnual or monthly income or earnings of yourself and the source derived have your dixidands from above, variable. As not employed
13. Are you drawing a pension of any amount from this State or the United States? NO.
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? Have never applied before.

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,
Fullin County.
•
E. 2. Phirit of said State and County is hereby presented
as a witness in support of the application of war 6. Seconte for the pension provided
by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded
answers as follows:
1. What is your name and where do you reside? E. a. Thirm # Q Conflex A.
attenta Georgia
2. How long and since when have you known Liverity vierns 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 to No Channe are attornete to Ne has line
the St. te air highly
4. When, where and in what Company and Regiment did at 186/ Macon the enlist during
war from 1861 to 1865? (Give date and place) Fry kit Stro Co. C. 2 Rath Ser. Val. Infortal
5. How did you obtain your information of this Service? I my Thun my suff as
a mount of the fame amount
6. How long within your own personal knowledge did he perform actual military service with
this Company and Regiment? (give date) 52 ma apl 186/ title ang 1864 when he was
7. When and where was his Command surrendered or discharged (give date and place)
He was uninded or displied at the 2? long worth of attornto 12 2 July 06
8. Were you personally present at the Surrender? Making discolled range of fine in
9. If not, where were you and how came you there? Land and proof to the months of the
as chief Clark at ilas in Ga Och 1864
10. Was the applicant personally present with his Command at surrender? 10. H. 1720 disa-
11. If not where was he and how came him there? -443 Ly 47777780 and 4750 at Lorent
on Furtings when the confidency mut to prices
12. When did he leave his Command? 2.2 July 186. Where was his Command
when he left it? Martin out for what cause did he leave? Couldy ormalis
By whose authority did he leave he authority of al Confin Wishid and how
long was he granted leave? In 30 days will renny How do you know
all that you have stated to be true? If of your own knowledge (Tell clearly and specifically). 57772.
Knowledge Personal and Ausonins association of July of many
13. In what way was he prevented from returning to his Command? Driving beautiful
How do you know? was dreably by wromely and Jone But Stay till Call Sout I See till Call Sout I See till Call Sout I See till Call Sout I See the See till Call Sout I See the See till Call See the See till Call Sout I See the See till Call See the See till Call See the See till Call See till Cal
14. What effort did he make to return to his Command and how do you know? He muo in no
condition to try-rip wounds on long in healing
15. Was applicant captured as a prisoner 22. If so, when and where?
In what prison was he held?and when released
He has more out surrendered
Sworn to and subscribed before me, this the
Gay of the 1917
Elen Revalue 66 ardinary
Ordinary,
of County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.
County.
Personally before me comeswho on oath
says that they are freeholders residing in said County and we know
the applicant for pension and we know the property that is now in the use, possession and control of himself and of its cash value to wit: (Make List by items and value.)
1. What property, if any, has been sold or given away by the applicant since Nov. 4, 1908? (State it fully by items.)
2. When and to whom was it sold or given to?
3. What was the price paid or stated to be paid?
What relation is the party to applicant?
6. Was the disposition of this property made in good faith and full values?
or was it made to obtain a pension?
Sworn to and subscribed before me, this the
Ordinary,
ofCounty.
ORDINARY'S CERTIFICATE. STATE OF GEORGIA,
County.
I,Ordinary of said County, certify that I know
the applicant
said County. That I also knowthe witness swearing to the
service and
they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the
Tax Returns ofshows that
value for tax is in 1908 \$
Sworn under my hand and official seal of office this
Ordinary,
ofCounty.
NOTES 1. Before any questions are asswared the Ordinary shall event applicant and all vinceness in the following words: "You do celeminy wear that you will true assware make to seak question asked you and the evidence you shall give shall be the whole truth; so help you God." 2. Additional sificative may be attended if Make spaces are insufficient. 3. If applicant has no property at all in his possession, use or control of self affidavits of fresholders unnecessary.

		*					**
CHAS P STED State Printer, Athana.	Approved J. W. LINDSEY. Communicated President	Company Co C 2 the Back Company 56 th 2 44	County Filler	Soldier's Application. UNDER ACT 1910.	Confederate	(0.1. Jan 1976	Coe Canty 11 We caris

Co. C. 2nd Ba. Batta Ing APPLICATION FOR SOLDIER'S PENSION UNDER ACT

Questions for Applicants to Answer.

STATE	OF	GEORGIA.	

21 County, hereby applies for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions

propounded, answers as follows, to wit: I want and a selection

2. How long and since when have you been a continuous resident citizen of this State?... all my before 12-11- in Atala There A ac come to me

Old you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? work inter on the whiteless macro comments to 4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class

of Service) Prince in thouse 12 1 2 12 attacks 5. How long did you remain in the actual Military Service with said Company and Regiment?

(Give date of discharge) it to 11 the state while water water water to che che the

6. When and where was your Company and Regiment surrendered or discharged from the Service? 1 to tame I al Experience bill and in bottom the armo classed

7. Were you actually present with your Command when it was surrendered or discharged? 2. 4.

8. If you were not actually present, state specifically and clearly where you were with a class 21 LA LAND A SHE ADD STAGE

a. Where was your Command when you left it? Jean and the said the

b. When did you leave the Command? A first first first to the command of the comm

d. By whose authority did you leave? C.A. J. C.-C.L. 116641 of 666

e. For how long was your leave granted? In what way?

f. Why did you not return to your Command after leave expired? L. Carrette Land Link has all all g. In what way were you prevented?

h. What effort did you make to return?..... i. Were you captured during the war? 2

j. If so, when, and where? In what prison were you held and when were you released?

9. What property of every description was owned, in the use, possession and control of yourself and its cash value on the 4 Nov. 1908? (Make list by items and value, and where situated.) wa die Aliman It I was on but 1200 and his in a 1 3 a sele

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

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

1 h & Bank Shorting by or a children when I failed him had be a 1 3 court

12. What annual or monthly income or earnings of yourself and the source derived have you? Chara 2 had a ref Conglet and hit ity the same

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? The way affel in before this of feel is at a

1908. To whom and for what price?.....

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,
Fulting County.
6 - 24:
as a witness in support of the application of Milliannia and State and County is hereby presented
as a witness in support of the application of
by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded
answers as follows: 1. What is your name and where do you reside? O C. There &t.
attante Georgen
2. How long and since when have you known Aurunty 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 # NV Chours av attout ya. Ke has
acrome sun a occident of the same to be submitted
4. When, where and in what Company and Regiment did War and activities enlist during
war from 1861 to 1865? (Give date and place). The 186/ at Mann Emple
5. How did you obtain your information of this Service? The being this ompace,
as of one a mining of The some company
6. How long within your own personal knowledge did he perform actual military service with
this Company and Regiment? (give date) april 1861 till august 1864 when he
resoft months agriculty the 66 the tax. And of Infants, 7. When and where was his Command surrendered or discharged (give date and place)
He was unuded and discally of the 2? day's Buttle of atlanta 22 lel
8. Were you personally present at the Surrender! Ma. Was disabled my regardly unand
9. If not, where were you and how came you there? I was assigned to the fitted duty
as ching clark of Moson Ga Oct 1864
10. Was the applicant personally present with his Command at surrender? No. M. was dis-
-white 11. If not where was he and how came him there washed on assemul of unund and
was at home on turlingh when the Confidence went to fire
12. When did he leave his Command? 22-7 July 1864 Where was his Command
when he left it? That attanta for what cause did he leave? Lasty wanted
By whose authority did he leave by arthrity of his Johnne Confer Mand how
long was be granted leave? Thank Charis Furlings or the Room, How do you know
long was he granted leave? A handle Land of the land of you know
all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)
a Ummboly and association - moinement farmal of fully To years
13. In what way was he prevented from returning to his Command? The sample has considered to distribute the sample has considered to
How do you know? As from Och Partill Gl. 1865 I saw time atmost daily
14. What effort did he make to return to his Command and how do you know? At the way to
condition to try this rounds an long in lung
15. Was applicant captured as a prisoner. 710
In what prison was he held?and when released
- the man yet parmedire
Sprorn to and subscribed before me, this the 6. a. Hinn
day of 101
Deur R Wallet 66 Ordinary
of tulloop County.
•

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.
County.
Personally before me comes
says that they are freeholders residing in said County and we know
the applicant for pension and we know the property that is now in the use, possession and control of himself
and of its cash value to wit: (Make Left by items and value.)
(2000) 1000
1. What property, if shy, has been sold or given away by the applicant since Nov. 4, 1908?
(State it fully by items.)
2. When and to whom was it sold or given to?
What was the price paid or stated to be paid? What relation is the party to applicant?
What relation is the party to applicant? What disposition was made of the proceeds of the sale?
Was the disposition of this property made in good faith and full values?
or was it made to obtain a pension?
Sworn to and subscribed before me, this the
,
Ordinary,
ofCounty.
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
County
County.
I,Ordinary of said County, certify that I know
the applicant
said County. That I also know
,
ervice and who are freeholders, that
they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the
,
Tax Returns ofshows that
value for tax is in 1908 \$
for 1911 \$for 1912 \$for 1913 \$for 1914 \$for 1915 \$
Sworn under my hand and official seal of office this
/
Ordinary,
ofe
NOTES 1. Before any questions are neserved the Ordinary shall swear applicant and all witnesses in the following words "You do coloming wears that you will true neawest make to sate question saked you and the evidence you shall give shall be the whole truth; so help you flod." Additional afficiaries may be attached if bight speess are insufficient. All afficiaries must be made before the Ordinary and certified by him. If applicant has no property at all in his pospession, use or control of said afficiaries of treeholders unnecessary.
shall give shall be the whole truth; so help you God." Additional afficavits may be attached if bight spaces are insufficient.
3. All affidavits must be made before the Ordinary and certified by him. 4. If applicant has no property at all in his possession, use or control of self affidavits of fresholders unnecessary.
/

YEAR 1916 COUNTY Pulson.

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

ENLISTED WHEN AND WHERE? 1861, Macon, Goor gia.

RANK: Adj. 66th Georgia Regt.

COMMEANY AND RECTMENT? Company Company g. and Coorgie Betts. promoted to A41.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? At Edgewood near Atlanta, Oa. in hip, and mever able to rejoin Regt. Witness states; July 82md, 1864.

CAPTURED, WHEN AND WHERE?

RELEASED:

Comman

WHEN AND WHERE SURRENDERED? / Edgewood, adoorgia, noor Atlanta, Ga.

IF NOT PRESENT AT SUFRENDER, WHERE WERE YOU? Macon, Georgia. wounded in hip.

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: E. A. Shiver,- Sado c mmand,- No dete

.

BURIED:

DIED, WREN AND WRENE

WITNESSES: E. A. Shiver,- Sado C. man

- Mo (

65

INDIGENT PENSION

1897.

Namplement for the pression allowed and request that he resist same to County.

Livy of Library County for the pression allowed and request that he resist same to Management for the pression allowed and request that he resist same to Management for the pression allowed and request that he resist same to Management for the pression allowed and request that he resist same to Management for the pression allowed and request that he resist same to Management for the pression allowed and request that he resist same to Management for the pression allowed and request that he resist same to Management for the pression allowed and request that he resist same to Management for the pression allowed and request that he resist same to Management for the pression allowed and request that he resist same to Management for the pression allowed and request that he resist same to Management for the pression allowed and request that he resist same to Management for the pression allowed and request that he resist same to Management for the pression allowed and request that he resist same to Management for the pression allowed and request that he resist same to Management for the pression allowed and request that he resist same to Management for the pression allowed and request that he resist same to Management for the pression allowed and request that he resist same to Management for the pression allowed and request that he resist same to Management for the pression allowed and request that he resist same to Management for the pression allowed and request that he resist same to Management for the pression allowed and request that he resist same to Management for the pression allowed and request that he resist same to Management for the pression allowed and request that he resist same to Management for the pression allowed and request that the resist same to Management for the pression allowed and request that the resist same to Management for the pression allowed and request that the resist same to Managemen

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ATE OF GEORGIA	County.			
1, -1			hereby	
eceive and receipt for the pens	ion allowed and reque		e to	No. of the Control of
Witness my hand and seal		byby		
Executed in presence of	}	y 01	***************************************	
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ter compressor at constitutionals.	1	PR 1 28 119 L	M. S. Jackson	TANK
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	3 3	75	THE PERSON	3 4

(3)

	Questions for Applicant.
	STATE OF GEORGIA, \
	County,
	James M. LECROY of said State and County, desiring
	to avail benself of the Pension Act approved. December 1691, 1894, hereby submits. his proofs, and after being duly sworu true answers to make to the following questions, deposes and answers as follows:
	1. What is your name and where no you reside? (give State, County and post office)
/	Where did you reside to January 1st, 1894 and how long have you been a resident of this State?
/	When and when were you have Sometimes in 1836 his Hatter & harder Ja.
	3. When and where were you born Montellius in 1836 Line Hather hands. 4. White and where and in what company and pagiment did you enjist or serve linguist 1860
	or Nathusville Fo, Co. "9" 3 Fa. Rage
3	- 10 million Charles
1	to the Ruyel and remain in such company and regiment? The the rough
>	
9	6. For how long a period did you discharge regular military duty MEALY JOHN
1	7. When, where and under what circumstances where you discharged from service?
1	
n	8. What is your present occupation?
2	9. How much can you carn (gross) per annum by you given exercions or labor? At MIN 10. 10. What has been your occupation since 1865? Harkung un pollow will
4	10. What has been your occupation since 1865? Promung an English of the following grounds do you base your application for pension, viz., inst. "age, and
j	poverty," second "infirmity and poverty" or third "blindness and poverty" "hour and poverty" or third "blindness and poverty"
)	12. If upon the first ground, state how long you have been in such condition that you could not earn
Ş	your support? If upon the second, give a full and complete history of the infirmity and its extent? If
1	wounded four times once in the man couring loss of sight top
3	pright legalour hade The eye + the buelet in I de hunt me always.
ğ	13. What property, effects or income do you possess and its gross value ! Item.
3	14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any,
3	did you make of same? Fores
^	
í	15. In what County did you reside during those years and what property did you then return for taxation?
>	Fullow County None
}	16. How were you supported during the year 1896 and 1896? My lobor what
	How much did your support cost for each of those years, and what portion did you contribute thereto
	by your own labor or income of total by 130 - about 4
	18., What was your employment during 1806 and 1890? What pay did you receive in each year?
	19. Have you a smally ? If so, who composes such family ? Give their freams of support? Have they
	a hopiliteady Affe + four children. Me + hos olded
	miaris. to Homestrad.
	20. Are you receiving any pension, if so what amount and for what disability?
	None, James, M. Leosay
	Sworn to and subscribed before me this the
	day of 1897.) Applicant.
	Mil Richard Ordinary.

County.

OUESTIONS FOR WITNESS. STATE OF GEORGIA.

County. of said State and County, having been presented as a witness in support of the application of the state of the Act approved December 15th, 1964, and after being duly sworn true asswers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? Fro yell, Eaglish Act sula Hackenton

2. Are you acquainted with Miles TV how long have you known bim? 60 WE A

3. Where does he reside, and how long has he been a resident of this State?

Lillan Co. Sa. Lot 12 A. Y 1 1 1 1 1. (4.)
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you V way not me this company know, this " Lizer ful way in spen a way with

5. When, where and in what company and regiment did hearlist, Aug. 1861 at Hothingwille San 1861 at Hothingwille

6. Were you a member of the same company and regiment? 110

any did he make of same?

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 circumstappes of his discharge from the service? All during Loidies twas several times seperaly

8. What property, effects or insome has the applicant? (Give your means of knowledge.) how him situated Thurn

9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if -fu ! p / 200

10. What is the applicant's occupation and physicial condition? He belle a little tis azin frebla votiff

11. Is the applicant unable to support himself by labor of any sort, if so, why? I believe hun to to physically incapacitated

love because as the signer of his old whereis 12. How was he supported during the years 1895 and 1896? In ouldicer

13. What portion of his support for these two years was derived from his own labor or income? ley telle 100002

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894 ?.... worthers because a a wound flee a would of the and is trouble

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

Sworn to and subscribed before me, this the 81/1 day of 4 1897. AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,	
County.	
Personally came before me.	and
of said county, who being severally sworn, say on oath the	it they have examined carefully
anus III, Learon , applio	ant for pension under the Act of 1894, and after
such personal examination say that his precise physical co	ndition is as follows:
1. 18 - 11. 1	
L'a	
	<u> </u>
insiet i	
We further say on oath that the physical condition	
work or calling sufficient to earn a support for himself, as	
allowed.	5 ()
Sworn to and subscribed before me, this the Sday of \(2.2.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	Thirt II was too
the day of 4/2 (1/2 1897.)	11.07.11
Ordina	ry.
ORDINARY'S CE	ERTIFICATE.
STATE OF GEORGIA,	
Eulice County.	
I, 111/16, Ord	linery in and for said County, hereby certify that
the applicant Jane In Je can	resides in said County, and was a bona
,	
fide resident of this State on the first day of January, 188	Die - Jung It inglish.
are of trustworthy character and that their statements are	
I further certify that before answering the foregoin	
the oath hereon prescribed, and that the full text of the a before same was signed.	affidavits was read to the applicant and witnesses
I further certify that the tax digests of	County show that applicant
returned for taxation in his name in 1895,	
7	dollars of property.
In my opinion the foregoing clain is made	
Witness my hand and seal of office, this	day of 4 can 1897.
of t	County.

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

MOTE

					- I OILLI	
80	ate of	Geor	gia,)		
			eoı	ınty. }		
	I			here	by authorize	
				of	and the second s	
to r	eccive an	d recei	pt for the	pension paid he	reon and request t	hat he remit same to
				Steel Co.	by	
at						
	IN WI	TNES	S WHERE	OF, I have herei	unto set my hand ar	id seal, this
day o				1898.		
				Maria de Calvaria		[L. S.]
	Exc	cuted i	n presence o	of \		
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(For Those Already Enrolled.)		L	SE .	. 21	Q .	NOON,
dy E	7	IDIGENT	出	0 2 13	WARRANT ISSUE	WARRANT HANDED TO WARRANT HANDED TO W. HADDROW, STATE DOWNER, ARE
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For			3	C) 3.		R R
	1		S	Name		1 8
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POWER OF ATTORNEY.

			EORGIA,		}			
	1	,						hereby authorize
	100				of			
	to rece	ve and	receipt fo	r the p	ension allowed,	and re	quest that b	e remit same to
			-		at			
	by							
	V	VITNESS	my hand a	nd seal, t	his	da	y of_	1907.
								[L. S.
		E was	ited in pres	ance of				C
		Likecu	iteu in pres	ence of				
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Minister Tour		-		-				
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4.1%.			GENT	07.	Level .	VT ISSUED	of Pe	HANDED TO
4.1. G			DIGENT S'S PRNSI	10 Z O Z .	Second Regiment	RANT ISSUED	W. LINDSEY,	WT HANDED TO
4. 4. 1h.			NDIGENT	90Z.	T. Llowy	ARRANT ISSUED	W. LINDSEY,	ERANT HANDED TO
ay, 4. M.			INDIGENT	1907.	M. Mound	WARRANT ISSUED	LINDSEY,	V BARRANT HANDED TO
oray, h. M.			INDIGENT DIRR'S PRINCI	1907.	J.M. Mondy	WARRANT ISSUED	W. LINDSEY,	WARRANT HANDED TO P # # # BARBOOD, NO OFFICE ATLANTA.
coray, f. M.	Cons Section 124.		INDIGENT	1907.	K.M.	WARRANT ISSUED	W. LINDSEY,	WARRANT HANDED TO P # Op #
Secrety, F. M.			INDIGENT SOLDIRR'S PRNSI	1907.	Name J. M. Melloy	WARRANT ISSUED	W. LINDSEY,	WARRANT HANDED TO

7

· For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, Secretary County. Personally appears M. Jectuse of Function County, State of Georgia, who being duly sworm, says on eath 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 18.33; that he is a years old and by occupation a feet of the State of 18.33; that he is a years old and by occupation a feet of the State of 18.33; that he is a years old and served for the term of feet of the Confederate States (or of the State of 18.32); in Company of 3 th Regiment of 18.33; that his physical condition is as follows:
that his property consists of the following items
of the value of Dollars; that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1898. I have heretofore as a resident of Luci Lezi
county been allowed a pension for the year 189 7
Sworp to and subscribed before me, this, the
Sworp to and subscribed before me, this, the 12 th day of Scar 1898. James Marcos
Ordinary.
State of Coordin
State of Georgia, County
County)
I. HAVACLEC Ordinary of said County, do certify that I am well acquainted with MI LEZ EV the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County. Given under my official signature and seal, this / 2 / 2 / 2 / 2
day of Jerry 1898. After John Ordinary Factors County.
Nork - The blank spaces must be filled.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State	of Georgia,		
14	Cour	atv.	
Persona	ally appears . M:	4	. of
		uly sworn, says on oath th	nat he is a bona fide citizen
	f said Onwith and State.	and has resided in said	State continuously ever
since the	Cday of	18 ; that	he is years old
and by occupa	tion a /	that he enlisted in the	military service of the Con-
federate States	(or of the State of	Largia)d	uring the war between the
States, and ser	ved for the term of	41 1 in Company	, of th Regiment
follows :	Light 9	printe.	s physical condition is as
14 14 11 14	·	*	
	2000 1.12		
that his proper	rty consists of the follow	ing items;	* MO - MA - CANADA
200 17 1001			
of the value of		Do	ollars. I am now earning
by my labor,		Dollars per mont	h. That by reason of his
physical condit	ion and poverty he is un	able to support himself	by his own exertion or
		out the one herein applied	
			approved December 15th,
			or the pension to which he
		eretofore, as a resident o	
	llowed a pension for the o and subscribed before r	year 1906.	M. Leeray.
		1907	1
7.1	ay of	_Ordinary.	***
		_Ordinary.	
State	of Georgia,)	
	Cour		
	Cour.	icy.	0-11
L,	Marie Carlo Marie	11/	Ordinary of said County,
	I am well acquainted w		721
			hit the statements made
-			dual he represents himself
to be, and that	he resides in this Count	signature and seal this_	
	day of	1907	
*	day of	1907.	
Affix		John R. Will	County.

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

S	ran	re of	GEOR	GIA,)						
					Coun	ty. }						
		I.							-	hereby a	author	ize
							of					
to	rec	eive and	receipt	for th	e pens	sion allowe	d, and	request	that h	e remit	same	to
							at					
by												
		Witness	my han	d and se	al this		day o	٢		18	99,	
		Execute	d in pre	sence of		}					(I	s.)
CODE SEO 1264.	(For Those Already Enrolled.)	No. 6	INDIGENT	SOLDIER'S PENSION,	1899.	Name Sant N. C.	S. Control	WARRANT ISSUED	RICHARD JOHNSON,	Uninal Control of Cont	- CEPAIN	tico, W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

TOWER	ATTORNET.	
STATE OF GEORGIA,	l	
County.	S	
Ι,	evenin Silve II a Silve II a	hereby authorize
	of	
to receive and receipt for the pension	allowed, and request that	he remit same to
	_at .	
by		
Witness my hand and seal, this	day of.	1900,
		[L. S.]
Executed in presence of		

J. M. Leanor

Name

1900.

(For Those Aiready Enrolled.) NO. 474 INDIGENT SOLDIER'S PENSION,

WARRANT ISSUED

194

JOHN. W. LINDSEY.

Communication of Preserved

ARRANT HANDED TO

WARRANT HANDED TO

For Applicants Heretofore Allowed Pensions.

*	
STATE OF GEORGIA,	
FULTON County.	
Personally appears 722 FLE Con FULT	ON
County, State of Georgia, who being duly sworn, says on oath that he is a	ona fide citizen
and resident of said County and State, and has resided in said State co	
since the day of 1833; that he is 69	years old and
by occupation a Headle ; that he enlisted in the military service	of the Confed-
erate States (or of the State of Sac) during the war between	veen the States,
and served for the term of 4 class in Company 4, of 3	th Regiment of
Ga_ ; that his physical	condition is as
ross of list eye + ol :	ci j c
that his property consists of the following items	
· . · · · · · · · · · · · · · · · · · ·	
or the value of Dollars, that by reason	of his physical
condition and poverty he is unable to support himself by his own exertion	on 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	
1894, and the acts amendatory thereof, and makes application for the pens	JLTON
is entitled for the year 1899. I have heretofore as a resident of county been allowed a pension for the year 1899.	
Sworn to and subscribed before me, this, the half of the	- T
Sworn to and subscribed before me, this, the day of the subscribed before me, this, the day of the subscribed before me, this, the day of the subscribed before me, this, the day of the subscribed before me, this, the day of the subscribed before me, this, the day of the subscribed before me, this, the day of the subscribed before me, this, the day of the subscribed before me, this, the day of the subscribed before me, this, the day of the subscribed before me, this, the day of the subscribed before me, this, the day of the subscribed before me, this, the day of the subscribed before me, this, the day of the subscribed before me, this, the day of the subscribed before me, this, the day of the subscribed before me, this, the day of the subscribed before me, the su	, son
77 7 1/2 Commerce	
State of Georgia,	
FULTON County.	,
I W H HILLSEY Ordinary	of said County
I, W. H. HULSEY, Ordinary do certify that I am well acquainted with 2.700. GEC 1.	the
applicant in the foregoing affidavit, and and well satisfied that the statemen	
in his said affidavit are true, and I know he is the individual he represen	
and that he resides in this County.	
Given under my official signature and seal, this	. 8
day of 5 1899.	
Addit John Don't Don't Lee	
her. Ordinary FULTON	County.
Note - The blank spaces must be filled.	County.

For Applicants Heretofore Allowed Pensions.

TATE OF GEORGIA,
FU. ON County.
271. 9
personally appears J. M. Fector of
ounty, State of Georgia who being duly sworn, says on oath that he is a bona fide citizen
nd resident of said County and State, and has resided in said State continuously ever
nce theday of 1833; that he is 70 years old and
y occupation a Ledd Lee ; that he enlisted in the military service of the Confed-
rate States (or of the State of Ga) during the war between the States,
nd served for the term of 4 years in Company , of ? th Regiment of
La_ ; that his physical condition is as
ollows: Lass of left lye-
Sa- faso of left eye- general clevities
AND REAL PROPERTY AND ADDRESS OF THE PARTY AND
hat his property consists of the following items
THE PERSON NAMED IN COLUMN TWO ISSUES OF THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUM
f 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,
894, and the Acts amendatory thereof, and makes application for the pension to which he
s entitled for the year 1900. I have heretofore as a resident of
ounty been allowed a pension for the year 189 9
Sworn to and subscribed before me, this, the
16
day of Gany 1900.)
more of Ordinary.
State of Georgia,
County.
W 12 (19 a
I, W. Marie County,
o certify that I am well acquainted with The Frequency the
pplicant in the foregoing affidavit, and am well satisfied that the statements made by him
n 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 Jany 1900.
our lead
nerr.
Ordinary FOLION County.
Nors.—The blank spaces must be filled. Nors.—Affidavit should not be attested before January 1st, 1930.

POWER OF ATTORNEY.						
STATE OF GEORGIA,						
_County.						
I,	hereby au	thorize				
	of.					
to receive and receipt for the pension	allowed and r	equest that	he remi	t same to		
*	at					
b y						
Witness my hand and seal, this.	day of		w 400	_1901.		
				_[L. s.]		
Executed in presence of						
N 4						
		,				

1901.

Name

SOLDIER'S PENSION. (For Those Aiready Enrolled.) INDIGENT No. 394

JOHN W. LINDSEY,
Commissioner of Pensions. WARRANT ISSUED WARBANT HANDED TO

ing rale

For Applicants Heretofore Allowed Pensions.

STATE OF GE	ORGIA,		
Sell m	m Le Cross	0 . 1	
personally appears	MLecron	of Letti,	n
County, State of Georgia,	who being duly sworn so	vs on oath that he is a bo	na fide citizen
and resident of said Coun			
	2	18 3 that he is 7	/ years old
and by occupation a	that he en	isted in the military serv	
ederate States (or of the	State of 11 a		
ederate States (or of the States, and served for the	torm of Helira	in Company of	th Regiment
of_/ A	term of p	; that his physical	condition is as
"	1121 010	., that his payares	
follows: Loss.	1019	11116	
	Jeil C	unally	1967
hat his property consists	of the following items		
nat his property consists	of the following rems_		
and the last of th			-
of the value of		Dollars, that by reason	of his physical
condition and poverty he	is unable to support him	self by his own exertion	or labor, and
that he receives no pensio			
Deponent desires to p	participate in the benefits	of the Act, approved D	ecember 15th,
1894 and the Acts amend	atory thereof, and make	s application for the per	asion to which
he is entitled for the year	1901. I have heretofor	e as a resident of.	ullon.
county been allowed a pen	sion for the year 14 (C	
	that hadana ma this the		
Sworn to and subser	A (()	ary. J.M. Jeer	m
day of_	1901.	1 1 Tax	0
× HON WILL	Kuron Ordin	iary.	
STATE OF GI		V	
STATE OF GI	/		
Fiction.	County.)		
I Johnfill is	Charles (Le Cray	of said County,
do certify that I am well			
applicant in the foregoing	g affidavit, and am well s	atisfied that the statemen	ts made by him
in his said affidavit are tr	ue, and I know he is the	individual he represent	s himself to be
and that he resides in thi			1
	ven under my official sig	nature and seal, this	× Ch
A a	y of theres	1901.	
(T)	Z In	o PEWUKU	10021
your Beal		Quicton	
nere)	Ordinary		County.

Note—The blank spaces must be filled.

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

County.	
Ι,	hereby authorize
	of
	allowed and request that he remit same to
by	_at
Witness my hand and seal, this	day of1902.
	[L. S.]
Executed in presence of	
The state of the s	

(FOR THOSE ALREADY EMBOLLED.)
No. WE INDIGENT
SOLDIER'S PENSION

1902.

JOHN W. LINDSEY,

WARRANT HANDED TO

44)

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATEVOE	GEORGIA.	
Full	/	
	magah	roy of Fullon
Personally app	/CH13	
		ays on oath that he is a bona fide citizen
//	λ	resided in said State continuously ever
7	dest of	that he is 72 years old and
by occupation a	enally that he en	listed 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 4902	in Company, of The Regiment
of ya		; that his physical condition is as
follows: 4	1611.	
20	still suc	(, , , , ,
	/ / /	Level Schiller
that his property c	onsists of the following items	,)
Communication of the second	Charles and the contract of th	
of the value of		Dollars, that by reason of his physical
condition and pover	ty he is unable to support him	iself by his own exertion or labor, and
	pension but the one herein appl	
		ts of the Act, approved December 15th,
		application for the ponsion to which he
is entitled for the	year 1902. I have heretoford	a resident of Hullon
-	d a pension for the year 1	11 4 22 200
Sworn to and	abscribed before me, this the	11 M. Lear cay
O, dy	of 10 1 1002.	
1-11-18	a fille into	Ordinary.
		ridinary.
STATE OF G	EORGTA,	
Ful	ton. County.	
I. John S	2. Nelkinson.	Ordinary of said County,
do certify that I a	m well acquainted with	ordinary or said contacty,
		I satisfied that the statements made by
		the individual he represents himself to
be and that he resid		
	Given under my official signatu	tro and see! this
		110 and seat, this
(Ama)	day of	
your here	- 4	and the second s
~~	Ordinary	Culto: County.
	Nors.—The blank spaces must be filled. Nors.—Affidavit should not be attested !	before January 1st, 1902.

	Cou	inty.			
<u>I</u> ,		h	ereby authoriz	se	
		of	and the second second		
o receive and receipt fo	r the pen	sion allow	ed and requ	est that he re	mit same to
		at			
	1 mar 10 mar 10				
Witness my hand and	seal, this		day of		.1903,
					[L. S.]
Executed in presence of	f				
	5		1 1	ei I	1.11
(FOR THOSE ALREADY ENFOLLED. No. 56 INDIGENT OLDIRR'S PRINSIO			V	LINDSEY, Commissioner of Pensions.	
- P		K	28	V,	2
N E	60	20	Regiment 3	JOHN W. LINDSEY Commissioner of	WARRANT HANDED TO
ODE SECTION TO SEE ALREADY OO. SEE ALRE	1 👸	12	Regiment	INI	AND
SE ALREADY ES. O. S.C. INDIGENT		36	Reg	W. L	E. Wall
		h	ARR A	IN N	RAN
		0	EXA.	Joi	YAR
=)	CA .			

Herrey,

POWER OF ATTORNEY.

STATE OF	GEORGIA,	COUNTY.				
	I,				hereby a	uthorize
to receive an	ad receipt for the		ed, and requ	est that	he remit	same to
by		_ at				
WITNES	s my hand and sea	l, this	day of			1904.
Execute	d in the presence o	f	18.9 Me	-		_[L. S.]
. T						
THOSE ALREADY ENROLLED.) No. /0 6	INDIGENT DIER'S PENSION	Mr Lecony	Regiment 5 12	(22) 1904. JOHN W. LINDSEY,	Commissioner of Pensions. WABRANT HANDED TO	uce, W. Harrison, State Printer, Atlanta.

(FOR THOSE ALREADY ENRO INDIGENT SOLDIER'S PEN

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF	F GEORGIA,)	
	ion. Coun	ty.)	
Personally ap County, State of G and resident of sai since the by occupation a	pears JM LE eorgia, who, being duly s d County and State, and day of Judullus, the of the State of for the term of Hyr	of of two on says on oath that he is a bona of that resided in said State continuous 18.23; that he is 7.23 you at he enlisted in the military service of during the war in Company , of 3.24	fide citizen nously ever ears old and of the Con- between the Regiment
that his property c	onsists of the following	items:	

that he receives no Deponent desi 1894, and the Acts is entitled for the county been allowe Sworn to and s	pension but the one her tres to participate in the amendatory thereof, and year 1903. I have hered d a pension for the year subscribed before me, this	benefits of the Act, approved Decemakes application for the pension tofore as a resident of	labor, and ember 15th, to which he
STATE OF	GEORGIA,	1	
the applicant in the	n well acquainted with e foregoing affidavit, and davit are true, and I kno	Ordinary of s	its made by
Affix print seal here	day of	ordinary let, 1908.	County.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS. STATE OF GEORGIA.

Country
Futton. County.
Personally appears & MECroy
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 33; that he is years old and
by occupation a Pedeller , 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 4 4 in Company , of th Regiment
of that his physical condition is as
follows:
Infirm
that his property consists of the following items:
of the value of Dollars that humana of his hair
of the value ofDollars, 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
Sworn to and subscribed before me, this the
John Albertingon Ordinary.
STATE OF GEORGIA, (
County.
I, Ordinary of said County,
do certify that I am well acquainted with
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal, thisJAN 20 1904
day of
day of Join Wil Kinson

Norm.—The blank spaces must be filled.

Norm.—Affidavit should not be attested before January 1st, 190

STATE OF GEORGIA,)			
	COUNTY.			
Ι,			hereby autl	iorize
	of .			- 100 miles - 10 miles
to receive and receipt for the	pension allowed,	and request t	hat he remit san	ne to
i a	at			
by				
WITNESS my hand and seal	, this	day of	1905	
				t. s.]
Executed in the presence	of		*	
4. 5.27				
		*		
	%			
ê S	B	1905		3
(FOR THOSE AIREADY ENFOLLED, No. AUL INDIGENT INDIGENT 1905.	M K		W. LINDSEY, Connuissemen of Pension THANDED TO	13
TENA	20 04	ED.	OHN W. LINDSEY, Commissioner of WARRANT HANDED TO	8 3
io. A.C. NDIGEN'S PR	Kegiment	WARRANT ISSUED	Commissioner Commissioner ARRANT HANDED	2
A Si So	Regi :	TWA	THY	2 %
SE AN No.	17 = 6	4RR	KAN	
	8	3	WAR	100
	The second			Maderia
200	Name Country	17	Mary Sancounty Control State of the	311.
The same of the sa				

POWER OF ATTORNEY.

	TATE OF GEORGIA,			
	I,			authorize
0	receive and receipt for the pension allowed, and request that	he	remit	same to
y_	Witness my hand and seal, thisday of			
·	Executed in the presence of			

SOLDIER'S PENSION 1906.

OOR SECTION 1234.

No. 19

numby M. Letter

WARRANT ISSUED

JOHN W. LINDSEY.

Commissioner of Pension WARRANT HANDED TO

Jate

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton _County.
Pearsonally appears & M. Leeroy of William
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; that he isyears old and
by occupation a, that he enlisted in the military service of the Con-
federate States for of the State of Longia during the war between the
States, and served for the term of 4. 412 in Company , of State Regiment
of that his physical condition is as
follows: age and proverty
<i>Q</i>
that his property consists of the following items:
of the value of
by my labor, Dollars per month. That by reason of his
physical condition and poverty he is unable to support himself by his own exertion or
labor, and that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1905. I have heretofore as a resident of Fulton
County been allowed a pension for the year 1904.
Sworn to and subscribed before me. this the
day of 1905.
Ordinary, M. M. Lecing
STATE OF GEORGIA.
County,
do certify that I am well acquainted with A. Selvoy
the applicant in the foregoing affidavit and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal, this
day of 1905.
Ami gray Ordinary County.
Nore.—The blank spaces must be filled. Nore.—Affidavit should not be attested before January 1st, 1905.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Fulton County.
Personally appears 1.11. Viciony. of Fulton
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
nd resident of said County and State, and has resided in said State continuously ever
ince the
by occupation a grant of the Con-
ederate States (or of the State of State of State of during the war between the
States, and served for the term of 4 420 in Company, of the Regiment
of ; that his physical condition is as
follows: Clyc and porcerty.
and the second s
hat his property consists of the following items:
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
abor, 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
s entitled for the year 1906. I have heretofore, as a resident of
County, been allowed a pension for the year 1905.
Sworn to and subscribed before me, this the
/day of JAN 1800.
Ordinary.
State of Georgia,
County.)
I, Ordinary of said County,
do certify that am well acquainted with Jello
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
your County.
Note.—The blank spaces must be filled.

NAME

YEAR

COUNTY

Loorey, James M. WHEN AND WHERE BORN?

Fulton

1856 Hebershem Co: Go.

ENLISTED WHEN ALL WHERE?

August 1861 Watkinsville, Ga.

RANK.

COMPAIN AND REGISENT?

Co. L. Srd. Ga. Rogt.

NAME OF CALLAIN AND COLONEL?

little ringers of left hend - bullet in left side - bullet in right of actually when all while?

RELEASED.

WHEN AND WHERE SURRENDERED? Apponettom, Vo. April 1865.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AMD WHERE?

BURIED.

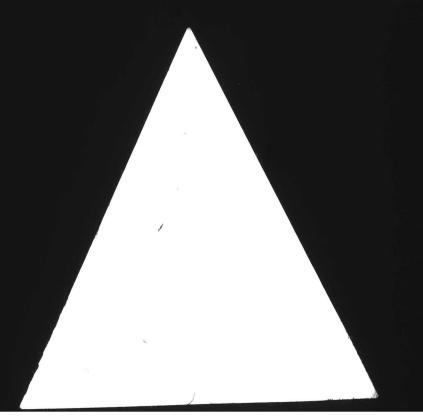
WITNESSES. George W. English, corved in army with applicant -- He data.

JWE

BURIED.

WITNESSES.

George W. English, served in every with applicant -- He data.



STATE OF GEORGIA

To Those Heretofore Paid. Framfarey (1803. INDIGENT WIDOW'S PENSION, For year ending Dec. 31, 1903. PAID TO mrs Catharine Led beller Regiment

and request that he remit same to

Executed in the presence

JOHN W. LINDSEY,

WARRANT ISSUED AND HANDED TO

Commissioner of Pensions.

STATE OF GEORGIA,	
Zarin The County.	
	Latter, hereby authorize
yea It A Mylit Coup 4.00 of	Fuction Country Con
to receive and receipt for the pension paid	
At Ingues ordering at	Course Grant Court
Ga In Witness Whereof, I have hereunto :	set my hand and seal, this 1812
4	a having (dollar [L.S.)
Executed in the presence of	2118
1 . 20	
H Jours oney	*
	,
- 5	
N, Z	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
. S. S.	County, Regiment Y, Try Persion.
INDIGENT PARTY PRINCIPLE INDIGENT PARTY PRINCIPLE PARTY PART	
INDICENT DOWN'S PENSION FOR THE PARTY OF THE	JOHN W. LINDSEY, Commissioner of WARRANT ISSUED AND MARRED TO AND MARRED
NS P	De la Company
Parigin Signatura	RRANT ISS RRANTT ISS RRANT
Ser Ser Ser Ser Ser Ser Ser Ser Ser Ser	AN AN AN AN AN AN AN AN AN AN AN AN AN A
7 2 2	Widow of
332	
and the second s	ly the second se

FORM No. 1.

PERSONALLY COMES MRS.

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

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

who, being sworn, says on eath, that she is a bona file resident of said County of

continuously ever since Str. new bone. That she is the Widow of

STATE OF GEORGIA.

· County of Frankes The

Wille arm Letterler 1 mat soe is the Widow of	
(Gusture Co) of the 18 Regiment of 40 100 C	
Volunteers, that he enlisted in said regiment on or about the month of	
186 / and served in the Army was to	
on the day of fice 1879	
in Foren the County Ga.	
Management of the state of the	
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a	
soldier, and that she has never married since his death aforesaid, and that she became his wife in	
the year 18 what felly sum ago don't secunder the provident	
I have been allowed an Indigent pension as a resident of	
County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the	
year ending December 31, 1903.	
this 18 day of Lettereery man Latterna & salveiles	
Horis Ordinary Post-Office Ciliconing the	
State of Georgia,	
Tom the	
ordinary or said county, certify that I am well	
acquainted with Mrs Oath asim Sed better, who made the above affidavit and	
am satisfied that the facts therein stated are true, and I know she is the individual she represents	
herself to be, and that she has continuously resided in this State since the for booth day of lee out Jum and 18	
Given under my official signature and seal, this the day of fell the day of fell the seal 1908.	
Official Seal.	
Ordinary of Horzy La County.	
NOTE.—All blanks must be filled. Youchers and affidavits must bear date after January 1st, 1903.	

County, Ordinary of said County, certify that I am well acquainted with Mrs. Cathasin Sedbetter, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the fire buth day of 60 ould gum of 18_ Given under my official signature and seal, this the 13 day of January 1908. Official Seal. NOTE.—All blanks must be filled. Vouchers and affidavits must bear date after January 1st, 1903.

NOTES

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

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant chains disability from the early the standard of the description of the descr

are the quantitation of the cleanes of the rect. In the case of the arm of rig, but me imminist nor an purposes be "substantially and essentially undessed being it would seem to be a fair construction of the Act, and the worfs above quoted, to say itualized being it sould seem to be a fair construction of the Act, and the worfs above quoted, to say itualized being it so require the constant use of cruich or suck, that the key is not valoration and reasonably underly to the large and the constant of the rect and the say invented and reasonably to the same invented to interpret condition, to such the constant and produced. The Lagislature interpret condition to such the control of the Act. The Lagislature increded to interpret which for all being control to the same and the control of the control of the Act. The Lagislature increded to interpret and the same and the control of the control of the Act. The Lagislature increded to the same and the control of the correction, and amendments are added to any of the affidavits, the tend of the control of the correction, and amendments are added to any of the affidavits, the tamendments are the control of the control of the correction, and amendments are added to any of the affidavits, the tamendments are the control of the control of the correction, and amendments are added to the control of t

amendments must be made unite worth before an officer, and the proofs must show that the amendments have been duly warp to.

7. The Ordinaries know the condition of applicants better than the Governor to his Secretaries, and they are earnesty requested to discourage any man from making application unless he is entitled under the law. Hundreds of applications have ben received and disallowed because they were not disabled so as to entitle them under the law. This emails much tunner essays work upon this office it causes de lay a making payments to those who are entitled; it puts parties to expense and trouble, and in the end used latter disappointment and mortficelism.

The Coffments of the several conditions the Secretarian conditions of the applicant. The Coffments of the several countries are specially requested to call the attention of the physicians.

No. 1068 Application for Allowance Gul Desabilety boor nonwo Applicant Daw Ledbetter County Fulten Amount 20. Date of Warrant Vet, Entered on Record. 188.8 SECRETARY EXECUTIVE DEPARTMENT

redbetter France & Salvetter, Da, usto, Fulton Co

NOTES

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

1. If an applicant has been wounded, the description of the wound should be carefully and fully

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

2. The law makes no ailowance for a crippled *hand*, nor for a crippled foot, for for an arm or leg,

unless the arm or leg has been rendered substantially and essentially useless.

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

4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted to say that unless the injury is such as to require the constant use of crutch or

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

5. It is more difficult to say when an arm is "substantially and essentially useless." The words are strong ones, however, and the injury must be very severe, and the arm in a badly damaged condition, to entitle one to the allowance mentioned in the Act. The Legislature intended to limit these payments to such as were most seriously wounded and disabled. In the future they will doubtless provide for all who were badly injured, but the present law does not reach many worthy, needy cases. It was inaugurated as an experiment; if abused, it will naturally become unpopular and be repealed. If properly administered, will do great good.

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

7. The Ordinaries know the condition of applicants better than the Governor or his Secretaries, and they are carnestly requested to discourage any man from making application unless he is entitled under the law. Hundreds of applications have been received and disallowed because they were not disabled so as to entitle them under the law. This entails much unnecessary work upon this office; it causes delays in making payments to those who are entitled; it puts parties to expense and trouble, and in the end causes bitter disappointment and mortification.

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

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



STATE OF GEORGIA,
Hallen County.
PROSONALLY appears Williel Les better of KellFin county,
State of Georgia, who, being duly sworn, says on oath that he is a bona pide citizen and resident of said
State, and has been such since the last bert thay of 18; that he
enlisted in the military service of the Confederate States for of the State of breaget
during the war between the States, and served as a Trevalle in Company / 1, of
18 th Regiment of François Volunteers Stands 's Brigade; that
whilst engaged in such military service, at the battle of La Maria 10 in
the State of 22 million, on the day of 21 cuguest 1862, he was
wounded as follows: The ball entering the lasty wester the left should
block passing tring to the lift long dut out in prout
remoting affection of the leng, + hat said toguing surface to him persuantly site superture for the perfect money of any of the Postering superind appealing
Husters then flexuiounty thetampedent for the Nexpor
Thaties of any of the to the week in the inter allow.
of life
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and makes
application for the allowance to which he is entitled thereunder. Sworn to and subscribed before me this the
Sworn to and subscribed before me this the Survice Led little
4. 4. Macuning Met Put futton Logen.
U. H. Illattice of The Land Land
Nors.—State fully nature of wound or character of disease which causes the disability, and exp'ain particularly the extent of the disability.
Commissioned Officer's Affidavit.
STATE, OF GEORGIA.
Fulton county.
, ,
PERSONALLY came before me U. / Icaach of the county
4 1/21
State of Georgia, who, being duly sworn, says that he was
Volunteers, and that deponent knows themit Lethetter , and that he received the wounds
(or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds
(or disease) permanently disables the said + Abellet , as stated by him in said
affidavit. Deponent further states that said . Let her ter is a bona fide
citizen of the State and resides in fullton

The foregoing affidavit, changed to suit the facts, should be made by a commissioned officer. It the affidavit of fluch an officer in not obtainable, the following affidavit of the harmonic officers and obtainable, the following affidavit of three responsible

Moon to t deck bented before we

·	$\langle ounty. \rangle$,		
Personally came				
citizens of		C	county, in said State,	
who, being duly sworn, say that they are	e acquainted with			
	and know that he	received the wound	ls (or contracted the	
disease) in the military service, as stated	1 by him in the forego	oing affidavit; that	said wounds (or dis-	
ease) permanently disables applicant, as	stated by him; that sa	aid applicant is a box	na fide citizen of this	
State, and resides in	county, and	d we are well satisfie	d that all the state-	
ments in his affidavit are true.				
Sworn to and subscribed before in	e, this			
day of	188		,	
Note: Above affidavit was the made by three	citizens of the country of apple	wiene residence		
STATE OF GEORGIA, FILTER C PERSONALLY comes before me H M. M. Buham	ounty, A Man	aming APA	innery of said county,	+
me as reputable physicians of said coun		lly sworn, say on o	oath that they have	
carefully examined Alumin 4			examination say that	
the applicant has been injured as follows	Mailentering	in body es	wher the left	ζ
thoulder Hole - 22411	" Itrangh the	list tung +	unt in prac	at
"ausing attestion of	The ling thru	ugh the Heer	~ to The locale	7
The chieff , tentry period	simulty send	ening lien	in lampelles	Z'
	of acres of the	ardinary	heaunay.	
unicolisms of like				1

STATE OF GEORGIA.

Sworn to and subscribed before me, this

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

20 day of Och

a. a. Manning

STATE OF GEORGIA. Frelen County. Mr. L. Leechin Ordinary of said county, do certify that I am well acquainted with Source applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses are persons of respectability, and that their I further certify that A. M. aurring can before whom the foregoing affidavits were made and power of attorney was signed, is an J. D. Wath Supplication of said county, and that the said affidavits and signatures thereto are genuine. Given under my official signature and seal, this 2 and day of below 188 8 m. Lleadown Ordinary Theretes County POWER OF ATTORNEY. STATE OF GEORGIA. County. Know all men by these presents, That I county, in said State, do hereby appoint my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit. Hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. In witness whereof I have hereunto set my hand and seal, this day of 188 # Executed in the presence of us

Date of Market of Control of Cont

STATE OF GEORGIA.

PERSONALLY appears Multi his about of Hillin county,
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continuously since the day of

States (or of the State of served as a Source of the States, and in Company 1/2, of 1/2 th Regiment of States of such much military service, at the battle of the state of the States of the States, and the served as a Source of the Confederate of the military service, at the battle of the state of the st

State of bergamin on the day of anymor 1801 he was wounded as follows: by bring that through the left lines that he account of and wound his break is to be that he is made to perform manual lotor.

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 4 day of July 1889 Saniel Gedleetler

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 or black Ordinary of said county, Dr. Black phy and Dr. Draws both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined Dancel Section and after such examination say that the applicant has been injured as follows:

While Cance Shortrop of treat and

Sworn to and subscribed before me, this Co. 2 Min share Mills day of Furney 1889

ORDINARY.

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

STATE OF GEORGIA, STATE OF GLORGIA. Huller mr. Lilo are hom Ordinary of said county, do certify that I am well acquainted with Drime Ledber the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit: A. o. Maris acide L. E. Mouphs are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that & A. Me annu, before whom the foregoing affidavits were made and power of attorney was signed, in an M. 9 & Eroff 2 (P) of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 6" day of February 1889 Dr. L. leccenn Ordinary Fralling County. POWER OF ATTORNEY. STATE OF GEORGIA. KNOW ALL MEN BY THESE PRESENTS, That I county, in said State, do hereby appoint my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to 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 Executed in the presence of us: DIRECTION :

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 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 ren-

dered 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."

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, bove quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."

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

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

show that the amendments have been duly sworm to.

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

County, Georgia.

STATE OF GEORGIA Hrellin County.

W.X. Lo ochum I, Or. L. So outhern Ordinary of said county. do certify that I am well acquainted with Daniel Sedbuller the I. applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and the said affidavits and

signatures thereto are genuine. Given under my official signature and seal, this 4 day of Feeling 1890

W. Llouehm.

Freeling

STATE OF GEORGIA.

Frulling Connity.

I. Or Lloach Ordinary of said County, do certify that I am well acquainted with possessed Lead bella; 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.

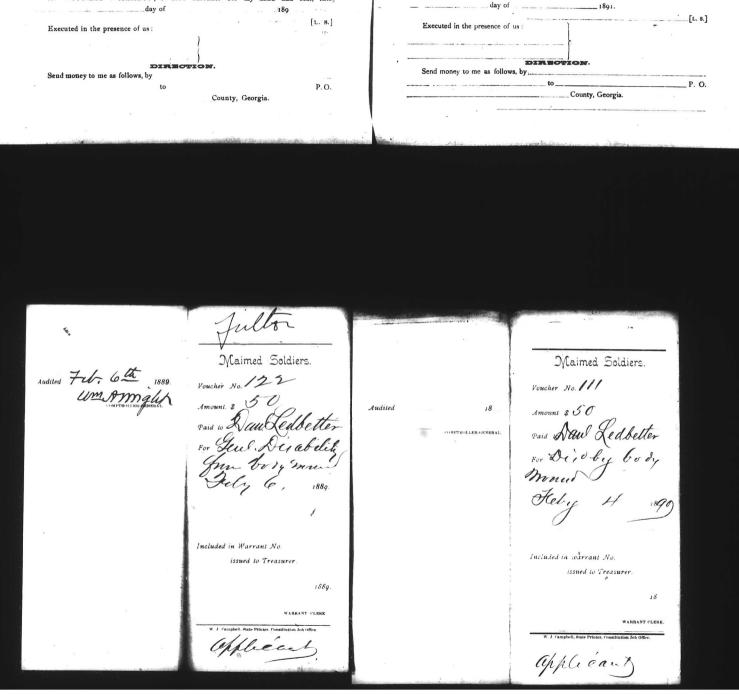
Given under my official signature and seal, this god day of Filmen 1891.

mx decelor Ordinary Their

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,		
Freller County.		
PERSONALLY appears Damie Lidber of Frullow	county,	
State of Georgia, who, being duly sworn, says on oath that he is a bona fia	de citizen and	
resident of said State, and has been such continually since the Orro	L- day of	
78 ; that he enlisted in the military service	of the Con-	
federate States (or of the State of) during the wa	r between the	
States, and served as a Paralline in Company K, of 18	th Regiment	
of Senge Volunteers House 's Brigade; that we in such military service, at the battle of	hilst engaged	
in such military service, at the battle of the company	in the State	
wounded as follows: One of the day of	86 He was	
of norma on the 25" day of Dayme wounded as follows: Can that morning them another than a later of Just new Cultury have halve as Ina Cultury has like		
of anti-rem manual later	to the	
at him caling hun like	Zed	
	4.	
.		
Deponent desires to participate in the benefits of the Act, approved Octoand the acts amendatory thereof, and makes application for the allowance to		
entitled for the year ending October 26, 1890. I have heretofore been allow	wed a pension	
entitled for the year ending October 26,4800. I have heretofore been allowed of Sworn to and subscribed before me, this the	Gedlier	-
4" day of Feling 1893 gancer	feares	
W. L. Callow		
NOTE. State fully nature of wound or character of those shich causes the disability, and explain particulate disability	larly the extent of	
BOWER OF AMMORATION		
POWER OF ATTORNEY.		
STATE OF GEORGIA		
County.		
KNOW ALL MEN BY THESE PRESENTS, That I,		
of		
ounty, in said State, do hereby appoint	au in Case Cain	
of my true and lawful attorned are and in my name, to receive and receipt for what ever amount of money I ma	av be entitled	
o from the State of Georgia by reason of the injury received as aforesaid in ervice of the Confederate States (or of this State), as stated in the foregoi	the military	
ereby authorizing my said attorney to receipt in my name for any Warrant	that may be	
ssued by the Governor, or for any sum of money which may be coming to me for foresaid.		
IN WITNESS WHEREOF, I have hereunto set my hand and		
day of		
Executed in the presence of us:	[1. 8.]	
)		
DIE TOWN		
Send money to me as follows, by		
to	P.O.	
County, Georgia.	,	
9		

ror applicants neretotore allowed Pensions.
STATE-OF GEORGIA,
Frulin County.
PERSONALLY appears Daniel Led belling of Frellow
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has resided therein continuously ever since the
day of 18 ; that he enlisted in the military service of the Con-
lederate States (or of the State of) during the war between the
States, and served as a Smale in Company of 18th Paris
of Volunteers Proffind 's Brigade; that whilst engaged
in such military service at the battle of 2nd Manager in the State
of the day of July 1862, he was
wounded as follows: game that grown of though lefe-
lung randering him practically
michipulant to anton on the orest
manual breaking of life)
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of
Frifty dollars, for 189 d
Sworn to and subscribed before me, this, the 3rd day of felica 1891.
Norse State felle and a delimit of dance,
NOTE State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
POWER OF ATTORNEY.
STATE OF GEORGIA,
County.)
Know all Men by these Presents, That I,
of County, State of Georgia, do hereby appoint
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
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 Government of the confederate states of the confederate states are the confederate states of the confederate states are the confederate states of the confederate states are the confederate
nor, or for any sum of money which may be coming to me for the reason aforegaid
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of
[L. S.]
Executed in the presence of us:
,
DIRECTION.
Send money to me as follows, by
to
County County



Mr. Accounty of Accounty of the County of Accounty of

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Mr. Dellie Leabetter of the County of Dellie May 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 Wis ablest by the department of Dollars for such disability, the same being the abovenice due for the year ending October 24, 1870.

The Treasurer will pay the same in hold have being the variety on this voucher, and return same to Executive Department for warrant.

The OF Section October 24, 1870.

By the Governor,

LOAN Marnasan

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Allanta, Ba. Hebry 4 1090

Daniel Sedhetter

Julion 1891.

Maimed Soldiers.

Voucher No. 9-7
Amount \$ 9 ()

1891.

COMPTROLLER GENERAL.

Audited

Paid to Sucie Led belles

For De is Confee Dy

Included in warrant No.

issued to Treasurer.

1891.

WARRANT-CLERK

Geo. W. Harrison, State Printer, Atlants.

applicant

No. 27 Allanta, Ba. Feby 3 STATE OF GEORGIA. EXECUTIVE DEPARTMENT. Mr. A aud Sadballe having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for He is entitled to receive the sum of D. D. for such disability, the same being the allowant sue to the year ending October 24, 1891. Dollars The Treasurer will pay the same are hold a recept on this voucher and return same to Executive Department for warrant. 74. J. Tenthen. IN Man 12 2 Cr Sec'y Executive Department. 856 RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia

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

Lee, N. H. Location of the Dec., Inst. (For Those Already Enrolled.) NO. 1899 INDIGENT SOLDIER'S PENSION, 1898. Name A. H. Lee County Hulton	Executed in presence of	day of Jana 1898 1 % & C	a his home no 5 A	folian M. Mulled of Street authorize Couracty & to receive and receipt for the pension paid become and request that he remit same to
WARRANT ISSUED 1898. RICHARD JOHNSON, Commissioner of Functions. WARRANT HANDED TO John W. MARRANT HANDED TO GEO. W. MARRINGON, STATE PRINTER, ATLANTA AND ACTAR A		Trease set my hand and seal, this f	Fort street Atlanta Se	t duction County Le

State of Georgia, Hutter County.) 1 A He fee hereby authorize John W. Mhus of Stutton County.	
John W. Mlus of Hulton Country of receive and receipt for the pension paid hereon and request that he remit	ty La
his home no 5 Abbott Street At	
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	12
lay of Jan 1898. 1 16 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	[L. S.]
Executed in presence of	

POWER OF ATTORNEY,
STATE OF GEORGIA, Julion County. I. A. Ho Lee hereby authorize DY M. Allers of Carlandon
to receive and receipt for the pension allowed and request that he remit same
Witness my hand and seal, this / J day of Jany 1902. A Ha Ree [L. 8]
Executed in presence of Williamson

John M Marky HANDED TO

TWILD'S GODE SECTION THAT (FOR THOSE ALREADY ENROLLED.)

From INDIGENT

SOLDIER'S PENSION 1902.

Name A.M. Lie County Fultra

WARRANT ISSUED County _

WARRANT HANDED TO

JOHN W. LINDSEY,

(For These Already Enrolled.)

10 Trusten 1899

SOLDIER'S PENSION,

INDIGENT

1898.

Name A.H. h.

RICHARD JOHNSON,

WARRANT ISSUED

1/15

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Norg. - The blank spaces must be filled.

Ounty.
Personally appears A He Lee of Julton
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 22 day of Nov 1825; that he is 73, years old and
by occupation a nothing; that he enlisted in the military service of the Confed-
by occupation a Mothers; that he culisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of the four Company \$6, of 3. the Regiment of
that his physical condition is as
follows: Weak and feeble
that his property consists of the following items www.
of the value of Miling Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1898. I have heretofore as a resident of Justion
Source to and subscribed before we thin the
Sworn to and subscribed before me, this, the 12 day of Jan. 1808.
12 day of Jan. 1808.)
12 day of Jan. 1808.) Ordinary
State of Georgia,
Hulton County.
County.)
I, William He Hulsy Ordinary of said County, do certify that I am well acquainted with A He Lee the
do certify that I am well acquainted with I The Leethe
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 12
day of Jarry1898.
ABI / MITTALLEN J. MITTALLEN J.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

TOR ALIBIDANTS HERETOLOUE APPOMED LEUSIONS.
STATE OF GEORGIA, Fulton County.
Fulton County. Personally appears N. H. Lee of Fultin Bubble
County, State of Geoogia, 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 fine birth 18; that he is 73 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 4 fram in Company H , of Jath Regiment
of, Gr Mel
follows: Paralysis deldage.
· · · · · · · · · · · · · · · · · · ·
that his property consists of the following items not the following items
of the value of AA. Dollars that by reason of his physical
. Indiana, time of
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 13 cdc
Sworn to and subscribed before me, this the
day of Jany 1002.
John William Ordinary.
STATE OF GEORGIA.
Julion County.
Day RAIN I A Guarante
do certify that I am well acquainted with transferred from Gubble
do carriy that I am well acquainted with

do certify that I am well acquainted with haufettee from fulfill the applicant in the foregoing affidavit, and am well sansfied 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.

day of

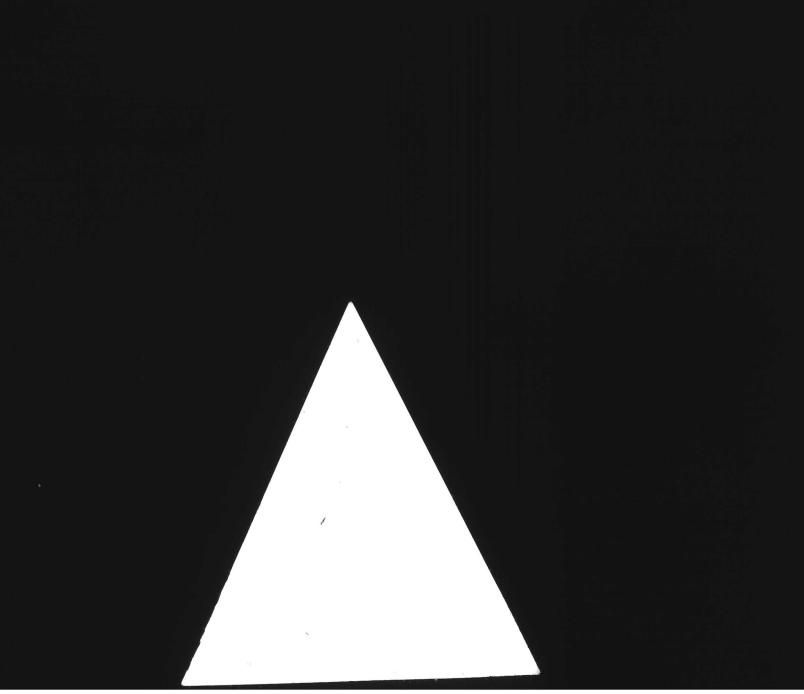
official significant and seal, this

Ordinary Lullon County.

Note — Che blank spaces must be filled. Note — Almarit should not be attested before January 1st. 1982 do certify that I am well acquainted with. A He Lee the applicant in the foregoing affidavit, and am well satisfied that the statements made by applicant in the foregoing affidavit, and am well satisfied that the statements made by him 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. 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 Given under my official signature and seal, this 12 day of Jany minteres 2 County. Ordinary Free County. Note .- The blank spaces must be filled, State of Georgia, Bibb County. Office of Ordinary. Macon, Georgia, CHARLES M. WILEY. Biblomy: (), Amwiley to hereby Can-tify Shah Augustus ALee diew an indigent pantin for the Dune of Sixty dollars as of Bith Co, Sa., for the year 1901. Ordinary Bidd Co., La.

do certify that I am well acquainted with

1, 100000000000



NOTES

In order to avoid unmoreous chiese to applicants and to enable all parties interested to understand the laws granting allocations to disclade adding a scale to rules adopted by the Governor touching the natural provided, the following suggestions are admitted to the scale adopted by the Governor touching the L. I. an applicant has been woughed, the description of the swead bound by Sarfally and laft get forth by applicant claims from woughed, the description of the scale and physician, and followed by physician streament of facts showing the center of the discovery of the discovery description of scale in the strength of the scale and physician and physician and indicated by a particular stream of the scale in the scale and the scale and the answer to say that an arm is "substantially understanding order.

3. It will not answer to say that an arm is "substantially nedwest from orders, but the limb most for all purposes he "substantially and seventially nedwest."

4. It has application to the clause of the Act in reference to the arm or leg, but the limb most for all purposes he "substantially and seventially nedwest."

5. It has application to test and seventially nedwest.

5. It has polication to test and seventially nedwest.

5. It has produced to say that unless the higher scales or require the constant use of cruck or stick, that the less is not "substantially and seventially nedwest."

5. It has produced to say that unless the higher scales or require the constant use of cruck or stick, the new deep of the state of the distributions and amendments are stalled to any or the affinitive the best distributed by the amendments have been duly sweat to a most or or officer, and the power darks were to the affinitive that the amendments have been duly sweat to a support the support to the stall and the provided most sent to the stall and the provided most sent to the stall and the support to the stal

meris and be inable order order between transcriptions.

been different in the certified by the Ordinary of the county of the residence of the applicant.

The certificate of any other still not be received in any case.

The Ordinaries of the several countries are specially requested to call the attention of the physicians.

No. 2111) APPLICATION FOR ALLOWANGE. Right lig Deration of Constant Amount 50 / Amount Date of Warrant May 1/59
Entered on record
May 1. 1884
BECHITARY EXECUTIVE DEPARTMENT.

Jultan Co

applicant

NOTES.

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

1. It an applicant has been wounded, the description of the wound should be carefully and fully set torth by applycant and steen wounded, the description of the wound should be carriefly and fully set forth by applycant and physican, and followed by a plain statement of facts showing the extent of the disability. It applicant claims disability from disease contracted in the service, a tull 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 unders.

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. It papers are returned for correction, and amendments are added to any of the affidavits, the amendmeets must be made under outh before an officer, and the proofs must show that the amendments have

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

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

State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the Political 1880; that he enlisted in the military service of the Confederate States for of the State of in Company States, and served as a prevate of Verginea Volunteers Carfe, 6 's Brigade : That whilst engaged in such military service, at the battle of Man assex The left is the factor of a village washing the left of the Act, approved October 24, 1887. and the Act amendatory thereof, approved December 24, 1888, and makes application for

STATE OF GEORGIA

the allowance to which he is entitled thereunder for the year ending October 26, 1889. Sworn to and subscribed before me, this the day of February 1889

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

For Use of Applicants Who Have not Heretofore Drawn.

PERSONALLY appears loho lee of Julion country

uring the war between the

Commissioned Officer's Affidavit.

STATE OF GEORGIA

Giles

PERSONALLY came before me Thomas & Jayler of the county of Lills State of Cooper, who, being duly sworn, says shat he was a commissioned officer in Company D, of Security Regiment of Virginia Volunteers, and that deponent knows lehar I dee , and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said Char J. Lee

as stated by him in said affidavit. Deponent further states that said is a bona side citizen of this State and resides

county

The foregoing affident of To Staylor was substituted & sicorn to in open Cornet this 170 day of afiel 1899 Rates p. Matter och

CTATE	OF	GEORGIA.

County.

PERSONALLY came

citizens of

county, in said State,

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

and know that he received the wounds (or contracted the

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

Sworn to and subscribed before me, this

day of

188

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

STATE OF GEORGIA,

PERSONALLY comes before me W. L. Calham Ordinary of said county,

me as reputable physicians of said, county, who, being severally sworn, say on oath that they have carefully examined tharles of fel and after such examination say that the applicant has been injured as follows: Shot through the Right beg where have front. That of the bree was shot away, and had of the bree have been removed, the love was body shallered, inflammention was set up, and line hyletis resulted. The wrond overer bealed will a few years ago. The leg is threely imphes shorter than the tift one, and army weak and painful. We is comfilled to was a such and painful. We is comfilled to was a substantial on a cost of such on walking, and his leg is substantial on a listentially wellers.

Sworn to and subscribed before me, this f. A. Carler M. S. day of France 1889 L. E. Collier M.D.

W. L. Cachen

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

STATE OF GEORGIA,

Hullon

W.L. Loulkom

Ordinary of said county,

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

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

Given under my official signature and seal, this 1st day of ellowy 1889

Ordinary Fullow County

Power of Attorney.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

county, in said State, do hereby appoint_

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

Executed in the presence of us:

(L. S.

Julia I. Ordinary of said county, do certify that I am well acquainted with the capplicant 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 15. day of Shule 189 2 W.R. Loulhon Ordinary Freein County

STATE OF GEORGIA.

STATE OF GEORGIA. Assilva Conniy. I, Or Ll outhern Ordinary of said County, do certify that I am well acquainted with Churce of the the applicant in the foregoing affldavit, 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 day of Feb 1891. mx le acome. Ordinary Frederic

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA.
Fersilder County
PERSONALLY appears 6 has g. Les of Finston 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 day of
18 ; that he enlisted in the military service of the Con-
states, and served as a fine State of states, and served as a fine states, and served as a fine states, and served as a fine states, and served as a fine states of st
States, and served as a Smale in Company T, of T th Regiment of Va Volunteers Coulcy 's Brigade; that whilst engaged
in such military service, at the battle of Mounafres in the State
of the on the day of July 186/, he was
wounded as follows: Green of through the -
right, thigh shalling the bome about
The Muce, suffering this have t shoulding
The bust offen anches, and according
melips dende essentially
, ,
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is
entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of dollars.
Sworn to and subscribed before me, this the
15.00 day of Spile 1890
orthe alhow
NOTE. State fully nature of wound or checks 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 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 scal, this
day of 189
E [LI S]
Executed in the presence of us:
()- (,h
Send money to me as follows by

P.O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Hallon County.
Personally appears le Acules Julia of trullin
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
that he emisted in the mintary service of the Con-
during the war between the
States, and served as a Purula in Company of 7 th Regiment
s Brigade; that whilst engaged
2000 In the State
wounded as follows: fun that wind think the
With the mending his right lie millacted while
en en en en en en en en en en en en en e
The state of the s
Deponent desires to participate in the benefits of the Act, approved October 24, 1887,
ing the acts amendatory thereof, and makes application for the allowance to which have anti-lad-
or the year ending October 26, 1891. I have heretofore been allowed a pension of
· ·
Norz. State fully nature of wound or character of disease which causes the disability and explain particularly the extent of
he disability, resulting from the wound or disease.
POWER OF ATTORNEY.
STATE OF GEORGIA,
County.
Know all Men by these Presents, That I.
County, State of Georgia, do hereby appoint
County, State of Georgia, do hereby appoint
f my true and lawful attorney in fact, for
he and in my name, to receive and receipt for whatever amount of money I may be entitled from the State of Georgia by reason of the injury received as aforesaid in the military service
the Confederate States (or of this State), as stated in the foregoing amdavit; hereby authoriz-
ng my said attorney to receipt in my name for any Warrant that may be issued by the Gover- or, 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
aday of1891.
[L. S.]
Executed in the presence of us:
AND AND AND AND AND AND AND AND AND AND
Managardhanana ana ana ana ana ana ana ana ana a
Send money to me as follows, by
toP. O.
County, Georgia.

individual he repesents himself to be, and that he resides in this county. Given under my official signature and seal, this, 2 day of all and 180 -Ir. L. bouch . my Ordinary Haus. County.

W. L. by acknown Ordinary of said county,

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

STATE OF GEORGIA.

Fullen County.

do certify that I am well acquainted with I have

ne norts and a strain nach nalitary service at the fautle of of Megania Schutchis in Company, D. of Z. th Regin: States, and some line a) during the war between the lederate States (or of the State of 18 Of that he enlisted in the military service of the Conresident of said State, and has resided therein continuously ever since the County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and PERSONALLY uppears Autril an J. L. o. STATE OF GEORGIA, For Applicants Heretofore Allowed Pensions

POWER OF ATTORNEY.

of the second may be combined 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 sindayit; hereby sufficiently su

said affidavit are true, and that he is disabled, to the extent a reconstant 1 have been be 8.]

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

County, State of Georgia, do hereby appoint

my true and lawful attorney in fact, for

County.) Ordinal.

class had be represents hunself to be, and that he resides in this County.

apparented in the Blescotts of the and and well salisfied and the same

STATE OF GEORGIA.

Know all Men by these Presents, That L.

the energy that I am well acquainted with

Send money to me as follows, by STATE OF GEORGIA, 1

For Applicants Heretofore Allowed Pensions, STATE OF GEORGIA, HALLOW Appears County. PERSONALLY appears to have a County, State of Georgia, who, being duly sworn, says on oath that he is a homa fide citizen and resident of Georgia, and has been such continuously since the day of the Confederate States (or of the State-of during the war between the States, and served as a Volunteers of the Company of the Regiment of the State-of that whilst engaged in such military service at the battle of the Company of the State of the Confederate States (or of the State-of the Company of the State of the Confederate States (or of the State-of the Company of the State of the Confederate States (or of the State-of the Company of the State of the Company of the Company of the State of the Company of
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowince to which he is entitled for the year ending October 26, 1892. I have herestofore been allowed a pension of Dollars for Sworn to and subscribed before me this the day of Month 1892. Ordinary. Note:—State fully nature of wound or character of disease which causes the disability, and explora participatify the second of the day of the Act of the case which causes the disability, and explora participatify the second of the day of the Act of the case which causes the disability, and explora participatify the
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 whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aloresaid 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 INTENSIS WITEREOF, I have hereunto set my hand and seal this.
day of [L. s.]
Executed in the presence of us:
DIRECTION. Send money to me as follows, by
to

For Applicants Heretofore Allowed Pensions.

STATE OF		}		
	Lton County.			
	pears Charl			lton
			y ever since the	
den of Malvar	e, and has resided t	30 . that he as let	ed in the military so	
) during the	
			n Company D, of	
of Virginia			's Brigade ; that	
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wounded as follows	gun sho	wound of r!	cht leg stiffe	ning the
samo, making it	short and	substantial 1;	and essential	ly usolass
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Deponent desi	res to praticipate in	the benefits of the	Act, approved Octo	ber 24th, 1887, and
the year ending Od	tober 26, 1893. Il	have heretofore be	en allowed a pension	of.
		dollars, for	7892	
Sworn to and	ubscribed before me	e, this, the	le phil	•
18 d	ay of Harch	1893.		
M.K.	backon	~ Only		
Norn-State fully natidisability, resulting from the	are of wound or character he wound or disease,	of disease which causes I	he disability, and <i>enplain par</i>	Messlardy the extent of the
STATE OF	GEORGIA,)		
	dy County.	<i>:</i>		
• .	x	W. T. Gal ho	un Ordina	umu of said County!
do certify that I am				the
applicant in the fore	going affidavit, and	am well satisfied	that the statements	made by him in his
said affidavit are tru	e, and that he is di	sabled, to the exten	at he claims, and I h	now he is the in-
dividual he represen	nts himself to be, an	d that he resides	n this County.	
7 forther certific	Shat IN KECK	: have herea	do et my lev	. The way the
before whom the fo	2 myreu man pe ce	ming to me let the	power of attorney	was signed, is a
perote atthemate Sta	'en for uf ton State), he state in the 1994	said County, and th	e sold afficiently and
TOTAL THE STATE OF G	round by reason of	the injury seems	The Market Lands I	IN STATE OF THE ST
Given under n	y official signature	and seal, this	day of	HRT-011 1893.
14	" by these fre	Con Co	e Cher	· ·
Know all Me	County Du these Pre	conto That !		County.
SIMILOF	GEORGIA.	1.:		

POWER OF ATTORNEY.

POWER OF ATTORNEY. STATE OF GEORGIA.

SIMILOI		UNTY.		
Know all Men	by these Presents,			
		of		
County, State of C	icorgia, do hereby ap	point		
of.			-my true and lawful a	attorney in fact, for
me and in my nam State of Georgia b States (or of this ney to receipt in n which may be com	y reason of an injury State (, as stated in ay name for any War ing to me for the rea	eipt for whatever amout y received as aforesaid in the foregoing affida- rant that may be issued son aforesaid. ave bereunto set my han	in the military service vit; hereby authorizin by the Governor, or for	of the Confederate ng my said Attor-
day of		1894.		
			0.000	[I s.]
Execute	in the presence of t)		•
		v		
		.!		
		DIRECTION	IS.	
Send money	to me as follows, by			1992 990
		to		.P. O.
		County, Georgia.	* ***	
		and the second second second		delicare a decidental delicare de contra de con-
For Those Aready Enrolled.	Soldier's Pension.	tone . Chart as T. Less tonity	Amount, M. M. H. HARRISON. W. H. HARRISON. Swedeng Exemite Department.	WARRAST HANDED TO

POWE	R OF ATT	ORNEY.	
STATE OF GEORGIA,	1		
County	. }		
KNOW ALL MEN BY THESE I			
Microphysics 1	of.		
County, State of Georgia, do hereby ap	ppoint		
of		_my true and lawfu	l attorney in fact, for
me and in my name, to receive and rec State of Georgia by reason of an injury States (or of this State) as stated in the in my name for any Warrrant that may be coming to me for the reason aforesaic IN WITNESS WHEREOF, J	received as aforesaid foregoing affidavit; he be issued by the G d.	l in the military service tereby authorizing my sa overnor, or for any sum	e of the Confederate id Attorney to receipt
		hand and seal, this	
day of	1895.		[1., 8.]
Executed in presence of us)		
)		
	DIRECTION	S.	
Send money to me as follows, by:			
	⊸ to		P. O.
* (*)	County, Georgia.		
(For Those Aready Errelted.) No. 8 7 SOLDIER'S PENSION. 1895.	Name LaplesCo CountyLoo	374 Mrchai	WARRANT HASDED TO Oc. V. Berran, Dan Primer, Advisor Oc. V. Berran, Dan Primer, Advisor Oc. V. Berran, Dan Primer, Advisor

For Applicants Heretofore Allowed Pensions.

STATE OF GEO	RGIA.		
Pulson	County.		
PERSONALLY appears	Charles J. Les	of	Ful ton
County, State of Georgia, and resident of said State,			
day of Pahretami			
federate States (or of the S	State of) duri:	ng the war between the
States, and served as a			, of 7 th Regiment
of Margaria Vol	unteers Barly	MBrigade;	that whilst engaged in
such military service at the	battle of 18	t Hannassas	in the State
of Vinginia wounded as follows: give			
making it shouten	and substantial	Attreame bus vi	amelenn vil.
		•	
		~	

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of dollars, for the year 189 3

Sworn to and subscribed before me, this, the

M. L. Lo alhorn Columny
Nore-State fully the nature of wound or character of disease which cause the disability, and explain pretentiarly the extent

STATE OF GEORGIA Pul on

I, W. J. Ca lhoun Ordinary of said County, do certify that I am well acquainted with Charles J.Les 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

M. L. Cachoun

Ordinary

For Applicants Heretofore Allowed Pensions.

CTATE	OF	CEOPCIA
SIAIE	Or	GEORGIA,

Fulton Dersonally appears

County. Charles J.Lee

Fulton

County, State of Georgja, 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 18 = ; that he enlisted in the military service of the Conday of February) during the war between the federate States (or of the State of States, and served as a in Company , of " th Regiment 'irginia Volunteers. 's Brigade; that whilst engaged in such military service at the battle of 1.1 Vanasses in the State Virginion the flat day of July 186 1, he was wounded as follows: gun shot wound of right leg stiffening the same , a king

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

Sworn to and subscribed before me, this, the

it charter and cupstantially and escentially useless

M. Lo Lealdin Ordina

Nore-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent

STATE OF GEORGIA.

of the disability, resulting from the wound or disease

Fulton

County.

M.L.Calhoun Ordinary of said County, I. Chatles J.Lee do certify that I am well acquainted with 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 March

Ordinary___ Fulton

m. L. back

_County.

day of

POWER OF ATTORNEY

FUWERU	F ATTORNET.
STATE OF GEORGIA, County.	**
Ι,	hereby authorize
of	The second secon
to receive and receipt for the pension	paid hereon and request that he remit same to
	by
at .	
IN WITNESS WHEREOF, I hav	e hereunto set my hand and seal, this
day of	1896.
	[L. S.]
Executed in presence of us)

Charles 1.1ee

Name

Palton

County

RICHARD JOHNSON,
Secretary Executive Depart

200

Amount, \$

Disability Disabled leg

WARRANT HANDED TO

my data

POWER OF ATTORNEY.

STATE OF-GEOR					
	—County. ∫				
Ι,		hereby	authorize		
West common set of	of		-		
to receive and receipt	for the pension paid	hereon and	request that	he remit	same to
		. by			
at	1				
IN WITNESS WI	HEREOF, I have her	eunto set m	y hand and se	al, this	
day of	1897	<i>(</i>			
					[t. s.
Evented in a		v.			

Executed in presence of

Les Charles I. Fulton Co. More Those Already Enrolled.)

No.456

SOLDIER'S PENSION.

Amount, \$ 5000 INST.

Disability Brushus Xc

County

NameChay

WARRANT HANDED TO

DA LA LE

For Those Aiready Enrolled.)

SOLDIER'S PENSION.

1896.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, County.
Dersonally appears Charles J.Lee 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 "Sebruary"; that he culisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a Private in Company , of 7 th Regiment
of Virginia Volunteers, Parly 's Brigade; that whilst engaged
in such military service in the State of "Tirginia", on the 21st day of 1uly 186 1, he was wounded, injured or diseased as follows: gun shot wound of right leg stiffening the same, heking it shorter and substant
tially and essentially useless.
The second secon
The second secon
The second secon
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 28th, 1896. I have heretofore as a resident of Fulton county been allowed a pension of Fifty
dollars, for the year 1895.
Sworn to and subscribed before me, this, the
day of Paby 1896.
3-181
Norte-State fully the nature of wound or character of disease shigh causes the disability, and explain particularly the extent
of the disability, resulting from the wound or disease.
OTATE OF OFOROIS
STATE OF GEORGIA,
Fulton County.
I, W.L. galboun Ordinary of said County,
do certify that I am well acquainted with Charles L.Lee the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this 26
day of
All mellound
Fulton
Ordinary Full of County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Kulton County.
personally appears Charles Lace of Fulton
County, State of Georgia, who being daly 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 Held / 1880; 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 fre vote in Company & of 7 th Regiment
of Victimia Volunteers, Early 's Brigade; that whilst engaged
in such military service in the State of Mignia , on the 2/4 day
of July 1861, he was wounded, injured or diseased as follows:
Sun shot wound of right leg
Sun shot wound of right les Stiffering the sank, makinghit
Shorter du & substantially and
essentially use lova,
* .
Deponent desires to participate in the benefits of the Act, approved October 24th. 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1897. I have heretofore under said law as a
resident of fullow county been allowed an invalid pension of
Dollars, for the year 189
Sworn to and subscribed before me, this, the
2 2 day of 1897. POST OFFICE
and the second
Nora-State fully the nature of wond or cheracter of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
STATE OF GEORGIA,
Fullon County.
I. WITHUSEL Ordinary of said County.
do certify that I am well acquainted with Charles de 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.
Cinemander of City of the Company of City of the City

Affix your seal here.

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STAT	E OF	GEORG	Α, .	l				
			County	ſ				
Ι,.					hereby auth	orize		-
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to rece	ive and	receipt fo	r the pens	ion paid h	ereon and	reques	t that he	e remit same to
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at_		8			,			
	WITN	IESS WH	ERROF	I have here	unto set m	v hand	and real	thia
lay of		1200 111	BREOT,	1898.	unto set in	у папа	and sear	this
iay or				1000.				
								[L. S.]
	Exect	ited in pre	sence of)				
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Aire	11	A P	3 📆	Cily	9 3	1	A	= 3
ACT OF 24 OCT., 1887.	No.	2		3 113	4	4	RICHARD JOHNSON Commissioner of	WARRANT HANDED TO
T P	Z			e is	8		ICH	X 2
ACT OF 34 OCT., 1887. (For Those Aiready Enrolled.)		H	3	62 "	Disability Amount, \$		×	11 %
_			5	Name (Disability Amount,			

	County.	
	hereby authorize	
	of	
to receive and rece	eipt for the pension paid hereon and request	that he remit same to
	by	The state of the s
at	/	
	S WHEREOF, I have hereunto set my hand an	d seal, this
IN WITNESS	S WHEREOF, I have hereunto set my hand an _1899.	d seal, this
IN WITNESS	_1899.	

Name Thas C. S.C.R.

Disability

SOLDIER'S PENSION. (For Those Aiready Enrolled.) INVALID 1899. No. 1867

WARRANT HANDED TO

RICHÁRD JOHNSON,

For Applicants Heretofore Allowed Pensions

	OF GEORGIA,
Derse	mally appears Charles . Lac of Fulkon
	tate of Georgia, who being duly sworn, says on oath that he is a bona fide citizer
	nt of said State, and has resided therein continuously ever since the
day of	74. 1880; that he enlisted in the military service of the Con
federate S	tates (or of the State of) during the war between the
States, an	d served as a Krivete in Company 8, of 7th Regimen
of / C	a served as a P22-52 in Company of the Regiment
(7	
of A	186 /, he was wounded, injured or diseased as follows:
	Jun shad round in leg
	undering dame unstand.
Depon	The second secon
nd the act	ent desires to participate in the benefits of the Act, approved October 24th, 1887 is a mendatory thereof, and makes application for the pension to which he is
nd the act	s amendatory thereof, and makes application for the pension to which he is the year ending October 26th, 1898. I have heretofore under said law as a
entitled for	s amendatory thereof, and makes application for the pension to which he is the year ending October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 189
nd the act	s amendatory thereof, and makes application for the pension to which he is the year ending October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 189
sworn	s amendatory thereof, and makes application for the pension to which he is the year ending October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 189
sund the act entitled for resident of Sworn	the year ending October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1896. to and subscribed before me, this, the day of 1898. POST-OFFICE.
sworn Norz-State f the disability	the year ending October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1896. to and subscribed before me, this, the day of 1898. POST-OFFICE. 1898. POST-OFFICE. OF GEORGIA,
Sworn Norz-Statuth disability STATE	s amendatory thereof, and makes application for the pension to which he is the year ending October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1894. Dollars, for the year 1894. The day of 1898. FOST-OFFICE. OF GEORGIA, County. OF GEORGIA, County.
Sworn Norz-Statthe disability TATE I,	the year ending October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1896. To and subscribed before me, this, the day of 1898. POST-OFFICE. 1898. POST-OFFICE. OF GEORGIA, County. Ordinary of said County.
Sworn Norze-State the disability STATE I, o certify t	the year ending October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1896. to and subscribed before me, this, the day of 1898. POST-OFFICE. 1898. POST-OFFICE. OF GEORGIA, County. Ordinary of said County. And I am well acquainted with Change of the pension of the year 1899. Ordinary of said County, that I am well acquainted with Change of the pension perfectled to the year 1899. Ordinary of said County, the transfer of the year 1899. Ordinary of said County, the transfer of the year 1899. Ordinary of said County, the year 1899.
Sworn Norz-Statute disability STATE I, o certify t ppplicant in	s amendatory thereof, and makes application for the pension to which he is the year ending October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 189 to and subscribed before me, this, the day of 1898. POST-OFFICE. 1898. POST-OFFICE. OF GEORGIA, County. Ordinary of said County, hat I am well acquainted with Charles and the statements made by him the foregoing affidavit, and am well satisfied that the statements made by him
Sworn Norz-Stat The disability STATE I, o certify t pplicant in a his said	s amendatory thereof, and makes application for the pension to which he is the year ending October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 189 to and subscribed before me, this, the day of 1898. POST-OFFICE. 1898. POST-OFFICE. OF GEORGIA, County Trdinary of said County, but I am well acquainted with Causes the disability, and explain particularly the extent pension for the wound or disability. The extent pension for the wound or disability and explain particularly the extent pension for the wound or disability. The extent pension for the wound or disability and explain particularly the extent pension for the wound or disability. The extent pension for the year end of law to the pension of the wound or disability. The extent pension for the year end of law to the pension of the year end of the pension of the year end of year end of the year end of the year end of the year end of the y
Sworn Norz-State Ocertify t pplicant in n his said	s amendatory thereof, and makes application for the pension to which he is the year ending October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1899 to and subscribed before me, this, the day of 1898. POST-OFFICE. 1898. POST-OFFICE. OF GEORGIA, County The active of wound or character of officesse which causes the disability, and explain particularly the extent resulting from the wound or disease. OF GEORGIA, County The the foregoing affidavit, and am well satisfied that the statements made by him affidavit are true, and I know he is the individual he represents himself to be resides in this County.
Sworn Norz-Stat The disability STATE I, o certify t pplicant in a his said	the year ending October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1896. To and subscribed before me, this, the day of 1898. POST-OFFICE. OF GEORGIA, County. Grdinary of said County. That I am well acquainted with County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County.
Sworn Norz-Statute disability STATE I, o certify t pplicant in his said	s amendatory thereof, and makes application for the pension to which he is the year ending October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1899 to and subscribed before me, this, the day of 1898. POST-OFFICE. 1898. POST-OFFICE. OF GEORGIA, County The active of wound or character of officesse which causes the disability, and explain particularly the extent resulting from the wound or disease. OF GEORGIA, County The the foregoing affidavit, and am well satisfied that the statements made by him affidavit are true, and I know he is the individual he represents himself to be resides in this County.
Sworn Norz-Statute disability STATE I, o certify t pplicant in his said	the year ending October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1896. To and subscribed before me, this, the day of 1898. POST-OFFICE. OF GEORGIA, County. Grdinary of said County. That I am well acquainted with County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County.
Sworn Norz-Statuth disability TATE I, o certify to opticant in his said	the year ending October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1896. To and subscribed before me, this, the day of 1898. POST-OFFICE. OF GEORGIA, County. Grdinary of said County. That I am well acquainted with County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County. Grdinary of said County.

For Applicants Heretofore Allowed Pensions.

•
STATE OF GEORGIA,
Tulkon County of
a blight the
personally appears blad f. Lee of Valdon
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 4 h. 18 EU; 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 th Regiment
of Volunteers, Each 's Brigade; that whilst engaged
in such military service in the State of, on the/ day
of July 186/, he was wounded, injured or diseased as follows:
, he was wounded, injured or diseased as follows:
Imphat wound in leg, redecing
James useless
A second commence of the second commence of t
where the same and
Deponent makes application for the pension to which he is entitled for the year end-
ing October 26th, 1899. I have heretofore under said law as a resident of
Fulkow County been allowed an invalid pension of
Dollars, for the year 189 87
Sworn to and subscribed before me, this, the
1899. POST OFFICE
POST OFFICE .
()) rosacces
NOTE-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA.
7.
Tulkon County.)
With thelese win will
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 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 2-1899.
Affix your State of the state o
Ordinary Jackson County
Ordinary County.

POWER OF ATTORNEY.

STATE OF GE	ORGIA,County.
Ι,	bereby authorizeof
	eipt for the pension paid hereon and request that he remit same to
IN WITNES	S WHEREOF, I have hereunto set my hand and seal, this
Executed	n presence of

SOLDIER'S PENSION.

1900.

INVALID

(For Those Aiready Enrolled.)

No. 907

POWER OF ATTORNEY.

STATE OF GEORGIA,)		
C	ounty.	S.	
Ι,	hereby au	thorize	•
	of		
to receive and receipt for the		-	
at			
IN WITNESS WHERE	OF, I have hereunto set	my hand and seal	this
day of	1901.		
the property of	,		f 1
	and the second		[L. S.]
Executed in presence	e of		

JOHN W. LINDSEY,

WARRANT HANDED TO

(For Those Airoady Enrolled.)

SOLDIER'S PENSION 1901.

Disability Low

OHN W. LINDSEY.

We late

DISABLED

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, Falkon County
County
personally appears has I dee of Falkon
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 Suy _ 1880; that he enlisted in the military service of
the Confederate States (or of the State of tween the States, and served as a in Company , of th
tween the States, and served as a property in Company, of the
Regiment of inquie Volunteers, Sailey's Brigade; that whilst
engaged in such military service in the State of, on the,
day of 186, he was wounded, injured or diseased as follows:
Em shed would in deg -
In shad would in leg-
- /
NAME OF THE PROPERTY OF THE PR
part to the second seco
Deponent makes application for the pension to which he is entitled for the year
ending Qgtober 26th, 1900. I have heretofore under said law as a resident of
Alkan County been allowed an invalid pension of
Dollars, for the year 189 2.
Sworn to and subscribed before me, this, the
2 day of Acanada 1900. POST OFFICE
27777 July
Nors.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease,
STATE OF GEORGIA,
Fellow County.
I, M. A. Lalegy Organizy of said County,
I, Organary of said County,
do certify that I am well acquainted with blands for the 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 Dec as Le 1900.
Amax () and (

For Applicants Heretofore Allowed Pensions.

TATE OF GEORGIA,
Julian County.
Personally appears Chas Jaler of Fallen
ounty, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
d resident of said State, and has resided therein continuously ever since the
y of 1850; that he enlisted in the military service of the Con-
derate States (or of the State of) during the war between the
ates, and served as a mafe in Company , of th Regiment
Volunteers, Carlly 's Brigade; that whilst engaged
such military service in the State of, on the day
186 /, he was wounded, injured or diseased as follows:
un shot warms in leg Right
CONTRACTOR OF THE PROPERTY OF
Control to and description of the control of the co
energia de la companya del companya de la companya del companya de la companya de
Sworn to and subscribed before me, this the Land aday of Land 1901. Postoffice Allanda WHO Dollars, for the year 1900. Sworn to and subscribed before me, this the Land Allanda Who day of Land 1901. Postoffice Allanda WAR Abulkurson
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.
TATE OF GEORGIA, County. I, TO PAWAGENESS Ordinary of said County, operatify that I am well acquinted with the
oplicant in the foregoing affidavit, and am well satisfied that the statements made by him
his said affidavit are true, and I know he is the individual he represents himself to be
nd that he resides in this County.
Given under my official signature and seal, this
day of Jany 1800 R Wilking on
Ordinary Julion County.

POWER OF ATTORNEY.

STA	ATE OF G	EORGIA,	7 9000			1
		Coun	ty.}			P
-	Ι,		hereby	authorize	•	
			of			
to r	eceive and r	eceipt for the pen	sion paid hereon a	nd request that he	remit same to	
at			by.	*		
	IN WITNE	SS WHEREOF I	have hereunto set	my hand and seal t	hie	
day		19				
. •	11	es and			[L. S.]	1
	Executed in	presence of			. ,	1
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				7.00		
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į	c. '		8	1902	. 1	A CONTRACTOR
-			. 3	2 2		1
3	THOSE ALREADY ENROLLED No. 93		- M		0	3 H3
2 4			1 2 5	1 / 4/ NOBEY	WARRANT HANDED TO	3 3
CODE NECTION 126	3 0	H T O			IAND	8 3
2 3	TO.	DISAB IER'S IOO	Re E	W. 1	THE COLUMN	4 .
2 3	SE		100	Amount, \$ 30	Hamil -	7 003
3	No. No.		0 0	8 O	M M	500
	5		Name County	ount,	the officer	23
	- '	2	Name Count	A Dis		34
-	Ol Gillion	-	CLC STORES	in the training year	Alice of the City	Secretary Sections
:01	erre in the		1 1 1 10 3000	no at se	v + c	
,	9 9	g to the transfer of the	190		Our en 🎉	1
	Per entily	ADPOUES		***		A. 1
			ounty.			2.00

	POW	ER OF	TTA	ORNEY.		
STATE OF GE	CORGIA,	anty.				- 1
I,	The state of the s		hereb	y authorize		
			of			
to receive and re	eceipt for the	pension p	aid hereon	and request t	hat he re	mit same to
Management of the second	-,		by			
at	1 ,	-				
IN WITNE	SS WHERE	OF, I have	hereunto se	et my hand an	d seal this	
day of				,		
day or 1						[L. S.]
The country of the						_ [L. S.]
Executed in	presence of					
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A STATE STATE OF THE PARTY OF T						W 0.0
3			3	808	***	
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2		. 1	1	120	EY	To
	E X	60	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2 4	Q I	DED taler.

SOLDIER'S P

No. 67

No. 67

DISABLE

TOOS

Name Coffee

County Fullton

Co. (Regimen

Disability terrend (R

Amount, \$ 50 °°

JOHN W. LIN

ON MARRANT LIAN

ON

STATE OF GEORGIA,

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.
Personally appears 6 1 Lee of OLION
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 JEly 18 80; that he enlisted in the military service of the Con-
federate States (or of the State of
States, and served as a friendle in Company , of the Regiment
of _ Va _Volunteers, Garly _'s Brigade; that whilst engaged
in such military service in the State of Va , on the 21 day
of July , he was wounded, injured or diseased as follows:
Wounded in Right leg.
1 Ave
a grad
. *
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
County, been allowed an invalid pension of
Dollars, for the year 1991.
Sworn to and subscribed before me, this the
day of Jay 1902, 1902. Post-office
a carried inson
Norse-thate fully the nature of the wound of character of disease which causes the disability, and explain perfordant the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA.
TON County.
tomit the re
I, Odinary of said County,
do certify that I am well acquainted with
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given under my official signature and seal, this
day of JAN 13 1902 1902.
[rout Plant TON
County.
Nove.—Fill all blanks and of Company and Regiment. Nove.—All vonablers and affidavits must bear date after January 1, 1902.
FOWER O. ATTORNEY.
SCHOOL STATE A 12 STATE OF STATE AS A STATE OF S

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE O	F GEORGIA,
	County.
Personally	appears Of Kee 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 _ J'	18 80; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and serve	or of the State of
of Na	Volunteers, Garly 's Brigade; that whilst engaged
in such military	service in the State of /a, on the 2/ day
of July	186 /_, he was wounded, injured or diseased as follows :
111	· · · · · · · · · · · · · · · · · · ·
Worn.	d in Right leg
	The second secon
	The same of the sa
Sworn to an	County, been allowed an invalid pension ofDollars, for the year 1902, and subscribed before me, this the)
	day of Jane 1903, Post-office
putticularly the exter	fully the nature of the wound or character of disease which causes the disability, and explaint of the disability resulting from the wound or disease.
STATE (OF GEORGIA, {
	County.
T	Tinsan. Ordinary of said County
do certify that	County.) Johnson. Ordinary of said County I am well acquainted with 6 feet
the applicant in	the foregoing affidavit, and am well satisfied that the statements made b
	affidavit are true, and I know he is the individual he represents himself t
	resides in this County.
be and that he i	Given under my official signature and seal, this
	day of Jone 1908 Will Vinsons
Affix your	/ (,
here {	OrdinaryCounty
	Norm.—Fill all blanks and of Company and Regiment.

POWER OF ATTORNEY.

STATE OF GEORGIA,	COUNTY: hereby authorize
to receive and receipt for the pe	ension paid hereon, and request that he remit same to
	. by
at	
IN WITNESS WHEREOF, I have	e hereunto set my hand and seal, this
day or	[L. S.]
Executed in presence of	
17.	
* 1	•
	· ·
or personal residence of control of the Control of	-
(FOR THOSE ALREADY ENROLLED.) No. St. DISABLED SOLDIER'S PENSION	Name County County Co. A Regiment Co. Disability Trouge ACR Aced Amount, 8 WW. LINDSEN. Commissioner of Praises. WARRANT HANDED TO WARRANT HANDED TO WARRANT HANDED TO WARRANT HANDED TO WARRANT HANDED TO WARRANT HANDED TO
•	THEOREM TO MEDISENTIONS

POWER OF ATTORNEY.

STATE OF GEORGIA	.County.	
***	County.)	
, I,		hereby authorize
	of-	
to receive and receipt for	the pension paid hereon, and re	quest that he remit same to
	by_	Y and Com-
at.		
In Witness Whereo	r, I have hereunto set my hand a	and seal, this.
day of	1905.	
		[1 8.]

Executed in the presence of

SOLDIER'S PENSION

1905.

Fulton.

CODE SECTION 1300.
(FOR THOSE ALREADY ENROLLED.)

RRANT HANDED TO

THE PROPERTY OF THE PROPERTY

JOHN W. LINDSEY,

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

TOWN THE BESTER IS ABOUT OF THE PROPERTY.
STATE OF GEORGIA,
Trulton, County,
Lall La
Personally appears O. J. Sole 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 text 1880; 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 water in Company of T th Regiment
Z Z
in such military service in the State of , on the Z / day 6: 186 / , he was wounded, injured or diseased as follows:
, he was wounded, injured or diseased as follows:
would in right ug.
1
71
A
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 day of JAN 21 1904 1904.
Post office
John I Martinson
form.—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 OPODGIA
STATE OF GEORGIA, Fulton county.
H 1111011. County.
I. John R. Willinson, Ordinary of said County, do certify that I am well acquainted with Let
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 21 1904
day of
(AMI) John & Wil Kinson
(your)
Ordinary Fillton County.
Note.—Fill all blanks and of Company and Regiment.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

TATE OF GEORGIA,	
Fulton. COUNTY.	
Personally appears le.]. Lei of Fulton.	
ounty, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen	
d resident of said State, and has resided therein continuously ever since the	
y of_ 18 ; that he enlisted in the military service of the Con-	
ates, and served as ain Company & , of / th Regiment	
derate States (or of the State of) during the war between the ates, and served as ain Company \(\) of \(\) th Regiment \(\) such military service in the State of \(\) on the \(\) day	
such military service in the State of, on the 21 day	
fetty , 186/ , he was wounded, injured or diseased as follows:	
disable lig. Francisco	
1.	
Deponent makes application for the pension to which he is entitled for the year	
ding October 26th, 1905. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of	
Dollars, for the year 1904.	
Sworn to and subscribed before me, this the	
Sworn to and subscribed before me, this the day of 1905. 1905. Post-office Attanta	
Post-office// Put a retain	
Nore.—State fully the nature of the wound or character of disease which causes the disability, and explain disease,	
TATE OF GEORGIA,	
I, COUNTY.	
I. Ordinary of said County,	
I, certify that I'am well acquainted with the feet Lee	
e applicant in the foregoing affidavit, and am well satisfied that the statements made	
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	
AMEN AND LOCAL STREET	
Ordinary County.	
Nors.—fill all blanks and of Company and Regiment. Nors.—fill couchers and affidavits must bear date after January 1, 1005.	
Norg.— [fil vouchers and affidavits must bear date after January 1, 1905.	

POWER OF ATTORNEY.

to receive and	con	of	nd request t	hat he ren	nit same to
day of	1906.				
Executed	in the presence of				[L. S.]
FOR THOSE ALREADY ENROLLED.) No. > 3	SOLDIER'S PENSION 1906.	Name L. F. Ell. County Fullon.	Amount, \$ H. C.	JOHN W. LINDSEY. Commissioner of Pensions. WARRANT HANDED TO	To frame from 1 on frame (c. On a reserve me

POWER OF ATTORNEY.

STATE OF GEO	80000000000000000000000000000000000000	}		
I,		The second second		, hereby authorise
		of		
to receive and re				that he remit same to
at				
		ve hereunto set n	ıy hand and seal,	this
day of	1	1907.		
			To be trained for the	[L. s.]
Execute	ed in presence o	f		
7			X	

dee les.

CODE SECTION 1250. (FOR THOSE ALKEADY ENROLLED)

No. 60

no date

SOLDIER'S PENSION

1907

WARRANT HANDED TO

JOHN W. LINDSEY, Commissioner of Pensic

Disability

County,

TLOWED PENSIONS.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Fulton. County.
Personally appears . J. Lee 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 March 1881; that he enlisted in the military service of the Con-
federate States, (or of the State of Linginia) during the war between the
States, and served as ain Company, ofth Regiment
of
in such military service in the State of, on the
of 186/, he was wounded, injured or diseased as follows:
Disabled leg. Manaray
1
Commence of the Commence of th
The second state of the se
The state of the s
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1906. I have heretofore, under said law, as a resident of
H. At County, been allowed an invalid pension of
Lifty Dollars, for the year 1905.
Sworn to and subscribed before me, this the
1111
Post Office (Ittauta
NorgState fully the nature of the wound or character of disease which causes the disability, and explain
particularly the extent of the disability resulting from the wound or disease.
State of Georgia,
Fulton. County.
I Oran AWIL Surson Orannary of said County
do certify that I am well acquainted with 10 . J.
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 1990
day of 1906.
The state of the s
Ordinary County.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,	
Fulton Soughty.	
6.4.400 Taisi	
,	= 1
County, State of Georgia, who, theing duly sworn, says on oath that he is a bona fide citizen	n.
nd resident of said State, and has resided therein continuously ever since the	-
ay of18.78; that he exilisted in the military service of the Con	
ederate States (or of the State of) during the war between th	
tates, and served as a private in Company 1, of 7 th Regimen	
f Volunteers 's Brigade; that whilst engage	d
a such military service in the State of, on the, on the	y
186/, he was wounded, injured or diseased as follows	:
Disabled les manassas	
sealented by morning	
<i>√</i>	-
	-
The second secon	
Sworn to and subscribed before me, this the day of 1907. John R. Wilkinson Postoffice 19 14 phla.	→ ~
Nora.—State fully the nature of the wound or character of disease which causes the disability, and explanicularly the extent of the disability resulting from the wound or disease.	aín
State of Georgia,	
Test ton	v.
Fulton. County. Solin R. Wilkinson J. Ordinary of said County.	
I, John R. Wilkinson Ordinary of said Count	ty,
do certify that I am well acquainted with	
he applicant in the foregoing affidavit, and am well satisfied that the statements ma	ide
by him in his said affidavit are true, and I know he is the individual he represents hims	elf
o be, and that he resides in this County.	
Given under my official signature and seal this	
day of John R. Wilkinson	_
And OLOrdinary OF Falton. County	
Norg.—Fill all blanks and of Company and Regiment.	

Fill all blanks and of Company and Regiment.

-APPLICATION

Ordinary's Certificate

STATE OF GEORGIA , Ordinary of said County, certify that I know the applicant for pension; that he is the person he represents himself to be, and that he has been, continuously, a bona fide resident citizen of said now resident of said County and were duly swormby before signing the foregoing affidavits and the truthful and trustworthy and their State since January 1st, 1920; statements are entitled to full faith and credit. Sworn under my hand and official seal of office this Ordinary County (SEAL OF ORDINARY.)

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:

"You do solemnly swear that you will true swear make to each of the questions asked you and the evidence
you give shall be the whole trust ached if blank spaces are insufficient.

2. Additional affisiavite afficiently and the statement of blank spaces are insufficient.

3. All afficiently swear that we have a supplication of the County in which the applicant or witness resides and

4. Fill out the back of the application carefully.

(SEAL OF ORDINARY.)

APPLICATION FOR PENSION BY A SOLDIER

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

OUESTIONS FOR APPLICANT TO ANSWER.

QUIDITORS FOR ATTEMCANT TO ANSWER.	
STATE OF GEORGIA,	
Fulton COUNTY.	
Personally appears before me, Chas. N. J. Lee of said State and County, and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1918 and the Constitutional Amendment of 1920, and submits teatimony 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 County and Post Office) Chas. N. J. Lee, 49 Blueridge Ave., Atlanta, Fulton County, Ga.	
2. How long and since when have you been, continuously, a bona fide resident citizen of the State	
of Georgia? Since 1879	
3. Did you enlist in the Army of the Confederate States, or in the organized militia, of this State	
from 1861 to 1865? Army of Confederate States	
4. When and where, and in what Company and Regiment did you enlist? (State the arm and	
class of service, and give name of Colonel and Captain.) May 1861, Giles Co., Va. Co. D.	
7th Va. Inf. Jass L. Kemper, Col., Jas. H. French, Capt.	
5. How long did you remain in the actual military service with said Company and Regiment?	
(Give date of discharge.) From 1861 to 1864	
6. When and where was your Company and Regiment surrendered or discharged from the Service?	
Applomattox Court House, Applomattox, Va.	
7. Were you personally present with your Command when it was surrendered or discharged?	
8. If you were not actually present, state specifically and clearly where you were Gales Co.,	
in quartermaster service, Maj. Shannon	
a. Where was your Command when you left it? the Howlet House, Va.	
b. When did you leave the Command? August 1864	
c. For what cause did you leave? Disability	
d. By whose authority did you leave? Authority of the Col. & Medical Board	
e. For how long was your leave of absence granted? In what way? Transferred to light	
duty where I remained to the end of the war	
f. Why did you not return to your Command after leave expired? Was on light duty	
g. In what way were you prevented? Gunshot wound of the right thigh	
h. What effort did you make to return? Not any	
i. Were you captured by the enemy at any time?	
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? On Invali	d rol
10. Have you ever applied for the Georgia Pension and had it refused? If so, for what cause was	
it not allowed? No.	
Sworn to and subscribed before me, this the	
2011 Lee	
8th day of June 192 5. Applicant.	

C. C. Ordinary County

William Ringarbut

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:
"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence
you give shall be the said truth. So help you God."
2. Additional state of the position of the control of the control of the control of the control of the control of the control of the control of the applicant or witness resides and
3. All the certified by such Ordinary.
4. Fill out the back of the application carefully.

(SEAL OF CASE

Sworn to and subscribed before me, this the

8th day of June

allem Rimarbut C. C. Ordinary

Fulton County

(SEAL OF ORDINARY.)

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

REPER TO A.G.201 (Lee, Charles H.J.) ORD

November 20, 1924.

" Honorable William J. Harris.

United States Senate.

My dear Senator Harris:

Referring to your letter of November 18, 1924, with which you inclosed one, herewith returned, from Mr. W.gam Askew, of Atlanta, Ga., relative to obtaining the military record of Charles N.J. Lee, who is said to have served in Company D. 7th Virginia Infantry, Confederate States Army, I have the honer to inform you as follows:

The records of this office show that one Charles H. J. Lee served as a private in Company D. 7th Regiment Virginia Infantry, Comfederate States Army. He enlisted Manuscus, July 21, 1851, and was Virginia; was wounded in battle of Manuscus, July 21, 1851, and was sent home on furlough. The company muster rolls to August 51, 1864, show continued absence on account of wounds, and on August 12, 1864, he was retired and placed in the Invalid Corps, Provisional Army Confederate States. He was reexamined March 17, 1865, but no later record of him has been found.

Very respectfully

Major General. The Adjutant General. Jullo Maimed Soldiers

Voucher No. 2/10

Included in Warrant No.

issued to Treasurer

1889.

WARRANT CLERK.

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

applicant.

No. 2110

STATE OF GEORGIA.

TE OF GEORGIA.

ENECUTIVE DEPARTMENT. | Allanta, Ga allay / 1859.

Mr Charles J. Lee

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

Dec 24, 1888, and the same having been allowed for

Right leg disable The

He is cutitled to receive the sum of the selection for such disability, the same being the allowance due for the year ending October 24, 1889

The Treasurer will pay the same an Chold his bycerpt on this voucher, and return same

to Executive Department for warrant.

By the Governor

mx Hausen CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R U. HARDEMAN,

difty voor

Dollars,

Charles of Lee

Maimed Soldiers. Voucher No. 2741

Amount & 50

want w Char J. Lee For Leg Merables.

che. 15

Included in warrant No.

issued to Treaturer

applicant

1891

Maimed Soldiers.

Voucher No. 81

Amount \$ 30 Paid to hor J. See_ For Seg diabled

Story 11, 1891.

Included in warrant No.

issued to Treasurer.

WARRANT CLERK

No. 2741
ATE OF GEORGIA, Executive Department. Gllanla, Ga., A puil 15 1090.
Mr. Charles & Lee of the County And the paying filed his application in the Executive
Stultun having filed his application in the Executive
partment for an allowance under the Act approved October 24, 1887, as amended by Act,
rgyed, Dec 24, 1888, and the same having been examined and allowed for
og Cle 1 a blod, is entitled to receive the sum of Dollars such disability, the same being the flowance due for the year ending October 24, 18 90. The Treasurer will pay the same and role his releipt this voucher, and return same
Executive Department for warrant. The OF DEBRUM OF US W. GOVERNOR.
CLERK ENCUTIVE DEPARTMENT.

la april 1890

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

per above voucher, this

By

Allanta, Da Feby 4 1891. STATE OF GEORGIA, EXECUTIVE DEPARTMENT. Mr. Chas J. Lee having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for Lea des ables He is entitled to receive the sum of for the ear ending October 24, 1891. for such disability, the same being the allowards ipt of this voucher and return same to The Treasurer will pay the same Executive Department for warrant. By the Governor. 10. 14. Harnser/
Sec'y Executive Department.

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

per above voucher, this If of Feely 1891

(Marley Life

, 50.00

RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia. Dollars, per above voucher, this H of Deepy 1891. lowghee 1890 per above voucher, this

MICROFILMED FOR

GA. DEPT. OF ARCHIVES AND HISTORY

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

Title

KING, (MRS) GEORGIA

THRU

LEE, CHARLES J. (CHARLES N. J.)

FULTON COUNTY

Volume

FULTON COUNTY

Number

2892139-197

2892139

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

15X - V

J. P. SURLES

MANN FILM LABORATORIES

DATE

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END



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

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

Ouestions for Witnesses. STATE OF GEORGIA, Fullow County. Am A Levelin Frakrowford of said State and County, having been presented as a witness in support of the Application of Mrs. Matildu & Landy 1900, and after having been duly sworn true answers to make to the for a Pension under the Act of tollowing questions, deposes and answers as follows: 1. What is your name and where do you reside, mm of fuller 1 Les in 18 2 3 7 Whethington the Mlaints you 2 Are you acquained with the applicant, Mrs. They destilibe & Lendey If so, how long have you known her? Meanly (Joseph Year) Where does she registe, and how long and since when has she been a resident of this State? I the live, in Allunder and hun liver resident out of Georgies 4 When and where was she born? In State County gu Jan 19 1824 Were you ever acquainted with her husband? The both County, 94 When and to whom was be married alluried in Fullow 4a Spil 26 184). 8. When and where was he born? In Suny Co in May 1828.
9. How long have you known gling? How long 10. When and where did. It will be a bloom on the state of the war between the State, and in what Company and Regiment did be enlist and how do you know this stay 1864, the Company and Regiment? Were you a accorder of the same Company and Regiment? I was called the same Company and Regiment? I was called to the company and Regiment? 10. When and where did John to Landers , 12 How long did be perform regular military duty? Que year 13. When and where was his Company and Regiment surrendered and discharged from service? si Aclarata May 1864 14. Were you with the command when it surrendered? Was som te Landus the husband of applicant present? 16 It not present, where was he? The was private 17 When and where did be leave his Command? Allaulu For what cause Curren since at Close of war By whose authority he lets War had ended How do you know all the " (State fully and clearly.) I was his Capitain was freuch. and. 18 When god where did John te Landen In belanda 19 Where did he reside at his death and how long had he been a resident of Georgia at his death? in Mauta. All his life le Landey . The first the lawful wildow of John 1. Has she remained unmarried since her soldier husband's death, and is now his widow? The in never unice fine fanding dues. 22. What properly effects or income has the applicant, if any, and how to you know this of your own knowledge . I has nothing whatever 23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of 12? The had mothing + therefore 24. Has applicant conveyed any property in last two years or given any away, if so what was at and to , The how wister sold nor from my thing own What is applicant physical condition and her chances and ability to earn a support?

· she is nearly blind

28. Is applicant able to ear a support at labor of any sort, if not why? The is It of the support at labor of any work at all and is wearly blund
27. How was she supported for 1899 and 1900? By her daughter
28. How much did applicant contribute to her support for last two years? 21 of their
29. Give a fully and complete statement of applicant's physical condition? The is set timely bubble old and nearly blink
30. What interest have you in the recovery of this pension by the applicant? It was a food the soldie whatever it either in the avisor of a food the soldie
Sworn to and subscribed before me this 4 day of Meh 1904
John R gurde war ordinary. A Al nawford Witnesses.
Affidavits of Physicians.
STATE OF GEORGIA,
Personally before me comes
physicians of said county, who, being severally sworn, say on onth that they have examined carefully Mra.
ME Landers applicant for Repsion under Act of 1990, and after
such personal examination any chat her physical condition is the Mark applicant to Turny Old and Teleble site in also the physical condition to the
her from larning at Support for heard
and we have no interest in said pension if allowed.
Sworn to and subscripted before me this day of Then 190/ John Welling Grannery.
Fullan County.
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,)
Fullow County.
1. when R wednessans , Ordinary in and for said county, hereby
certify that the applicant, Mrs U & Lound en resides in said
county, and has been a bona file resident of this State since day of
Falsunger are of trustworthy character, and that their statements
are entitled to full faith and opdit. 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 Tallan county shows that applicant
returned for taxation in her own name in 1899 dollars worth
of property, and in 1900dollars worth of property.
Witness my hand and official seal, this day of West 190
(SEAL)
County. Nota—1. Before any questions are answered, the Ordinary shall ever applicant and the witnesses in the following words. 'You do solemnly awer that you will true answers make to each, of the questions asked of you, and the evidence you shall give will be the whole truth; 80 help you God.' 2. Additional affidavits may be attached, if blank spaces are insufficient. 3. All affidavits must be made before Ordinary. 4. Only widows who were the wives of the days have been you were soldiers need apply—and are now the contraction of the contraction of the contraction. 5. Only widows who were the wives of the days not entitled. 6. Only widows are the properties of the contraction of the contraction of the contraction of the contraction of the contraction. Without the contraction of the contraction

the she remained unmarried since her soldier husband's death, and is now his widow I would be the soldier husband's death, and is now his widow I are entitled to full faith and oredit. The has never unica since fanding dues. I do further certify that before answering the foregoing questions, the applicant and said witnesses took the 22 What property effects or income has the applicant, if any, and, how do you know this of your own knowledge? The has nothing whatever oath herein prescribed, and the full text of the affidavits was read to the applicant and witnesses before the same was signed and subscribed. fullan county shows that applicant I further certify that the tax digest of dollars worth returned for taxation in her own name in 1899 23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? . The had Northing & Charforn dulars worth of property.

A cyclownorthinary,

Tuelow County. of property, and in 1900___ Witness my hand and official seal, this 24. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom? It has applicants conveyed any property in sees two years or given-any away, it so what was it and to whom? It has been a within a ball of the property of the sees of the sees and ability to earn a support?

The is not able to work to be a way. SEAL Norss—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: You do solemnly swear that you will true answers make to each of the questions saked of you, and the evidence you shall give will be the whole truth; So help you God."

2. All affidavits must be made before Ordinary.

3. All affidavits must be made before Ordinary.

4. Only widows who were the wives of the deed husbands while they were soldiers need apply—and are now widows. These married since 26th April, 1865, not estitled.

5. Witnesses and two Thysicians are necessary to make out claims.

Gandrum, Q. W.	1 1	e-	at to	,
(For Those Already Enrolled.)	Exe	IN WIT	receive	STATE OF
INVALID SOLDIER'S PENSION.	Executed in presence	WITNESS WHI	and receipt for the	PO OF GEORGIA
1898.	ence of	WHEREOF, II	the pension	POWER GIA, County.
Name All Sandrum		I have bereunt 1898.	'B .	OF AT
Amount, \$ 80°C		o set my ha	and	ATTORNEY hereby authorize
RICHARD JOHNSON, Commissioner of Pensions.		hereunto set my hand and seal, this	request that he	EY.
WARRANT HANDED TO			remit same	
no data		[F s.]	e to	

POWER OF ATTORNEY.

STATE OF	GEORGIA,		
	Coun	ty. Ĵ	
1		hereby authorize	
		. of	-
to receive and	receipt for the pe	ension paid hereon and request th	at he remit same to
-		by	1 4
at_		ca ca	
IN WIT	NESS WHEREOR	F, I have hereunto set my hand and	seal, this
day of		1898,	/
			[L. S.]
(For These Already Enrolled.) No. 39	NVALID IER'S PENSION.	Machine James Mediter James Mediter James Mediter J 3 1888. RICHARD JOHNSON.	Commission of Pression. WARRANT HANDED TO OMA of The Commission of Pression.
(Fg	SOL	Name County Description	

Bandrum, C. W.

POWER OF ATTORNEY.

	E OF GEORGIA,
	County.
I,	hereby authorize
	ofof
to recei	ve and receipt for the pension paid hereon and request that he remit same to
	by
at	
IN	WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of	1899.
	[L. S.]
	Executed in presence of
	X.

SOLDIER'S PENSION. INVALID 1899.

(Fer These Already Enrolled.)

No. / 86 2

Disability

WARRANT HANDED TO

RICHARD JOHNSON,

For Applicants Heretofore Allowed Pensions.

tor ubbrights florecords unionion considurs.
STATE OF GEORGIA,
Fully County.
personally appears All Landrum of Fulton
County, State of Georgia, who being duly sworn, says on oath that he is a cona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 1843; that he enlisted in the military service of the Con-
federate States (or of the State of .) during the war between the
States, and served as a Private in Company 10, of 88th Regiment
of Leorgia Volunteers, Gordonis 's Brigade; that whilst engaged
in such military service in the State of Virginia, on the 13 May
of Leceuber 1862, he was wounded, injured or diseased as follows:
by your shot round in left arm rendering
Were at the same time had left eye
Shot out & completely destringer.
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1898. I have heretofore under said law as a
resident of, Horseyth county been allowed an invalid pension of
Dighty (80) Dollars, for the year 1897.
1 / 100
(The suffering to
day of fluma 1 1898. POST-OFFICE
Moderal
Notr-Notae fully the nature of wound or character of diagnat which causes the disability, and exploin particularly the extent of the disability, resulting from the wound or disease.
STATE OF GEORGIA,
Fulta County.
mana
Ordinary of said County,
o certify that I am well acquainted withthe
pplicant in the foregoing affidavit, and am well satisfied that the statements made by him
n his said affidavit are true, and I know he is the individual he represents himself to be
Given under my official signature and seel this
and star, this 1.
day of
Ami
here.
Ordinary + - //- a

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulkon County.
personally appearse v. M. Landenson of Lul Kan
county, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
nd resident of said State, and has resided therein continuously ever since the
ay of18 \(\frac{1}{2} \); that he enlisted in the military service of the Con-
ederate States (or of the State of) during the war between the
itates, and served as a Prince in Company B, of 38th Regiment
in Company of Oth Regiment in Company of Oth Regiment
day
f Nesecutor 1862, he was wounded, injured or diseased as follows:
Sun shad round in left aren, tender
my same usete xx - also vame
time shot in left eye conflicte
by theorded out.
Deponent makes application for the pension to which he is entitled for the year end-
og 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 8.
Sworn to and subscribed before me, this, the A Warnstryn
1899. POST OFFICE
() = 2.2 = -
(n) strice
Nore-State fully the nature of wound or character of disease which causes the disability, and explain particularly the tent of the disability resulting from the wound or disease.
TATE OF GEORGIA,
Fulkon County.
- 11 7
I, M. dd. Vauldey, Ordinary of said County,
o certify that I am well acquainted with A. W. Sandrum the
pplicant in the foregoing affidavit, and am well satisfied that the statements made by him
n his said affidavit are true, and I know he is the individual he represents himself to be
nd that he resides in this County.
Given under my official signature and seal, this
day of 1890.
your your can the company of the com
Ordinary Zuce County.

Ι,	GEORGIA, .		ber	eby autl	ıorize			
			of					
receive and	receipt for the	-	paid here			t that he	remit same to	
IN WITN	SESS WHERE	OF, I ha	ve hereun	to set m	y hand	and seal,	this	
ay of		_1900.					,	
			************				[L. s.]	
Execut	ed in presence o	f						
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For Those Aiready Enrolled.)	0 5	•	11/1/2		1	EY,	TO TO	
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CODE	≥ 24		4. is.	Q.	Warrant issued Men	N	BRAN	1
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)	70		Name	Disability	arran			
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			1				Name of	4
							William .	
			Pilet:				R TINK	

POWER OF ATTORNEY

	OWER OF MITORNEY.
STATE OF GEORG	
	County.
I,	hereby authorize
	of
to receive and receipt	for the pension paid hereon and request that he remit same to
30000000000000000000000000000000000000	
at_	
IN WITNESS W	HEREOF, I have hereunto set my hand and seal this
day of	1901.
	[L. S.]

Executed in presence of

1901.

SOLDIER'S PENSION

DISABLED

For Those Already Enrolled.

County.

SIAIN SECEORGIA, I

For Applicants Heretofore Allowed Pensions.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
The Kore County.
personally appears 4. 71. Landresse 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 County, and has resided therein continuously ever since the
day of 1843; that he enlisted in the military service of
the Confederate States (or of the State of tween the States, and served as a Christe in Company Poi 36 th Regiment of You Volunteers, Friday s Brigade; that whilst
Regiment of Served as a Volunteers Grade that whilst
engaged in such military service in the State of Pagania on the
engaged in such military service in the State of Ruginium on the 180 H day of the certification of the certificati
are watering same autes
aring have asless
y 11 - 4
•
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
County been allowed an invalide pension of Dollars, for the year 1897.
Sworn to and subscribed before me, this, the 1 ALI- Landanill
2 day of 72 ac - 1900. POST OFFICE
monther -
NOTE -State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA, County.
I, W. ad. Thereway Ordinary of said County,
do certify that I am well acquainted with A. M. Race La 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.
ber! months and months
Ordinary Fulls County.

For Applicants Heretofore Allowed Pensions.

3.3	
STATE OF GEORGIA,	
Jullon County.	
Personally appears aW Landrum of Jullin	
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 184 3; that he enlisted in the military service of the Con-	
federate States (or of the State of) during the war between the	
States, and segred as a . // IVALL in Company 2. of & th Regiment	
of Volunteers, Trivery 's Brigade; that whilst engaged	
in such military service in the State of 74, on the 13 day	
of	
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Sem skor wound in left un	11
Tem every James unite	
C 1 (C) (C) (C) (C) (C) (C) (C) (C) (C) (C)	
A No.	
Deponent makes application for the pension to which he is entitled for year end-	
ing October 20th, 1901. I have heretofore under said law as a resident of	
County been allowed an invalid pension of	
Dollars, for the year 1900.	
Sworn to and subscribed before me, this the Cour Landen	
H day of any 1901. Postoffice attacte ya	4 2
Del 12	
us Mydenison	
Nork.—State fulfy 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.	
T. 0 0 0 1 1 1	
I, Ordinary of said County,	
Ordinary of said County,	
do certify that I am well acquinted with the	
applicant in the foregoing affidavit, and am well satisfied that the statements made by him	
in his said affidavit are true, and I know he is the individual he represents himself to be	
and that he resides in this County.	
Given under my official signature and seal, this	
day of 1901)	
John R Wilkenson	<u>'</u>
t iral f	

PO,V	VER OF ATTORNEY.	
STATE OF GEORGIA,)	
(County.	-
<u> </u>	hereby authorize	
	of	
to receive and receipt for the	e pension paid hereon and request that he rem	nit same to
	by.	
at		
IN WITNESS WHERE	OF, I have hereunto set my hand and sea, this	/
day of	.1902.	,
		_[L. S.]
Executed in presence of		
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	2	
FOR THOSE ALREADY ENROLLED No. 69 DISABLED OLDIER'S PENSIO	3 74 3	1
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	Name County Co Disabi	1
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day of_				.1903						
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THOSE /	No.				200	10	3 00		OHN	¥) *

DISABLE SOLDIER'S PI 1908

(FOR THOSE ALREADY

Name a Woland. JOHN W. LIND

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

· · · · · · · · · · · · · · · · · · ·	
STATE OF GEORGIA,	
_County.	
Personally appears (UW Lundrum of TON	
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 18/3; that he enlisted in the military service of the Con-	
federate States (or of the State of Get) during the war between the	
States, and served as a freinty in Company B, of 38 th Regiment	
ofVolunteers, yorther 's Brigade; that whilst engaged	
in such military service in the State of Va , on the 131 day	
of \nearrow 6 c 186 \nearrow , he was wounded, injured or diseased as follows:	
Wounded in left ame, unders now	
Country in off and, weeks stow	
VIX I In at	
THE STATE OF THE SHEET HEREIN TO SHEET THE STATE OF THE S	
20 00 00 00 00 00 00 00 00 00 00 00 00 0	
* 1 parties 221 2 1 42 2 4	
Deponent makes application for the pension to which he is entitled for the year	
ending October 26th, 1902. Thave heretofore, under said law, as a resident of	
County, been allowed an invalid pension of	
Gightly Dollars, for the year 1901.	
Sworn to and ampscribed before me, this the . a M. Landenn	
day of 19 19 1902 Post office	
The state of the s	
Norge in the injure of the wound or character of disease which causes the disability, and exploise up to the wound or disease.	
STATE OF GEORGIA.	
On County. Onthe Publish	.7
	1.
I Ordinary of said County,	
do certify that I am well acquainted with I acquainted 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	
da) of JAN 13 1902 1902.	,
Adis Jour Purismen	
OrdinaryOunty.	
Nors.—Fill-fill blanks and of Company and Regiment. Nors.—All vouchers and affidavits must bear date after January 1, 1902.	
ALLEY.	

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

ST	ATE	OF	GEO	RGIA.	
OLL	711	OI.	O L O	MUIA.	

or aboliani,
County.)
Personally appears aW Landrum 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 18 2 ; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a private in Company 3, of 38 th Regiment
of you Volunteers, Gordon 's Brigade; that whilst engaged
in such military service in the State of Va, on the _13 day
of DEC 1862 he was wounded, injured or diseased as follows:
Wounded in left am, usilier
Commence of the commence of th
TO THE ROLL OF THE CONTROL OF THE CO
At the second se
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1903 I have heretofore, under said law, as a resident of
County been allowed an invalid pension of
Dollars, for the year 1902,
Sworn to and subscribed before me, this the
day, of WAN as 1903. Post-office.
Carl Williamond
Note. State fully the nature of the wound or character of disease which causes the disability, and explain
purificately the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA, (
County. County.
I Ordinary of said County,
I, Ordinary of said County, do certify that I am well acquainted with all Lands un
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 John Milli linson
Affix Voger
wal here Ordinary County.
Norm.—Fill all blanks and of Company and Regiment.

POWER OF ATTORNEY.

STATE OF GEORGIA,	} : • •	es es November 1
	_COUNTY.	
1.,		hereby authorize
	of	
to receive and receipt for the	pension paid hereon, and r	equest that he remit same to
	. by	
at.	Street, A	,
IN WITNESS WHEREOF, I h	ave hereunto set my hand and	seal, this_
day of	1904.	
		[L. S.]
Executed in presence of		
*,		
	,	
	1 2 N	41
<u> </u>	2 N E	190
o 19 ≥ 20 ≥ 20 ≥ 20 ≥ 20 ≥ 20 ≥ 20 ≥ 20 ≥ 2	25 6	J Pea
PEN	7 3 3 3	LINDSEX. Commissioner of ANOEU TO
DISABLEI	Itom Siment	JOHN W. LINDSEN. Commissioner C
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FOR THOSE AREADY ENROLLED N. FO DISABLED OLDIER'S PENSIO	Name County Co. Disability	
	Di S S	

POWER OF ATTORNEY

	MARKET CO. CO.	
STATE OF GEORG	IA,	
	_County.	
I,		.hereby authorize
	of_	
o receive and receipt	for the pension paid hereon, and requ	est that he remit same to
mark at a constant of	by	
it.		
In WITNESS WHEN	REOF, I have hereunto set my hand and	l seal, this.
lay of	1905.	
	- 	_[L. S.]
Executed in the	ne presence of	
		`

SOLDIER'S PENSION DISABLED 1905.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 99

no data

Name O. Fr. Landerson. Co. A Regiment 35th. Disability Lord Defe

JOHN W. LINDSEY.

WARRANT HANDED TO

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ECD ADDITIONAGE HEDEMORODE ALLOWED DENGLONG

run Arru	ionuad geneor	OVE WITHOUTED I	L DUDIOUD'	à
Personally County, State of and resident of sa day of federate States (c States, and serve of March 1997) of Chickens of Chick	appears Georgia, who being duly swornid State, and has resided ther 18 + 3 that he or of the State of das a Volunteers Horse service in the State of Volunteers	n, says on oath that he is a rein continuously ever since enlisted in the military thein Company /, of, on the on the as wounded, injured or dis	a bona fide citizen e the rvice of the Con- e war between the Sth Regiment at whilst engaged e / S day eeased as follows:	
ending October	nd subscribed before me, this	tofore, under said law, a county, been allowed an in Dollars, for the year 1903.	as a resident of nvalid pension of	
STATE C. 1. Journal of the applicant in by him in his sate to be, and that he could be a second to be a second	of the disability resulting from the wood of the disability resulting from the wood. OF GEORGIA, UILOU. County. So well acquainted with the foregoing affidavit, and a did affidavit are true, and I know e resides in this County Siven under my official signated by of	Ordinary Ordinary Ordinary Autob Autob Ordinary Autob Ordinary Ordinary Ordinary Ordinary	of said County,	

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE	OF	GEORGIA,
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Fulton. COUNTY.

Personally appears. a. S. Landeun 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 the life 18 that he enlisted in the military service of the Confederate States (ogof the State, of Glaz Jin) during the war between the States, and served as a Mit atte Lin Company D, of 35 th Regiment Volunteers Hardon's 's Brigade; that whilst engaged in such military service in the State of Que, on the 13 day Lev 1862, he was wounded, injured or diseased as follows:

Les und lost Eige.

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 County, been allowed an invalid pension of 4) Lighty Dollars, for the year 1904.

Sworn to and subscribed before me, this the

Norz-State fully the nature of the wound or character of disease which causes the disability, and explain particularity the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA.

do certify that I am well acquainted with Co. It. Sandeness. 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.

JAN 2 1900 Given under my official signature and seal, this

day of ...

Ordinary.

Norn. - Fili all blanks and of Company and Regiment. Nors .- All youchers and affidavits must bear date after January 1, 1905

Affix your Beat here.

Nors - Fill all blanks and of Company and Regiment. Norg .- All vouchers and affidavits must bear date after January 1, 1904.

POWER OF ATTORNEY.

STATE OF GEORGIA,	
COUNTY.	
I. hereby author	rize
of	
to receive and receipt for the pension paid hereon, and request that he remit sam	e to
by	
al	
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	
day of1906.	
	S.
Executed in the presence of	
The state of the s	
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DISABLED DISABLED No. 65 DISABLED IDIER'S PENSIO TOOGS. Regiment of Posters Onth, 5 80 Character of Posters WARRANT HANDED TO WARRANT HANDED TO	100
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ARR. S.	Puntin
	NAME AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS O
SOLD SOLD Soluty Co. C. Disability Amount,	ž
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POWER OF ATTORNEY.

STATE OF	GEORGIA,				
		COUNTY.	ſ		
Ι,					hereby authorize
to receive an	d receipt for the			100	he remit same to
at		by_			
	ess Whereof, I h	ave hereunto	set my hand	and seal, this	
day of		_1907.			
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.	20	Name (Co. Co. Disability	итоппо	
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Gandrum,

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

	Fulton. County.
Pers	onally appears (1. W. Luduem of Fulton.
County, St	ate of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
	at of said State, and has resided therein continuously ever since the
day of	fully. 18 48; that he enlisted in the military service of the Con
ederate Sy	ates, (or of the State of Slargia) during the war between the
	served as a in Company . , of So th Regimen
	A. Volunteers 's Brigade; that whilst engaged
	litary service in the State of, on the 13 day
of	1862 , he was wounded, injured or diseased as follows
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leau	iled leg und last Eye.
	1
Depo	onent makes application for the pension to which he is entitled for the year
ending Oct	tober 26th, 1906. I have heretofore, under said law, as a resident of
	tooci moti, associ i nave nerecorore, under said raw, as a resident of
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tinto	Fulton. County, been allowed an invalid pension of
tigh	Fulton. County, been allowed an invalid pension of Dollars, for the year 1905.
Light	Dollars, for the year 1905.
Swort	Dollars, for the year 1905.
Swor	Fulton. County, been allowed an invalid pension of Dollars, for the year 1905.
Q	Tulton. County, been allowed an invalid pension of Dollars, for the year 1905. to and subscribed before me, this the Annual Post-Office Little Little
	Dollars, for the year 1905.
orticularly the	Dollars, for the year 1905. to and subscribed before me, this the day of Jah 1906. Post Office Liller Land or character of disease which causes the disability, and replaine extent of the disability resulting from the wound or disease.
orticularly the	Dollars, for the year 1905. to and subscribed before me, this the day of Jan 1906. Post Office Liller Land replant extent of the disability resulting from the wound or disease.
orticularly the	Tulton. County, been allowed an invalid pension of Dollars, for the year 1905. It to and subscribed before me, this the post Office Itlanda Post
State	Dollars, for the year 1905. It to and subscribed before me, this the post-Office Itland to and subscribed before me, this the post-Office Itland to a state of the wound or character of disease which causes the disability, and replained to the state of the disability resulting from the wound or disease. Office orgin, Fulton. County.
State I, lo certify A	Dollars, for the year 1905. It to and subscribed before me, this the post-Office Itland Andrews and State fully the nature of the wound or character of disease which causes the disability, and replained the state fully the nature of the wound or disease. Fulton. County. Office Itland County. Office Office Itland County of Coorgia, Fulton. County. Ordinary of said County of Itland County of Said County of
State I, lo certify the applicant	Dollars, for the year 1905. To and subscribed before me, this the post Office Itland County of Jain 1906. Post Office Itland or character of disease which causes the disability, and explained that the nature of the wound or disease. Fulton. County. Office Itland County of Coorgia, Fulton. County. Ordinary of said County of Italy of Said County of Said Coun
State I, he applicate application by him in 1	Fulton. County, been allowed an invalid pension of Dollars, for the year 1905. It to and subscribed before me, this the case of the Young of Jain 1906. Post Office Itland or capacity of disease which causes the disability, and replained that the nature of the wound or disease. Fulton. County. Office of Georgia, Fulton. County. Ordinary of said County of I am well acquainted with the statements made airs said affidavit are true, and I know he is the individual he represents himsely and said affidavit are true, and I know he is the individual he represents himsely the said of the statements of the county of the said affidavit are true, and I know he is the individual he represents himsely the said affidavit are true, and I know he is the individual he represents himsely the said affidavit are true, and I know he is the individual he represents himsely the said affidavit are true, and I know he is the individual he represents himsely the said affidavit are true, and I know he is the individual he represents himsely the said affidavit are true, and I know he is the individual he represents himsely the said affidavit are true, and I know he is the individual he represents himsely the said affidavit are true.
State I, the applicatory him in 1	Dollars, for the year 1905. It to and subscribed before me, this the cause the disability, and replained that the nature of the wound or character of disease which causes the disability, and replained that I am well acquainted with a county. Ordinary of said County of the foregoing affidavit, and am well satisfied that the statements made his said affidavit are true, and I know he is the individual he represents himsely that he resides in this County.
State I, the applicatory him in 1	Dollars, for the year 1905. It to and subscribed before me, this the case which causes the disability, and replained that it is the remaining from the wound or disease. Futon. County. Ordinary of said County. Ordinary of said County. Ordinary of said County are in the foregoing affidavit, and am well satisfied that the statements made also said affidavit are true, and I know he is the individual he represents himsely that he resides in this County. Given under my official signature and seal, this JAN 1 1906
State I, the applicatory him in 1	Dollars, for the year 1905. It to and subscribed before me, this the cause the disability, and replained that the nature of the wound or character of disease which causes the disability, and replained that I am well acquainted with a county. Ordinary of said County of the foregoing affidavit, and am well satisfied that the statements made his said affidavit are true, and I know he is the individual he represents himsely that he resides in this County.
State I, the applicatory him in 1	Dollars, for the year 1905. It to and subscribed before me, this the case which causes the disability, and replained that it is the remaining from the wound or disease. Futon. County. Ordinary of said County. Ordinary of said County. Ordinary of said County are in the foregoing affidavit, and am well satisfied that the statements made also said affidavit are true, and I know he is the individual he represents himsely that he resides in this County. Given under my official signature and seal, this JAN 1 1906
State I, he applicate application by him in 1	Dollars, for the year 1905. It to and subscribed before me, this the case which causes the disability, and replained that it is the remaining from the wound or disease. Futon. County. Ordinary of said County. Ordinary of said County. Ordinary of said County are in the foregoing affidavit, and am well satisfied that the statements made also said affidavit are true, and I know he is the individual he represents himsely that he resides in this County. Given under my official signature and seal, this JAN 1 1906

FOR	APPLICANTS	HERETOFORE	ALLOWED	PENSIONS
		And the second s		
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State of Georgia,
Fulton County.
Personally appears A. M. Lundreum of Linevis
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 of18/17; that he enlisted in the military service of the Con-
federate States (or of the State of Glory) during the war between the States, and served as a Da' walk fin Company of 38 th Regiment
of Volunteers Factor's Brigade; that whilst engaged
in such military service in the State of Luigue , on the 13 day
of
Leg und took Eige
Leg ma voer eige
County, been allowed an invalid pension of Dollars, for the year 1908. Sworn to and subscribed before me, this the day of JAN 1907. John R. Wilkinson. Postoffice St. Suffersord
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,
Fulton County.
I, Jak R. Wilhowson Cordinary of said County,
do certify that I am well acquainted with W. Xanarum
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 of1907.
Jan Dr. Willenson
Affir Ordinary Fastron County.

Norm.—All vouchers and affidavies must bear date after January 1st, 1957.

	Given under my official signature and seal, this JAN 1 1906 day of			R Williason
Affix your seal here	Ordinary Fulfon, County.	ABIX your reserv	Ordinary, Note.—Fill all blanks and of Company as Note.—All vouchers and affidavits must	
	Norz. —Fill all blanks and of Company and Reciment. Norz. — All vouchers and affidavits must bear date after January 1st, 1908.			**
7		A STATE OF THE STA	and the state of the section of the	and the second section of the second
	1		i	

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

Given under my official signature and seal this____

to be, and that he resides in this County.

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.

Landrum, James C.		A CONTRACTOR OF THE PARTY OF TH		,
Fulton County	Applicant must furnish a witness		Mar estados es	
No	who of his own knowledge can	and State		STAT
	testify. Hearsay, information a belief will not answer the re- quirements of positive evidence.		٠,	itines and
INDIGENT PENSION	All witness residing out of state must not only be swern be-		Executed in	
1900.	att watness residing out of tate must not only be swern be- fore the Judge of the Probate. Court of witness residence, but the Judge must identify he wit- ness and certify to the good and trustworthy giss// character of the witness under the scal		d in presenc	GEORGIA,
000 5 ::	J. W. Lindsey.		e e	E P
Name Marine	oom. of Pustons.L.			County
County Jullon				County. }
Approved1900.			,	ttorn
				cy.
JOHN W. LINDSEY, Commissioner of Pensions.	_		-	p. 10
commissioner of Pensions.	· · · · · · · · · · · · · · · · · · ·	3		
			. [
WARRANT HANDED TO	12 Miles of the Color		Ì.	hereby
	A Comment of the Comm	1	· ·	autho 7.
Geo. W. Harris Grinter, Atlanta,	May Carl			8. Nie

Power of Attorney.

STA	ATE OF GEORGIA,	County.	· .	
		of		ereby authorize
to rece	eve and receipt for the pension alfo	sed, and request that he remit	by	
	Witness my hand and scal, this	day of	oy	1900.
	Executed in presence of			[L. 8.]
		•	. ,	
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60	a 6 d			
tne	r the re- out of e evidence out of Probate trobate dence,but fr ane with the front oharacter			
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e a	orman the transfer of the tran	POI O		
718	Live tive of of tive tive tive tive tive tive tive tive	W. Lindsey,		
700	A to	- C		
Applicant must furnish a witness wito of his own knowledge can	testify. Hearsay.inibrmation a belief with not answer the requirements of positive evidence. If witness reading out of a fill witness reading out of a filles the Judge of the Probate Court of withese readings, but the Judge must identify the witness and entity of the vitness and trustworthy field. The shade must identify the witness index trustworthy field.	J. W. bindsey,		
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		\$ 79	JOHN W. LINDSEY, Commissions of Pensions WARRANT HANDSON OF	
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No.	5	8/10	10 P	= 100

Questions for Applicant

STAT	E OF GEO	RGIA,	, 101	Applic	ant.	
7	ultine	County.	1 ,		•	•
sworn tru	e answers to mak	ision Act (Section 1) to to the following and where do you i	questions, den	reby submits his	an fullows:	ty, desiring being duly
		when have you bee			1	F. C. Latinas
	i. /5	73			1 30 14	15 257
	en and where we					
1. 4	Ce . C	I in what company	and regiment	lid you enlist or	serve?	try
	long did you re	main in such compa			1661-	
6. Who	en and where was	your company and	regiment sur	rendered and dis	charged "	
nee.		to. lic		1 96010		
		1000 100 100 100				
7. Wei 8. If p	e you present wi	th your company a	nd regiment w	hen it was surren	dered? Z «	J
cause and	by whose auth	specifically and clea ority?	rly where you	were, when you l	eft your comman	d, for what
	_		-			
		earn (gross) per ann				
10. Who	at has been your on which of the fe	occupation since 18 ollowing grounds de	65? Zzzz	ر درا می در	1. 1. / an	ar tec
poverty,"	second, "infirmi	ty and poverty," or	third adding	ness and neverty	11. 2 C	t, "age and
12. If up your supp	pon the first grou ort? If upon th	ind, state how long ie second, give a ful	you have been I and complete	in such condition history of the in	on that you counfirmity and its	ld not earn extent? If
upon the	third, state whet	her you are totally	blind and when	and where you		, -
	7		Lo i		in a see	100
		or personal, or inco	me, do you pos	sess, and its gross	s value?	1216
14. Wha	it property, real	or personal, did you	possess in 18	94 1895" 1896	1997 1999	1 1 000 - 1
		y sale or gift, have			· /	o 1000, and
	-					
15. In w	that County did v	ou reside during tho	o voor- and w	hat conserve E.I.		
10. 10.	Fulte	or Com	Te, Sie	Transfer to	- return fo	or taxation?
16. How		rted during the year			relation.	
17. How	much did your	support cost for eac	h of those year	s, and what portion	on did you contrib	ute thereto
by your o	wn labor or inc	ome?	11100	7'11.	1	1
18. Who	regu	loyment during 1	898 and 189	9? What pay d	lid you receive in	each year?
19. Hav	e you a amily?	If so, who compos	s such family	" Give their me	eans of support ?	Have they
a homester	Marier	secrety !	2 /2	7-7	11.	dhe.
-						24
20. Are		y, pension? If so,	what amount a	nd for what disat	oility?	
21. Have		an application for p	ension before	110		
22. How	many applicatio	ns have you ever m	ade and under	what class?	dience	
-						•
Sw	orn to and subse	ribed before me this	the)	Wyar	robum	_
29) day of	ledy 11	901	9	A	pplicant.

OUESTIONS FOR WITNESS.	2
STATE OF GEORGIA,	
Allahaga- COUNTY)	
Decreeingles , of said State and County, having been presented	
as a witness in support of the application of 122 1 1 Lace Comment for pension	
under Section 1254, Code, and after being duly sworn true answers to make to the following questions,	
deposes and answers as follows:	
1. What is your name and where do you reside? LE Gellinica interesting	
2. Are you acquainted with Samue a Landaure, the applicant; if so,	
how long have you known him	
Where does he reside, and how long and since when has he been a resident of this State? It afabrum to the state of the form of	
When, where and in what company and regiment driftie epilet, and how do you know " or when to the last of the less than " The less than " The 1862 of the " The 1862 of the 18	
6. How long did be perform regular military duty Afone the line he Calcilia limite in	
T. When and where was his command surrendered Miles Greenstorn It C. afric 16th 1865	
8. Were you present when it surrendered? I was not fresent	
(9. Was applicant present I live right by south at the Surrender but I was afficiently informed	
15. If the was not present, where was next	
When did he leave his command? For what cause?	
By what authority he let? How do you know all of this? If it now all it have stated about from the fact I was a running of the strength conjuncy of who light of the strength complainty.	
11. What property effects or income has the applicant? (Give your means of knowledge.)	
12 What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what	
disposition, if any, did he make of same " I don't keever.	
any and he make of same.	
13. Has be conveyed away any of his property in the last four years, if so, what was it, and to whom?	
I don't known,	
14. What is the applicant's occupation and physical condition. I don't know,	
15. Is the applicant anable to support himself by labor of any sort, if so, why ? I closet Know,	
16. How was be supported during the years 1898 and 1899 I don't Known.	
17. What portion of his support for these two years was derived from his own labor or income?	•
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension	
under Section 1254, Code? I done land	
19. What interest have you in the recovery of a pension by this applicant? To similar interest.	
the 7 day of Way 1909. Children Witness.	

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
COUNTY.
Personally came before me long Verreglean had and
Arch Avary Bus , both known to me as reputable physicians
of said County, who, being severally tworn, say on oath that they have examined carefully
same, L. Saccare, applicant for pension under Section 1254, Code, and after
auch personal examination say that his precise physical condition is as follows:
The is Suffering from a Chronice allact of
Branchild's and Nase- Calarran, also
Lie has had (2) two Riks Brown on The
right Side Wines tutally die ier him of
Buy found lator Sufficiently to Servicet have suff he also have the treather from matter that the physical condition of applicable reduces him unable to labor at
any work or calling sufficient to earn a support for himself, and that we have no interest in said pension
being allowed.
Sworn to and subscribed before me, this the) Ly Variety have not &
21 day of Febry. 1904) I from Arasy M.D.
John R Wilkinson Ordinary!
1
ORDINARY'S CERTIFICATE.
ONDINANT S CENTIFICATE.
STATE OF GEORGIA,
STATE OF GEORGIA. Juffeyn COUNTY.
Jullan COUNTY.
Jullan COUNTY.
Julian COUNTY. In John Will August and for said County, hereby certify that the applying James a Landrum resides in said County, and has
Julian COUNTY. In John Will Arms on Ordinary in and for said County, hereby certify that the applying James a Kannorum resides in said County, and has been a bana fided whent of this State since the.
Julian COUNTY. In John Will August and for said County, hereby certify that the applying James a Landrum resides in said County, and has
Julian COUNTY. 1. John N. Will Anger Pordinary in and for said County, hereby certify that the applicant James a Randrum resides in said County, and has been a blant fide a silent of this State since the and that the witnesses, viz: Rinner Shurly
Tull on COUNTY! 1. John M. Will American Ordinary in and for said County, hereby certify that the applicant January A. Accordinary in and for said County, and has been a blum fide a shent of this State bines the. and that the witnesses, viz: Rimsell Sharles are of trustworthy character, and that their statements are entitled to full with and credit.
Tull and County, hereby certify that de-applicant James A. A and resides in said County, hereby certify that de-applicant James A. A and resides in said County, and has been a blue fider witnesses, viz: Runner Share Share ince the and that their statements are entitled to full with and credit. I further certify that before answering the foregoing questions the applicant and each witness took
that the witnesses, viz: I further certify that be fore answering the foreign questions the applicant and cach witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses.
Tull and COUNTY. In John Will August and of said County, hereby certify that the applicant January in and for said County, hereby certify that the applicant January in and for said County, and has been a blue fide witnesses, viz: A discovery resides in said County, and has been a blue fide witnesses, viz: I for the witnesses, viz: 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 affiliavits was read to the applicant and witness before same was signed.
COUNTY. 1. COUNTY
COUNTY: 1. When Will Arms or Ordinary in and for said County, hereby certify that the applicant James A. American resides in said County, and has been a ban fide a silent of this State since the and that the witnesses, viz: A county resides in said County, and has been a ban fide a silent statements are entitled to full with and credit. I further certify that be fore answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affiliaxits was read to the applicant and witness before same was signed. I further certify that the tax digests of Julius County show that applicant returned for taxation in his nerve in 1898. Dollars
COUNTY: 1. When Will American Ordinary in and for said County, hereby certify that the applicant January of the American Ordinary in and for said County, and has been a blue fide a silent of this State since the and that the witnesses, viz: A county resides in said County, and has been a blue fide a silent statements are entitled to full tith and credit. I further certify that be fore answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed. I further certify that the tax digests of County show that applicant returned for taxation in his name in 1898. Dollars of property, and in 1899. Dollars of property.
that the applicant formula to the full text of the affidavits was read to the applicant and witness before same was signed. I further certify that the tax digests of full that the applicant and witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed. To the certify that the tax digests of full that applicant and witness before same was signed. To the certify that the tax digests of full that the applicant and witness before same was signed. To the certify that the tax digests of full that applicant and witness before same was signed. Dollars of property, and in 1899. Dollars of property, and in 1899. Dollars of property. Ju my ppinion the foregoing claim is full text of in and in a good faith.
that the applicant formula to first state since the and that the witnesses, viz: I further certify that be fore answering the foregoing questions the applicant and witness took the oath hereon prescribed, and that the full text of the affiliavits was read to the applicant and witness before same was signed. I further certify that the tax digests of County show that applicant returned for taxation in his name in 1898. Obliars of property, and in 1899. Dollars of property. In my opinion the foregoing claim is made in good faith. Witness my hand and seal of office, this stays of the applicant and witness took the oath hereon prescribed, and that the full text of the affiliavits was read to the applicant and witness before same was signed. Obliars of property, and in 1899. Dollars of property.
that the applicant formula to the full text of the affidavits was read to the applicant and witness before same was signed. I further certify that the tax digests of full that the applicant and witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed. To the certify that the tax digests of full that applicant and witness before same was signed. To the certify that the tax digests of full that the applicant and witness before same was signed. To the certify that the tax digests of full that applicant and witness before same was signed. Dollars of property, and in 1899. Dollars of property, and in 1899. Dollars of property. Ju my ppinion the foregoing claim is full text of in and in a good faith.
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Tull and County. In warm Will Arms or Ordinary in and for said County, hereby certify that the applicant factors are of trustworthy character, and that their statements are entitled to full tith and credit. I further certify that before answering the foregoing questions the applicant and cach witness took the oath hereon prescribed, and that the full text of the affiliavits was read to the applicant and witness before same was signed. I further certify that the tax digests of Tull. County show that applicant returned for taxation in his name in 1898. Dollars of property, and in 1899. Juny applicant foregoing claim is made in good faith. Witness my hand and seal of other, this flag of the foregoing claims, of Markey of County.
that the opplying former of the state since the and that the witnesses, viz: I further certify that before answering the foregoing questions the applicant and witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed. I further certify that be fore answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed. I further certify that the tax digests of County show that applicant returned for taxation in his norne in 1898. Dollars of property, and in 1899. Ju my opinion the foregoing claim is made in good faith. Witness'my hand and scal of ofther, this fully of the county show that property. In Before any questions we answered, the Ordinary applicant and the witnesses in the following works: "You shall true answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help
that the applying former of this State vince the and that the witnesses, viz: I further certify that be fore answering the foregoing questions the applicant and witnesses before same was signed. I further certify that the tax digests of the affiliavits was read to the applicant and witnesses before same was signed. I further certify that the tax digests of the affiliavits was read to the applicant and witness before same was signed. Ounty show that applicant returned for taxation in his name in 1898. Dollars of property, and in 1899. Jumy applicant is some in 1898. Dollars of property. In my applicant the foregoing claim is made in good faith. Witness my hand and seal of office, this the state of the applicant and witness in the following worth. "You worth." You worth. "You worth." "You wort

QUESTIONS FOR WITNESS.

S	TATE OF GEORGIA,
(Fullow COUNTY.
	$\mathcal{D} = \mathcal{O} \cdot \mathcal{O}$
_	witness in support of the application of the applic
	the Section 1254, Code, and after being duly worn true answers to make to the following questions,
1.	41 116/1 116
2.	Are you acquainted with Level Leveller , the applicant; if so, volong have you known him! 10 feel v
hov	v long have you known him? 10 4/cace
3. Z A	Where does he reside, and how lyng and since when has he been a resident of this State? Portler work to for to of the line & 220 Handler
4.	When, where and in what company and regiment did he enlist, and how do you know?
-	do not throw
5.	Were you a member of the same company and regiment?
6.	
7.	When and where was his command surrendered?
· s.	Were you present when it surrendered?
	Was applicant present?
	If he was not present, where was he?
	en did he leave his command" For what cause? 2
	what authority he left? How do you know all of this?
k	
his after	What property, effects or income has the applicant? (Give your means of knowledge.) Usual the bas by whether with one of Sun Junicipan with the bas by which will be applicant possess in 1896, 1897, 1898 and 1899, and what
disp	osition, if any, did he make of same? — he had nothing
13	Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
	11000
14.	What is the applicant's occupation and physical condition? Given Clerte
. 4	condition very book.
15.	Jethe applicant unable to support himself by labor of any sort, if so, why? Or Cereary
16	How was he supported during the years 1898 and 1899 Ly ulative
16.	the same of the same total and total
17.	What portion of his support for these two years was derived from his own labor or income?
18.	Give a full and complete statement of the applicant's physical condition that entitles him to a pension
und	1 Section, 1284, Code " He is bying fible how Lang brouble
	terform manuel labor
. 19.	What interest have you in the recovery of a pension by this applicant?
	Sworn to and subscribed before me, this Thursell Shirley
the	Short Wilkenson Ordinary. Witness.
	The state of the s
	1

POWER OF ATTORNEY.

STATI	E OF G	EORGIA,)		
		County.	Ì		
I,			hereby author	rize	
-			of		
to recei	ve and re	eceipt for the pensi	on allowed and reque	st that he ren	ait same to
			at .		
by_{-}					
V	Vitness m	y hand and seal, this	day of		1902.
					[A. s.]
Ex	ecuted in	presence of			
			7		
			•. •		
			•		
	r P	-		oi I	1.30
ED.		6	3 24/	1902.	
BOLL			2 27 2	Y,	. 1
E	7		3	JOHN W. LINDSEN	WARKANT HANDED TO
ADY	4	E C	Segimen	₩ S S	The state of the s
CODE SECTION 124	4	S. S.	Bos San	W.	No. 16
SE S	No.		Thurn. Tulton. Regiment	NH	Harri Harri
王	Z		Diagram In	of .	s 89
CODENETTON 154 FOR THOSE ALREADY ENROLLED		70	Name County Co.		
_		50	ž 8 3		
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andrim amod.

POWERO	F ATTORNEY.	
STATE OF GEORGIA,	l	
COUNTY	ι. ∫	
Ι,		hereby authorize
	of,	
o receive and receipt for the pension	allowed, and request that	he remit same to
	at .	
у		
WITNESS my hand and seal, this	day of.	190-5.
		. [L. S.
Executed in the presence of	¥	
	,	

Name J. D. Lewdern Country P. Will Co. Regiment 37th Clay SOLDIER'S PENSION 1905.

(FOR THOSE ALREADY ENROLLED.) No. 3/4

INDIGENT

WARRANT ISSUED

IGHN W. LINDSEY.

WARRANT HANDED TO

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton. County.
Personally appears & Laudium 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 Aday of 18 18; that he is 7 years old and
by occupation a family that he enlisted in the military service of the Con-
federate States (or of the State of
States, and served stythesterm of 2 12 in Company Z, of 32th Regiment
of Ald Old Ang that his physical condition is as
follows:
General debility
that his property consists of the following items
\
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1902. I have heretofore as a resident of
county been allowed a pension for the year 1 1900
Sworn to and subscribed before me, this the Aamus A Landru.
May 09 200 7 1902.
Minus William in Ordinary.
STATE OF GEORGIA.
County.
John R. Wilkinson
do certify that I am well acquainted with I Laurence
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given under my official signature and seal, this JAN 31 1902
1902.
Adir Johns William
Ordinary County.
Nore.—Affidavit should not be attested before January 1st, 1902.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	
County.	
Pearsonally appears Il Candrumos	
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide cit	izen
and resident of said County and State, and has resided in said State continuously	ever
since the day of 18/4; that he is 60 years old	
by occupation a live that he enlisted in the military service of the	
federate States for of the State of Alabama;) during the war between	the .
States, and served for the term of J / in Company F, of 37 th Regis	
of ala, Vole in F. , that his physical condition	
follows: Age and poverty	
that his property consists of the following items:	
	`
of the value of Dollars. I am now earn	ino
by my labor. Dollars per month. That by reason of	-
physical condition and poverty he is unable to support himself by his own exertion	
abor, and that he receives no pension but the one herein applied for.	
Deponent desires to participate in the benefits of the Act approved December 1	5th,
1804, and the Acts amendatory thereof, and makes application for the pension to which	
is entitled for the year 1905. I have heretofore as a resident of	
County been allowed a pension for the year 1904.	
Sworn to and subscribed before me. his the A farmily	
, iday of JAN 2 june 1905.	
Ordinary,	
arian on anonari	
STATE OF GEORGIA.	
County, \	
I Ordinary of said Cou	nty,
do certify that I am well acquainted with J.W. Qandrum	
the applicant in the foregoing affidavit and am well satisfied that the statements in	
by him in his said affidavit are true, and I know he is the individual he represents him	iself
to be, and that he resides in this County. Given under my official signature and seal, this	
day of	
1900	
Amx }	
rout Ordinary Count	y
Note.—The blank spaces must be filled. Note.—Affidavit should not be attested before January 1st. 1906.	

POWER OF ATTORNEY.

STAT	EOF	GEOR	GIA,			}						
				Co	ounty.	1						
I,						hereb	y authori	ze			-	
					0	f						
to rece	ive and	receip	ot for	the pe	usion a	illowed	and requ	est'tha	t he re	mit	same to	
					a	t .						
by												
	itness my	y hand	and sea	ıl, this		day	of				1903. -{ L. s.]	
Еx	ecuted in	n prese	nce of								,	
.ED.)			NO		1	Xx		1908.	maint.			100
(FOR THOSE ALREADY ENROLLED.)		Ţ	ENS	*	mm	27	JED	0	LINDSEY,	SD TO	. Atlanta.	But
CODE SECTION EST	_	INDIGENT	IER'S PEN		nel	Regiment &	Le Unte	1/20	JOHN W. LINDSEY	WARRANT HANDED TO	Geo. Harrison, State Printer, Atlanta	L
DESE	161	DIO	3	ā	Sa	Y S	RRAN		N N	RANT	C A	B
THOS	N. o.	I			2	10	W. W.		јон	WARI	Geo. Hs	7
FOR			10		Name	County C	7					
			5		Z	ပ် ပိ	- 1		i		, III.	

Landrone, James T.

POW	ER OF ATTORNEY.	
STATE OF GEORGIA,	COUNTY.	
Ĭ,	hereby authoriz	e
	of.	
to receive and receipt for th	e pension allowed, and request that he remit same t	0
** 1	. at	
by		
WITNESS my hand and see	1, this day of 1904	١.
	- [L. 8.	.]
Executed in the presence	f	
No. 87 / INDIGENT	Regiment 37 % Regiment 37 % A Regiment 37 % A REMAY ISSUED MARRAYT ISSUED	
FOR THOSE ALREADY No. 87 INDIGES SOLDIER'S P	County Co. T. Co. T. WARRA WAR	

Gandrum

FOR THOSE ALREADY EMPOL No. 82

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	
County.	
Personally appears I a Landhum of	
County, State of Georgia, who, being duly sworu, 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 29 41 18; that he is 68 years old and	
by occupation a Famuer, that he enlisted in the military service of the Con-	
federate States (or of the State of Ala) during the war between the	
States, and served for the term of 371 in Company 7, of 37th Regiment of Ala Vale, Infantry ; that his physical condition is as	
follows:	
that his property consists of the following items:	
<u> </u>	
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,	
1804, and the Acts amendatory thereof, and makes application for the pension to which he	
is entitled for the year 1903. I have heretofore as a resident of	
county been allowed a pension for the year 1	
Sworn to and subscribed before me, this the Aarly A fands	
_ : Iday of JAN 241.1903 1903.	
Ordinary.	
STATE OF GEORGIA;	
County.	
I, Ordinary of said County.	
do certify that I am well acquainted with I 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	4
day of	
S AME 1	
Ordinary County.	
Nors.—The blank spaces must be filled. Nors.—Affidavit should not be attested before January 1st, 1903.	
ATE. A BENEFIT SHOWS NOW OF THE SHOWS I BENEFIT SHOWS	

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

TOTAL TO MERCETOT ONE MEDICAL TENDIONO.
STATE OF GEORGIA,
Fuiton. County.
Personally appears & andrun
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 3041 18/3; that he is years old and
by occupation a - Hawww , that he exlisted in the military service of the Con-
federate States (or of the State of Clu) during the war between the
States, and served for the term of 3 41 in Company the not 37 th Regiment
of alu Vals Jujanting; that his physical condition is as
follows:
Tufum
V
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,
1804, 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
The second of th
Sworn to and subscribed before me, this the
() day of JAN 20 1904 1904. A a fander.
John Alle Kurson Ordinary.
STATE OF GEORGIA,
County
I, Ordinary of said County,
do certify that I am well acquainted with I Laurence
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
Am A Wil Kinson
your Beal beal bare
) i 1
Norg The blank spaces must be filled.

Leongine Fulton & Personally of french County 3 before the G. H. Landrens TALLADEGA, ALA. JAMEZE MEGO) Says That he is personally acquainted with James a Landrula the offlicant C. PENNINGTON for Pension. and further rays that he ...COTTON... knows of his own Knowledge that the BOUGHT OF MR. faid fame a Landrum chiel Surrender BALE COTTON. With the ermy of Jos to Johns V. I To whom it May Concern. was fregul at the Said Servenden, James a Landrum, enlisted in the Complederate was in duel diel decempany the Laid for March 1862. Ne was a I Lie some nome from hear theesburg member of les " 37 the all he was a member of Co B 23 rel Regt of which Company emphasincally state that June ala bol, and That he has no Sundrem made as good interation The pension. Soldier as en shouldened ay Sufile rife Jam a Land citige Sworn too and most gallant soldier Subscribed before me this day to 170 Colemnator John R. Wilknison I certify that Standen is à Citizen of Fullan Ca and his slatements worthy of full credit abelief. John Wick mion

NAME Landrum, James A. YEAR 1901 COUNTY Fulton

WHEN AND WHERE BORN?

Green Go. Go. October 20th. 1046.

Resident of Go. since 1878

EMISTED WHEN ALL WIERE? March 1668 Pite Co. Alabama.

COMPANY AND REGILENT? Co. F. 87th. Regt. Alabam Infantry

NAME OF CATALY AND COLORDA? Captain C. Pennington

CAPTURED, WHEN AND WORKER

WHEN AND WHERE SURREMORRED? Hear Greensbore, M.C. April 26th. 1865.

IF NOT IRESIST AT PURCOUNT, WHILE WIRE YOU?

DIED, WHEN AND MERST

BURIED.

RANK.

WOUNDED?

. RELEASED.

WITHERSES. C. Pennington Captain - Minimulandring came comment - No. 322 \ S H Landrum . By personal knnowledge.

BURIED. WITHERSES. 6. Pennington Captain - Michaelandrum, cane command - No det S H Landrum . By personal knnewledge . JWE

ORDINARY'S CERTIFICATE

No Flatton Court	NO	an bel	9 Pe E
Widow's Application To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910— As Amended by Act of 1919.	NOTES: 1. Before any questions You do solomaly see You do solomaly see A distance first thirty and to be 3. 1.11 affects must be 4. Only widow who mark as 4. Only widow who mark or special copies weperation. Danable 1 per serricus—because he ma	before signing the respective affiliavits, and that are entitled to full faith and credit. Sworn under my hand and official seal of (SEAL.)	STATE OF BEDRAIA, STATE OF BEDRAIA, L
County Freton iam Mishlasy Landrum Vidow orly Landrum grada 1897	are answered that you we have truth. So belthe strated prior to fir of marriage life of marriage life ensioners must ade no proof to	vits, and that the	STATE OF GEORGIA. COUNTY Ordinary of said County, do certify that I know Mrs. McQuy Accelerate the applicant for this pension, and that she is the person she represents herself to be, and that she is a bonn fide continuing resident of said County and was on the H day of Selfat 1914 That I also know 2005 Cullum witness as to marriage and late trees.
company degiment 30 La	swear applicant ke to each of the to each of re insufficient. The county of ree accounty of restreentitled. If not, prov. If not, prov. Incremined the not required the not required to the the third time to the tenth of the ten	ithat both of the foregoing were duly sworn by hey are truthful and trustworthy and their statem they that they do at. Ordinary. Ordinary.	Ordinary of said County, do certify that I the applicant for this pension, and that she is the bons fide continuing resident of said County and was the said county and was writness as to marriage, and I data tray.
J. W. LINDSEY, Commissioner of Pensions. Byrd Printing Co., State Printers, Athnus.	it and the estimus in the following worth the questions saked you and the evidence sidence. Burings, by some person, or by general and state and prove full term of hundsad's o do so.	orthy and their statements. Ordinary.	Ordinary of said County, do certify that I not for this pension, and that she is the miniming resident of said County and was not made to the county and was not the county and was not the county and was not the county and the county and the county and the county and the county are consistent to the county of
10-23-1919	₽ E BE!	ents	明 章 A CL

STATE OF GEORGIA. FAYETTE COUNTY.

TO ANY MIMISTER OF THE GOSPEL, JUDGE

OF SUPERIOR COURT, OR JUSTICE OF THE PEACE TO CELEBRATE.

You are hereby authorized and permitted to join in the honorable state of matrimony, W. M. Landrum, and M.ss, Mas, Jane, Bearden, Assording to the rites of your Choush, provided there be no lawful sause to abseruet the same, assording to the Constitution and Laws of this State. and for so doing this shall be your sufficient lisense.

Given under my hand and seal. This the 6th day of Feb. 1877.

L. B. Griggs. (seal) Ordinary.

I hereby sertify that W. M. Landrum, and Miss. Mary, Jane, Bearden, were joined together in the Holy Bans of Matrimony, on the 7th day of Feb. 1877 James, M. Palmer, J. P.

"esorded Oct. 24th 1877

L. B. Griggs, Ordy, & Ex officio elerk.

GEORGIA FAYETTE COUNTY.

I, J, J, Davis, Ordinary of said State and

County do hereby certify that the above and foregoing instrument of writing wontains a true and correct copy of the marriage license of W, M, Landrum, and Miss, Mary, Jane, Bearden, Book, 'E' Page, I5I Now on file in my office.

Givem under my hand and Seal of office.

This the 3rd day of Sept 1919. & Ex officio elk Court of Ordy.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,	
Tullar	COUNTY.
ı,	Ordinary of said County, do certify that I
know Mrs. Mary La	the applicant for this pension, and that she is the
	be, and that she is a bona fide continuing resident of said County and was
on the Handay of	ejat 1919
on the Halso know O	Landens witness so to marriago, and I also know
	that both of the foregoing were duly sworn by me
before signing the respective aff	idavits, and that they are truthful and trustworthy and their statements
are entitled to full faith and cre	
Sworn under my hand and	official seal of office though of of Color 19/7
(SEAL.)	Ordinary.
	County.

Before any questions are answered the Ordinary shall soein applicant and the sitness in the following words:
"You do sciently sweet that you will true answers make to each of the questions asked you and the evidence you shall give will be thereby. No leafy you fool."

All a fidney's round the made before the Ordinary see are insufficient.
All a fidney's round the made before the Ordinary of the county of residence.
Only widows who married prior to first January, 1881, are entitled. For Attach certified copies of marriage incess if obtainable. If not, prove marriage, by some person, or by general.

Services 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.

6

Do. Fulton County	Vidow's Application Be but on Boll in fac own Bight Wan Bluband Was on the Indigent Boll or Put on Justice And July 11, 1810— As Amended by Act of 1918.	Freton	molype farmen	nent 30 L	nved	Marketin Pr. Section 1975	J. W. LINDSEY. Commissioner of Pensions.	Byrd Printing Co., State Printers, Atlanta.
STONE OF THE PROPERTY OF THE P	Wid To Be Put Husber Put o	County	Nam Nam Widow of	Regiment	Approved			

STATE OF GEORGIA. FAYETTE COUNTY.

TO ANY MIMISTER OF THE GOSPEL, JUDGE

OF SUPERIOR COURT, OR JUSTICE OF THE PEACE TO CELEBRATE.

You are hereby authorized and permitted to join in the honorable state of matrimony, W. M. Landrum, and M.ss. Mas, Jane, Bearden, Assording to the rites of your Choush, provided there be no lawful sause to abseruet the same, assording to the Constitution and Laws of this State. and for so doing this shall be your sufficient license. Given under my hand and seal.

This the 6th day of Feb. 1877.

L. B. Griggs. (seal)
Ordinary.

(SEAL)

I hereby certify that W. M. Landrum, and Miss. Mary, Jane, Bearden, were joined together in the Holy Bans of Matrimony, on the 7th day of Feb. 1877 James, M. Palmer, J. P.

"esorded Ost, 24th 1877

L. B. Griggs, Ordy, & Ex officio elerk.

GEORGIA FAYETTE COUNTY,

I, J, J, Davis, Ordinary of said State and County do hereby certify that the above and foregoing instrument of writing wontains a true and correct capy of the marriage license of W, M, Landrum, and Miss, Mary, Jane, Bearden, Book, 'E' Page, ISS Now on file in my office.

Givem under my hand and Seal of office,

This the 3rd day of Sept 1919.

& Ex officio elk Court of Ordy.

WIDOWIG: A PEID A VIT

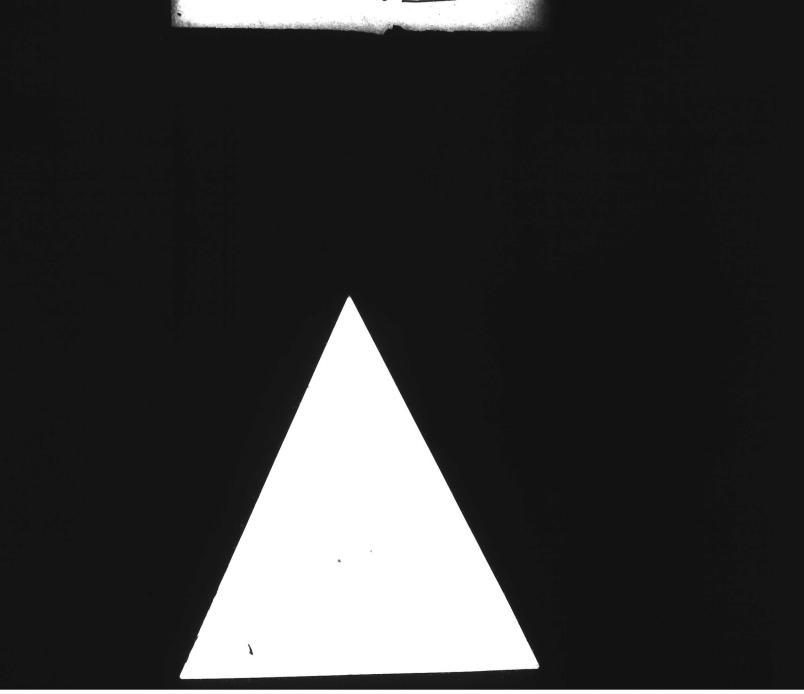
WIDOW 5 AFFIDAVII	
STATE OF GEORGIA,	
tuelon COUNTY!	
Personally before me comes "us Many Lundun L of said County,	
who, after being duly sworn, says that she is the widow of war Zaudun	
to whom, in the County of Fargette State of Ja she was married on	
the 7 day of Telry 1877 and that she remained his wife, and resided with him to the date of his death in our et a. 2.19, and that she has not since his death remarried. At	
date of his death in Coursta Co 19 and that she has not since his death remarried. At	
the time of his death he was a resident of	
of Georgia, and he was on the Peusion Roll of the State and paid a pension of \$000 in County for the Tper annum, on account of being a soldier to	
of \$69 in County for the per annum, on account of being a soldier in	
Company 4. 354 La Regiment (Volunteers of State Military	
That she is now a bona fide resident citizen of aid County of Tuelose, and she	
has so continuously resided sinceday of January 1907	
Sworn to and subscribed before me, this the	
William Remarker Ordinary mo livery X Landmin	
Melin & Malery C Ordinary Turned	
111000	
of fuctor County.	
of County.	
Affidavit of Witnesses to Prove Marriage and to Whom.	
Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband	
Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband STATE OF GEORGIA,	
Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband	
Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband STATE OF GEORGIA,	
Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband STATE OF GEORGIA, Tulton COUNTY Personally before me comes. D. Zamanan known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that	
Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband STATE OF GEORGIA, Tullon COUNTY Personally before me comes. County, who after having been duly sworn, say; that of their own personal knowledge Mrs. Manay Landon, who made the foregoing	
Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband STATE OF GEORGIA, COUNTY. Personally before me comes. On Landum. known to be responsible and truthful persons, residing in said County, who after having been duly awarn, say, that of their own personal knowledge Mrs. Marriage County, who made the foregoing affidavit, is the lawful widow of W.M. Landum who died in County.	
Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband STATE OF GEORGIA, Tullon COUNTY Personally before me comes. County, who after having been duly sworn, say; that of their own personal knowledge Mrs. Manay Landon, who made the foregoing	
Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband STATE OF GEORGIA, LULION COUNTY Personally before me comes. COUNTY Personally before me comes. COUNTY Tresponsible and truthful persons, residing in said County, who after having been duly aworn, say: that of their own personal knowledge Mrs. Authority of the foregoing affidavit, is the lawful widow of the many forms of the delication of the county of the many forms of the foregoing affidavit, is the lawful widow of the county	
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Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband STATE OF GEORGIA, Tullon COUNTY Personally before me comes. County Personally before me comes. County, who after having been duly aworn, say, that of their own personal knowledge Mrs. Marriage and the foregoing affidavit, is the lawful widow of William County in said State of the county in said State of the county in said State of the county in said State of the county in said State of the county in said State of the county in said State of the county in said State of the county in said State of the county in said State of the county in said State of the county in said State of the county in said State of the county in said State of the county in said State of the county was the same man who was on the pension roll of said State from Councillar County when he died. Sworn to and subscribed before me, this the	
Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband STATE OF GEORGIA, The Low County Personally before me comes. County. Personally before me comes. County, who after having been duly aworn, say; that of their own personal knowledge Mrs. Who after having been duly aworn, say; that of their own personal knowledge Mrs. Who after having been duly aworn, say; that of their own personal knowledge Mrs. Who after having been duly aworn, say; that of their own personal knowledge Mrs. Who after having been duly aworn, say; that of their own personal knowledge Mrs. Who after having been duly aworn, say; that of their own personal knowledge Mrs. Who after having been duly aworn, say; that of their own personal knowledge Mrs. Who after having been duly aworn, say; that of their own personal knowledge Mrs. Who after having been duly aworn, say; that of their own personal knowledge Mrs. Who after having been duly aworn, say; that of their own personal knowledge Mrs. Who after having been duly aworn, say; that of their own personal knowledge Mrs. Who after having been duly aworn, say; that of their own personal knowledge Mrs. Who after having been duly aworn, say; that of their own personal knowledge Mrs. Who after having been duly aworn, say; that of their own personal knowledge Mrs. Who after having been duly aworn, say; that of their own personal knowledge Mrs. Who after having been duly aworn, say; that of their own personal knowledge Mrs. Who after having been duly aworn, say; that of their own personal knowledge Mrs. Who after having been duly aworn, say; that of their own personal knowledge Mrs. Who after having been duly aworn, say; that of their own personal knowledge Mrs. Who after having been duly aworn, say; that of their own personal knowledge Mrs. Who after having been duly aworn, say; that of their own personal knowledge Mrs. Who after having been duly aworn, say; that of their own personal knowledge Mrs. Who after having been duly aworn, say; that of their own personal knowledge	
Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband STATE OF GEORGIA, Truetton COUNTY: Personally before me comes. County who after having been duly aworn, say: that of their own personal knowledge Mrs. Warry County who after having been duly aworn, say: that of their own personal knowledge Mrs. Warry County who made the foregoing affidavit, is the lawful widow of William County in said Ninte of County in said Ninte of County in said Ninte of County in said Ninte of County in said Ninte of County in said Ninte of County Mrs. And that she has not since remarried. That he because the wife of County was the same man who was on the pension roll of said State from County was the same man who was on the pension roll of said State from County when he died.	

W. M. Landrum Co. S. 30 th Sa. Regt. First pension, to widow Feb. 26, 1897. under act of DEC. 19,1896 approved application in 1896 File-Cowet askew

Sworn to and subscribed before me, this the

Othur Maibute Ordinary

BO Jandson



Confederate

Confederate

Soldier's Application.

UNDER ACT 1910.

Company B

Regiment 2.3 Alle

Approved.

QUESTIONS FOR WITNESS AS TO SERVICE. STATE OF GEORGIA. County. R. D. Wall Duay J. pipaid State and County is hereby presented as a witness in support of the application of J. H. Maries to make to the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, What is your name and where do you reside of the College of the questions propounded,

What is your name and where do you reside of the College of the Colle 3. Where does be now reside, and since when has he been a bonafide continuing resident in this State and how do you know? Attlanta the State and how do you know? 5. How did you obtain your information of his Service? Pofe of well & 6. How long within your own personal knowledge did be perform actual military service with this Company and Regiment? (give date) Journal 1861, 6 April 865; 7 When and where was his Command surrendered or discharged (reve date and place) Mini 264 8. Were you personally present at the Surrender? Luca - free 9. If not, where were you and how came you there? I was free the 10. Was the applicant personally present with his Command at surrender? 11. If not where was he and how came him there? The was present 12. When gid he leave his Command? Aprie 26 10 865 . Where was his Command By whose authority did he leave long was he granted leave? Survedle !! all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) cersorally_ 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? Land of 15. Was applicant captured as a prisoned limiter. It so, when and where further 1885 at victim In what prison was he held for allowed to the first what prison was he held for allowed to some the sound of the whole of the sound to some the sound to the Sworn to and subsorbed before me, this the | Replaced 3 rel good 1910, Dhalking County. AFFIDAVIT OF TWO FREEHOLDERS. STATE OF GEORGIA. Personally before me comes. says that they are free holders residing in said County and we know Sold our all all the applicant for pension and we know the property that is now in the use, p and and of inagent and to wit: (Make List by Rome and value)

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

1908? (State it fully by items.) Noul

2. When and to whom was it sold or given to? Wo

3. What was the price paid or stated to be paid?

4. What relation is the party to applicant?

7. The party to applicant?

5. What disposition was made of the proceeds of the sale?

8. Was the disposition of this property made in good faith and full values?

or was it made to obtain a pension?

Sworn to and subscribed before me, this the J.J. Kumberh

Will Will Mark to Swarper Smith

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

County.

Ordinary of said County, certify that I know the applicant of the person he represents himself to be and resides in said County. That I also know.

said County. That I also know who are free holders, that they are all rediscients of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trutworthy and their statements are entitled to fall faith and credit. That the Tax Results of Statements are statements are statements are statements are statements are statements are statements are statements are statements are statements are statements are statements are statements are statements and credit in the shows that it is shown

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910. Questions for Applicants to Answer. STATE OF GEORGIA. Limes V. County.

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

1. What is your game and where do you reside? (Give County and Post-office). Sureon N. Questrum, I read in attanta Jutloy Coffee 3. How long and since when have you been a continuous resident citizen of this State? from November, 1869, its frameway date.

3. Did you enligt in the Army of the Confederate States as of the Organized Militia of this State from 1861 to 1863? In the Army of the Confederate States, 4. When and where, and in what Confrany and Regiment did you enlist? (Give the arm and class of Service) In 1862, Marriagonizery, Ala, Co 3, 23rd Ala Regist Serfly. 5. How long did you remain in the actual Military Service with said Company and Regiment;
tive date of discharge) Burning that wan from Lune of Eulerthouses,

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

In Greensboro, N. C., 1865,

7. Were you actually present with your Command when it was surrendered or discharged? 4.2

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

a. Where was your Command when you left it?

b. When did you leave the Command?

c. For what cause did you leave?

d. By whose authority did you leave?

e. For how long was solided by the heart sim wood way? f. Why did you not return to your Commanu after leave of pired?

g. In what way were you prevented?

h. What effort did you make to return?

i.] Were you captured during the war? I was Baptisted as Vicksburg, Miss.

If so, when, and where? In what prison were you held and when were you released? In Vicilshing mire, de surrender of army there own torold for bo

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.)... Vxoto 25 x 50 ft in montand, Mikaco Co. Ga value 140"

2 aou. Sing Bail Wish: Forting lette talor " 1150 in wife now \$12500 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? "Lenc

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).

Nextend in an every to be interest of a cort

12. What annual or monthly income or earnings of yourself and wife and the source derived have you my parquisites as Suited of the Read amounts to about \$250 can

13. Are you drawing a pension of any amount from this State or the United States? 700, 14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it not allowed? Two,

......County.

Acres House

Interest of the sound before the sound in the sound of the contract the state of the contract the state of the contract of the

1. 9 110/11mm ay Q. S. O. 13. 23 rala. C. S. A.

consider tome felt cong of July 1910

My Commission Espina "
APRIL 1s. 1044.

APRIL 1s. 1044.

molary Jublia

ORDINARY'S CERTIFICATE

J. A. DREWRY,

Judge Court of Ordinary.

STATE OF GEORGIA, SPALDING COUNTY:-

L.J. A. Drewry, Ordinary in and for said county, hereby certify that

sworn by me in support of the

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

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

Witness my hand and affixed the seal of office this, the day of

Ordinary Spalding Sounty, Georgi

NAME LANGTON Sinces H. YEAR 1011 COUNTY Fulcon

WYPET AND WHERE BORN? Resident of beergie since Nevember 1800.

ENLINCED WHEN AND WHERE? 1008, Mostgonery, Alchema.

SCAPLY AND REGIMENT? Co. B. Sord Alabama Segiment, infantry.

AL CF CAPTAIN AND COLONEL?

CAPTRIED, WHEN AND WHERE? Captured at Viaboburg, missionispi, parolot for 80 days after that reorganised after to restauged.

WULEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

EURIED,

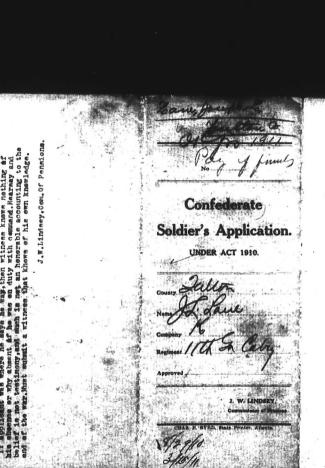
PI FD?

LIEJ, WEEN AND WHERE

VI INESSES B. F. Cellowy - Same Commad, He date.

7. 6. Heliurray - Go. B, Aled Ala. G. S. A.

VIEWESSES. R. F. Collowy - Sem Command. F. C. Mediatray - Go. B, Sird Ala. C. S. A.



Pension office 10/83rd.1910

If applicant was where he says he was then witness knews nothing of this absence or why absent at he was on duty with command Herrary and belief is not testimony, and much is not an increable accounting to the end of the war. Must submit a witness; that knews of his ewn knewledge.

J.W. Lindsey, Com, Of Pensions.

UNDER ACT 1910 Application. W. LINDSEY

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.
STATE OF GEORGIA,
Fulton County.
of said State and County, hereby applies for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with
his testimony to make out the same, and after being duly sworn true answers to make to the questions
propounded, answers as follows, to wit: 1. What is your name and where do you reside? (Give County and Post-office).
Folton conty Hapewill by
2. How long and since when have you been a continuous resident citizen of this State?
Duty HOVE yelder
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State
from 1861 to 1865? 1.2 L. Atem 1644. Fta 1- 61. 1. 1. 2.
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class
of Service) 1 10 Children (6 17) 41.41 12.5. How long did you remain in the actual Military Service with said Company and Regiment?
(Give date of discharge) Article Aurarache
6. When and where was your Company and Regiment surrendered or discharged from the Service?
may 5th 1865 Way ta wa
7. Were you actually present with your Command, when it was surrendered or discharged?
8, If you were not actually present, state specifically and clearly where you were
Horn on Firelow
a. Where was your Command when you less it? When the was your Command when you less it?
b. When did you leave the Command? Lagt of Jelsony
c. For what cause did you leave? At elality
d. By whose authority did you leave? IN Twilly from floures
e. For how long was your leave granted? In what way? It Aut I the fitter
. ,
t. Why did you not return to your Command after leave expired? I Deter die both
1. In what way were you prevented? Dieterior + Vincentian of alle
h. What effort did you make to return?
1.1 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 discription was owned, in the use, possession and control of yourself
1. We will be a dead of the total and the transfer of the black of the
Hove hold + Rulelan Fariation
200 Dock Land

What property of any kind have you or your wife disposed of and for what purpose since 4 Nov...
 To whom and for what price?

11. What property of any discription of any kind, and of any value new owned and in the use, possession and control of yourself and wife and its each value? (Make itemized list).

12. What annual or monthly income or earnings of yourself and wife 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 allowed?

.....County,

Q UESTIONS FOR WITNESS AS TO SERVICE. STATE OF GEORGIA,
County. County is hereby presented as a witness in support of the application of the Act of 1910, in said State, and after being sworn true answers so make to the questions propounded, nanwers as follows:
1. What is your name and where do you reside? I the think the applicant? 2. How long and since when have you known the second of the applicant?
3. Where does he now reside, and since when has he been a bogafide, continuing resident in this State and how do you know?
4. When, where and in what Company and Regiment did. war from 1861 to 1865? (Give date and place). It was to the Service? The first state of the Service? The first state of the Service?
6. How long within your own personal knowledge did he perform actual military service with
this Company and Regiment? (give date) 7. When and where was his Command surrendered or discharged (give date and place). 1. When and where was his Command surrendered or discharged (give date and place). 1. When a company to the command surrender or the command of the com
9. If not, where were you and how came you there.
10. Was the applicant personally present with his Command at surrender.
12. When did he leave his Command. About Miley 5, 1865. Where was his Command when he left it? New Analysis for what cause did he leave? Stationary
By whose authority did he leave to the same and how long was he granted leave? GO ALL How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)
13. In what way was he prevented from returning to his Command? The Surrender C. How do you know?
14. What effort did he make to return to he Command and how do you know?
15. Was applicant captured as a prisoner
the county.
AFFIDAVIT OF TWO FREEHOLDERS. STATE OF GEORGIA.
Personally before the comes
says that they are free holders residing in said County and we know. the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by itsme and value.)
The state of the s

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

1908? (State it fully by items.)
2. When and to whom was it sold or given to?
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant?
5. What disposition was made of the projects of the sale?
6. Was the disposition of this property made in good faith and full values?
1 1900 (1904 (1904) 1904 (1904) 1904 (1904) 1904 (1904) 1904 (1904) 1904 (1904) 1904 (1904) 1904 (1904)
or was it made to obtain a paradict. Sworn to and subscribed before me, this he)
awarn to and adoptified belong managed a
day of
Ordinary,
of County.
ORDINARY'S CERTIFICATE.
STACE OF CEORCIAN IN 18 18
Dunty.
Ordinary of said County, certify that I know
the applicant for Pension is the person he represents himself to be and resides in
said County That I also know 26 January to the
service and who are free holders, that
they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and
they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the
Tax Results of shows that and wife
valde for tax is in 1908 8 for 1909 8 00 for 1910 8
trees linder by hand and official seal of office this / 5 day office 1910
Man electrical and stages of Ordinary
of Fulla
NOTES 1. Before any questions are salar eved the Ordinary shall swear applicant and all witnesses in the following words
NOTES 1. Before any questions a real service the Ordinary shall swear applicant and all witnesses in the following words: "On do a selembly wears hat you work to be the control of the control of the wide selembly was held gird shall be the whole will be below to lead of the state of the words and the evidence you shall gird shall be the whole writing to help you God." "Additional singlest may be made laborative Gridlary and certified by him. All affidewits must be made laborative Gridlary and certified by him. If applicant has no property at all in his poissesion, use or control of self and wife, affidavits of Free holders.
Additional affidavite may be attached if blank spaces are insufficient. All affidavits must be made before the Ordinary and certified by him.
4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of Free holders unnecessary.
1.00
- 英

Honolik

Georgia, Filton County.

Personalize appeared W. B. Lane, who after being daly sworn deposes and says, That he is a brother of J. L. Lane, who have application for pension to which this affidavit is attached.

That during the Spring of 1865, about the middle of Harch, affiant's orther J. L. Lane who had been off in the war, came home on a furlough and was sick in bed and remained sick and analyse to perform the duties of a soldier until after the surrender on May 5th 1865. That affiant was at home with his protect J. L. Game during his alokness.

WB Lane

Sworn to and a concrised before me, This 8th May of Margh, 1911.

Notary Public, Fulton County, Georgia.

Georgia, Fulton County.

Personally appeared J. L. Lane, the applicant named within the application to which this application is attached, who after being duly aworn, on oath deposes and says, That after he had enlisted and served in the regular army in dompany K. Eleventh deorgia Regiment davalry, that he was taken slok with typho-malarial favor the latter part of January or about the first of February 1865, near Augusta, deorgia. That affiant was sent to the government hospital at Augusta, deorgia, where he remained until about the middle of March 1865, at which time ne was granted a 60 day furlough on account of this illness and was sent to his home near Athens, deorgia, in Madison Dounty, near the line of Madison and Clark County.

That affiant remained sick at home on his said furlough until after his company and Regiment had surrendered on the 5th day of May 1865, and that affiant at the time of said furlamph surrender was sick at home on said furlough and for more than six months after said surrender he was sick and unable to return to his command had the same not been surrendered.

Sworn to and subscribed before me,

This 8th day of March, 1911.

Notary Public, Fulton County, Georgia.

TAME Lame Joseph L. YEAR 1911 COUNTY Pulton

" AND WHERE BORN? Bosident of Goorgia 64 years.

. CT : Willen AND WHIRE? Witness states; Athens, Georgia.

. . . .

GOUNTLY AND RESERVENT? Co. K, lith Goorgia Cavalry.

" 41 F WITAIN AND COLONEL?

Letter part of January or about the first of Pebruary 1865,
near Augusta, Georgia was taken sick with typho-malarial fever,
sent to The Gevernment Mospital at Augusta, Georgia, where he
remained until about the middle of three lets he will remained
until about the middle of three lets he will remained
cent hem near Athena, Georgia, remained sick at
home on furioush until after his Co. and Regt.
had surrendered.

: AUED.

WITH AND WHERE SURRENDERED? Command surrendered; May 8th 1865,

IF NOT TRESENT AT SURRENDER, WHERE WERE YOU? AS home on sick furlough.

DIED, WHEN AND WHERE?

LURIDD,

WI HIESSES. J. C. Mardie - was present with applicant at the surrender.

No data.

THE THESSES. J. C. Mardie - was present with applicant at the surrender. No data.

Widow's Pension UNDER ACT 1910. County Fulton New Molly Lane WINDOW of Marke Do Lane a- 1 Gally. ENTERED ROSTLE OFFICE. LINDSEY.

STATE OF GEORGIA, Hancock County.

To ANY MINISTER OF THE GOSPEL, JUDGE, JUSTICE OF THE INFERIOR COURT. OR JUSTICE OF THE PEACE.

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

> Given under my hand and seal, this 6% Theread & Rille Comment

STATE OF GEORGIA.

Hancock County.

THIS IS TO CERTIFY. THAT DELLE A Selle a Buckerston DELY JOINED IN MATHOMONY BY ME Those of adouted 30 to

COPY OF ORDER.

HANCOCK COURT OF ORDINARY,

October Term 1911.

Onaccount of ill health, and acting on he advice of physicians, the Ordinary of Hancock County will be absent from his office and from the State for the period of not less than thirty days nor more than sixty days from the seventh day of October, 1911.

This order is ewidence of such absence and is information upon which the Judge of the City Coust of Sparta may take jurisdistion of such matters effecting this office and this court as ma/ arise during the absence of the Ordinary.

In open Court this 4th.day of October, 1911.

HENRY H. LITTLE, Ordinary Hancock County.

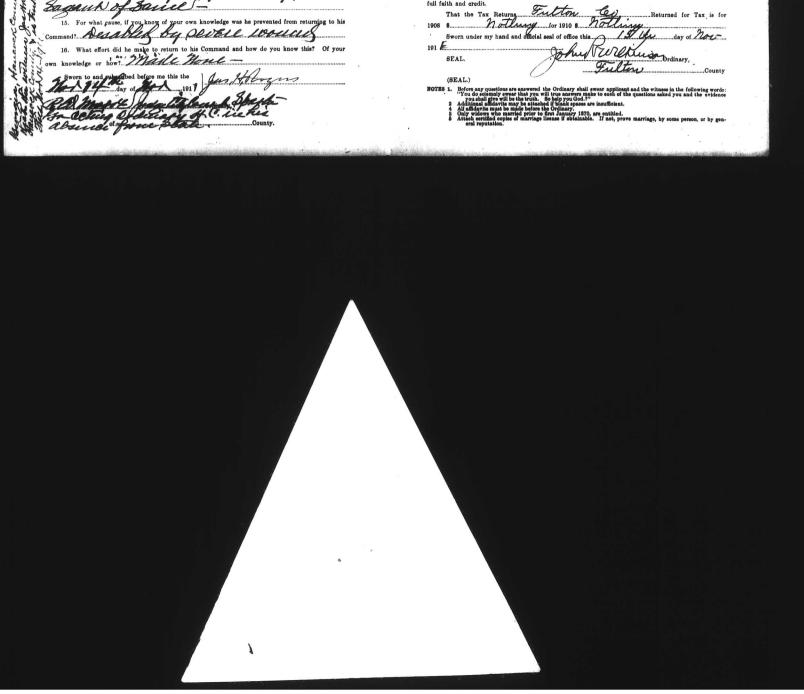
Application for Pension by a Widow Under A of 1910 .-- Questions for Applicant. 以

STATE OF GEORGIA,	
Tulling County.	
Personally before me comes. Mrs. Mellie Paul of said State and County	
and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Ac	
of	
lowing questions to wit: 1. What is your name, and where do you reside? Mollie Paue Cale Pars	E
2. How long and since when have you been a continuing resident in the State of Georgia?	1
3. When, where and to whom were you married? Hand C. Jol a. 1167 Rack D.	
4. When, where and in what Company and Regiment did your humand enlist as a soldier in Com	
federate Army or Georgia Militia? (State the arms and class of Service) Hery 1961 (Manual of Ser	?
6. Was your husband personally present at the time of the surrender or discharge of this Command	?
1 May a feel of died	20
7. If he was not present state clearly where he was all home full up to the state of the state o	
a. For what cause did he leave his command? Wounds	
b. By whose authority did he leave his Command? Commanding Officers	
c. For how long was he granted leave of absence? Intefinitely	
e. What was his physical condition when he left his Command? Minshelf & sour h	
1. What effort did he make to return to his command? Make with	
g. In what way was he prevented from going back to Command?	-
h. Was he captured by the enemy at any time?	
leased?	
J. When and where did your husband die? Markens ga 20 1890	
k. Were you residing together when he died?	
1. If not, how long had you resided apart?	
9. What property of any description did you own, hold or control for your use and its cash value	
Nov. 4, 1908. (State same by items.)	
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received	d
for it and what did you do with the proceeds thereof? (Give items and cash value.)	100
<i>A</i> .	
11. What property of any description of any value have you now?	
Give list and cash value?	
12. What are your annual earnings or income and their value?	-
13. Have you heretofore been paid a pension by the State?	
If so, when and for what cause were you struck from the Roll?	
Sworn to and subscribed before me this the	
La COLL MAN ALL AND ON	
Mullius Normalsm CC Ordinary.	

30	3 8 3			A
1300	289	Questions for the Withesses as to Service of H	usband and Marriage.	AFFIDA T OF TWO
93	2 30.	STATE OF GEORGIA,		STATE OF GEOP
10%	C. M	Haucock Country.		alton Astronomy
0.3	29.3	· / / · (of a /	Por cell.	ounty.
3-3	457H	Personally before me comes.	()	Personany before me comes ws M/W/ Pless
3 4	3.	peing duly sworn true answers to make, to the following questions, answers to where do you reside:	Rouse Shartan for	are freeholders of said County and that they know.
8 %	70	2. How long and since when have you known		of said County and know what property she owned on 4th
1.3	131	3. How long and since when have you know, resided in this		Schedule (A) as follows
3 3	2.28	all of her lefe		Personal property Notes and accounts due
7 6	13.	4. When and to whom was she married Math. D. France	How do you know? By Aspertation	Total.
A B	Trans	5. How long and since when did you know.		
2,4	138	ousband? 32011 1857 to 1889 04890		Schedule (I We know the property sold or given away sin <u>ce</u> No
2.8	240	6. When and where did Musik Dhan		Personal property 700
6. 3	11	he husband of Applicant die? 1889.07.1890 Lin 59	,	Money, Notes and accounts
14	18%	7. Where the Aplicant and her husband living together as husbs	nd and wife at the date of his	Schedule (
1 3	16	leath?		We also know what property she has now in her p
603	The B	8. If not, how long did they live apart before his death?		Acres of landworth
36	100	Were they divorced?	H A / -1	
30	39	9. When, where and in what Company and Regiment did.	Matter N. J. L. Gar. C. enlist?	Cows and Hogs
6	36	may 2 7-1861 - attanta, Ja,	oll Oth Oth	Other propertyincome and earnings
1	3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Total Value of all property
1 /2	13	10. Were you a member of the same Company?	/	Sworn and subscribed before me this the
3	13	11. How long within your personal knowledge did he perform as	tual military service with his Com-	15th day of new 1911
21	4	Dany and Regiment Pittle ovel 12 300		Marcellus Worderson Clo
5	17 1	12. When, and where did his Command surrender, and was discl		of Ful
113	N		sarged Light Lb	
304	, .	ap Frelusborg, MC.		ORDINARY'S CL
2 2	1	13. Were you personally present when it was surrendered?	If not where	
2	3	vere you	came you there?	STATE OF GEORGIA,
2 %	33			County.
1 1	3	14. Was the husband of applicant personally present at surren	der? Ho If not	I John & Willsingson
63	33	where was no alk transce the filled fit I date	Welshan where and for what	that I know Mus Mollie Lane
6	.1	ause did he leave Command? (Give date. May 21. 1862. Ric	Justion Loones	is the person she represents herself to be and she
6.1	\$	ause did he leave Command? (Give date.	hassactal Va	County and was in the 4th Nov,. 1908
7	A.	uthority did he leave his Command?	and how	That I also know
	3 1	ong was he granted leave?		to the service of husband, and Man A F. Hand. freeholders. That all of them are now residents of said
30	dr.	In Dame Company & no	Educa position	the foregoing affidavits and that they all, are truthful,
3 3	3	Espand of Bariel -		full faith and credit.
6	M	15. For what cause, if you know of your own knowledge was h	e prevented from returning to his	That the Tax Returns
ğδ	68	Command? Desabled By Devell		1908 \$
đ.	ST.	J /		Sworn under my hand and official seal of office th
2	120	16. What effort did he make to return to his Command and	now do you know this? Of your	SEAL. Sohu
41	1:4	wn knowledge or how? Malle Moule		, , , , , , , , , , , , , , , , , , ,
₹,	23	Sworn to and subscribed before me this the	logus	(SEAL.)
10	1.41	day of 1911		HOTES 1. Before any questions are answered the Ordinary sha "You do solemnly swear that you will true answers n
1	Sout.	PS mary Side Blanch De	after	you shall give will be the truth. So help you God. Additional affidavits may be attached if blank spaces
1/4	77	to coline Ofdicion of Cine	kie	All affidavite must be made before the Ordinary. 3 Only widows who married prior to first January 187 5 Attach pertified copies of marries bloom in the land
30	18	absence of frace 3 bate	County.	eral reputation.
di.	10,			

FREEHOLDERS.

TATE	E OF GEOD			
THE	ounty.			
	recommy before me comes	Herris		th says that they
	olders of said County and that they know			
	ounty and know what property she owner	d on 4th Nov. 1908,	and its cash value	to be as set out by
	(A) as follows	Witting	••••••••••••	
	Personal property	many	\$	
	Notes and accounts due	·····	\$	
	Total		S	**************************************
		dule (B).		
	e know the property sold or given away a	7/11		e as follows:
	Personal property		× 8	
	Money, Notes and account	nts /	3	
,		edule (C).		
W	e also know what property she has now	in her possession, u	se and control to w	it:
	Acres of landworth	7	\$	
			S	
	Cows and Hogs		\$	
	Other property	-	<- !	
	income and earnings			
0	Total Value of all pr	- N	0100	0 -0 -0 -0 -0 -0
, 5	sorn and subscribed before me this to	mss 0	A Har	ris_
Ma	relling. Worderson C	Ordinary.	me A	L. Lenne
	, 5	Fulton		77 000000
	ol	www	County.	_
		and the second second		
	ORDINARY'.	S CERTIFIC	ATE.	
TAT	S-OF GEORGIA.			
9	ulton County.			
- M. M.	01 001.0			
I,	John K Willsings	w	Ordinary of said	County do certify
hay, I/k	now Mus Mollie Las	se.	the applicant	for pension. She
the p	erson she represents hersalf to be as	nd she is a bona fi	de continuing resi	dent citizen of said
ounty a	and was in the 4th Nov,. 1908			
Th	hat I also know		the v	ritness who swears
	service of husband, and			
	ers. That all of them are now residents			
	oing affidavits and that they all, are tr and credit.	uthfui, trustworthy	, and their statem	ents are entitled to
	hat the Tax Returns Full	on 61	Datuen	d for Tax is for
	nothing for 19	ine hold		of for Tax is for
	worn under my hand and official seal of o			1 . 22-
		mee this		day of
	90	Kuy Very	Kuisan	linary,
81	EAL.	9.1	7	V 200
/0			48.W.	County
(8	BEAL.)			



STATE OF GEORGIA, INDIGENT PENSION. 1907 POWER OF ATTORNEY county Tyston co. C Cents without regi. JOHN W. LINDSEY, WARRANT HANDED TO

Approved_

12. What Do winner except of OUESTIONS FOR APPLICANT. and what disposition, if any, did he make of same ?-STATE OF GEORGIA. 13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? Aulton COUNTY. What is the applicant's occupation and physical condition? mole dans of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

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

What was not name and where do you reside? (Give State, County and Poteoffice.) Bas Condition dwelling of feet any legs 15. Is the applicant unable to support himself by labor of any sort; if so, why? Ges-on 2. How long and since when have you been a resident of this State?

1841. Let ce fet 2 year (76 5 56)
3. When and where were you born? July 9-1845 William & 16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? Reachers 4. When and where and in what company and regiment did you callet or serve? are of delle ... Ramark relief States Cya ora 290. Dery Little-5. How long did you remain in at h company and regiment? - free at the of survey of survey of 18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code His Competers is such that he is usuable 10 before any Leton to which to larn a living 19. Who composes family? What property have the? Children's ages and their earning capacity? When and where was your company and regiment surrendered and discharged? Appoint attay 6 Bayo & 5 Darks - 3 Garles manney - no Home on other property Wigo on Hospital - expense timo to don Children all of agreeing 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 cause and What interest have you in the recovery of a pension by this applicant? by whose authority?.. phecribed before me, this the the Kurchinson Ordinary 9. How much can you earn (gross) per annum by your own exertions or labor? The first of the following grounds do you base your application for penalon, viz: first, "age and poverty." second, "infirmity and poverty," or third, "blindness and poverty!"

12. If upon the first ground, state how long you have been in such condition that you could not earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whather you are totally blind and when and where you lost your eight. These years, swelling of legs of ret 13. What property, real and personal, or income, do you possess, and its gross value?____ 14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, by sale or gift, bave you made of same?. none 15. In what County did you reside during those years, and what property did you then return for taxation? Tullan 16. How were you supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907; safe to gard of Balling Strong and Market My your was a facility of Balling Strong and what portion did you contribute thereto My your own labor or income? Link Child 18. What was your employment Maring 1901, 1902, 1903, 1904, 1905, 1906 and 1907? What pay did you receive in each year! Meddelling I Gellengh My 1907. How they a home-creative in each will be a support of the support of the support of the property? Their ages and hoy amployed? They was a family? It so, who composes such family? Give their means of support. Have they a home-stand, or other property? Their ages and hoy amployed? They was a family? Their ages and hoy amployed? They was a family? f the support of the W. LINDSEY 20. Are you receiving any pension If so, what amount and for what disability? 21. Have you ever made an application for pension before?.... How many applications have you ever made and under what class?.. Applicant.

A.M. V vormes the melons of feet feet. States on france of feet feet.

STATE OF GEORGIA, AND COUNTY. A Share County. A Where clouds be read; anythou long and succe when he is posed a resident of this State? A When, where and in what company and regiment is the salist, anc. bit of you know? MAN A Share County. A When where and in what company and regiment? A When where was his command surrendered? A When and where was his command surrendered? A When and where was his command surrendered? A When and where was his command surrendered? A When and others when it surrendered? A When and others when it surrendered? A When the leave his command surrendered? A When the same of present, where was he. When did he leave his command surrendered? A When the same of present, where was he. When the same of present, where was he. When the same of present county is the same of an owner, and any of the same of the sam		QUESTIONS FOR WITNESS.
as a witness in support of the application of My The Acan's for pension under section 1234. Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: 1. What is your cause and where do you reside? 2. Are you acquained with M. He darm the applicant; if so, how long have you known him? He darm the applicant of this State? 2. Are you acquained with M. He darm the applicant of the state. 3. Where double residue, another long and since when his he beed a resident of this State. 2. When where and in what company and regiment did he calk, anch by a fog with residue of the state. 3. Where you as member of the same company and regiment. The dark are the state of the state of the state of the state of the state. 4. When where and in what company and regiment did he calk, anch by a fog with residue of the state. 5. Were you present when it surrendered? 6. How houg did he perform regular military duty? The state of the state o		
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as a witness in support of the application of Mark Scanner for panels of under section 1254. Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: 1. What is your name and where do you reside? A Barrier to make to the following questions, deposes and answers as follows: 2. Are you acquained with M. Po Aarie the property of the particular of this State? 2. Are you acquained with M. Po Aarie the property of the pr		AA Bannet
under rection 1254. Code, and after being duly sworm true answers to make to the following questions, deposes and answers as follows: 1 What is your name and where do you reside? A A Barrows. 1 What you acquainted with M Bacarrows. 2 Are you acquainted with M Bacarrows. 3 Where dougheredd, and how long and since when has he boad a resident of this State? 2 When, where and in what company and regiment did he called, such by do you know the service of the same company and regiment? If the form you are member of the same company and regiment? If the form you have you been serviced by the service of the same company and regiment? If the form you have you been serviced by the service of the same company and regiment? If the form you have you been serviced by the service of the same company and regiment? If the form you present when it surrendered? The service of the same company and regiment? If the service of the same company and regiment? If the was not present, where was he? 2 Were you present when it surrendered? The fore what cause? A service of the same transported the service of the service	s'	m
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Mines Leo, Ja	4	T. A. Cordinary.
	1	Mily Leo, de

AFFIDAVIT OF PHYSICIANS.

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remonally came octors the	both known to me as reputable physicians
said County, who, being severally sworn, say on oath that they	
m vo	for pension under Section 1254, Code, and after
nch personal examination say that his precise physical condition	
Anothing of home in transit	ti and Runal make
du maria acam	letin Bunzacil.
	7
nd that we have no interest in said pension being allowed.	C E Hall mo
Sworn to and subscribed before me, this the	0-7/40
day of tuges 190	Tour mo
John Villerison Ordinar	y
ORDINARY'S CER	TIFICATE.
STATE OF GEORGIA.	
Fulton County	
and Dry we Del.	
1. John Collisson	_Ordinary, in and for said County, hereby cortify
hat the applicant M. H. Lane	resides in said County, and has
een a bona fide resident of this State since thede	ay of189
	ova
and that the witnesses, viz. Kenny M Con	ove
	ed to full faith and credit.
and that the witnesses, viz.: Alony M Co-	A fig. well-to find a great control of the control
and that the witnesses, viz.: Levy M. Lo- ure of trustworthy character, and that their statements are entitle I further certify that before answering the foregoing ques	stions the applicant and each witness took the oath
and that the witnesses, viz.: Levy M. Lo- ure of trustworthy character, and that their statements are entitle I further certify that before answering the foregoing questoreon prescribed, and that the fall text of the affidavits was read.	stions the applicant and each witness took the oath to the applicant and witness before same was signed.
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Ang, M. M. Palton Constitution of the constitu	
GEORGIA, I hereby authorize and constitute. I hereby authorize and constitute. I with and paid from me deceased husband, Pension Roll and paid from with the paid his widow. Witness my hand this.	Pension Due
GEORGIA. Application for Deceased UNDER Application for Deceased UNDER Application for Deceased UNDER Approved deceased husband. County. I hereby authorize and constitute. I hereby authorize and constitute. On Mrs. M.	Soldier GT 1891 Dependent Children Lane County Vols.

3

9. M. S. Lan orden

of Georgia, and I know..... the within witness, and he is of a truthful and trustworthy character and entitled to full credit. is the lawful widow of, and was on that I personally know....., the applicant, and that she Ordinary, Ordinary of said county, do certifyCounty.

Application for Pension Due Deceased Soldier

To be paid to his widow or dependent children.

UNDER ACT APPROVED OCTOBER 9, 1891
STATE OF GEORGIA Zulton County.
Personally before me comes Mrs. In Amaline Lane, of said county,
after being duly sworn, on oath says that she is the widow of M. H. Lerne
who was duly enrolled as a
of Lulton and was paid a Pension of August
Dollars from Lultur county for 1912, and that the said M.H. Lune died in Allundu tultur county on
the 17 day of noundly 1919 and at the time of his death a Pension of Live ty
was due him from
Applicant further swears that she married the said M. H. Land on the 6 day of Oct 1868 in Hanson county and
State of
paid to her. Sworn to and pubscribed before me this. 2 4-47 day of
offur RWilliamson & Undine Landine Jane (L.S.)
Fullow County.
AFFIDAVIT OF WITNESS.
GEORGIA,County.
Personally before me comes and Immay who
on oath says that he knows
and that he amonoton
the above applicant; that he knows that the said. M. F. Lonne
and M. Jundine Leure were in due form of law married in the county
of Homanel in the State of heavy u on
the day of Ctobes 1865, and that they resided together
as husband and wife from date of marriage to the day of his death on theday
of
Sworn to and subscribed before me this /2 100 day of tuburung 1913.
in Allilanson Ordinary. In a Transman
Tellow County

"Georgia, Hancock County.

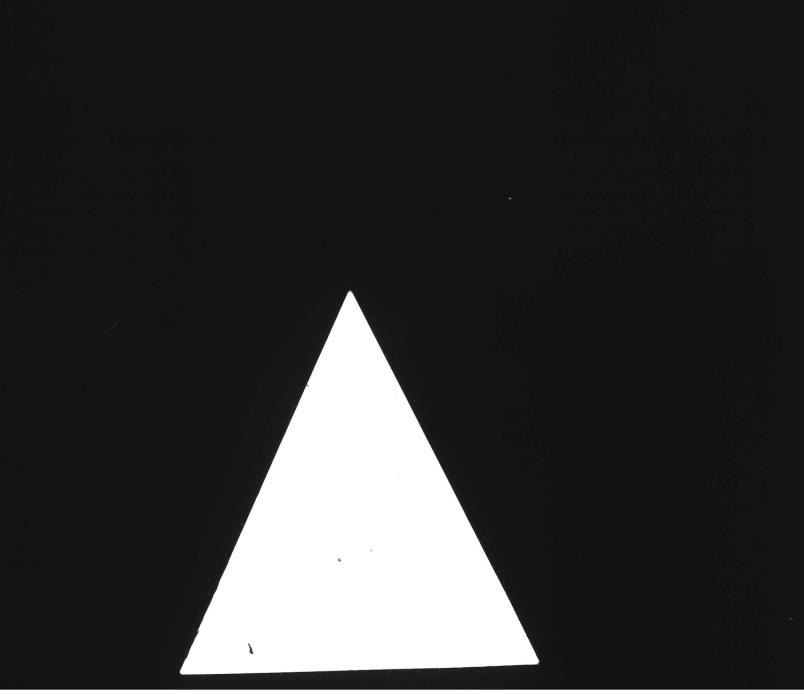
I, Henry H. Little, Ordinaryn of said County and Ex-officio Clerk of the Court of said Ordinary, and employing no Clerk, do hereby certify, that after diligent search made, the Marriage License record and the Original Licenses for the year 1868 in said County are lost or destroyed.

I further certify that the Marriage Docket of said County for said year.

I further certify that the Marriage Docket of said County for said year 1868, shows the following entry, "(date issued) October 5th., Marshall H. Lane and Miss M.Undine Brewn, (date of execution), October 6th. 1868, D.E. Eutler, Minister of the Gospel, (Number) 31.". The words not in brackets being the original entry and all of said entry.

Given under my hand and seal of Office, this 23rd.day of January, 1913.

Ordinary of Hancock Co. Ga.



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

and fully set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stand in the service, a full and carefully stand in the service, a full and carefully stand in the service.

3. If the law makes no allowance for an arm or leg, unless the arm or leg has been readered substitutally and essentially states.

3. It will not enswer to say there as arm is "substantially uscless 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 uscless.

4. If the papers are returned for correction and amendments are added to vary of the show that the amendments must be made sadar outh before an officer, and the proofs must show that the amendments have been daily sworn to be sometiments of the experient. The certificate of any other will not be received in any case.

6. The Ordinaries of the several counties are specially requested to call the attentions of the publicans and ambidions to these coints.

applicants to these points. can be made for any past year.

W. H. HARRISON Clerk Ex.

Dep!

APPLICATION FOR ALLOWANCE Du Juger - x Low of Equ you at Branklin Down you see applicant there! Applicant, Roth R. Lave County, Freelow Amount, 60. Date of Warrant, A 1030 bote when the 1890 WARRANT HANDED TO lecapi The physician mil auner Now do they know ... Loss of rightige.

Kum appleant Down of behing

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The proofs uno not as full rened Caj's Magbee is asked &

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NOTES

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted

by the Governor touching the payments provided, the following suggestions are submitted:

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

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

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

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

5. Every application must be certified by the Ordinary of the county of the residence

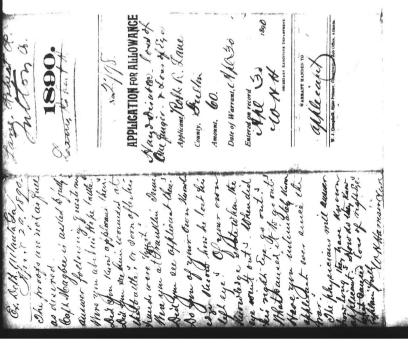
of the applicant. The certificate of any other will not be received in any case.

6. The Ordinaries of the several counties are specially requested to call the attention

of the physicians and applicants to these points.

7. No payments can be made for any past year.

W. H. HARRISON, Clerk Ex. Dept



For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA. Fullon PERSONALLY appears Robert R. Lane of Luller 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 continuously since the all his age day of 18 ; that he enlisted in the military service of the Con-) during the war between the Private in Company C, of 1st Regiment States, and served as a of Lufacility Volunteers Ject 40" Brigade; that whilst engaged of Jenne, on the 30" day of Act. 1864 he was wounded as follows: In a minima ball wounds full in wounded as follows: "The celler finger on the right hand was fallen off at the 2nd friends and the 3" finger on the left hand off at he to found - The right hand is wellest. These wounds were received at the sauth of the world for received at the lattle of them tops. a good hate thering out , it ift up was destroyed the right up went out price he appet of the urund -Deponent desires to participate in the beachts 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 thereunder, ending October 26, 1890.

Sworn to and subscribed before me this the 29" day of Spire 1890 Nore—State fully nature of wound or character of disease which causes the disability, and coplain particularly the extent of the disability. If claim is based undisease give full and control disease, tracing it directly to the service.

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

Fullow

PERSONALLY came before me Me Me a gree of the county of Hitter. State of Georgia, who being duly sworn, says that he was a commissioned officer in Company of of 1st Company Regiment of Lee 2 gree Volunteers, and that deponent knows Refer 12 Lane, and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said Moter & H Nous

as stated by him in said affidavit. Deponent further states that said is a bona fide citizen of this State and resides.

Sworn to and subscribed before me this)

STATE OF GEORGIA

County

PERSONALLY came

citizens of

county, in said State, -

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

and know, from having been with him in the army, that

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

statements in his affidavit are true.

Sworn to and subscribed before me, this

day of 1890.

Above affidavit must be made by three citizens who personally know of the service of applicant and can state of their ge precisely how he is drabbed, and what disables him.

The attenting officer must see that seek witness results up has result to the refulation of the refulation of the service.

STATE OF GEORGIA,

Julion

PERSONALLY comes before me W. L. Calhur Ordinary of said county, I. W. Parks and L. P. Stephen , both known to

me as reputable physicians of said county, who being reverally sworn, say on oath that they have carefully examined North Lacra and after such

examination say that the applicant has been injured as follows:

Both Eyes Mally blind, one from the effect of a The sight hand the flow the superphitic afformation of order gives and the first and the formation of order gives and the formation of order gives and the sight hand is produced and the sight formation of formation and the sight formation of formation and the sight formation of authorized from the sight formation of the sight formation of authorized from the sight formation of authorized from the sight formation of authorized from the sight formation of authorized from the sight formation of authorized from the sight formation of authorized from the sight formation of

Sworn to and subscribed before me, this ABRONG MIS

29" day of Soul 189 I. P. Slephens m. J.

10 & backmin

NOTE ... The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability result-OTE 2.—It claim is for disability resulting from disease, state Aose the disease is Angues to result from the service as a soldier tate how long physicians have known and treated applicant.

STATE OF GEORGIA.

Fullin County.

I, W. S. b acknow Ordinary of said county. do certify that I am well acquainted with Robert R. Loine the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses are persons of respectability, and that their statements are worthy of full credit and belief.

I further certify that

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 If day of Africa 1890.

While without County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

Know all Men by these Presents. That I.

county, in said State, do hereby appoint

my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Seorgia 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

L. S.]

Executed in the presence of us :

If allowed, send amount by

, and oblige,

	PO	WE	R OF A	TTOR	NEY.			
STATE C	F GEORGI	A,	1					
		Coun	ty.					
I,			her	eby authori	ze			
			of					
to receive at	nd receipt for	the pen	sion paid he	rcon and r	equest t	hat he	remit same	to
				by				
at		21						
IN WI	TNESS WHE	REOF,	I have herei	into set my	y hand a	nd seal, t	his	
day of			1897.				1	
							[L. S	s.]
Exe	ecuted in preser	ice of	1					
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For Those Already Enrilled	INVAL DIER'S PI	9	37 18	12 31	1	RICHARD JOHNSON		BTATE
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	S		Name County	Disability Z				

R OF ATTORNEY.
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hereby authorize
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sion paid hereon and request that he remit same to
by
I have hereunto set my hand and seal, this
1898.
[L. S.]
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Bane, Robert R. WARRANT HANDED TO no Seta

SOLDIER'S PENSION. INVALID 1898.

ACT OF 24 OCT., 1867. (For Those Aiready Enrelled.)

No. #1

RICHARD JOHNSON,

Disability lower for for the up

Nama 20 Kite 2 Lens.

Law, a. B. For Those Already English.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Juston County.
personally appears R.R. Lane 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 26
day of 1837; 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 mirate in Company C, of the Regiment
Sidn'a Volunteers, Jacks 's Brigade; that whilst engaged
in such military service in the State of Group at Mi Non the day
186 4, he was wounded, injured or diseased of follows:
one friger short of left hand - + an est how 1864
in Franklin Ten w-bot eye + right have airable a
Sun that morning -
Tr.
**
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1897. I have heretofore under said law as a
resident of tin line county been allowed an invalid pension of
Dollars, for the year 189 G.
Sworn to and subscribed before me, this, the \\ 72 72 \\
23 day of Terry 1897. POST OFFICE
Tilliance code
Norg.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
of the disability, resulting from the wound or disease.
STATE OF GEORGIA,
Justin County.
I, Add Hulsing Grdinary of said County,
do certify that I am well acquainted with R. R. Lane 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 232

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fullow County of Decisionally appears Robert R. Landor Fullow

County, State of Georgia, who being duly sworn, says on oath that he is a bona fibe citizen and resident of said State, and has resided therein continuously ever since the day of 18.37; that he enlisted in the military service of the Confederate States (or of the State of Confederate States (or of the State of Confederate States), of the Regiment of States, and served as a Now all in Company (1), of the Regiment of States, and served in States, and served as a Volunteers, Lackbook 's Brigade; that whilst engaged in such military service in the State of States, on the day of 186 L, he was wounded, injured or diseased as follows:

Jotalle Blies (9 lass and

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

resident of 150 or 1 c. county been allowed an invalid pension of Dollars, for the year 1897

Sworn to and subscribed before me, this, the Dollars County been allowed an invalid pension of Dollars, for the year 1897

Sworn to and subscribed before me, this, the Dollars County been allowed an invalid pension of Dollars, for the year 1899.

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

STATE OF GEORGIA,

I, I I Sulsely

Ordinary of said County,

In the second of 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 seai, this____

Ordinary French County.

Affix your seal here.

POWER OF ATTORNEY,

STATE OF GEORG	IA,	
	County.	
I,	hereby authorize	
	of	
to receive and receipt	for the pension paid hereon and request that	at he remit same to
	by	
at		
IN WITNESS WI	HEREOF, I have hereunto set my hand and s	seal, this
day of.	1899.	,
		[L. S.]

Executed in presence of

INVALID

SOLDIER'S PENSION. 1899.

Аточит, \$ 60 Disability County Name

POWER OF ATTORNEY.

STATE OF GEORGIA			
I,		hereby authorize	
		of	
•		aid hereon and request that	
		by	
IN WITNESS WH		hereunto set my hand and se	eal, this
day of	1900.		
			[L. S.]
Executed in presen	ace of		
		¥	

SOLDIER'S PENSION. INVALID 1900.

To Rockdole 192

(For These Aiready Enrolled.)

Warrant issued Moch of Amount, \$ 60 Disability

WARRANT HANDED TO

JOHN W. LINDSEY,

(For Those Aircady Enrolled.)

RICHARD JOHNSON,

WARRANT HANDED TO

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
- county.
Dersonally appears 72 72 Lane of Fullan
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 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 recet in Company 6, of 5th Regiment
of Lace Volunteers, 's Brigade; that whilst engaged
in such military service in the State of The give , on the day
of Garage 1864, he was wounded, injured or diseased as follows:,
· su the Belief her hoose Champe
in as homeded in the togthere
in a sender his hand makely
or so make his themed making
med and also lest one in
tolle at Troublin Jun to the how
Im gen and
Deponent makes application for the pension to which he is entitled for the year end-
ing October 25th, 1899. I have heretofore under said law as a resident of
County been all wed an invalid pension of
Dollars, for the year 189
Sworn to and subscribed before me, this, the
day of the 1899. POST OFFICE
22777744
Note. State tally the nature of wound or character of disease, which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
Enter County.
I. Ordinary of said County,
do certify that I am well acquainted with R R . cee 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
() 2222 · · · · · · · · · · · · · · · ·
lind lines

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
talkon County
Dersonally appears . A. Lane of Falkon
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 the 18; 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 Nivito in Company of 8th
Regiment of Volunteers, 's Brigade; that whilst
engaged in such military service in the State of , on the
day of hime 1862, he was wounded, injured or diseased as follows:
left land rounted eled lost me eye from shat.
lock as one trom shet.
AND AND AND AND AND AND AND AND AND AND
PROPERTY AND ADDRESS OF THE PROPERTY OF THE PR
Deponent makes application for the pension to which he is entitled for the year
ending October 18th, 1900. I have heretofore under said law as a resident of
County been allowed an invalid pension of
Dollars, for the year 1897
Sworn to and subscribed before me, this, the
1900, POST OFFICE MEAN
day of 722 1500.) Post Office
morrien
Norz.—State fully the nature of wound or character of disease which causes the disability, and explain perticularly the extent of the disability resulting from the wound or disease.
- N
STATE OF GEORGIA,
Fullon County.
I, W. W. Shulang Ordinary of said County,
do certify that I am well acquainted with R. R. Zane the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this 3
(AMX) day of Mr and 1900.
y your
mortily.
Ordinary 2
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mornin Ordinary 2 ellis County. County. DR. L. P. STEPHENS. OFFICE, 2021/ MARIETTA ST. TELEPHONE 357 allanta, Ga. Africe 29 1890 Maimed Zoldiers. Voucher No. 21/98 Him MHHarrison -Amount & 60 Audited CHI Ty Sefet want work R. Lauce ask for full ausery OURT ROLLER CENTRAL in The Case of North R. Lane, applicant For Jassey topkling Loss ((ps) 1/2 reces new time before the of one Jurger & Hand Kinkles ficul examination. 1 their 30 1890 (2006) this affidavit a that of his agel. III I Magher, leads us to believe that he received the would as he states The left Eyzball looks as if it had Included to warrant No. 3 been snocked and, as there is only the issued to Treasurer. (3"d) 1/2 11 1000 That sympathetic. not only my protable from destruction WARRANT CLERK of the other eye, but the exchall receased as fortilise testimony that appleannt such was the result. Mr consider that his call is one of the choices are now sow - I. P. Stephends ne. D.

DR. L. P. STEPHENS. DEFICE. 2021 MARIETTA ST STATE OF GEORGIA. allanta, Ga. April 29 1890 Him MAHarrison of Hulten (411 Ex Defet. Department for an allowance under the Act approved October 24, 1887, as amended by Act, you ask for full auseus in The Case of Moth R. Laire, applicant He is entitled to receive the sum of Dollars for such disability, the same being the allest ree due for the year ending October 24, 1896 (ps) 2/2 mins saw him before the ficult & samuation (2008) Her affidant a that of his Papel. III I magher, leads us & believe that he received The wound as he states The left Eyzball looks or if it had By the Governor, been sureked and , as there is only the (3.d) 1/2 11 now that symposheric inflammation of the right eye is not only my probable from destruction of the other eye, but the exchall RECEIVED OF STATE TREASURER, R. U. HARDEMAN, recuarios as fositive Testimony that Dixty & dol such was the visuet. M consider that his call is one of the choise or worr sow - L. P. Stephels ned.

No. 2798 Allanta, Sa. Vpril 30 1990 EXECUTIVE DEPARTMENT.

Mr. Waberh YR. Laue having filed his application in the Executive

approved, Dec. 24, 1888, and the same having been examined and allowed for ANI OK One Junger , Los of one bye & Naud disabled

The Treasurer will pay the same and hold is report this concher, and return same to Executive Department for warrant.

Lordow

MN. Hamison CLERK EXECUTIVE DEPARTMENT.

Lene, Robert R. NAME.

Georgia Since, All his life. WHEN AND WIEPE BOKN?

ENLISTED WHEN AND WHERE?

COMPANY AND REGIMENT? Private Co. C, 1st. Regt. Infantry Vols. Jackbonts Brigade.

MAME OF CAPTAIN AND COLONEL? Captain M.J. Magbee.

Lost both eyes at Franklin, Tenn. WOUNDED. Franklin, Tenn. November 30th.1864. Shot on each hand, little Tinger on the right hand was taken off at the End. joint, third finger on left hand at the End. joint, the right hand is useless. these wounds were received at Battle of New Eops.

CAPTURED, WHEN AND VHINE?

RELEASED, WHEN AND WHERE SURRENDERED?

1890

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED. WHEN AND WHERE?

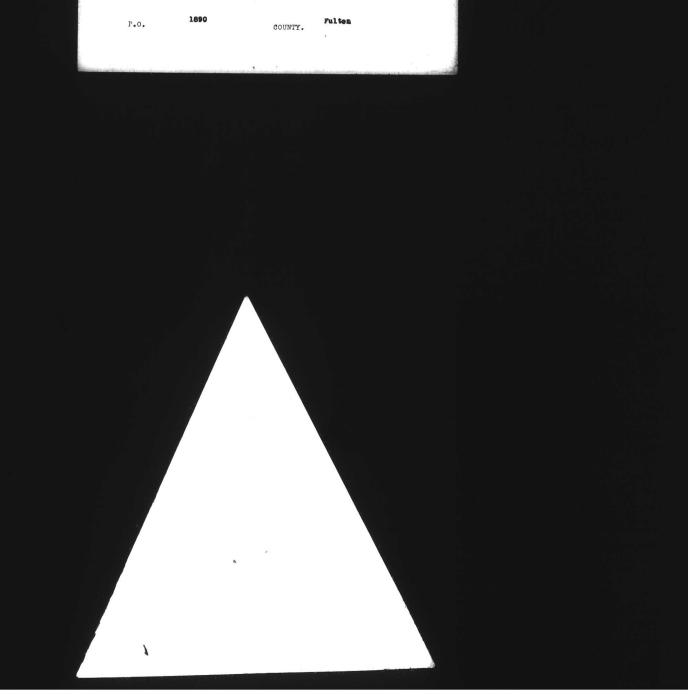
BURIED.

WITNESSES,

P.O.

Fulton

COUNTY.



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on	Real	٤	079	trus
Wie	low's	Ap	plic	atio
To Bo F	ut on Roil	in Her	Own R	ight Wh
	and Was o on Under		_	
		Act of .	luly 11,	
Pur County	on Under	lar	luly 11,	1910.
Pur County	t on Under	tar Itar	July 11,	1910.
Put County Name	M. H.	etar nohi	July 11,	1910. oene
Put County Name Widow o	M. H.	etar nohi	in de	1910. oene
County	M. H.	Act of . Et ar moln L	in de	1910.

8/29/1918

	WIDOW'S AFFIDAVIT.
	STATE OF GEORGIA, County.
	Personally before me comes. Mor Mb Unding Lune of said County.
	who, after being duly sworn, on oath ages, that she is the widow of 10 2000 to whom in the County of 10 2000 to State of 4000000 she was married on the
	in the County of House of Hall guld she was married on the 5 day of Odd 14 11 1869 and that she remained his wife, and resided with him to the date of his death
	in MAMMAM. 19.1.2 and that she has not since his death remarried. At the time of his death
	he was a resident of Additional County, in The Market and State of Georgia, and he
	was on the
	in
	Counters of State Militia.)
	At the death of Me. He can he was in the use and possession of the following
	property
	of the cash value of \$
	What property of any kind and of any value have you in your use, control and possession now, and the cash value, (State fully.)
	the cash value, (State fully.)
	Horses and Mules.
	Hogs, Cows, etc. New 8
	Total Cash value of all property
	That she is now a bona fide resident citizen of said County of Julian and she
	has so continuously resided since. 30 May of MAN 1897
	Sworn to and subscribed before me, this the Mags Me Undine Land
0	of Tulkou County
	Affidavit of Witnesses to Prove Marriage and to WhomDate of
	Death of Husband.
	STATE OF GEORGIA,
	County.
	Personally before me comeknown to be responsible
	and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their
	own personal knowledge Mrs
	the lawful widow of Math. Zuna who died in trality County in
	said State of day of NAM. 18 17 2 and that she has not since remarried. That she became the wife of day
Oct	of 18 68 and that she and he had resided together as man and wife continuously since
Con	6 th. day of Cot 1868 and that the M. H. dam was the
	same man who was on the pension roll of said State
	when he died.
/	Sworn to and subscribed before me, this the
5	Lotter Children Southand W. A.

To Be Put on Roll in Her Own Right When Hunhand Was on the Indignat Roll or Put on Under Act of July 11, 1910. 60010 mot lane Widow's Application Cutto Kar Im h. Turdus done Hullon J. W. LINDSEY, ner of Pensions

June Roll

ongraph

1

Application for Pension Due to a Deceased Pensioner

(Under the Act of August 15, 1904)

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

	County.	Fulton	ananat.
		rarcon	GEORGIA.
y, comes	ary of said Count	fore me, the Ordi	Personally bef
aid County, who, after being sworn, on oath sa		atterson	Н 14 Р
of said County, and that said pension	ane	M Undane	that he knew
Fulton County at the			was on the
ton County, in th	Fu.	ich occurred in	time of death, whi
October 1921, and the	day of	30	State, on the
Dollars was due pensioner an	.00	\$12.	a Pension of
no widow or dependent children surviving, an	th. That he left,	of pensioner's de	unpaid at the time
spenses, which amounted to the sum of \$ 506.			
to attached.	etely itemised, here	nt fully and comp	er sworn statemen
	ne)	ubscribed before	Sworn to and su
HITT Pathuras	192 2	Feb	his 10 day of
1/1/ C/ Although	ordinary.		Whinh's
	1	(
	County.	Fulton	
		THE RESERVE THE PERSON NAMED IN	The second second second second
000000000000000000000000000000000000000	WE OF	A FIRST	
ORDINARY	VIT OF	AFFIDA	
ORDINARY	VIT OF		EORGIA,
			BEORGIA,
Ordinary of said County, do certify			
Ordinary of said County, do certify, who is a residen	County.	now	I, hat I personally kn
Ordinary of said County, do certify	County.	now	I, hat I personally kn itizen of said Count
Ordinary of said County, do certify, who is a residen	County.	now ty, and that said	I,
Ordinary of said County, do certify, who is a residenthful and trustworthy character, entitled to ful while in life and that this	County.	now. ty, and that said	I, and Countries I also knew
Ordinary of said County, do certify, who is a residen while in life and that this pension	County.	now ty, and that said n whose name app	I,
Ordinary of said County, do certify, who is a resident while and trustworthy character, entitled to full while in life and that this pension County, and was paid a Pension	county.	now ty, and that said n whose name app	I,
Ordinary of said County, do certify, who is a residen while in life and that this pension	county.	now ty, and that said n whose name app	I, but I personally kn stizen of said Count sith and credit. I also knew as the same person oll of
Ordinary of said County, do certify, who is a residen while and trustworthy character, entitled to ful while in life and that this pension County, and was paid a Pension Dollars in said County for 192, and	county.	now ty, and that said whose name app	I, that I personally kr itizen of said Count with and credit. I also knewas the same person oll of
Ordinary of said County, do certify, who is a resident while and trustworthy character, entitled to full while in life and that this pension County, and was paid a Pension	county.	now ty, and that said whose name app	I, that I personally kr itizen of said Count with and credit. I also knewas the same person oll of
Ordinary of said County, do certify, who is a residen while and trustworthy character, entitled to ful while in life and that this pension County, and was paid a Pension Dollars in said County for 192, and	county.	now ty, and that said whose name app	I, that I personally kr itizen of said Count with and credit. I also knewas the same person oll of

AFFIDAVITS OF TWO FREEHOLDERS.

Lane, M. Undone Fulton Co

1921

Application for Pension Due Deceased Pensioner (UNDER ACT 1904)

(To pay expenses of last illness or funeral)

Fullon

Old or New Class !

Approved and ordered paids, 25,00

J. W. LINDSEY, Commissioner of Pension

192

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

Index Printing Co., Atlanta, Ga.

H. M. PATTERSON

ESTABLISHED 1880 WHI m. Undane

H. M. PATTERSON & SON FUNERAL DIRECTORS

96 North Forsyth Street

Adjoining Carnegie Library

Atlanta, Ga., October 30, 1921.

Sold to Funeral Expenses of Mrs. M. Undane Lane:

Casket and Box 250 Transfer to Office 20 Embalming, bathing, dressing, dressing hair Dress 69 Underwear ō Hose 50 Two Constitution notices Three Georgian notices 18 Three Journal notices 10 90 Pillow Set 10 Truck for Box Grave and Lining 10 Musicians 25 Motor Flower Car 5 Motor Hearse 15 Five Limousines 506 (State of Georgia) (County of Fulton) Personally appeared before me H.M. Patterson who on oath states

that the above account is true, correct, and that payment therefor has not been received.

Sworn to before me this pebruary &tt., 1922....

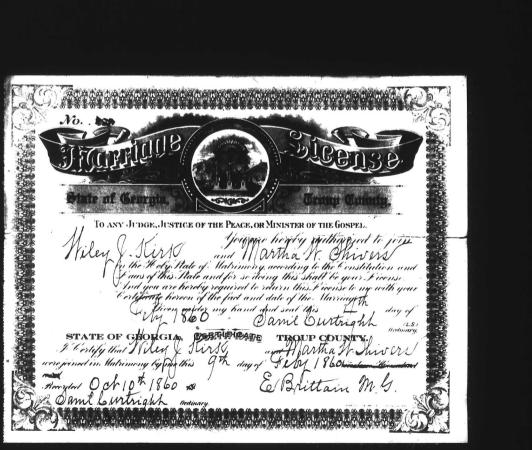
Georgia, Hancock County.

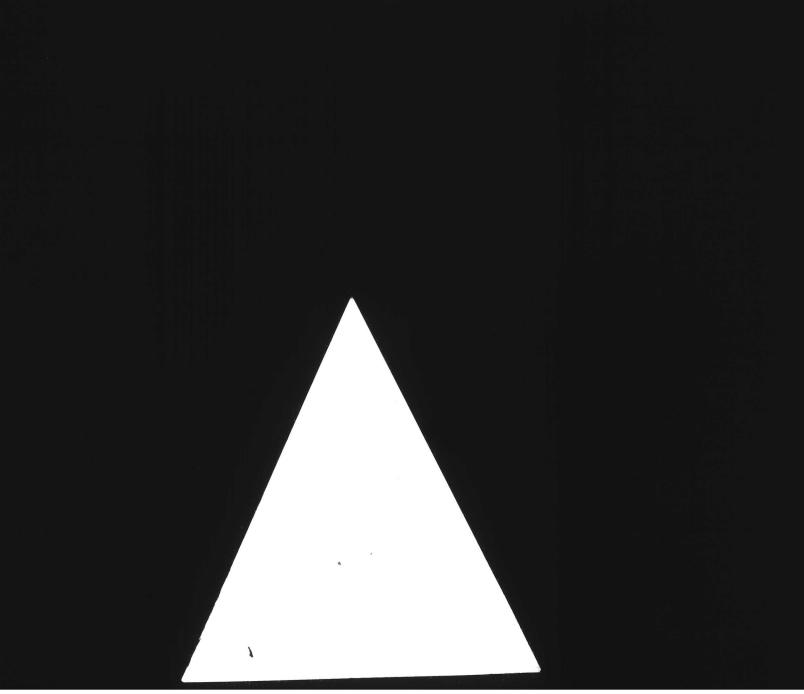
I, Henry H. Little, Ordinary of said County and Ex-Officio Clerk of the Court of said Ordinary, and employing no Clerk, do hereby certify that after diligent search made, the Marriage License record and the Original Licenses for the year 1868 in said County are lost or destroyed.

I further certify that the Marriage Docket of said County for said year 1868 shows the following entry (date issued) Occober 5th., Marshall H.Lane and Miss M.Undine Brown (date of execution) October 6th. 1868, D.E.Butler, Minister of the Gospel, (Number) 31'. The words not in Brackets being the original entry and all of said entry.

Given under my hand and seal of Office, this 23rd.day of January, 1913.

Ordinary of Hancock Co. Ga.





NOTES:

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the law granting altowances to dashled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted:

set forth by applicant and paylexian and followed by a plain statement of facts showing the certain of the dashabity. If applicant of physician and followed by a plain statement of facts showing the certain of the dashabity. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the dashabity by positive poofs to the service.

The law makes no allowance for a crappled danal, nor for a crappled foot, nor for an arm or leg, the service of the service

have been duly sworn to.

7. The Ordinaries know the condition of applicants better than the Governor or his Secretaries, and they are earnestly requested to discourage any name from making population under the secretaries, and they are earnestly requested to discourage any name from making population and the been received and disabled so as to entitle them under the law. This entails much muccessary work upon this office; it causes delays in making payments to those who are entitled; it puts parties to expose and trouble and in the end causes natire disappointment and mortification.

The certificate of any other will not be received in any case.

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

Julton Co

Application for Allowance

Applicant Strut Laire
County Feel lin

Date of Warrant after 1/88 Entered on Record.

Amount 20

1888

NOTES. --

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the law granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted: 1. If an applicant has been wounded, the description of the wound should be carefully and fully

If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the 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 by positive proofs to the service.

 The law makes no allowance for a crippled hand, nor for a crippled foot, nor for an arm or leg, unless the arm or leg has been rendered substantially underessentially underess.
 It will not answer to say that an arm is substantially underess for ordinary pursuits of life, etc."

3. It will not answer to say that an arm is esubstantially 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 esubstantially 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. It is more difficult to say when an arm is substantially and essentially uscless." The words are strong ones, however, and the injury must be very severe, and the arm in a badly damaged condition to entitle one to the allow unce mentioned in the Act. The Legislature intended to limit these paraments to such as were most serously committed and disabled. In the future they will doubtless provide for all who were badly injured, but the present law does not reach many worthy, needy cases. It was inaugurated as an experiment: it abused, it will naturally become copopular and be repealed. If properly administered, will do great good.

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

have been duly sworn to

7. The Ordinaries know the condition of applicants better than the Governor or his Secretaries, and they are earnestly requested to discontrage any man from making application unless he is entitled under the law. Hundreds of applications have been received and disablowed because they were not disabled so as to entitle them under the law. This entails much unnecessary work upon this office it causes delays in making payments to those who are entitled if puts parties to expense and trouble, and in the end causes butter disappointment and mortification.

8. Every application must be certified by the Ordinary of the county of the residence of the appli-

cant. The certificate of any other will not be received in any case

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

Application for Allowance

So. ST

So. ST

Sonatory Areller

Amount So.

Entered on Record.

South Mass.

Sou

STATE OF GEORGIA,

PERSONALLY appears W. A. Sarre of Hollow county, State of Georgia, who, being duly sworn, says on oath that he is a bona hide citizen and resident of said State, and has been such since the 12 day of November 18 4 that he enlisted in the military service of the Confederate States (or of the State of herror Nr 18 18 that he during the war between the States, and served as a 12 told in Company of of 25 th Regiment of Alerrace Volunteers Delenses is Brigade: that whilst engaged in such military service, at the battle of the State of Personal on the first day of Iran 186 & he was wounded as follows: in the lift for John and Service Military service with the state of Vergena on the first state of West States of West State

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and makes application for the allowance to which he is entitled the reunder.

Sworn to and subscribed before me, this the

2. L. Je gehand

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

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

County.

PERSONALLY came before me of the county State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company Regiment of Volunteers, and that deponent knows , and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said , as stated by him in said affidavit. Deponent further states that said is a bona fide chizen of this State, and resides in county Sworn to and subscribed before me, this day of 188

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

PRIOSONALLY CAME PRIOSONALLY COUNTY. PRIOSONALLY CAME PRIOSONALLY COUNTY. PRIOSONALLY CAME PRIOSONALLY COUNTY IN SAID STATE COUNTY IN SAID STATE. AND AND AND AND AND AND AND AND AND AND	ł
Swith to and subscribed before me, this A day of Africa 18 18 18 18 18 18 18 18 18 18 18 18 18	
PERSONALLY comes before me W. L. he allowed Ordinary of said county A Wilson and A Willey, both known to me as reputable physicians of said county, who, being severally sworn say on oath that they have carefully examined A Jane and after such examination say that the applicant has been injured as follows Port of the county Markovic Withrulley disabled for only Murhovic Whatever and offer such examination say that the purhous whatever and offer such county Markovic Withrulley disabled for only Markovic Whatever and offer such occurs The purposes whatever and offer such occurs The purposes of the county of such occurs The purposes of the county of such occurs The purposes of the county of such occurs The purposes of the county of such occurs The purposes of the county of such occurs The purposes of the county of such occurs The purposes of the county of such occurs The purposes of the county of such occurs The purposes of the county of such occurs The purposes of the county of such occurs The purposes of the county of such occurs The purposes of the county of such occurs The purposes of the county of such occurs The purposes of the county occurs The purposes of the county of such occurs The purposes of the county occurs The purpose	+
Sworn to and subscribed before me, this Compared to the state of the state of the wound, and then give facts to show the extent of the disability resulting therefrom.	+

STATE OF GEORGIA, County.	
1. W.S. Cachoun Ordinary	of said county,
do certify that I am well acquainted with mr. Son Lane	the
applicant in the foregoing athidavit, and am well satisfied that the statements made by h	im in his said
allidavit are true, and ! know he is the individual he represents himself to be, and that	t he resides in
this county. I also certify that the foregoing witnesses are persons of respectability,	and that their
statements are worthy of full credit and belief.	
I further certify that before whom	the foregoing
affidavits were made and power of attoracy was signed, is a	-
of said county, and that the said attidavits and signatures thereto are genuine.	
Given under my official signature and scal, this 9 day of A	R 1888
Wr. L. 100	repm
Ordinary Francisco	
*	
POWER OF ATTORNEY.	
STATE OF GEORGIA.	
County,	5 ×
Know all men by these presents, That I	
of	
county, in said State, do hereby appoint	
of my true and lawful attor	nev in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entit	
State of Georgia by reason of the injury received as aforesaid in the military service of	
crate States (or of this State), as stated in the foregoing affidavit. Hereby author	
attorney to receipt in my name for any Warrant that may be issued by the Governor, or	
money which may be coming to me for the reason aforesaid.	and the second second
In witness whereof I have hereunto set my hand and seal, this	
day of 188	
	[L. S.]
Executed in the presence of us:	
The state of the s	1 .

PPLICATION FOR ALLOW

STATE OF GEORGIA.

Freen

PERSONALLY appears M. A. Lane of State of Georgia, who, being duly sworn, says opeoath that he is a bona fide citizen and resident of said State, and has been such continuously since the December 1825 that he enlisted in the military service of the Confederate States (or of the State of in Company of of 20 th Regiment of served as a Volunteers Francis 's Brigade; that whilst engaged Benjaci in such military service, at the battle of & Riveries to in the thought locin the State of Profession on the 16" day of James 1803, he was wounded as follows: Sim the commend in the left. foreding the Mickey that four and all the destroying the Mickey that the district of the destroying the Mickey to the thirty to the destroying the Mickey bound the Orine district to persongened and been fore and and and the persongened and been fore and and and the persongened and been fore and and and the persongened and the personal and the Wist how frem rendend ardstantally and assurtach

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 IM Of faire the 20 day of February 1889 W. Lo reaction

NOTE.—State fully nature of wound of character of discusse which causes the disability, and explain particularly the extent of the disability.

STATE OF GEORGIA, · Hacklin

PERSONALLY comes before me W. Lo Me cuelles Ordinary of said XX.116036 and Six . 11 ilseze, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined At A. Jacob and after such examination

say that the applicant has been injured as follows: . by your short leand in the life- variaring Sochwing

Carty delay distroying the use of James and distroying the use of James and and south of the distribution of humans -Essentially Insolars by Said word

Sworn to and subscribed before me, this) 389101 20 day of Fumay 1889 M. L. As Dellania

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

STATE OF GEORGIA,	ounty.).D(STATE
do certify that I am well acquainted vapplicant in the foregoing affidavit, a in his said affidavit are true, and that the individual he represents himself that the foregoing witnesses, to-wit:	with ? ? ?	that the statement extent he claims, an sides in this county.	, the s made by him d I know he is T also certify
are persons of respectability, and that I further certify that affidavits were made and power of atto of said county, and that the said affid Given under my official signature	orney was tigned, is avits and signatures and seal, this	before whom	the foregoing
POWE	R OF ATTORN	IEY,	
STATE OF GEORGIA,	ounty.		
KNOW ALL MEN BY THESE PRE			
Kan an	of		
county, in said State, do hereby appo	oint		
of me and in my name, to receive and re to from the State of Georgia by reason vice of the Confederate States (or of t authorizing my said attorney to recei the Governor, or for any sum of mone; In witness whereof I have hereu	ceipt for whatever a of the injury receiv his State), as stated pt in my name for an y which may be com	ed as aforesaid in the in the foregoing aff my Warrant that ma ing to me for the re	niay be entitled ne military ser- fidavit; hereby ny be issued by
day of	188	·	
			(L.S.)
Executed in the presence of us:			
*) .		
	\	144 × 140	
	1	4	
* * *	DIRECTION:	· religion to come him	s at retoval
Send money to me as follows, by			
Send money to me as follows, by	to	1	P. O.
-	County, Geo		1.0.
	7 . 1 3 _{1 = 1}	and the street of	i i noz

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 ren-

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

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

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

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

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

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

STATE OF GEORGIA,

Fig. Con County.

I. Ordinary of said county.

do certify that I am well acquainted with I'm A. Lann 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

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 // day of February 1890

Ordinary Freder County

APPLOATED FOR ALLOWANGE.

THE DATE OF ALL CO.

Applicant, THE KALO

County, Heller

Amount, The KALO

Bate of warrant, Hy //

Entered on record

MAK A.

MAK A

CTATE	0	OFODOLA	
SIAIF	() -	GEORGIA	7

Justin County.

I. Or See allows Ordinary of said County; do certify that I am well acquainted with Mull cut I down the applicant in the foregoing affldavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this County.

I further certify that
before whom the foregoing affidavits were made and power of attorney was signed, is a

of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 17 day of February 1891.

M. L. L. actions

Ordinary Tenton County.

Application for Allowance rate and water county, Amount, Act (1)

Entered on record

Warner Harden po

1890

For Applicants Heretofore Allowed Pensions.	
STATE OF GEORGIA, PERSONALLY appears Was Lance of Anthon constitution of State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen resident of said State, and has been such continually since the with a state of the federate States (or of the State of States, and served as a firm in Company of 20th Region of 20th Region of 20th Region of 20th Region of 20th Columbers Generally is Brigade; that whilst engine such military service, at the battle of Sharmal in bought photosin the of 7 ca. on the state of the same of	Con- n the ment
Deponent desires to participate in the benefits of the Act, approved October 24, and the acts amendatory thereof, and makes application for the allowance to which entitled for the year entiting October 26, 1890. I have heretofore been allowed a per dollars. Sworn to and subserbed before me, this the dollars. Note: State fully nature of wound or data though ship report the disability, and explain particularly the assistance of the state of th	he is usion
POWER OF ATTORNEY.	
STATE OF GEORGIA	
County. KNOW ALL MEN BY THESE PRESENTS, That I.	
of	
ounty, in said State, do hereby appoint of my true and lawful attorney in fac me and in my name, to receive and receipt for what ever amount of money I may be ent to from the State of Georgia by reason of the injury received as aforesaid in the mil- service of the Confederate States (or of this State), as stated in the foregoing affid- hereby authorizing my said attorney to receipt in my name for any Warrant that ma issued by the Governor, or for any sum of money which may be coming to me for the re	itled itary avit ; ay be
aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal,	this
day of 189	
	s.]
Executed in the presence of us:	6
DIRECTION.	
Send money to me as follows, by	-

P.O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fallin County.
PERSONALLY appears Prillieum A. Lam 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
. that he chilated in the limitary service of the Con-
federate States (or of the State of) during the war between the States, and served as a Our sefa in Company O, of 20 th Regimen
of Volunteers In Company O, of 20 th Regiment
of Volunteers Seymon s Brigade: that whilst engaged in such military service at the battle of Shurnish in the State
of on the far day of label 2. he was
wounded as follows: green other workened of left
Quality our issentially unless
I writing united
*
WANT TOWNS AND A CO.
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 substribed before me, this, the
() () () () () () () () ()
day of telman 1891.)
gr. L. Le albrid, Orunan
NOTE State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
DOMED OF ATTORNEY
POWER OF ATTORNEY.
STATE OF GEORGIA,
County.
Know all Men by these Presents, That I.
of County, State of Georgia, do hereby appoint
of
day of1891.
[L. 8.]
Executed in the presence of us:
The state of the s
DIRECTION.
Send money to me as follows, by
toP. O.
County, Georgia.

DIRECTION. DIRECTION. Send money to me as follows, by Send money to me as follows, by P.O. to ____County, Georgia. County, Georgia. gulton Maimed Soldiers Maimed Soldiers. Voucher No. 762 Audited 1889. Voucher No. 924 Amount & 50 Amount & of O. COMPTROLLER GENERAL Audited Paid to M. a. Land Paid to Ma Lane COMPTROLLER GENERAL For Left am Derabled Freby 20 For Arm disable Included in Warrant No. Included in warrant No. issued to Treasurer. issued to Treasurer. 1889 WARRANT CLERK WARRANT CLERK. W. J. Campbell, State Printer, Constitution Job Office. applicant appreant

No. 762 Allanta, Ga Hely 20 STATE OF GEORGIA, EXECUTIVE DEPARTMENT. Mr W. A. Lane 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 Left arm disabled He is entitled to receive the sum of Staffer voor _Dellars for such disability, the same being the Bounded to the year ending October 24, 1889. The Treasurer will pay the same and the his pecchal on this toucher, and return same to Executive Department for warrant WHAmison CLERK EXECUTIVE DEPARTMENT.

Dollars.

1889.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

per above voucher, this 20 of Art.

Atlanta, Ja., Fely 11 EXECUTIVE DEPARTMENT. 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 allow ann desable He is entitled to receive the sum of Dollars for such disability, the same being the allowance due for the year ending Coober 24, 18 90 The Treasurer will pay the same and hold his receipt on this voucher, and return same to Executive Department for warrant. By the Governor,

STATE OF GEORGIA.

Jane, W. a,
Jecta,

1891.

Maimed Soldiers.

Voucher No. 115 11

Amount & S. O.

Paid to M. A. J. acc.

For any a diff

1891.

COMPTROLLER GENERAL

Audited

Duhy 17 "

Included in warrant No.

issued to Treasurer.

1891.

WARBANT-CLERK

Geo. W. Harrison, State Printer, Atlanta.

applicant

STATE OF GEORGIA, Allanta, Sa Tely 1. EXECUTIVE DEPARTMENT. · (Odliam a Lane having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for am di He is entitled to receive the sum of Bleffy 100/ for such disability, the same being the allowance due for the year ending October 24, 1891. The Treasurer will pay the same and hold his receipt on this voucher and return same to Executive Department for warrant. By the Governor, IN IN Marrison SBC'V EXECUTIVE DEPARTMENT. Dollars,

INDIGENT PENSION 1902. Name Elihu P Janford County Futter		Executed in presence of	STATE OF GEORGIA 1
County Fuller Co. Q. Sees Ballation Regim's Approved 1909. JOHN W. LINDSEY, Commissioner of Pensions.	: * :		(GIA, COUNTY.) county. of
Ordinary will write Name of Applicant, Company and Regiment on back as indicated above. Geo. W. Harrison, State Frinder, Atlanta.			hereby authorize

POWER OF ATTORNEY. Questions for Applicant. STATE OF GEORGIA. STATE OF GEORGIA. Tulton County. P Santaford of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby affimite his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office)

Children R Aaux for A. Harcun at allowing before the county and post office) of. to receive and receipt for the pension allowed, and request that he remit same to... 2. How long and since when have you been a resident of this State?

Since NN/4-/856
3. When and where were you born? day of _____1902. Witness my hand and seal, this 4. When and where and in what conjugay and regingent did you ealist or serve? in 1860 - at allanda [L. S.] Executed in presence of 5. How long did you remain in such company and regiment? / 8 Mantho - I was
Then Transfina Cichman Va - us Reservedos
To Cap. Jahnson Bettelin 6. When audwife was your company and regiment surrentered and discharged? At Richman Va School of the State o Tibe Ness & Believed Vilety and what disposition, if any, by sale or gift, have you made of same? suple 98, had 50 acres of and what disposition, if any, by sale or gift, have you made of same? April 98, had 57 acoust of famed the sale of homestead? Mes - wife and self only - our own Labor PENSION Nr. Hame stead, Rent room W. LINDSEY, 20. Are you receiving any pension? If so, what amount and for what disability?. _____ No some Supaterien 22. How many applications have you ever made and under what class?_____ Syorn to and subscribed before me this toe

Syorn to and subscribed before me this toe

Office Ottober 1902

Ordinary,

Ordinary, INDIGENT JOHN Fullin Ordinary,

state whether you are totally blind and when and where you lost your sight? I have not been alber to to any manual Labor for 5- or 6 france

13. What property, real or personal, or income, do you possess, and its gross value? - Yane Wholism Min to / 7 9 7 14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900 and 1901.

21. Have you ever made an application for pension before? He one Lime

QUEST	IONS FO	DR WITH	ESS.	
STATE OF GEORG	GIA,)			
Fullan	COUNTY.			
6 A Contin		of said State a	nd County, having be	en presented
na witness in support of the application	Elihu	Poar	chard	for pension-
under Section 1254, Code, and after bei- answers as follows:	ng duly swoon true r	Ac. Carl	he following questions	, deposes and
1. What is your name and where do	of allan	ila Eu	~	(6) 46
2. Are you segmanted with. Eli	, 1	a uppano	C. , the applican	; if so, how
long have you known him? Oo. Where does he reside, and now lon	g and since when ha	s be been a resident	of this State?	
Starcus St	17 45c	allanta	Su, all	his Life in
4. When, where and in what company	pril. al	allanta	En in Co	- A-Leis to
Nere you a member of the same of	ompany and regimen	fanto dor	is come E	Lany Batto
6. How long didthe perform regular	18 man	Therved	To Sether	in
When and where was his comma	nd surrendered?	J da	mal /Ell	aw_
 Were you present when it surrend 	erel. No			
9 Was applicant present?	, /. L	0 .		-
10. It be was not present, where was h	et di non	Le_0,1 +	7667-1000	a contracte
When lid be leave his command 20	0 Jeb- 65	For what couse		
2 Loas his heighton	and bish	ted office	How do you know	all of this?
		7		
11. What property, effects or income hi	is the applicant? (Give your means of	knowledge?)	
12. What property, effects or income of		seess in 1896, 1897,	1898, 1899, 1900 an	i 1901, and
what disposition, if any, did he make o	I same?	(100 pm)		
13. Has be conveyed away any of his p	roperty in the last fo	our years, if, wha	t was it, and to whom	9
11. What is the applies encoupation a	one of the state o	9		
11. What is the applies recupation a	ma physical conditio		A	
· 10				
15. Is the applicant unable to support!	himself by labor of s	my sort, if so, why?		
16. How was he supported during the	rears 1898, 1899, 18	00 and 1901?		
17. What portion of his support for the	ese four vears was de	rived from his own	labor or income?	control or continues,
18. Give a full and complete statement				
Section 1254, Code?	ot the approants	mysical condition to	at entitles min to a p	ension under
Marie to the state of the state	100 100 100 100			
 What interest have you in the reco- Sworn to and subscribed before: 			0.11.	
1 day of Dex	1902.	8 A	reaser	Witness.
MnRogeda		dinary.		
12 mel		PB Mc	owner	
13. M. Louidy	in lan	19 am	12 cen	Tity Thea
fusue DIVO9	10 1100	The V	helie	4
is statement a	u woo	07.8	0	,

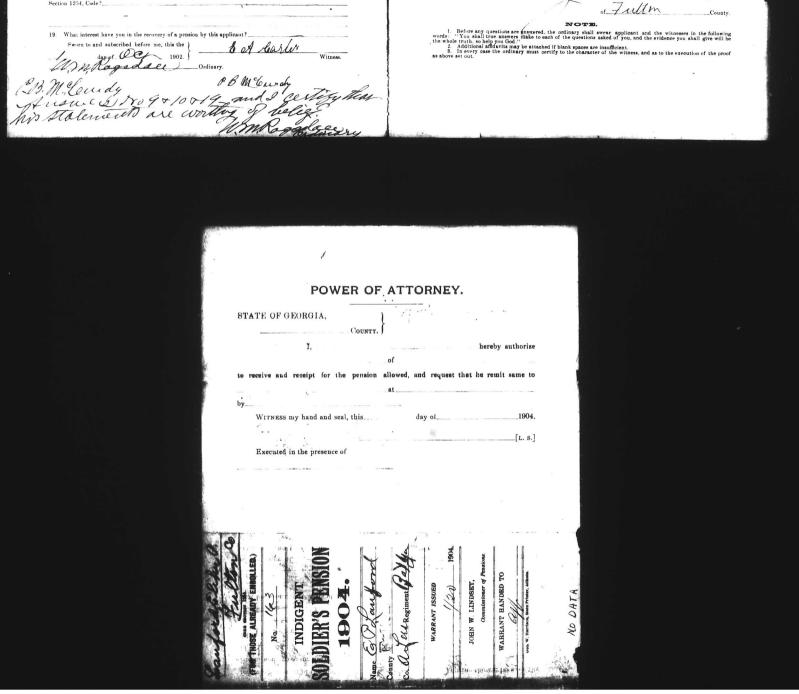
AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Fineton COUNTY.
Personally come before me 2000 Mustin myf, and
1 To Vining on P. both known to me as reputable physicians
of said County, who, being severally sworn, say or oath that they have examined carefully
such personal examination say that his precise physical condition is as follows.
· · · · · · · · · · · · · · · · · · ·
Opetione, and of nearing & Partially blinds we think he is on the news of preading to
appetione, and of reasons + Partially blinds
We think he is the the prise of trusking to
Sworn to and subscribed before me, this the 110 C 1100.(11.)
Sworn to and subscribed before me, this the 1 MC Mosta, 1m.
John Dir Chrison Ordinary.

ORDINARY'S CERTIFICATE.

for said County, hereby certify
resides in said County, and has
Leg 189
7
I credit. It and each witness took the oath d witness before same was signed.
_County show that applicant
Dollars of
5 55
Dollars of
Dollars of Dollars of

1. Before any questions are finawered, the ordinary shall swear applicant and the witnesses in the following words: You shall streamwers make to each of the questions asked of you, and the evidence you shall give will be the whole of the w



V. 1
y authorize
nit same to
1904.
[L. S.]

OLDIER'S PENSI

1904.

County Coule

WARRANT ISSUED

JOHN W. LINDSEX,
Commissioner of Re
WARRANT HANDED TO

NO DATA

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4. 149. N.

Personal, appears Court, Serie organisation t subtraction of soil Pounty and soil

STATE OF GEORG

AN ANT LICANIS AL

TOMED BENZING

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

TOTAL TIPE TO I DINDIVIN
STATE OF GEORGIA,
Fulton. County.
Personally appears & Pauford of
ounty, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
d resident of said County and State, and has resided in said State continuously evenue the 14 day of 1000 1835; that he is 78 years old an
occupation a, that he enlisted in the military service of the Con
derate States (or of the State of) during the war between the
ates, and served for the term of, in Company , of th Regimen; that his physical condition is an llows:,
Infilm .
at his property consists of the following items:
the value of Dollars, that by reason of his physical
ndition and poverty he is unable to support himself by his own exertion or labor, and
at he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act approved December 15th,
94, and the Acts amendatory thereof, and makes application for the pension to which he
entitled for the year 1904. I have heretofore as a resident of
unty been allowed a pension for the year 1
Sworn to and subscribed before me, this the
Jan of JAN 24 JUL 1904. Som Allel Russon Ordinary.
TATE OF GEORGIA, & P Jan ford
County
I, John R. G. Ordinary of said County.
certify that I am well acquainted with & Thanford
applicant in the foregoing affidavit, and am well satisfied that the statements made
him in his said affidavit are true, and I know he is the individual he represents himself
e, and that he resides in this County.
Given under my official signature and seal, this JAN AL 304
day of
Jan RWil Kinsons
Ordinary County.

Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1904.

I TOOLDIER'S PENSION INDIGENT			COUNTY.				
WITNESS my hand and seal, this day of 1905. Executed in the presence of		Ι,				h	ereby authorize
WITNESS my hand and seal, this day of 1905 Executed in the presence of				of ,			
Witness my hand and seal, this day of. 1905. Executed in the presence of	receive an	d receipt for the	•		request t	hat he	remit same to
WITNESS my hand and seal, this day of 1905 Executed in the presence of			at	8 au		-	
Executed in the presence of	WITNE	ss my hand and seal	, this	day	of.		1905
	Execut	ed in the presence	of		-		[L. s.]

TOWER O	r ATTORNET.		
STATE OF GEORGIA,COUNTY.	}		
I		hereby	authorize
	of		
to receive and receipt for the pension	allowed, and request that	he remit	same to
	at		
by			
WITNESS my hand and seal, this	day of		1906.
-			[L. S.
Executed in the presence of			
	¥.		
	,		

SOLDIER'S PENSION 1906.

COOR SECTION 1254. (FOR THOSE ALREADY ENROLLED.)

No 306

when is

Regiment Cost Satt. They Lang

JOHN W. LINDSEY.

WARRANT HANDED TO

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton County.
Pearsonally appears Cliker Langfordor Filton
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
by occupation a, that he enlisted in the military service of the Con-
federate States for of the State of) during the war between the
States, and served by the term of 2 41 in Company Q, or the Regiment
Jela gatt
follows: Age and poverty that his physical condition is as
that his property consists of the following items:
The second secon
of the value ofDoilars. I am now earning,
by my labor, Dollars per month. That by reason of his
physical condition and poverty he is unable to support himself by his own exertion or
labor, and that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1905. I have heretofore as a resident of
County been allowed a pension for the year 1904.
Sworn to and subscribed before me, this the day of 1905. 1905. Sworn to any of the year 1904. Sworn to and subscribed before me, this the day of 1905. Hunk
day of 1905.
Ordinary.
STATE OF CEOPCIA
STATE OF GEORGIA.
County,
I Ordinary of said County,
do certify that I am well acquainted with Collens Langford
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
n in the second
Ordinary FILLOIA. County.
here
Note.—The blank spaces must be filled. Note —Affidavit should not be attested before January 1st, 1905.
and the state of t

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Coomic)	0.
State of Georgia,	
Fulton County.	
Personally appears clother Langford of Fulton	
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citiz	en
and resident of said County and State, and has resided in said State continuously ev	ver
since theday of1872; that he is 81, years old a	nd
by occupation a, that he enlisted in the military service of the Co	on-
federate States (or of the State of Slargia) during the war between	the
States, and served for the term of 1 421 in Company A, of th Regime	ent
of Les Satt. ; that his physical condition is	as
follows: and porcerty	
that his property consists of the following items to furtherly	
of the value of Dollars. I am now earni	ng
by my labor,Dollars per month. That by reason of	
physical condition and poverty he is unable to support himself by his own exertion	
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	th,
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	200
day of 1006 1908.	900
Ordinary.	
State of Georgia,	
County.	
I, Ordinary of said Cour	
do certify that am well acquainted with assure Taugaard.	
the applicant in the foregoing affidavit, and am well satisfied that the statements m	
by him in his said affidavit are true, and I know he is the individual he represents him	self
to be, and that he resides in this County.	
Given under my omeiai signature and sear, this	
day of	
Jan Wellerson	-
Pour Pour	у. ,
Norw —The blank spaces must be filled	

STATE OF GEORGIA,	Count	y. }			
I,				hereby	authorize
MAN (2 140 1 2 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	of	-		where the representation of	an an approximate a perspect
to receive and receipt for the					same to
by		_			
WITNESS my hand and sea	l, this		day of		1907.
		1 0 Met 1000	5 15 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		[L. S.]
Executed in presence of	f				
The statement of the second se					
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SOLDIER'S PENSION 1907.

Name Cliffel alle

County

Condument 1254. (FOR THOSE ALREADY ENROLLED)

No. 232

JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT BANDED TO

W. Rammer, treat Presiden, dr. J.

y dolo

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,	
Fulton County.	
Personally appears Liker Laughard	of Fulton.
County, State of Georgia, who, being duly sworm, says on oath	that he is a home fide sixteen
and resident of said County and State, and has resided in s	aid State continuously aven
	nat he isyears old
	he military service of the Con-
federate States (or of the State of	during the war between the
States, and served for the term of 2 1/12 in Company	of th Regiment
	his physical condition is as
ollows: Ug & poverty	- physical condition is as
hat his property consists of the following items:	The second secon
property contains of the following frems,	
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f the value of	Della-
	Dollars. I am now earning
Dollars per mo	onth. That by reason of his
hysical condition and poverty he is unable to support himse	
bor, and that he receives no pension but the one herein appl	
Deponent desires to participate in the benefits of the A	
394, and the Acts amendatory thereof, and makes application entitled for the year 1907. I have heretofore, as a resident	
ounty, been allowed a pension for the year 1906.	of Olho
C	1 hs'0 11
day of1907.	hu & Laugher
John R. Wanne Ordinary.	may !!
Ordinary.	1
State of Georgia,	
John R. Wilkinson	4 6
I, John R. Wilkinson	Ordinary of said County,
certify that I am well acquainted with Clinu	Jan Lord
e applicant in the foregoing affidavit, and am well satisfied	
him in his said affidayit are true, and I know he is the indi-	
be, and that he resides in this County.	in the representation of the second
Given under my official signature and seal this	1.7
day of1907.	To the second se
	Wilkinson.
AMO	
Ordinary	County.
Norn. The blank sphees must be filled.	

John R. Wilken n. Ordinary County.

Nova.—The blank spheer must be filled.

Nova.—Affidavit chould not be attested before January 1st, 1907. Allanta, Ga., OCT/11 1902 Question 12 - What property, effects or income dies Terranaly Came before me of the The afflicant bosons in 896 to 1901 wilcomson ordinary in and for and what disposition, if any, did he said counts at Fullan & State of make of some? La - James & Abernathy, who being - Wo to 1895 - he ouned a simul farm of July Duam, De loseth an Layo, That he about 84 acco Vains, but and the same by debt against said form, he big under is aquainted with, and personally denous und has uname, Eliha. P. Lauxford - for is Reduce the same, Quelin 13 - Has he conveyed away any of his a line of shirteen years and makes This affidavit in ansula & questions so 11% Troperty in the Last fair secure if so at no The Land Elike P Lankford's application amour - Jane whotever, exect as above states for Pensian as a Confederate doldier. said Land, Converged To E. ? Tunggan Question 14- What is The applicant Occupation and Prysical Condition: answer - in his no occupation, these a farmer up to 1844 his Physical condition is very fell ne is is in his date age - big 77 guarde dustin 11. What papert, effects or income has the Questin 15 - So the applicant unable to support. applicam - ? directly is orabor of any sort, if so answer - he has no propert - no encance July 2

object, and intiject for a Indigent Junion ansum - he is not able to came a Livingby acran of 77 isus of age- and union it about cited icelin of code general learne ant candition-Question 19- What creations thank again in The second of a hunion by This applian Question 16 - how was he supported dung the 1898-1899-1900-1901-6 By his children binabolly and what ansun ansun - Vane lukativen Jas. L. Thernathy winz Little - Trapieto and Redling he was able donn thand puberibed Lustin 17 - What portion of his sup for Those be see me the folday of October 1907 June, was derived from his and John Collinson Labor or income ? answer - about one Third, Startify that theaters wither last, themally is persually Munnte me to be of good claracte, and his stalement are Question 18 - time a full and camplete stationed cutitled to july with a create for Storthuinn . of in applicants physical constitue, Let intitle him to a pension under, see-Ordinary 1254 of Code? Oneron - The Efficient has never had narmal Trillots Co Ea health sine the war- 77 years of age and the infibled, Candilian accum tarying it - renders him a worthy

State Georgia Fullan Count Personally came before the W. H. Hulsy Ordinary in and for fair county of tallan Note of Experience. the foregoing afficient by Exbuster a resident of Fuller James . C. Harris of Said County of Fultan, who big County havin was madvertantly sistemesed by tom Rapodale Ordinary of school all sount in as he should have only intraved duly swan depart and days on Baitye. Their The is personally acquainted with Elihor P. Langer the significant of PBMCburly a resident of sexally and That he has known the Said Lanspore for Comity seages as appearent battim of page, Carters requative and Amubia to be of the sound in the continuity of fulton. 35 years or man - and that I the said fames Sometia he regard in his presence, therefore to menty har C. Harris Sinved in Campay "3" 38. Eu Regiment of En Vol, in the Virginia any of levely certify that EA Carter signed the jorgony affectabil in my presence and people to the correctness of the contents of mid The Confederate States in the war of 60 To 65afficient on October 21/902. John R. Wilshison Ordinary Fulla bowth Ex and was in service in Va, in 1864 - and that I saw, and talked with the said Lanaford while he was in sevir in Virginia in said year 1864 - I apresa Saw The Said dansford at have after the Surmerden in 1565 and Know That he was sick and ungles This afficient is submittee as Corostific So the way work for 2, or 3, years after The Surrender, he has never been Stout and am Homis is now Lead able to do full Manwalle babon since and that I have no instant in the occasing of said Pension Suam to and Subsinus before the, this the & b Harris 27 47 1895 monthery

and that I have no instant in the occasing of dais Pension Suam to and Subsines before Me, This the J & Harris 27 1899 monday Con unga

Pension Ofice 3/4 19 1 The winder should to so chan as to convince that 301 Retero Total The mitingers should state fully the facts on which Widow's Pension, they was their opinion 1808. as to this the cause of death. GEORGIA, The yeart location + extent POWER PAID TO of the rouma - and its affect Mr. B.F. Lang whom necessa should be girm, as well as its physical consistion to the time? I death - and continued If mil by noticed chat the Widow of Jut Lang digitime of two he was roman RICHARD JOHNSON, Com of Purson Warrant Issued. 4/25 AND HANDED TO

STATE OF GEORGIA.) COUNTY.

hereby authorize to receive and receipt for the pension allowed and

IN WITNESS WHEREOU, I have becomes set my hand and seal, this

Executed in the presence of

Mayon ex 100mm Affidavit to be de by the Widow

STATE OF GEORGIA. COUNTY OF Hultone)

In person came before me, the undersigned Ordinary in and for the County of Free Close

Mrs. B. H. La., g. who being sworn according to law, says under out the service of the Confederate Mates, or Georgia Mate troops, and served he a member of Compiling C. of the Confederate Mates, or Georgia Mate troops, and served he a member of Compiling C. of the Confederate Mates or Georgia Mate troops, and served he a member of Compiling C. of the Confederate Mates or Georgia Mate troops, that he entitled in said services on or about the 186 / , and was in the Army_

1865. That while in the Army, he was on the Army 1862, (See Note No. 1) 2/1 11 110 to under

Three timen pet in the feat ride 30 in aug 1500 to was desired Mounded in his head of part of was taken and and reft a doubt in his Lead which gree Jones fruit of Marie Hogy and for a getting to

and holl as his body

to receive the pension granted by said Act.

Deponent further swears that she was the wife of sail deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 19 th day of Mer 1

185 2 and that she was born in the State of See gree and has resided in Georgia continuously

since the 17 day of Jones 101 1835; that Georgia is her home, and was such on the 6th December, 1897, and since said date she has not lived in any other State or locality. Deponent, as the Widow of said deceased soldier husband, applies for the pension provided by Act of General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1898, and herewith tenders the proof of her right

Sworn to and subscribed before me, this the

NorE 1.—State in blank the date of the death of the husband, and how, and where he died. And in case his death resulted from disease, state how the disease is known postively to have resulted from the service of the soldier to the Army and not from any other cause, and when and where such disease originated.

Nore 2.—The Ordinary will see that ALL blank spaces are filled before the affidavits are signed.

Affidavit for Three Witnesses.

Form No 9

STATE OF GEORGIA. In person came before me, the undersigned Ordinary in COUNTY OF The said for said County, witnesses to May 11.
grad Mullisty and B/B Rading could kn wn to said Attesting Officer as truthful, reliable and reputable citizens), who severally says under oath
that, FROM THEIR OWN PERSONAL KNOWLEIGH, Mrs
who was a soldier in Company & of the Regiment of Tra Regiment
or about the 7 day of 9 array 1861. That while in said service or by reason of said service in the Arny, he died on the 12 day of 1861 trom the following causes:
amily the Late was between the States
of which is the bank on he alexed, conglish
they be again faithful Son during the
for a regular of years Mr. tas the initial Phylician
that gave tim great travelet, and
many y years of Sufficient of his deat houghter
Our opportunity for knowing the facts stated in reference to death of applicants bushand were:

We further swear that she became the wife of said soldier on the 17 - day of Jan 18 \$\sigma_c\$ and so remained until his death, since then she has not again married, and that she resided in said State of Georgia continuously since the day of of Georgia continuously since the

We further swear that we have no personal interest in the pension asked for

NOTE 1 .- Witnesses must not testify about things they may believe, but conduc their statements to such facts as they personally know,
sonally know
sonally know
for 2.—If the husband died after the war of wounds or disease, state fully and particularly how you, as witnesses, know
the service as a soldier was the immediate cause of his death.
Nors 3.—All blank spaces must be filled when signed.

Certificate of Ordinary of the County of Applicant's Residence.

1. Totolina STATE OF GEORGIA.) COUNTY OF STUCKE in and for said County of

State of Georgia, hereby certify that I am account ted with Mrs.

the applicant for a pension in this case, and know from my own knowledge, for from positive proof presented to me by reputable witnesses), that she resides in this County, and that she has resided in the State of Georgia since the

also certify that the witnesses, to-wit: 7 72 722 7 78 Palm

whose testimony she presents to sustain her claim, are known to me to be truthful witnesses, entitled to full saith and credit as such, and that the full test of the affidavit was read to and understood by them before the same was signed. I am fully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have bereunto set my hand and affixed the seal of my office, this, the

1910 of cease Ordinary

Form No. 4

NOTES

The pension is only payable to certain classes of widows

Those whose husbands were killed in the service.

Those whose husbands died in the army of wounds or disease contracted in the service.

Those whose husbands went to the army and have never been heard from since the war.

Those whose husbands were wounded in the army and have since died from the direct effects of the wounds. Those whose husbands contracted disease in the service and who after the war, died of the disease caused by the service. The disease directly causing the death.

No widow is entitled unless she was the wife of the soldier during the service, and has never remarried.

The law does not provide for anyone living out of the State of Georgia.

Widows who have married since the service of their husbands in the army are not entitled.

Widows whose husbands enlisted from another State or served in other Commands than Georgia Commands are not entitled to pensions unless they were born in Georgia and can make proof of that fact.

No pension can be paid for previous years.

The facts to establish claim must be substantiated by a testimony of three witnesses who personally know of the enlistment of the husband and his death and the immediate cause of the death.

If the husband died since the war testimony by physicians must be produced.

Witnesses must go before the Ordinary of their County and testify. The attestation of a Justice of the Peace or Notary will not answer in any case

If proofs must of be made out the State, the witnesses must be sworn before a Judge of a Court of Record under seal, and the witnesses must be certified to as reliable, and that their signatures are genuine.

Fill out power of Attorney authorizing some one, who can call at Treasurer's office in Atlanta and receive the money, to receipt for same.

By order of the Governor,

RICH'D JOHNSON Commissioner of Pensions.

State	of Geo		ounty.	6					
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				of_					
to rece	sive and re	eceipt for	the pension	paid he	ereon au	d reques	t that	he remit s	ame to
					at	1.600 (100.00)			
1	IN WITN	ESS WHE	EREOF, I	have here	eunto se	t my hau	d aud	seal, this	
day of			1	1899.					
									[L/S.]
	Execute	ed in prese	nce of						
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Paid	_	- E	8 01	Ö	3	ON,	_		OFFO. W. HARRISON, STATE PAINTER, ALLAN
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POWER OF ATTORNEY.

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to re	ceive and		t for the		on paid he	reon	and reque	st that he ren	nit same to
day o	IN WI							and seal, this	
	Exec	nted in s	presence	of	•				[L. S.]
To Those Berutofore Paid.	1900.	NO.1416	WIDOW'S PENSION,	For year cading February 16th, 1900.	multi Gang Fullow Court,	Nidow of	JNO. W. LINDSRY, Combinious of Posicios.	WARRANT ISSUED AP (4 1900,	on for Manney, these Perfects, Alderton

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of	FULTON	16.7.	rang	
	who, being sworn, say	s on oath, that she is a l	oons fide resident of s	aid county of
FULTON		State of Georgia, and		
continuously ever since	Trian	18	That she is th	
- willing	- and		who was a soldier	
of the	1/2	Regiment of	ga. Tala	
,	in said regiment on or abou		2 md Jan	~ 1
186 and served in the		ray		nat he lost his
tife on the	_day of _		18	(State here
full particulars of the hus	band's death, when, where	and from what cause.)	
Sho-	in door	cial a	ud he	and .
inter	Paired -	1 2 322	1	
TOURIST !	untu n-	n. ma		
1)	as the wife of said deceased			Una and that
of the property of the same property of	his death aforesaid, and that			ner, and that
I bave been allowed	a pension as a resident of	FULTON	County for th	e year ending
February 15th, 1898, and	now apply for the pension pro	ovided by law for the ye	ar ending February	15th, 1899.
Sworn to and s	ubscribed before me, this	1101 B 7	- Juni	
day of	1899.		ic irriy	
20110	Walinary.	Post-Office		
State of Geor	gia,	ı W H.	HULSEY.	
FUL7	ON County.	Ordinary of said Coun	ty, certify that I am w	ell acquainted
with Mrs. Mrs.	D. J. Fang	who ms	de the above affidavit	and am satis-
fied that the facts therein s	tated are true, and I know sh	e is the individual she r	epresents herself to be	, and that she
has continuously resided in	this State since the	day of	18	90
Given under my offi	cial signature and seal this ti	ie d	ay of Z	1899.
			mis	Zanga.
Official	d Or	dinary of FUL	TON	County.
*,**				

For Widows Heretofore Allowed Pensions.

STATE OF ĢEORGIA,	Personally Comes Mrs.
County of Falkon	B. F. Laug
The second of th	
Falken who, being sworn, say	s on oath, that she is a bona fide resident of said county of State of Georgia, and that she has resided in said State
continuously ever since may	18 55. That she is the Widow of
Leph a. Tel.	who was a soldier in Company Regiment of Ga. Voluntors
Volunteers, that he enlisted in said regiment on or ab-	- 1 ()
186 and served in the Army up to M	186.5 That he lost his
life on theday of	18(State here
particulars of the husband's death, when, where and	i from what cause)
that in fart,	side and
head - latte	resulting in
his death	
	the state of the s
Management and the second of t	
	soldier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and tha	at she became his wife in the year 18
I have been allowed a pension as a resident of	Fulkon County for the year ending
February 15th, 189 9, and now apply for the pension	on provided by law for the year ending February 15th, 1900.
Sworn to and subscribed before me, this	D) F Lany
day of 1900.	Post Office
cyff franch ()	
State of Georgia,	17, Il, Stulvey
Fulkon County.	Ordinary of said County, certify that I am well acquainted
with Mrs. B. F. Jang	, who made the above affidavit and am satis-
	he is the individual she represents herself to be, and that she
has continuously resided in this State since the	16- 7
Given under my official signature and seal, thi	s the day of 1900.
(Official)	
Or	dinary of Tuesty.

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to receive and 1	eceipt for	r the pe			d request	that he ren	nit same to
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ald.	,	ION,	1901.	County.	I, er of Persons	1901,	.04
e Paid.	* AND ADDRESS OF THE PARTY OF T	VSION,	lsth, 1901.	County.	SEY, niestoner of Perstons	ED (2) 1901, ro	Atlanta, Oa.
ofore Paid.		ENSION,	ary 15th, 1901.	County.	NDSEY, Commissioner of Persons	SSUED 7	inter, Atlanta, Ga.
retofore Paid.	1.81	PENSION,	ebruary 15th, 1901.	and a second	13	TT ISSUED ANDED TO 1901,	My Prince, Atlanta, On.
Heretofore Paid.	181	'S PENSION,	ing February 15th, 1901.	S. adang	W. LIN	RANT ISSUED HANDED TO	on, nase Priner, Alanta, Ga.
1901.	No 151	W'S PENSION,	ending February 15th, 1901.	and a second	W. LIN	VARRANT ISSUED VARBELT (7 1901, ASP HANDED TO	My larteon, State Printer, Albeita, Ga.
Those Heretofore Paid.	No. 18-1	DOW'S PENSION,	year ending February 18th, 1901.	low of face	13	WARRANT ISSUED AAA HANDED TO	Aff.
To Those Heretofore Paid.	No. 15-1	VIDOW'S PENSION,	For year ending February 18th, 1901.	for a Care	W. LIN	WARRANT ISSUED ASP HANDED TO	Gee, W. Harrison, state Prince, Atlanta, Ga.

POWER OF ATTORNEY.

STATE	OF GEOR	GIA,	1				
			County.				
			county, ,				
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to receive	and receip	t for the p	pension paid	hereon, and re	quest tha	he remit s	ame to
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For Widows Heretofore Allowed Pensions.

	STATE OF GEORGIA, County of Lulin Sauge	nes Mrs.
	who, being sworn, says on oath, that she is a bona fide resident.	-6id Ct6
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	nia / // (X	
		is the Widow of
6	Le of the Lat	dier in Company
	Volunteers, that he enlisted in said regiment on or about the month of 2 nd par	uy)
		That he loss his
	life on the day of 18	(State here
	particulars of the husband's death, when, where and from what cause) .	
	that in fact deter heat	
	inthe receiving in death	
	sa Villa	
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	end which is a second second	
	Deponent swears that she was the wife of said deceased soldier, during his service in the army as	
	she has never married since his death aforesaid, and that she became his wife in the year 185	
	- 1 -	or the year ending
	February 15th, 1 91C., and now apply for the pension provided by law for the year ending Feb	ruary 15th, 1901.
	Sworn to and subscribed before me, this day of Acceptance 1901.	
	John R Wukin Manny Post Office attacta	you
1	State of Georgia	1
	State of Georgia,	
	Zull M County. Orkinary of said County, certify that I a	m well acquainted
	with Mrs. 13. Lang, who made the above affidavi	
	that the facts therein stated are true and I know she is the individual she represents herself to	be, and that she
	has continuously resided in this State since the day of	18_90
	Given under my official signature and seal, this the the day of less which R will Ku	1901.
	Official Seal.	County.
	*	

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, PERSONALLY COMES MISS. Country of Fulton B & Lang
who, being sworn, says on onth, that she is a bona fide resident of said County of Fulton. State of Georgia, and that she has resumed in said State continuously ever since That she is the Widow of the Regiment of Lynn who was a soldier in Company
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18 62. I have been paid a pension as a resident of Fulloss . County for the year ending December 31, 1901, and now apply for the pension provided by law for the year ending
Sworn to and subscribed before me. JAN 13 1902 1418 Post-Office 150 Fra St. Sulanta & a.
State of Georgia County Ordinary of said County, certify that I am well acquainted with Mrs. Sharp who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents
hereself to be, and that she has continuously resided in this State since the day of NEC 1870. Given under my official signature and seal, this the day of JAN 13 1507 1802.

Voucher and amilavit must bear date after January 1st, 1902

STATE OF	GEORGIA,	1	a annualisa	4
		.County.		
1,				hereby authorize
1,		of		
to receive a	nd receipt for the I	ension paid he	eon, and request t	hat he remit same to
		at		11111111111111111111111111111111111111
Lu II	itness Whereof, I	have hereunto s	et my hand and se	al, this
day of		1903.		
# 00000 ¥ 00000				[L. B.]
Exec	uted in presence of			/
		(x 50M		
	9			
			1 1	
100	N	County,	School K	1903
a id) Soe1	Ş	1	9 3
Fulture To Those Heretofore Paid	DOW'S PENSIO	h	Regiment OX JOHN W. LINDSEY,	WARRANT ISSUED AND HANDED TO CHAMBER TO CHAMBER TO CHAMBER TO THE THE THE THE THE THE THE THE THE THE
2 e e	E 3	2 7 2	Comm	AND HANDED TO
2 E O	200	E 2 . 2	Regiment	HAN BY
5/ 1 0	No.	The state of	N Seg.	RR.
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To	· 🗀 🖫	i		
В		Z.	Widow Co.X	
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	M.	. 7		
	•	N N		
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Loans, O. J. ("I'm")

POWER OF ATTORNEY.

STATE OF GEORGIA,	1	
TO 0.00	County.	
I,		hereby authorize
	of	Control of the Contro
to receive and receipt for the	pension paid bereon,	and request that he remit same to
	at	
IN WITNESS WHERFOF, I ha	ve hereunto set my har	d and seal, this
day of	_ 1904.	
		[L. S.]
Executed in presence	of	
	τ	

WIDOW'S PENSION

July (2 t) (

1904.

YEAR ENDING DECEMBER 31, 1904, PAID TO THUR OF I LOWING

Regiment of Ja

JOHN W. LINDSEY,
Commissioner of Pension

Ma

eraptore Allowed Pensions.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	PERSONALLY COMES MRS.
County of Fillian.	13 F Lang
who, being sworn says on oath.	that she is a bona fide resident of said County of
	Georgia, and that she has RESIDED in said State
continuously ever since . 1865	- That she is the Widow of
Ja Lang	who was a soldier in Company
of the	Regiment of Ju
Volunteers, that he enlisted in said regiment on or	
186 / and served in the Army up to 72	-
	18 (State here
particulars of the husband's death, when, where and fro	The state of the s
Shit in foot, head, to	ili x - of i
one, in fort, mun, vo	war resilling in a ceth
The state of the s	
	The state of the s
	The second secon
Deponent swears that she was the wife of said dece	parad polding during his
soldier, and that she has never married since his d the year 18 $3\overline{2}$.	leath aforesaid, and that she became his wife in
	-County for the
year ending December 31, 1902, and now apply for	
apply to	the pension provided by law for the year ending
	the pension provided by law for the year ending
December 31, 1903. Sworn to and subscribed before me,	1. 21 or
December 31, 1903.	the pension provided by law for the year ending
December 31, 1903. Sworn to and subscribed before me,	1. 21 or
December 31, 1903. Sworn to and subscribed before me, day of JAN 22, 2011, 1903.	Me B & Jany
Sworn to and subscribed before me, day of JAN 1903 fordinary.	Me B & Jany
Sworn to and subscribed before me, bisday of JAN	Post-Office
Sworn to and subscribed before me, day of JAN 1903. State of Georgia, County.	Post-Office
Sworn to and subscribed before me, bisday of JANfordinary. State of Georgia,fordinary.	Post-Office 1
Sworn to and subscribed before me, bisday of JAN1903 Grdinary. State of Georgia, Gounty Grunty	Post-Office I
Sworn to and subscribed before me, day of JAN 1903. State of Georgia, county. Cou	Post-Office I
Sworn to and subscribed before me, day of JAN	Post-Office I
Sworn to and subscribed before me, day of JAN 1903 State of Georgia, county. County of JAN 2003 County. County of JAN 2003 County of JAN 200	Post-Office I
Sworn to and subscribed before me, day of JAN 1903. State of Georgia, county. Acquainted with Mrs. 13 F Lung am satisfied that the facts therein stated are true, a perself to be, and that she has continuously resided lay of 18 Lung Given under my official signature and seal, thi	Post-Office I

FOR WIDOWS HERETOFORE ALLOWED PENSIONS

	ZZ MZZORZD I DNOIONO.
STATE OF GEORGIA, County of Fulton.	B H Lung
who, being sworn, says on oath the	at she is a bona fide resident of said County of
State of	Georgia, and that she has RESIDED in said State
continuously ever since	That she is the Widow of
y a Lang	who was a soldier in Company
of the /A/16	Regiment of
Volunteers, that he enlisted in said regiment on or	
186 / , and served in the Army up to	
life on the // day of & g	
particulars of the husband's death, when, where and to	om what cause)
Sulling or Bea	the I side re-
V 2	,
No.	
Deponent swears that she was the wife of said dece	ased soldier during his service in the Army or a
soldier, and that she has never married since his de	
the year 18 5-2	
I have been paid a pension as a resident of_	FultonCounty for the
year ending December 31, 1903, and new apply for	the pension provided by law for the year ending
December 31, 1904.	*
Sworn to and subscribed before me, this) day of JAN 22 1904 1904.	A J Lang
Que ax	Post Office 46/2 Elle 51-
ordinary.	Post Office 46/2 Ella Stanta Ga
State of Georgia,	I, John R. Wilkenson.
Fully County.	Ordinary of said County, certify that I am well
acquainted with Mrs. 19 74 Lang	, who made the above affidavit and
am satisfied that the facts therein stated are true, a	
nerself to be, and that she has continuously resided	
lay of	
Given under my official signature and seal, th	is the day of JAN 22 1904.
Committee	John A Wil Kingon
Official Seal	rdinary of County.
NOTE All blank spaces must be filler	L CEASU!

Voucher and Amdavit must bear date after January 1st, 1904.

STATE OF GEORGIA,	COUNTY.	9	
Ι,	of	, hereby	authorize
to receive and receipt for the		request that he ren	nit same to
	at		
	have hereunto set my han	d and seal, this	
day of	1905.		
Executed in presence of	B000		_ [L. s.]
Executed in presence of			1
	M :		: 11
10 S 2	ounty,	. LINDSEY, 'Ommissioner of Pensions. NT ISSUED A 20 1905.	
1908'S PENSIO	2 3 34	EY,	Antaera
	39 83	W. LINDSEY Commissioner o	W 1
		Committee Nat 18	ANDE
	Segiment,	IN W. LINDSI Commissione WARRANT ISSUED	AND HANDED TO
	8 5 d	JOHN	Present.
	Widow of		1 1
	S. W. S.		

" relators to May Parent

POWER OF ATTORNEY.

STATE OF GEORGIA, COUNTY.		
I,		
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 of1906.		
Executed in presence of		[t. s.]

JOHN W. LINDSEY,
Commissioner of Pensions

- Regiment

WARRANT ISSUBD

t mus	Heretofore Pald	.90	30	PENSION	For year ending Dec. 31, 1906.	PAID TO
July 10.	To Those He	190	No	WIDOW'S	For year endin	PAID

FOr Win-

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	PERSONALLY COMES MRS.
County of Fulton	Q.J. Lang
,	1
who, being sworn says on oath, that	she is a bona fide resident of said County of
Fulton State of Georg	is, and that she has RESIDED in said State
continuously over since Algalia	That she is the Widow of
- J. W. Saug	who was a seldier in Company
Li of the	Regiment of Glargia
Volunteers, that he enlisted in said regiment on or about	
186 /, and served in the Army up to	196 That he lost his
life on theday of	May 1865 , state here
particulars of the husband's death, when, where and from wh	
~ ~	
Vien heary 1565. (2)	acceds)
Denomination of the state of th	
Deponent swears that she was the wife of said deceased so	ldier, during his service in the Army as a
soldier, and that she has never married since his death af	presaid, and that she became his wife in
the year 185 Z	77.8
I have been paid a pension as a resident of	
year ending December 31, 1904, and now apply for the pe	nsion provided by law for the year ending
December 31, 1905.	
Sworn to and subscribed before me,	11 7 21 1
thisday of JAN 2 1905. }	Min B & Jang
	Office Atlanta
108	Once Que Vila
State of Georgia,	Of Planding
the desired and the second sec	The second second
	ry of said County, certify that I am well
acquainted with Mrs	, Who made the above affidavit and
am satisfied that the facts therein stated are true, and I kn	
herself to be, and that she has continuously resided in this	State since the all her life
day of18	/-
Given under my official signature and seal, this Me	day of JAN 2 1905 1905.
	Pluc Line
Official Seal.	Con 14
Ordinary of	County.
NOTE All blank spaces must be filled.	

For Widows Heretofore Allowed Pensions.

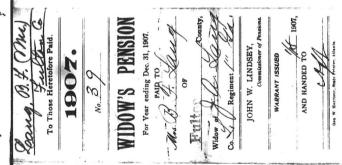
STATE OF GEORGIA, County of Fulton.
who, being sworn, says on eath that she is a bona fide resident of said County of
continuously ever since 17 Sovember 1839. That she is the Widow of William Widow and Widow of William
Volunteers, that he enlisted in said regiment on or about the month of
186 and served in the Army up to 1866. That he lost his life on the day of 1865 (State here
particulars of the husband's death, when, where and from what cause of
, coo, (comment)
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 18.22. I have been paid a pension as a resident of Fulton. County, for the
year ending December 31, 1905, and now apply for the pension provided by law for the year ending December 31, 1906.
Sworn to and subscribed before me day of JAN 1 1900 JAN 1 1900 JAN 1 1900 Post Office 32/4 Eller 5/7
State of Georgia,
acquainted with Mrs
herself to be, and that she has continuously resided in this State since the
Given under my official signature and seal, this the day of day of 1906.
Seal Continue County

atlanta Ga 730/98 How Richard Johnson. Leonir Pensions. herewith transmit to remined application for Pussion which was rejected on the 4th insh by you. I have met your objections and respectibilly when it is to the affectavit of ATE Griffin of this date also to the anunded Paffedavits of Dr. Houle, Dr. Parker and Dr. Nelmes all altached to the application. I also refer you to the application & affldavits allacher Thereto of my deceased husband Septha Da Ldug march 28th 1896 wifon which he drew a Pension. Happing and believing that I have camplied with the rule and the Low and that the application will be inudeately approved. Law yours most Respt. per St look! 57/2 & Hunter St

City.

POWER OF ATTORNEY

STATE OF GEORGIA,	l		
	_COUNTY.	•	
Ι,			•
to receive and receipt for the		and request that	he remit same to
In Witness Whereo/, I ha	ave hereunto set my ha	nd and seal, this	
day of	1907.		
			[L. s.]
Executed in presen	nce of		



March 24-1898

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For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of F111ton	PERSONALLY COMES MRS.
who, being sworn say	s on oath, that she is a bona fide resident of said County of
1//11/1	State of Georgia, and that she has RESIDED in said State
continuously eyer since	. That she is the Widow of
of the	who was a soldier in Company Regiment of
	ment on or about the month of July
186, , and served in the Army up to.	186 That he lost his
life on the	heart
particulars of the hasband's death, when, wh	,
0,1,0	1-34
Died may 18	65. Sounda
V	The same of the same state of the same of
The state of the s	
Deponent awears that she was the wife of	said deceased soldier, during his service in the Army as a
soldier, and that she has never married the year 1852	since his death aforesaid, and that she became his wife in
soldier, and that she has never married the year 185 2. I have been paid a pension as a res	since his death aforesaid, and that she became his wife in sident ofCounty, for the
soldier, and that she has never married the year 1852. I have been paid a pension as a rerevear ending December 31, 1906, and now	since his death aforesaid, and that she became his wife in
soldier, and that she has never married the year 18. I have been paid a pension as a revear ending December 31, 1906, and now December 31, 1907. Sworn to and subscribed before	since his death aforesaid, and that she became his wife in sident of F1971 County, for the apply for the pension provided by law for the year ending me
soldier, and that she has never married the year 18. I have been paid a pension as a respect ending December 31, 1906, and now December 31, 1907. Sworn to and subscribed before	since his death aforesaid, and that she became his wife in sident of F1971 County, for the apply for the pension provided by law for the year ending me
soldier, and that she has never married the year 18. 2 I have been paid a pension as a reference ending December 31, 1906, and now December 31, 1907. Sworn to and subscribed before this day of the Parried State of Georgia,	since his death aforesald, and that she became his wife in sident of F411ton. County, for the apply for the pension provided by law for the year ending me Got State of Lang Post Office 30 5 Coro Francisco Ary. Post Office 30 5 Coro Francisco Ary. John R. Williamson
John R. Williams. Ordins State of Georgia, Fulton.	since his death aforesald, and that she became his wife in sident of F411ton. County, for the apply for the pension provided by law for the year ending me good the following that I am well or a side County, certify that I am well
John P. Williams, Ordins State of Georgia, Fulton.	since his death aforesald, and that she became his wife in sident of F411401. County, for the apply for the pension provided by law for the year ending me good the following for the pension provided by law for the year ending me good for the pension provided by law for the year ending me good for the pension provided by law for the year ending me good for the pension provided by law for the year ending for the pension provided by law for the year ending for the pension provided by law for the year ending for the pension provided by law for the year ending for the year end year
I have been paid a pension as a respective and that she has never married the year 16. I have been paid a pension as a respective and in the year 10. Sworn to and subscribed before this day of JAN 2 - 11. John R. Hiller, ordinate of Georgia, Fulton. Court outside the facts therein stated as mastisfied that the facts therein stated as	since his death aforesaid, and that she became his wife in sident of Paglicon. County, for the apply for the pension provided by law for the year ending me gor. Post Office 30 1 Cort of Turn 1 and 1 I mow she is the individual she represents
I have been paid a pension as a respective and that she has never married the year 16. I have been paid a pension as a respective and incompared to the pension as a respective and the pension and the pensi	since his death aforesaid, and that she became his wife in sident of Paglicon. County, for the apply for the pension provided by law for the year ending me gor. Post Office 30 1 Cort of Turn 1 and 1 I mow she is the individual she represents
I have been paid a pension as a respective and that she has never married the year 16. I have been paid a pension as a respective and incompared to the pension of the pen	since his death aforesaid, and that she became his wife in sident of Paglicon. County, for the apply for the pension provided by law for the year ending me good and the post office 300 to to the pension provided by law for the year ending me good and the post office 300 to the pension provided by law for the year ending me good and the post office 300 to the post office 300 to the pension provided in this State since the good and the pension that the pension provided in this State since the
soldier, and that she has never married the year 18 2 I have been paid a pension as a respective are ending December 31, 1906, and now December 31, 1907. Sworn to and subscribed before this day of JAN 2 16 John R. Williams, Ordina State of Georgia, Fulton. Course of Georgia, Fulton. State of Georgia, Fulton. Given under my official signature as Given under my official signature as	since his death aforesaid, and that she became his wife in sident of County, for the apply for the pension provided by law for the year ending me goot. Post Office Down Trans A. I, John R. Williamson or asid County, certify that I am well who made the above affidavit, and are true, and I know she is the individual she represents thy resided in this State since the goot.
I have been paid a pension as a respective and that she has never married the year 16. I have been paid a pension as a respective and incompared to the pension of the pen	since his death aforesaid, and that she became his wife in sident of Paglicon. County, for the apply for the pension provided by law for the year ending me good and the post office 300 to to the pension provided by law for the year ending me good and the post office 300 to the pension provided by law for the year ending me good and the post office 300 to the post office 300 to the pension provided in this State since the good and the pension that the pension provided in this State since the

NOTE.—All blanks must be filled. Venetiers half additionment been date after January let, 1907. Georgia Hulton County Dersanally appeared to Variffin who on outh Lays he is a practicing physician in Said learnity - That on March 28 # 1896 I lom Parker MD adds The following to los deparent Signed an affectant on The af affidavil - I know That his mind Semiel tolo the calion of Oeplha of Lang for pensionaffected, and I suppose it was from the sound an the first and there was so others cause I cauly find that samuel have caused his death, see had him a well developed man falysically by memory which affidavit deparent is infarmed is an fill in the office of Communication of furious. Deparent examined and Lang before he made Said affedant is that there was a Soft place in The Shull Caused by the samued Supra To & Subscriber 1 Ros VRa and found that he had been wounded before me March 20-1848-) los VRarker an The hop or man The top of his head and a partiar of his Skull base was Torre away which praduced Campressen Tr 26 Kenney and crapture of the Spine, which auin of in my opinion finally laused his death I found no other disease or lause which was likely to produce death before are March 30 # 1898) E Griffin 40. 7776 Kaneany & Soutify the I hiffy In Disantin with y free finish and andit Westerday a imy

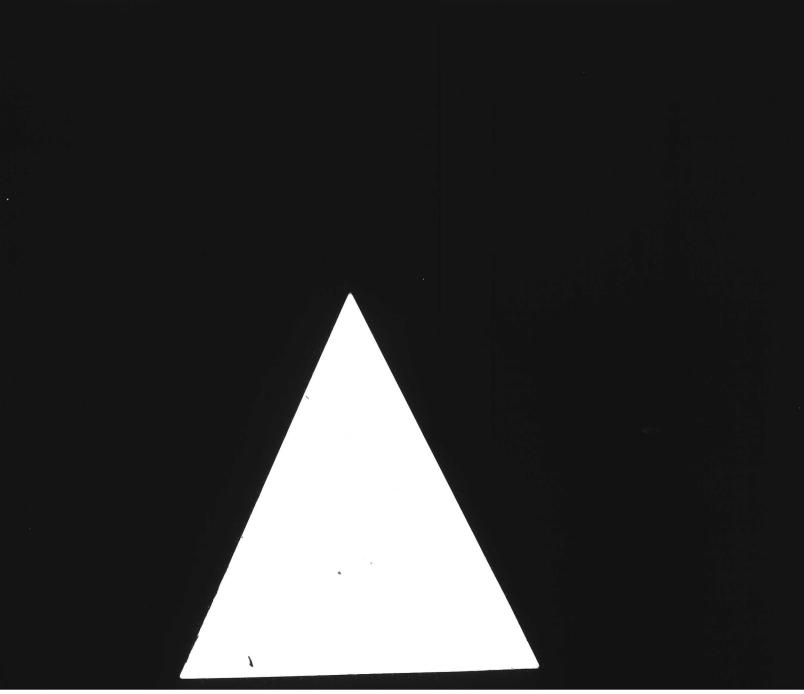
Ordinary of Fulton.

Officer 7 18 Correct Cher how your aga Mos 12 f dang applicate - (comeny 3/ 0) to a first have by for prost on to state There having Mant denne attending Mut he wast a i gh way tim man home Tan's sural years before and of the comme This death winds hat rest of a south of a contract tel Surprised decitioned from I ! The select that I record and Aduraged it in death a some had been to a strate is june d'ant wound recient which carried to feel course de of to afing on the at this real well Some in the free track Carrie is his Dans gram alder in Wat "he hounds an expressive suffice This hear give in more his formation of life or a brought on from ble - he finaly washed grant a death will Faire Al . (Muss) anon and shirt from the Support sand le Sail want. at is my Journ The women Twase The came of ino death Alltonto 11, W

and I driffe med warming with These

final and and mesterly a wing

Gergin Frete co que marino plema Julban 2 in & I Com Parker MD adds The following to los out is engo that in your out out affidavil - I know That his mind Sented tolo in the western liver , .. le affected and I dephase it was from the would · · · · · · an the bosh and there was no other cause I caused find that samuel have caused his death, he had been a well developed anon fally icall. My memory Dit Jane Williams. . ~ Teres - 1.50 is that there was a Soft place in the Skull Caused by the samuel Swam to 4 Subscribed Por Parker before one March 20-1848- Cor Parker 7 26 Kenny



POWER OF ATTORNEY.

STATE OF GEORGIA,

Ground

RICHARD JOHNSON,

INDIGENT PENSION 1895.

WARRANT HANDED TO

apper

DOLLED OF ATTORNEY

		FOWER	OF ATTO	JKNEI.	•
STA	TE OF (GEORGIA, . Cou	ntv.}		
	1.				hereby authorize
			of		-
to recei	ive and receip	for the pension allowed	and request that		
		. at		by	
		and and seal this	day of		.1895.
	Executed in p	resence of)		
) *		/
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COMB. NAMES	2	7	The second second	W. Y	
	SIO	30		Departs L	
	E	38	(3)	RICHARD JOHNSON,	KARENT BANKED TO MAKA BARPOR, SHE PRINCENSING
7	Д	8958	13	JOH JOH	WARLINT BANDED TO WHEN BATTOOL, SIRE PLINEORA
4	Z	8	ź	ARD	Q Sartison.
1	GE	7	T	RICH	M Geo. W
of	2	The state of the s	ounty fromed		
			٠, ٢	1	a () ()

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA.

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

What is your name and where do you reside? (give State, County and post office) feelile a Lang Nourth (Maula Tullan farmly the Young Nourth of State).

Where did you reside on January 1st, 1894, and how long have you been a resident of this State? At Vance place

3. When and where were you born? Himy Chuly Sa Jany 1, 1832

- 4. Did you volunteer in the Confederate Army or in the Georgia Militia? Confederate army
- 5. When and where did you enlist? At llunda Ja meh 1 stel 6. In what company and regiment did you enlist? L. Ish Ja Megitter,
- 7. 'How long did you remain in that company and regiment' The year, the Sumules 8. If you were discharged from same and joined another, or if you were transferred to another, give an
- account of such discharge or transfer? Mone to Changed Letter L' to a
- 9. For how long a period did you discharge regular military duty? Till line of war
- 10. When, where and upder what circumstances were you discharged from service?

At mude -

- 11. What is your present occupation? Lacherely
- 12. How much can you earn per annum by your own exertions or labor? Hone

13. What has been your occupation since 1865? (achiella.

- 14. What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or income? Milly 16 / 110/110/110/ Tangt labor, lat least les Arllay
- 15. What is your present physical condition and how long have you been in such condition? Aprice this are pregued and a get desceptible Comminy on
- 16. Upon which of the following grounds do you base your application for pension, viz, first, "age and poverty," second "infirmity and poverty" or third "blindness and poverty" " Mistrale earld 17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are potally blind and when and where you lost your sight " Shire the he trefield by blinke falling mone white to be received who he of two files grow sonse after ge ilione a so 1
- 18. What property, effects or income do you possess? Hone
- 19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? Home
- 20. In what County did you reside during those years and what property did you then return for taxation?

 The Clan for Muly Ca no property
- 21. How were you supported during the years 1893 and 1894? Wife Alhi Union by week
- 22. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income " Check till, I methoded nothing to he to much
- 23. What was your employment during 1893 and 1894? What pay did you receive in each year? Carpenter Met Contorcorte & seen no wolling
- 24. Are you married and have you a family? If so, is your wife living and how many children have you? Give ago and sex of opilitrey and their means of support " he, tinte the children has log hor firls, my is manual file and surge aged about 18 8 9 3 year Min & 8 year, old

Are you receiving a pension under any law of this State, if so what amount and for what disability? Sworn to and subscribed before me this the day of Much Applicant. W. L. Worlhiren Ordinary of fueline County. OUESTIONS FOR WITNESS. STATE OF GEORGIA, Flitten County In the Myles of sufficient as a witness in support of the application of the Living for pension John Myles under the Act approved December 15th, 1894, and after being duly sword true answers to make to the following questions, deposes and answers as follows:

1. What is your name and whose do you reside? The A myers 2. Are you acquainted with of the hang the applicant, it how long have you known him? We Land 3 M Means 3. Where does he reside, and how long has he been a resident of this State ? Vant the Colored 4. Do you know of his having segred in the Confederate army or the Georgia militia? How do you know this?

1. Do you know of his having segred in the Confederate army or the Georgia militia? How do you know this?

1. When, where and in what company and regiment did he enlist?

1. When, where and in what company and regiment did he enlist?

1. When, where and in what company and regiment did he enlist?

1. When, where and in what company and regiment did he enlist? Were you a member of the same company and regiment? Carrie Root but as to 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? L. Acros from controller, and the time and circumsquees of his discharge from the service? It have a find the first of the service of the se 9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? 10. What is the applicant's occupation and physical condition. a Companion 11. Is the applicant unable to support himself by labor of any sort, if so, why? I will the support himself by labor of any sort, if so, why? I will the support of the sup 13. What portion of his support for these two years was derived from his own labor or income? 14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension. under the Act of December 15th, 1884; from the for your of un happened to that he Cum of word fam and a Physican Haund 15. What interest have you in the recovery of a pension by this applicant? Sworn to and subscribed before me, this must the truces 28 day of Meh 1895. Capel Co'E. 1 sela 1

W. L. backmin)

AFFIDAVIT OF PHYSICIANS. STATE OF GEORGIA. County. Personally cause before me (Cly Huffen both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully AN IAR such personal examination, say that his precise physical condition is as follows: His Raina Column in asired by stight Carnelines, in leve places Dioducing in Loins & hips; these we believe the The result of a shill bound reactive of during The War the relieve him the physical ly unable to sutn a living We further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to carn a support for himself, and that we have no interest in said pension Sworn to and subscribed before me, this day of March 1895. Archerian no. D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA. offiller County.

Ordinay

Ir. Lo bachow

1. M. L. Backoun Ordinary in and for said County, hereby certify that the applicant of the down the applicant of the applicant fide resident of this State on the first day of January, 1894, and that the witnesses, viz: Frank M. Myers, E. Eriffin und And Aray are of trustworthy character and that their statements are entitled to full faith and credit.

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

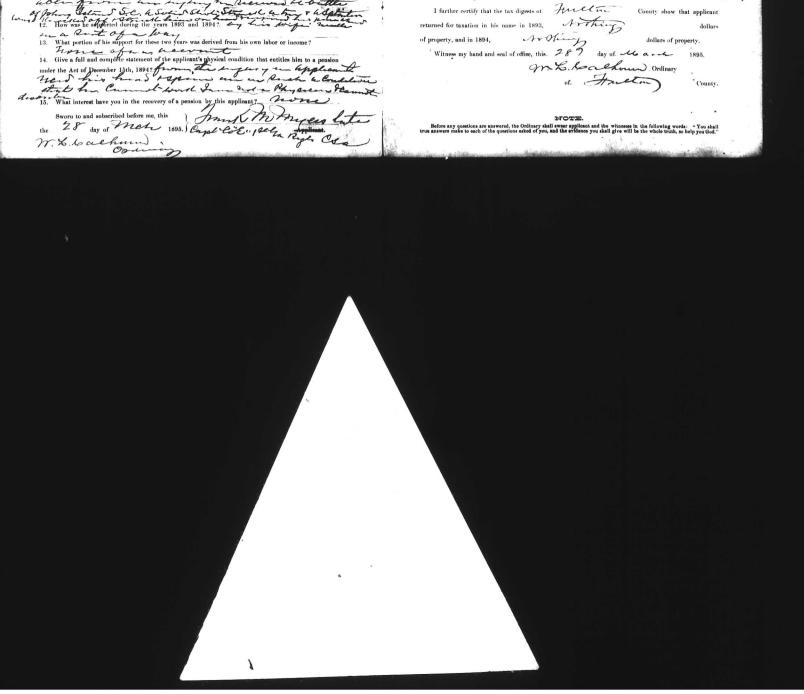
I further certify that the tax digests of. Hulling County show that applicant returned for taxation in his name in 1893, of property, and in 1894, Aroling dollars of property. Witness my hand and seal of office, this 28 " day of Me and m. L. Kalhow Ordinary

MOTE.

of Anetay

County

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



County **Application for Pension Due Deceased Pensioner** (UNDER ACT 1904) (To pay expenses of last illness and funeral) Ordinary Approved and ordered paid PAID TO ORDINARY ON THIS CLAIM: Cx C

TO PAY-

Cig. & C. Tax.\$

TOTAL

\$70

1930.

Mapeville, Georgia. September 29th, 1933.

Atlanta, Georgia.

Hon. Thos H. Jeffries, Ordinary, Fulton County Court House.

Dear sir:-

This is to certify that, I, noger silliams, do hereby and hereon release the claim of Mrs. L. E. Leng, to Mrs. L. L. LoIntosh, said party having compiled with all the terms of their contract.

Loger Hellion

	9,	1934
Thomas H.	Jeffries,	Ordinary
		Dollar
		al expenses of

A Certificate - - .

STATE OF GEORGIA, County of

IN RE: Expenses last illness and funeral hw X. E Zang

This is to certify that from an examination of the records in my office, and from personal knowledge, or inquiry, it is ascertained that this pensioner:

- 1. Died inside of the State of Georgia;
- 2. Left no estate of any kind or value, sufficient to pay these expenses.

(SEAL)

. Ordinary

Received of Thomas H. Jeffries, Ordinary, \$ 70 for the account of MAN not previously been paid and is now owing to me. March _ 1955.

Mrs M. J. metritash.

· 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,			
Personally before me, the Ordinary of said County, comes Mrs. Roger Williams,			
of Williams Mortuary, of said County, who, after being sworn, on oa			
says that he know Mrs. Lillie Elizabeth Lang of said County, and that said Pension			
was on the Pension Roll of said County at the time of death, which occurred inFul.ton			
County, in this State, on the 18th day of January , 19. 33			
and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funer			
expenses, which amounted to the sum of \$.100.00, per sworn statements fully and complete			
ITEMIZED hereto attached.			
Sworn to and subscribed before me, County			
CERTIFICATE OF ORDINARY GEORGIA County. I, County Ordinary of said County, do certify			
that I personally know Man Roger Callians , who is a reside			
citizen of said County, and that said person is of truthful and trustworthy character, entitled to for			
faith and credit; that I also knew hus a E gaug while in life and that this w			
the same person whose name appears on the Pension Roll of			
was paid Pension of Thirty (3000) Dolla			
in said County for 19.33 and I now believe said pensioner to be dead; and that the instruction			
at the foot of this voucher have been carefully observed in making up this voucher and the bi			
which are attached hereto.			
which are attached hereto. Given under my hand and official seal, this 13 gay of 4, 193.			
10 () (41)			
Given under my hand and official seal, this 13 (ay) of (1), 192			
Given under my hand and official seal, this day of (Seal of Ordinary), Ordina			

1st. Require those claiming expenses of last filmess and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.

2nd. Each account must be sworn to before the Ordinary, and in the following form:

"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of......, who died without owning sufficient property to pay this bill.

8rd. 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 hills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.

5th. Return this application, and attached bills, properly receipted, to the Pension Department.

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

Movember 18th, 1986.

Judgo Thomas H. Jeffries, Ordinary, Falbes County, ATLANYA, Georgias

Dear Judget

IN RE: Venehor for expenses of last illness and

If and when this vencher dense up for popular, it will dentalise came to your attention that the options creditor wishes to easing their interest to emotion possess.

The law requires the Ordinary to distures these funds sent his for expenses of last illness and fundeal. I think it issueshest upon the Ordinary to detunine to when the funds are due, and that this Office cannot do note than to require a full absting as to that has been done with the runds and descend a legal receipt.

With kindest regards,

Yours very truly,

ALHAMIE

Director .

Cepy to

Mro. Reger Williams, Williams Mertunzy, Empeville, Georgia, MRS. LILLIE ELIZABETH LANG, 3447 Elkin Street, Hapeville, Georgia.

IN ACCOUNT WITH

Mrs. Roger Williams, trading as Williams Mortuary, Hapeville, Georgia.

Amount due

\$100.00

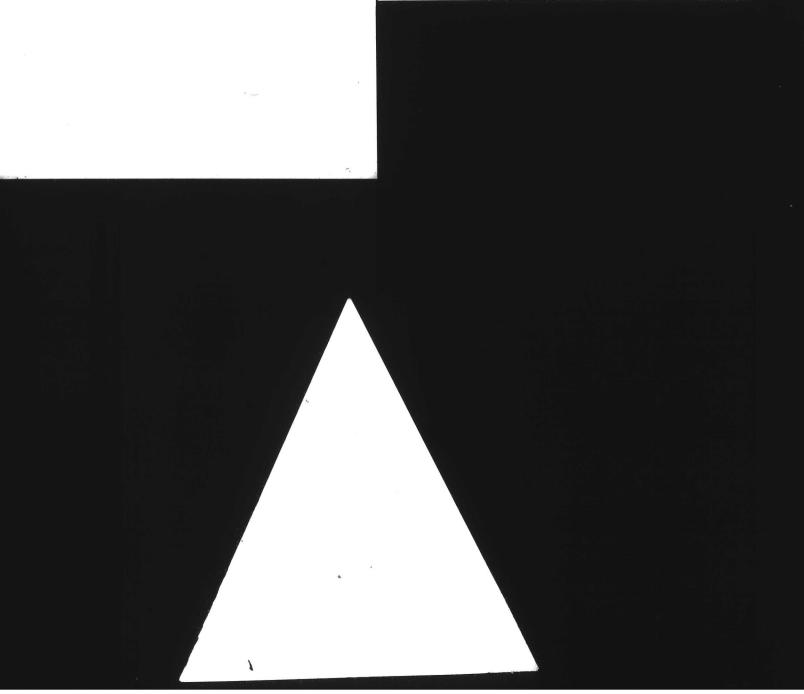
GEORGIA, FULTON COUNTY.
Personally appeared Mrs. Roger Williams, who swears
the above bill is true and was for the funeral expenses of
Mrs. Lillie Elizabeth Lamp.

Sworn to and subscribed before the, hope this February 13th, 1983.

William Walbut

C. C. ORDINARY.

1



Trice & w River & Seeme Langer, John Julton Cu No. 608 as takes someting in the c- disality, hadring Application for Allowance in any to an Account Shelie is has it Seal Dis Homo Spine spoticanof hu Lungler Ill to meddel aus in Amount Dos, Date of Wargant HILL Rofg Entered on Record, Jun 20 188 8 Char Secretary Executive Department Jun 20,78.

Application for Allowance

STATE OF GEORGIA, County

PERSONALLY appears for the Langer of Millon county.

State of Georgia, who, being duly sworn, says on oath that he is a home fide citizen and resident of said

State, and has been such since the GR day of Janes or 1862; that he ourning the war between the States, and served as a /3 th Regiment of United States, Volunteers whilst engaged in such military service, at the battle of the State of Williams, on the day of 186°, he was wounded as follows enlisted in the military service of the Confederate States (of of the State of

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and makes application for the allowance to which he is entitled thereunder.

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

14 COMMISSIONED OFFICER'S AFFIDAVIT

STATE OF GEORGIA. County.

PERSONALLY came before me of the county State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company Regiment of Volunteers, and that deponent knows , and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said. , as stated by him in said affidavit. Deponent further states that said in a bona fide citizen of this State, and resides in county. Sworn to and subscribed before me, this day of 188

The foregoing affidayli, changed to sult the facts, should be made by a commissioned officer of the Company or Regiment If the affidaylt of such an officer is not obtainable, the following affidaylt of three responsible citizens should be furnished.

Prisonally came 7. J. Ruid, Start We Recounty, in said State, who, being duly sworn, say that they are acquainted with John Land and know that he received the wounds (or contracted the disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or disease) permanently absolutes applicant, as stated by him; that said applicant is a hour fide citizen of this State, and resides in Harling Start, and we are well satisfied that all the statements in hig athliavit ary true for many large. Starting that the statements in hig athliavit ary true for many large.	STATE OF GEORGIA, County. I, W. L. Leaver Ordinary of said county, do certify that I am well acquainted with John Lawren the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and that the said affidavits and signatures thereto are genuine. Given under my official signature and seal, this G day of Jacobs 188
Worn to and subscribed before ine, this 19 day of January 188 th Newton M. Ried 27. 6. Noccession R. St. Rur Loi L Orning	Qudinary Truette County. POWER OF ATTORNEY STATE OF GEORGIA,
STATE OF GEORGIA. PRICESSALLY comes before me IV I le alleviere Ordinary of said county. The rails III and R. les Diene beth known to me as reputable physicians of said County, who, being severally sworn, say on outh that they have carefully examined I less Langer and after such examination say that the	County. S Know all men by these presents, That I of county, in said State, do hereby appoint of my true and lawful attorney in fact, for me and in my name to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this States, as stated in the foregoing affidavit. Hereby authorizing my said
perform or den any Cabour. Swon to and subscribed before me, this (1) day of Commany 1886 The Action of the Comman for activity in computer, the Abelian from thought for the form of the computer, Swon to and subscribed before me, this 10 day of Commany 1886 The Commany 1886	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
ORDINARY NOTE: The physicians will state fully the extent of the wound and the disability resulting therefrom	

STATE OF GEORGIA. Fillter .. County. PERSONALLY appears / 1/11 Ld floor 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 186); that he enlisted in the military service of the Confederate) during the war between the States, and in Company, A, of the Regiment of States (or of the State of . 1. 11 11 's Brigade; that whilst engaged - Gilter & Volunteers in such military service, at the battle of , on the day of . 186 , he was tonde entering the right wounded as follows: The new the spring of the in front

Deponent desires to participate in the benefits of the Act, approved October 24, 1867, 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 G day of Turney 188 g

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

STATE OF GEORGIA,

PERSONALLY comes before me county.

PERSONALLY comes before me county.

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ORDINARY.

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

STATE OF GEORGIA, Halling County, I. With Louthon Ordinary of said county, do certify that I am well acquainted with July Langer the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit: J. May Bring and
are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and that the said affidavits and signatures thereto are genuine. Given under my official signature and seal, this day of the said affidavits and signatures thereto are genuine.
Ordinary Preselve County.
· · · · · · · · · · · · · · · · · · ·
POWER OF ATTORNEY.
STATE OF GEORGIA,
Know all, Men by These Presents, That I, of
county, in said State, do hereby appoint
of my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Ceorgia 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:
(*)
<i>y</i>
N. I
DIRECTION:
Send money to me as follows, by

County, Georgia.

P.O.

NOTES

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

2. The law makes no allowance for an arm or leg, unless the arm or leg has been ren-

dered 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

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

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

6. If papers are returned for correction, and amendments are added to any of the affinite the constant of the con davits, the amendments must be made under oath before an officer, and the proofs must

show that the amendments have been duly sworn to.

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

APPLICATION FOR ALL OWNERS.

We have a second of the secon

whom the foregoing affidavits were made and power of attorney was signed, is a

of said county, and the said affidavits and

STATE OF GEORGIA, Finder County.

I further certify that

STATE OF GEORGIA,
STATE OF GEORGIA, Thellen County.
I, W. B., to out of Ordinary of said County, do certify that I am well acquainted with John Langer the
do certify that I am well acquainted with Juliu danger the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is
the individual he represents himself to be, and that he resides in this County.
I further certify that
before whom the foregoing affidavits were made and power of attorney was signed, is a
of said County, and the said affidavits and
signatures thereto are genuine.
Given under my official signature and seal, this 6 day of 4th :891.
gr.L. leace brane
Ordinary Fuctor County

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA,

PRESONALLY appears John Long of Dull 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 1865, that he enlisted in the military service of the Con-

federate States (or of the State of) during the war between the Primace in Company B, of S Th Regiment Volunteers 9 ackan 's Brigade; that whilst engaged of Sussair on the of Zeome con the day of she again and was wounded as follows: in the shington the right and

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 dollars.

Sworn to and subscribed before me, this the

day of Felina 189 c)

NOTE State fully nature of wound or manhor diameter which causes the dismility, and coplain particularly the extent of

POWER OF ATTORNEY.

STATE OF GEORGIA

KNOW ALL MEN BY THESE PRESENTS, That I,

county, in said State, do hereby appoint

my true and lawful attorney in fact, for me and in my name, to receive and receipt for 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 infidalt; 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

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

[L. S.]

Executed in the presence of us:

Send money to me as follows, by

County, Georgia.

P.O.

For Ap	plicants Her	etofore	Allowed Pe	ensions.
STATE OF GE		1		
	A. County.	Ì		
PERSONALLY DO	ear John ?	Paula	1	4
County State of Go	orgia, who, being duly	cange	n coth that he is	mua.
resident of said State	, and has resided there	sworn, says o	n oath that he is a a	oona fide citizen and
day of.				service of the Con-
federate States (or o		that he emist		he war between the
States, and served as		<i>(-</i>	n Company R	th Regiment
01 220	Volunteers	Que an	's Brigada	that whilst engaged
	ice at the battle of	She	lo 6	in the State
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	POWER C	OF ATT	ORNEY.	3
STATE OF GE	EORGIA,			
4	County S			
Know all Me	en by these Preser	ts. That I.		
of			ate of Georgia.	do hereby appoint
of	0.00		my true and lawful	attorney in fact, for
	to receive and receipt Georgia by reason of			
of the Confederate S	tates (or of this State)	, as stated in t	he foregoing affiday	it; hereby authoriz-
ing my said attorney nor, or for any sum o	to receipt in my name of money which may b	for any Warr	ant that may be iss	ued by the Gover- oresaid.
	S WHEREOF, 1			
	day of		1891.	
			Contraction (see)	[L. S.]
Executed in the	presence of us:)		
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AND AND PROPERTY OF THE PARTY O				100

THRECTION

County, Georgia.

Send money to me as follows, by

STATE OF GEORGIA.

do certify that I am well acquainted with.

Fullin County.

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

SOLDIER'S PENSION

Ord to author Ordinary of said county,

County.

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

said attidavit 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 Mank 1892. mil le orchom

STATE OF GEORGIA, For Applicants Heretofore Allowed Pensions.

resident of said State, and has resided therein goniquionity over since the County, State of Georgia, who, being tally eworn siys on pain that he is a boun jide citizen and

Know all Men by these Presents, That I.... County, State of Georgia, do hereby appoint of my true and lawful attorney in fact, for me was in my hame, 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 findinging affidiatit; hereby authorising my said strongy to receive in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this desidual he represents higheretes to and that higher 1803ther a way. found with last are true, the chart between in the right to Send money to me as follows, by L. County, Georgia.

POWER OF ATTORNEY. STATE OF GEORGIA,

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA. Thurm County.	
Personally appears John Langan County, State of Georgia, who, being duly sworn, says	
on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously since the day of 18 4 17 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 formula in Company B	
of 5 th Regiment of Linna Volunteers Jodkson s Brigade: that whilst engaged in such military service at the battle of Shileh	
in the State of Mesh, on the day of	
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was also, that in the right and armites are Leganglan theo - don't armined in complaint to purpose	_
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of	<u>~</u>
Sworn to and subscribed before me this the John & Lang and	
day of allo analy 1892.) March YY. K. local homordinary. Normander fills mature of wound or sharm ter of sheeper which causes the lisability, and explose particularly the strend of the shaddly.	
POWER OF ATTORNEY.	
STATE OF GEORGIA.	
County.)	
Know all Men by these Presents. That I.	
County, in said State, do hereby appoint	
my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receip; 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.	f f
IN WITNESS WHEREOF, I have hereunto set my hand and seal this day of	
[L. S.]	ĺ
Executed in the presence of us:	
DIRECTION.	
Send money to me as follows, by	
P. O	
County, Georgia.	

ror applicants neretolore allowed Pensions.	•
STATE OFIGEORGIA, ¿	
Fullon County.	
PERSONALLY appears John Langan of Fullar	
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citiz	ren and
resident of said State, and has resided therein continuously ever since the	cii aiic
day of 1865; that he enlisted in the military service of the	e Con
federate States (or of the State of) during the war between	
States, and served as a Prince le in Company & of J' th Re	orimen
of Yeurgia Volunteers Lacke an 's Brigade; that whilst eng	aged in
and willess families at the total of WAT.	ne Stat
of Cash on the 65 day of Parl 1862.	he wa
wounded as follows: grann shot wound in rights	ido
and opene and was also, shot il the	7
night arm at Lexington Mo. Said wa	mel
Andering him incompelents to perform	~
the ordinary arramal vocalions of les	20
Deponent desires to pratitionate in the benefits of the Act, approved October 24th, 18	87, and
the acts amendatory thereof, and makes application for the allowance to which he is entitl the year ending October 26, 1 (3). I have heretofore been allowed a pension of.	ed for
Files dollars, for 1872	
Sworn to and selectibed before me, this, the	
16 1) day of March 1801	
mark 1	
gr. 6 de allon Onun en	
Noza—State fully nature of wound or character of disease which causes the disability, and septiain particularly the exideability, resulting from the wound or disease.	ent of the
STATE OF GEORGIA,)	
Francis County	
M W / OTRISE LION	
I, Ordinary of said (County
do certify that I am well acquainted with Lohn Langan	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	
	tite in
lividual he represents himself to be, and that he resides in this County.	
Lynnia could the party fee fee of the hereunt set my her and sea	I, thi
before whom the foregoing affidables were made and power of attorney was signed	l, is a
con the State of General by places of the state a state of a state Control and the state of the	its and
pleasure at the safe of Core of a be reason of the man ' convert as afores, at the neithery safe	A1
Given under my official signature and seal, this / 6 day of March	
	_1093
Know . Mrs ly the se Presen That . Mis of Bring on John	Poole!
Ordinary Gullar	County
STATE OF GEORGIA.)	

POWER OF ATTORNEY.

DOLUBLY OF AMMODALDA

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
of	me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidiavit; hereby authorizing my said fromey 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 hereunto set my hand and seal, this
day of 1894.	day of1895.
Executed in the presence of us	Executed in presence of us
DIRECTIONS. Send money to me as follows, by to P. O. County, Georgia.	DIRECTIONS. Send money to me as follows, by to P. O. County, Georgia.
Soldigr's Papsion. Soldig	For Those Aiready Enrolled.) No. 82 SOLDIER'S PENSION. 1885. HICHARD JOHNSON. Secretary Executive Department. No. 81 1885. HICHARD JOHNSON. Secretary Executive Department. No. 8 14 1885. HICHARD JOHNSON. Secretary Executive Department. No. 8 14 14 1885. HICHARD JOHNSON. Secretary Executive Department. No. 8 14 14 1885.

For Applicants Heretofore Allowed Pensions.

STATE OF GEO	RGIA.			
Tulton	County.			
Personally appears	John Dangan	of	Fu	lton
County, State of Georgia, and resident of said State, day of	who, being duly sw and has resided th	erein continuor	isly ever since	the
federate States (or of the !		e enlisted in the		
States, and served as a of Georgia Vol	Private	in Comp	any B, of 5	
such military service at the of Miss,	on the 5th	day of		,
wounded as follows: gran re that in the re him interpretant to	ight arm at La	xington Mo, S	aid wounds	grinentag

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

Swora to and subscribed before me, this, the 1 12th day of March 1894. Then the March 1894. Then the

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

STATE OF GEORGIA. Fulton

day of

I. W. T. Cal houn Ordinary of said County. do certify that I am well acquainted with John Langan 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.

12th Given under my official signature and seal, this

Affix your seal here

m.L. la achour Ordinary

Fig.ton County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	STATE	OF	GEORGIA,
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County. Fulton

Dersonally appears John Langan

County, State of Georgia, who being duly sworn, says on oath that he is a hona fide citizen and resident of said State, and has resided therein continuously ever since the 1897 ; that he enlisted in the military service of the Conday of federate States (or of the State of) during the war between the in Company , of th Regiment States, and served as a of leorel: Volunteers. 's Brigade; that whilst engaged in such military service at the battle of in the State , on the it day of 186 , he was wounded as follows: edu and count in 'gent alse and arine on are, leo

Fulton

and in the right arm at Lexington to. ... is wounds remarring him inconnectent to perform the ordinary a null vocations of life

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

Sworn to and subscribed before me, this, the day of waren 1895. The free means

W. L. Leccharm Cortist and of the disability, resulting from the wound or disease

STATE OF GEORGIA.

County. Fulton

.I.Calkoun Ordinary of said County,

do certify that I am well acquainted with John Langan 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_

I.

m. L. loachour

Ordinary_Fulton

County.

POWER OF ATTORNEY.
STATE OF GEORGIA,
County.
I,hereby authorize
of
to receive and receipt for the pension paid hereon and request that he remit same to
_by
at .
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of1896.
Executed in presence of us
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The second secon
1896
For Those Already Enrolled.) No. 78 7 No. 78 7 LSBG. 1889 10 75 7 2007 ity
PENS PENS PENS PENS PENS PENS PENS PENS
OF Those Already is No. 78 M. No. 78
No. 9 Total Control of the Control o
SOLDI SOLDI Disability Amount, 8.
SOLD Solls Amount,
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	POWER OF ATTO	RNEY.
STATE OF GE		
351	County.	
I,	hereb	y authorize
	of	
to receive and rece	ipt for the pension paid hereon and	d request that he remit same to
	by	
at		
IN WITNESS	WHEREOF, I have hereunto set i	my hand and seal, this
day of	1897.	
		[1. s.]
Executed	in presence of	
	/	
) ×	

SOLDIER'S PENSION. INVALID 1897. No. 45/

For Those Arrady Enrolled.)

Disability Borty No Decer & Amount, & St. Co. Name Struckan an

RICHARD JOHNSON, Commissioner of Fenesons.

WARRANT HANDED TO

Bangam John

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
Fulton County. ∫	
Personally appears John Langan of Fulton	
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide ci and resident of said State, and has resided therein continuously ever since the day of 18 55; that he enlisted in the military service of the federate States (or of the State of	Cou- n the ment aged day
our shot wound in right side and some and was also, shot in the fi	
	rm
the ordinary manual vocations of life.	
Deponent desires to participate in the benefits of the Act, approved October 24th, 1 and the acts amendatory thereof, and makes application for the pension to which 1 entitled for the year ending October 28th, 1896. I have heretofore as a resider Fulton country been allowed a pension of Pifty dollars, for the year 189 5. Sworn to and subscribed before me, this, the day of Paby 1896. The day of Paby 1896. The day of Paby 1896. The day of Paby 1896. The day of Paby 1896. The day of Paby 1896. The day of the subshitty resolving from the wound or disease.	ne is not of
STATE OF GEORGIA, County.	
Ordinary of said Condo certify that I am well acquainted with John Langan applicant in the foregoing affidavit, and am well satisfied that the statements made by in his said affidavit are true, and I know he is the individual he represents himself that the resides in this County. Given under my official signature and seal, this 26	the him
Affix pour pour less less less less less less less les	intv

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	Y 4
Sutton County.	
personally appears John Xang	awof Vulton
County, State of Georgia, who being duly sworn says	
and resident of said State, and has resided therein co	
day of 1865; that he culis	ted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and servertas a fine valt, in	n Company A , of 5 th Regiment
of Ahr/La Volunteers, Jackson	's Brigade; that whilst engaged
in such military service in the State of Musew	schfie , on the 6 and day
	ured or diseased as follows:
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Shine and was ale	
right aun to Lexing	
mounte rendering	1
to he has the	michi competant
to her form- the odle.	naig manual
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Deponent desires to participate in the benefits of	the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes applied	cation for the pension to which he is
entitled for the year ending October 20th, 1897. I I	have heretofore under said law as a
resident of fullar coun	ity been allowed an invalid pension of
Dollars, for the y	ear 189
Sworn to and subscribed before me, this, the	Timbo an an
2 6 day of - 1897.	OST OFFICE
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Milruen ally	,
NOTE-State fully the nature of wound or character of disease which can of the disability, resulting from the wound or disease.	uses the disability, and explant partendacts the extent
STATE OF GEORGIA.	
T	
Lutton County.	
1, It It tulsey	Ordinary of soid Cons
do certify that I am well acquainted with John	Sangar the
applicant in the foregoing affidavit, and am well satisf	
in his said affidavit are true, and I know he is the in	
and that he resides in this County.	arriada de represents diffusen to de
Given under my official signat	ture and seal this
day of	1897.
p.,,	
Affix your	Thurs
here. }	, 4

FOWER OF ATTORNEY.	
STATE OF GEORGIA;	
County.	
. I, hereby authorize	
of	-
to receive and receipt for the pension paid hereon and request that he remin	-
by	same to
at_	
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	
day of1898.	
	9
	√ [L. S.]
Executed in presence of	
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PENSION DENSION MANDER TO MAND	Z
INVALID DIER'S PENSI TOWNSON, STATES OF STATES INVALID TOWN ALID TOWN AL	è
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SOLL Disability Amount,	1
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PO STATE OF GEORG	WER OF ATTORNEY.	
	County.	
I	hereby authorize	
	of	
to receive and receipt	or the pension paid hereon and request that he remit same to	
	by	
at		
IN WITNESS WI	HEREOF, I have hereunto set my hand and seal, this	
day of.	1899.	
	[L. S.]	
Executed in pr	esence of	
	· · · · · · · · · · · · · · · · · · ·	
	<i>e</i>	

1899.

Аточит, \$ Disability

RICHARD JOHNSON,
Commissioner of Pensions

SOLDIER'S PENSION. For Those Already Enrolled.) INVALID 1899. Name String Lungs No. 698

WARRANT HANDED TO

For Applicants Heretofore Allowed Pensions.

(or melanica from the same and a same a same a same a same a same a same a same a same a same a same a same a
STATE OF GEORGIA,
Fuckon County.
personally appears of Luldon
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
federate States (or of the State of) during the war between the States, and served as a prior to in Company D, of T th Regiment
States, and served as a in Company N, of O th Regiment
of Ses, Volunteers, January's Brigade; that whilst engaged
in such military service in the State of Russippi . , on the 6 day
of 186 , he was wounded, injured or diseased as follows:
In shed wonded him in the spine
and side, also shak in right
arm - said rounds ren dering
him unich for manual labort.
The state of the s
a a a a a a a a a a a a a a a a a a a
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1898. I have heretofore under said law as a
resident of fullow county been allowed an invalid pension of
Dollars, for the year 189
Sworn to and subscribed before me, this, the
day of
day of . 2000. Tost-office.
Moreless
Norz-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
STATE_OF GEORGIA,
7 a Chan County.
I Fr. T. Hulsey, Ordinary of said County
i,
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 of1898.
Allix your
hera.
Ordinary County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fullow County.
Dersonally appears John Langdon of Factor
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 of18 46; 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 fraction in Company B, of I th Regiment
of Volunteers, 's Brigade; that whilst engaged in such military service in the State of Arman, on the day
of .186/, he was wounded, injured or diseased as follows:
The normall in the right-side
mish-trust and bull and at
Lit my bu meson with inght an
do ais obling him as sence him
loha,
* .
Deponent makes application for the pension to which he is entitled for the year end-
ing October 20th, 1809. I have heretofore under said law as a resident of
County been allowed an invalid pension of
Dollars, for the year 1899 .
Sworn to and subscribed before me, this, the form the angue
day of less 1899. POST OFFICE
day of the 1899. Post Office
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Norz-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
extent of the disability resulting from the wound or disease,
STATE OF GEORGIA,
Fully County.
- voulty.
I. Ordinary of said County.
do certify that I am well acquainted with the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this.
day of 6 cm 1899.
Affine Court (Amountain
\ here \
Ordinary of alltin County.

	POWER	OF ATTORNES	ζ.	
STATE OF	GEORGIA,)			
2. 1 1 1 110	County.			1
Ι,		hereby authorize		
		of		-
to receive and	receipt for the pension	paid hereon and request	that he remit same to	- 1
	· ·	_by		1
At		-		
IN WITN	ESS WHEREOF, I ha	ve hereunto set my hand	and seal, this	ľ
day of	_1900,			1
		America de la como	[L. S.]	1
Execute	ed in presence of		,	
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CODE SECTION 1200 (For Those Already Enre	ER'S EDO	263 edy	JOHN W. LINDSEY Commissions of WARRANT HANDED TO WHAT ON W. Barringe, Bress Prince, Admissions ON W. Barringe, Bress Prince, 18 30	
HOSE No. C	≥ ≈ Q +	1 B 2 B	N RRAN	8 61
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(For		Name County Disability Warrant issued		27 180
	8	Name County Disabili Amount		1.000
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POWER OF ATTORNEY.

	GEORGIA, County	.}	
I,	Journey	_hereby authorize	
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to receive and	receipt for the pensi	on paid hereon and request that	
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Se Already	DISABLEI IER'S PE 1901	3 = 3 = 1 =	Commission RRANT HANDED BATTION, State Prince
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For Those Already	9	Name County Disability Amount, \$	5

For Applicants Heretofore Allowed Pensions.

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STATE OF GEORGIA, County.
personally appearate for head land the
personally appears and cary range
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 18 1/2 that he collected in the military service of the Confederate States (or of the State of) during the war be-
the Confederate States (or of the State of) during the war between the States, and served as a in Company of Jth
Regiment of Volunteers, 's Brigade; that whilst
engaged in such military service in the State of Charles, on the
day of a price 186 L, he was wounded, injured or diseased as follows:
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an yen,
The second secon
\$ man (man)
e dia
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
County been allowed an invalid pension of
Dollars, for the year 1899.
Swore to and subscribed before me, this, the John Finance
2 day of PZZ acci 1900. FOST OFFICE
man en
Note -State fully the nature of wound or observer of disease which causes the disability, and explain particularly the
extent of the disability resulting from the wound or disease,
STATE OF GEORGIA,
Filkon County.
County.) I. W. dd. Scarce Ordinary of said County, do certify that I am well acquainted with John County the applicant in the foregoing affidavit, and am well satisfied that the statements made by him
I. W. Gd. graliery Ordinary of said County,
do certify that I am well acquainted with John language 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 Franch 1900.
Aug () and (
Ordinary of sellin County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Jullon County.
Personally appears pen augiton of Parllon-
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
lay of 18 W; 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 as a Porrate in Company 12, of I th Regiment
of LIA Volunteers, in such military service in the State of Division, on the le day
of Upril186/, he was wounded, injured or diseased as follows:
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The second of th
1 140 1
Deponent makes application for the pension to which he is entitled for year end-
ing October 26th, 1901. I have heretofore under said law as a resident of
full on County been allowed an invalid pension of
5-7 Q
County been allowed an invalid pension of Dollars, for the year 1900. Sworn to and subscribed before me, this the Jahna Jangston
Sworn to and subscribed before me, this the Jahne Langdon
Sworn to and subscribed before me, this the Jahne Jangdon Aday of Janu 1901. Costoffice
Sworn to and subscribed before me, this the Jahnes Langdon 15 day of 1901. Postoffice The Reveal American of the wound or character of disease which causes the disability, and could in perfections of the wound or character of disease which causes the disability, and could in perfect the country of the wound or character of disease which causes the disability, and could in perfect the country of the wound or character of disease which causes the disability, and could in perfect the country of the wound or character of disease which causes the disability, and could in perfect the country of the wound or character of disease which causes the disability, and could in perfect the country of the wound or character of disease which causes the disability, and could in perfect the country of the wound or character of disease which causes the disability, and could in perfect the country of the wound or character of disease which causes the disability, and could in perfect the country of the wound or character of disease which causes the disability and country of the wound or character of disease which causes the disability and country of the wound or character of disease which causes the disability and country of the wound or character of disease which causes the disability and country of the wound or character of disease which causes the disability of the wound or character of disease which causes the disability of the wound or character of disease which causes the disability of the wound or character of disease which causes the disability of the wound or character of the wound or character of disease which causes the disability of the wound or character of the wound or character of the wound or character of the wound or character of the wound or character of the wound or character of the wound or character of the wound or character of the wound or character of the wound or character of the wound or character of the wound or character of the wound or character of the wound or character of the wound or character of the
Sworn to and subscribed before me, this the Jahnes Jangdon 1901. Fostoffice Jan Rivel Auran Nore.—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.
Sworn to and subscribed before me, this the Jahn's Langdon ghours and subscribed before me, this the Jahn's Langdon ghours and subscribed by the state folly the nature of the wound or character of disease which causes the disability, and explain perfiction of the country of the state folly the nature of the wound or disease. STATE OF GEORGIA,
Sworn to and subscribed before me, this the Jahn's Langdon ghours and subscribed before me, this the Jahn's Langdon ghours and subscribed by the state folly the nature of the wound or character of disease which causes the disability, and explain perfiction of the country of the state folly the nature of the wound or disease. STATE OF GEORGIA,
Sworn to and subscribed before me, this the Jahn's Langdon ghours and subscribed before me, this the Jahn's Langdon ghours and subscribed by the state folly the nature of the wound or character of disease which causes the disability, and explain perfiction of the country of the state folly the nature of the wound or disease. STATE OF GEORGIA,
Sworn to and subscribed before me, this the Jahnes Jangston Jay of 1901. Fostoffice More.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, County. I, Reversion of said County, do certify that I am well acquinted with John Longston the
Sworn to and subscribed before me, this the John's Janyslan 1901. Fostoffice Jay of 1901. Fostoffice Nore.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, County. 1. No Reversion of Said County, do certify that I am well acquinted with which causes the disability and explain particularly the extent of the disability resulting from the wound or disease.
Sworn to and subscribed before me, this the Jahnes Jangston Jay of 1901. Fostoffice More.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, County. I, Reversion of said County, do certify that I am well acquinted with John Longston the
Sworn to and subscribed before me, this the Jahn's Jarry Journ day of 1901. Fostoffice 1901
Sworn to and subscribed before me, this the Jahn's Jarry Journ Journal of the Jastic fully the nature of the wound or character of disease which causes the disability, and explain perticularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, County. I. I. Reversal of the Journal of Said County, do certify that I am well acquinted with which causes the disability, and explain perticularly the extent of the disability resulting from the wound or disease.

Amx your yeal bern

POWER OF ATTORNEY

	County	. }		
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POWER OF ATTORNEY.

	OF GEO	RGIA,	untv.	}					
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				of_					
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-				by			* 11		
at									
IN W	VITNESS	WHERE	OF, 1	have hereu	ito set my	hand and	seal this		
day of_			1903	l _e					
				(market to the property	** ** *********************************	OR MINISTER CO.		[L. S
Exec	uted in pr	esence of							
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STATE OF GEORGIA,

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

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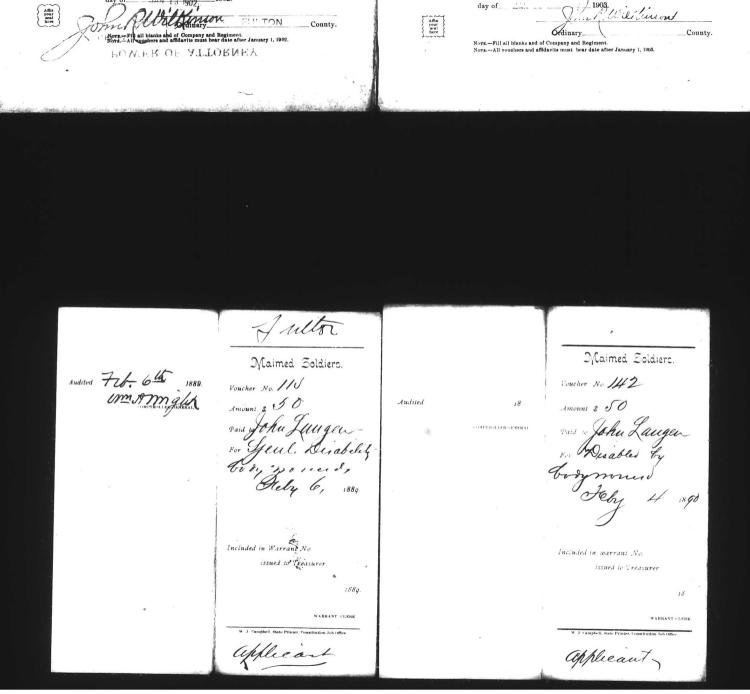
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
FULTON County.
Personally appears County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the
day of
States, and served as a first and a served as a first and a served as a first and a served as a first and a served as a first and a served as a first and a served as a first and a served as a served
Wounded in Paft side
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 County, been allowed an invalid pension of Dollars, for the argar 19th. Sworn to and subscribed before me, this the day of Jan 19th 19th 19th 19th 19th 19th 19th 19th
Noyz-visite fully the nature of the wound or character of disease which causes the disability, and exploring principality the extent of the dishadry resulting from the wound or disease.
STATE OF GEORGIA, County.
I. Ordinary of said County,
do certify that I am well acquainted with Auguston the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given under my official signature and seal, this
day of JAN 13 1902, 1902.
Nors.—Fill all blanks and of Company and Regiment. Nors.—All aggebers and affidavits must bear date after January 1, 1902.
POWER OF ATTORNEY

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.)
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
federate States (or of the State of) during the war between the States, and served as a furwate in Company B, of S th Regiment
M. Salaria
of Amil 186/, he was wounded, injured or diseased as follows:
Wound in left side
Would be tiff side
and the contract of the contra
The second secon
and the second s
The same than a second
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1903. I have heretofore, under said law, as a resident of
County, been allowed, an invalid pension of
Dollars, for the year 1902.
Sworn to and subscribed before me, this the
day of 1903. Post-office
Col Alle Cusons
Norm.—State fully the nature of the wound or character of disease which causes the disability, and explain protected by the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,)
County.
I, Ordinary of said County,
I, Ordinary of said County, do certify that I am well acquainted with I Langdon
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
Affix Your Live Live Control of the
aral here County County

Norg.—Fill all blanks and of Company and Regiment.
Norg.—All vouchers and affidavits must bear date after January 1, 1963.



STATE OF GEORGIA, EXECUTIVE DEPARTMENT & Allanta Ga Steby 6 1959 Allanta, Sa. Fleby + STATE OF GEORGIA, EXECUTIVE DEPARTMENT. Mr. John Laugen Mr John Laugen of the County having filed his application in the Executive having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, 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 Dge: 24, 1888, and the same having been allowed for Disabled by body would Leveral A Gabelil body morned a. He is entitled to receive the sum of Olathy tool He is entitled to receive the sum of for such disability, the same being the allowance due for the year ending October 24, 1889. for such disability, the same being the allowance due for the year ending October 24, 1896 The Treasurer will pay the same was tale his receipt on this voucher, and return same The Treasurer will pay the same and had his receipted this voucher, and return same to to Executive Department for war all OF OF Executive Department for warrant. GOVERNOR. by the Governor By the Governor, CLERK EXECUTIVE DEPARTMENT CLERK EXECUTIVE DEPARTMENT. RECEIVED OF STATE THEASURER, R. U. HARDEMAN, \$ 50 RECEIVED OF STATE TREASURER, R. U. HARDEMAN, Dollars, of Jehr Dollars, Dest WH. Hamsin

Dest WHItamism 1891. Maimed Soldiers. Audited 1891. Voucher No. 123. Amount \$ 50. COMPTROLLER ENERAL. Paid to John Langers Dily 6 1891. Included in warrant No. issued to Treasurer. 1891. WARRANT-CLERK applican's

No. 123 Atlanta, Sa. Febry 6 1891. STATE OF GEORGIA EXECUTIVE DEPARTMENT. of the County having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for He is entitled to receive the sum for such disability, the same being the allowance due or the ar ending October 24, 1891 The Treasurer will pay the same and hold his proper on this voucher and return same to Executive Department for warrant. MA Harrison SEC'Y EXECUTIVE DEPARTMENT RECRIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia. Dollars.

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

Dollars, per above voucher, this of John, Langer for J., a, body

Certificate of Ordinary of the County of Applicant's Residence.

FULTON

STATE OF GEORGIA, County of

Ordinary in and for said County of

how, tom my own knowledge, for from positive proof presented to me by reputable witnesses, that she resides in this County, and that she resided in the State of Georgia on December 23, State of Georgia, hereby certify that I am acquainted with Mrs. That she is the widow of W.L. CALFOIN Lang Emily

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the of Laborer Lanna 1800, and has not lingd out of the State since that date.

Millian School of the Jacobson, deceased, and pension for the year ending February 15th 1892. day of

deceased, and as such has heretofore been allowed a

POWER OF ATTORNEY.

Ordinary.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

my true and lawful attorney in fact, for ne and in my name, to receive and receipt for whatever amount of money in special from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing all-davit; 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 adversarie.

681

DIRECTIONS.

, and oblige

Widows' Pension,

for year ending February 15th, 1893,

Warrant Issued

County, in said State, do hereby appoint

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

Executed in the presence of us:

Certificate of Ordinary of the County of Applicant's Residence.

STATE OF GEORGIA, County	of FULTON
I, W.L.CALHOUN	Ordinary in and for said County of
FULTON State	e of Georgia, hereby certify that I am acquainted with Mrs.
Emily Langley	the applicant for a pension in this case, and
	om positive proof presented to me by reputable witnesses),
	hat she resided in the State of Georgia on December 23.
	3
Willia Don glen	te since that date. That she is the widow of deceased, and as such has heretofore been allowed a
pension for the year ending February	15th 1892.
	ento set my hand and affixed the seal of my office, this, the
Job day o	of Jaconson 1891.
****	of January. 1801. Ordinary.
POWE	ER OF ATTORNEY.
STATE OF GEORGIA,	County.
KNOW ALL MEN BY THESE PRESENT	ts, That I,
	of
County, in said State, do hereby appearance	oint
of_	my true and lawful attorney in fact, for
from the State of Georgia as a widow davit; hereby authorizing my said Atto	of a Confederate Soldier, as stated in the foregoing affi- orney to receipt in my name for any Warrant that may be not money which may be coming to me for the reason
	*
day of 189	(t. s.]
Executed in the presence of us	
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x	}
	DIRECTIONS.
Send amount by	.·to
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nic at	,
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	- and when white the server as one of the server transfer and the server of the server transfer and the server of
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V Ou	Mi Single State of the State of

STATE OF GEORGIA, County of W.L.Calhoun Ordinary in and for said County of Fulton State of Georgia, hereby certify that I am acquainted with Mrs. Emily Langley the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890 and has not lived out of the State since that date. That she is the widow of deceased, and as such hiss heretofore been allowed a pension for the year ending February 15th, 1854. In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, day of Poblet at 1 at 1865. this, the mil bouch with Ordinary. POWER OF ATTORNEY. STATE OF GEORGIA. County. KNOW ALL MEN BY THESE PRESENTS. That I. Milled in mattle near Wort Povel You County in said State, do hereby appoint countries work with January in fact, for my true and lawful attorney in fact, for ms, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this... Executed in the presence of us: DIRECTIONS Send amount by ., and oblige

Certificate of Ordinary of the County of Applicant's Residence

Send amount by

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For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, personally comes Mrs.
County of MULTON Emily Langley
who being sworn, says on oath, that she is a bona fide resident of said County of
State of Georgia, and that she has resided in said State
continuously ever since First 18 That she is the Widow of
Who was a Soldier in Company 16 of the 162 Regiment of General
26 of the 16th Regiment of Georgeal
Volunteers, that he enlisted in said Regiment on or about the month of . August
1862 and served in the Army up to 22 year 1864. That he lost his
life on the rabine 17 day of Dug ent 18 4 (State here
full particulars of the husband's death, when, where and from what cause.)
Killed in Fallt near That Regal
ra
Applicant drew Jum Richmond
60 m 1892

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 5 9, that Georgia is her home and she resided in this State 23d day of December, 1890, and his not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this

30 D day of January 1893. 6 mily Langly

N. L. Colle mordinary. Post-office Manta La

For Widows' Heretofore Allowed Pensions.

STATE OF G	EORGIA,	Detsonally Comes Mrs.
County of	rusous and any	Date of Long Long
no being sworn, says		ona fide resident of said county of
		orgia, and that she has resided in said State
ontinuously eyer since	birth	That she is the Widow of
Willis ha	nglegos T	who was a Soldier in Company
f of the	leth	Regiment of Georgia
olunteers, that he enli	sted in said Regiment o	on or about the month of August
		186 4 That he lost his
or about 17th		August 18 4 (State here
all particulars of the hi	usband's death, when, w.	here and from what cause.) (
•	ear Fort Royal Va.	
		- A Go do 1909
Applica	nt drew from Richmo	MG CO IN Teas
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	enter an inter-management of the courty have	
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Haracher and the control of the cont	***************************************	Mark and the second second second second second second second second second second second second second second
eponent swears that s	he was the wife of said	deceased soldier, during his service in the
my as a soldier, and th	at she has never marrie	ed since his death aforesaid, that she became
is wife in the year 18	59, that Georgia is her	home and she resided in this State 23d day
		her State or locality since that date. I have
		ebruary 15th, 1894, and now apply for the
-		
lowance provided by is	w for the year ending I	partiary 15th, 1895.
Sworn to and subscrib	ed before me, this	En hery
day of_	Feby 1895.	my day le
Whach	Ordinary.	Post-office
- AA		S C C C
2	1 4 6 5	35

Certificate of Ordinary of the County of Applicant's Residence.

Fulton STATE OF GEORGIA. County of I. W. T. Calhoun Ordinary in and fer said County of "ulton State of Georgia, hereby certify that I am acquainted with Mrs. Baily Lawley the applicant for a pension in this case, and know, from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1850, and has not lived out of the State since that date. That she is the widow of Willis Langley deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1893. In Witness Whereof, I have hereunto set my hand and affixed the seal of my office,

this, the " obruary BEAL Ordinary.

M.L. Calhoun

Form No. 2

POWER OF ATTORNEY.

STATE OF GEORGIA. County.

KNOW ALL MEN BY THESE PRESENTS, That I,

County in said State, do hereby appoint'

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

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

day of

1894.

[L. S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by

, and oblige

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA. · Fult on

Dersonally comes Mrs. Buily Langley

County of

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

Fulton

birth

16th

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

continuously ever since

who was a Soldier in Company

That she is the Widow of

Willis Lancley

Regiment of Geor zia

of the

Volunteers, that he exlisted in said Regiment on or about the month of

186 2 and served in the Army up to

August / August 186 4 That he lost his

life on We or about 17th day of (State here

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

Killed in battle near Fort Royal Va,

Applicant draw from Richmond Co in 1893

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

his wife in the year 18 59; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the

allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this day of February 1804.

Mr. L. Calhum Ordinary.

Certificate of Ordinary of the County of Applicant's Residence.

STATE OF GEORGI	A, County of	of	ulton		
I, T.L. Jolhoun		Ord	inary in and f	or said Cou	inty of
Fulton	State of Georgia,	hereby certify	that I am sequ	ntinted wit	h Mrs.
Frily Lenglyy		the applicant	for a pension	in this cas	se, and
now from my own knowledge (or from p	positive proof pr	esented to me	by reputable wi	itnesses,) tl	nat she
sides in this County, and that she resided i	in the State of Go	orgia on Dece	mber 23, 1890,	and has no	t lived
nt of the State since that date. That she is	s 'he widow of.	Will	is I angley		
eceased, and as such has heretofore been	allowed a pension	n for the year	ending Februa	ry 15th, 18	895.
In Witness Whereof, I have be	ereunto set my	hand and affix	ed the seal of	my office	, this
day	of	Foby	1896.		/
010	,	. ,			7
(BEE) m.L.	roal	him	_Ordina	ry.	
				Pane	No. 8.
POWER	OF AT	TORNI	TV.	7070	1 310. 0.
TOWER	OI AI	. 011141	-1.		
TATE OF GEORGIA,		Cou	inty.		
I,	hereby autho		y.		
	to receive and r		sonsion paid ha	moon and m	non mont
at he remit same to	to receive and r	_at	rension paid ne	reon and r	equest
IN WITNESS WHEREOF, I have hereur	nto set my hand		.11	~	
y of1896.	no ac my mane	and sear, thi	•	. 4"	,
y 011800.					
				- mar (m) (m) (m) (m)	[1.8.]
Executed in the presence of					
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widow of	2	=	-3	i	18
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12 1 B E 3	ily a	din S	20,		200
Fulton Fillis Langley Finneral ISSUE AND HAMPED TO AND HAMPED TO AND HAMPED TO	PAID TO		6	6	Ē ,
Lens Lans	100		\$ 00		9
SUE SUE	A	7 15	20	00	9
		IDOW'S PENSIO	E12	•	OR THOSE HERETOFORE PAID.
9			13		-

Certificate of Ordinary of the County of Applicant's Residence.

STATE OF GEORGIA, County of Rulton
1, HATTURELY Ordinary in and for said County of
Enruly Lary Cley the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesse-), that she
resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of belling County ley
deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.
In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this
the 3.0 1/2 day of 1897.
(MEAL) 77777 CC 2. Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGI	IA,Coun	ty.
I	hereby authorize	A CONTRACTOR OF THE STATE OF TH
of	to receive and receipt for the pension	paid hereon and request
that he remit same to	at	24 1 1 12
IN WITNESS WHEREOF, I	have hereunto set my hand and seal, this	
day of	1897.	
	-	[L. 8.]
Executed in the presen	ace of	

dibod's Pensio RICHARD JOHNSON, WARRANT ISSUED

1897. 1088

Dersonally Comes Mrs.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County	of	Fultor	1	, J F	ily La	ngley		
		who being swo	rn. savs on o	ath, that she is	a bona fi	ide resident	of said c	ounty of
	Filto		101 -	of Georgia, and				
continuously eve	er since	nirth			18	That she	in the V	Widow of
	~1 1 <u>1 -</u>	Langley			who	о wan a So	ldier in C	Company
31	of the	lath		Regiment	of	Beorgi	n .	
Volunteers, that	he enlisted	l in said regime	ent on or abo	out, the month	of	Augi	ıst	, -
186 2 and serve	ed in the A	rmy up to	(ugu	rt		186	That he	lost his
life on the or	coout l'	'th	day of	uzust		18	²⁴ (8	state here
full particulars o	f the husban	ud's death, when	, where and	from what cau	sc.) (
illes ir or	ttle ne	ar Fort Pop	ya1 ₹.					(400000000
		'pṛlicant	irem fro	.: Pichmon	i Jo ir	1808		
								-
							o di se	10000
Deponent swears								30
and that she has								
that Georgia is	her home	and she res	ided in this	State 23d de	ay of De	cember, 18	190, and	has not
lived in any ot	her State	or locality sin-	ce that date	. I have been	en allowed	l a pension	as a res	sident of
Fulto	۵.	.Coun	ty for the ye	ar ending Feb	ruary 15t	h, 1895, an	d now a	pply for
the pension prov	ided by law	for the year c	nding Febru	ary 15th, 189	8			
Sworn to a	nd subscrib	oed before me,	this)	o.h	4	0	0	
5-10		Feb y		ml	the	ang	ley	
mr.L.L		ordin		ost-office	ma	110)

For Widows Heretofore Allowed Pensions.

MINISTER OF RESIDENCE AND ADMINISTER OF THE PARTY OF THE	
STATE OF GEORGIA, Decreonally Comes Mrs. County of Fulton EmilyLangley	
who being sworn, says on oath, that she is a bona fide resident of said county of Autore State of Georgia, and that she has RESIDED in said State continuously ever since Buth 18 That she is the Wildow of	
Wolunteers, that enlisted in said regiment on or about the month of August	
186.2 and served in the Army up to Seegeest 1864 That he lost his life on the Ct about 1 12 day of Cuffeest 1864 (State here full particulars of the husband's death, when, where and from what cause.)	
Nilled in battle near Fort Royal V.	
Co in 1892	1
Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18	
that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of	
the pension provided by law for the year ending February 15th, 1897.	

POWER OF ATTORNEY.

I. hereby authorize f receive and receipt for the pension paid hereon and request that he remit same to at IN WITNESS WHEREOF, I have hereunto set my hand and seal, this BON. [L. S. Executed in presence of	TOWN'S PENSION WO. 2 5 5 Loon 1808. Loon 1808. RICHARD JOHNSON. County AND HANDED TO AND	tate of Geo	}	
LSON Solve and receipt for the pension baid hereon and request that he remit same to at at IN WITNESS WHEREOF, I have hereunto set my hand and seal, this solve of the second of the sec	LSON. 2 SS S No. 2 SS No. 2 SS S No. 2 SS S No. 2 SS		@ounty.	
DOW'S PHOSIN No. 2 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 /	WARRANT ISSUED WARRANT ISSUED	I,	hereby author	ize
IN WO. 2 / 5 % See the second of the second	DOW'S PENSION, 1808. IN MILHERS MHEREOL' I have hereinto set my hand and seal' this and the february 18th, 1898. Executed in blessure of AND HANDED TO MARRAY ISSUED AND HANDED TO MARRAY ISSUED W. MARRAY ISSUED AND HANDED TO MARRAY ISSUED AND		f.,	
DOW'S PENSION, year ending February 15th, 1898. Executed in blassers of County	DOW'S PENSION, year earling February 18th, 1898. Executed in blessure of Persons. AND HANDED TO AN	receive and re-	eipt for the pension paid hereon and	request that he remit same to
DOW'S PENSION, year ending Federary 13th, 1838. Control of County OF RICHARD JOHNSON. Commissioner & Prasmas. WARRANT ISSUED Z/Z AND HANDED TO (ARACLE OF AND AND AND AND AND AND AND AN	DOW'S PENSION, Your cubing February 13th, 1898. County of The County o		at	
DOW'S PENSION, year ending February 18th, 1888. FAMOLIC COUNTY OF	DOW'S PENSION, year ending February 13th, 1898. Enter the February 13th, 1898. PAR JOHNSON, Commissioner of Preson. WARRANT ISSUED 2/2 1899. AND HANDED TO WE MANDED WE MANDED TO WE MANDED TO WE MANDED WE MANDE	IN WITN	ESS WHEREOF, I have hereunto set i	ny hand and seal, this
DOW'S PENSION, year ending Federary 15th, 1888. Control of County Off County	DOW'S PENSION, year ending Pelenary 13th, 1898. Control of Posson. Control of Posson. Control of Posson. AND HANDED TO AND HANDED TO CALL WARRANT ISSUED AND HANDED TO CALL	of_	1898,	
DOW'S PENSION, year ending Federary 18th, 1888. Envertee and the Federary 18th, 1888. Control of County Office of County MARRANT ISSUED 2/2 AND BANDED TO CARLES AND BAND	DOW'S PENSION, year ending Petrane 18th, 1888. Enne of France County of The County of The County RICHARD JOHNSON, AND HANDED TO AND HANDE			[L. S.]
1898. NO. 2 / SS- NO. 2 / SS- NO. 2 / SS- STATE FAILURY 18th, 18 STATE STATE OFFICE STATE OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF	18898. NO. 2 / 5-5- NO. 2 / 5-5- NO. 2 / 5-5- NO. 2 / 5-5- STATE CALLED BAID TO STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE PROPERTY. ATLANDED TO CALLED STATE PROPERTY.	Execute	d in presence of	/
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1898. NO. 2 / S-S- NO. 2 / S-S- NO. 2 / S-S- NO. 2 / S-S- STATE CALLE OF CALLES OF THE CALLES	1898. NO. 2 / 55- NO. 2 / 55- NO. 2 / 55- NO. 2 / 55- Service to the 18 to		- 3(nut	1898.
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MIDOW'S PE For year ending February Roy Carres Or Or Or Widow of the Carres WARRANT ISSI AND HANDED 1	ISSO NO. 2 / S'S N	00 %	NS I I I	UED UED
MIDOW'S I WO. Z. / Widow of Hills. WARRANT WARRANT To AND BANN WARRANT WARRANT WARRANT WARRANT WARRANT WARRANT WARRANT	1888 NO. 2 (1100W'S 1 For year cubling Peda Peda Peda Peda Peda Peda Peda Peda	\ \frac{1}{2}	H W II	Command of the Table of the Tab
MIDOW' Foryar ending Foryar ending Foryar ending Widow of First WARRA	MO. Z. (1100W) Vo. Lower ending Vo. Conv. MARRA WARRA AND AND AND AND AND AND AND	0	S = 310 7 52	INT LANI
MIDO Eoryare Foryare We widow of H	Monor RICI		F 17 7 17	RR AND AND
Fory Widows		×	8 1 1 1 1 1	WA WA
D 71/			Forty Forty	N OSE
	P 2		D Wid	

POWER OF ATTORNEY.
State of Georgia,
Julian County.
1. Enuly Laughy hereby authorize & A Grigge of Fulton County
of Julian County
to receive and receipt for the pension paid hereon and request that he remit same to
To me of at 160 11 means about tellante &
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this work
day of January 18909 Emily the Language [L. S.]
Executed in presence of
A as Cook 23
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19
1. 1. 1888. 1888. 1888.
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ISODO. 837. IDOW'S PENSION FOR THOSE Herstofore Paid. IDOW'S PENSION FOR THE COMMISSION. FULTON COMMISSION. RICHARD JOHNSON, RICHARD JOHNSON, RICHARD JOHNSON, AMD HANDED TO AM
Those Heretofore I ISBB. 100. 837. NO. 837. NO. 837. NO. W. C.
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Selection of the Court of the C
Those No. No. No. No. No. No. No. No. No. No.
TROPE Herestofore Paid 18899. MOIDOW'S PENSIO For year ending Pedrum; 15th, 1889 The Kin Lee General 1880, on the Commissions of William and WARBANT ISSUED WARBANT ISSUED AND ALLY DEN TO AND AND AND AND AND AND AND AND AND AND
Wide Wide

For Widows Heretofore Allowed Pensions.

County of Full on Coming Jang lig
who, being eworn, says on eath, that she is a boun fide resident of said county of State of Georgia, and that she has mestoren in said State continuously group shows That she is the Widow of who was a Soldier in Company of the Regiment of Regiment of Regiment of 18.6 That he last his life on the Jlay of August 18.64 (State here
jult per traducts of the harbanet's death, when, where and from what cause)
Flick in butil man Fort Boyal. Va.
Deponent wears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and that she became his wife in the year 1855. Thave been allowed a pension as a resident of Gull Com. County for the year ending
February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898.
Sworn to and subscribed before me, this day of the 1898, The New York Ordinary. Post Office Post Office Post Office
State of Georgia,
County. Ordinary of said County, certify that I am well acquainted
with Mr Leve affidavit and am satis- fied that the facts therein stated are true, and I know she is the individual she represents herselt to be, and that she

Given under my official signature and seal this the Z day of title 1898.

Official (Seal.)

For Widows Heretofore Allowed Pensions.

STATE OF	GEORGIA,)	Person	nally Comes	Mrs.
County of_	FULTON			Lang	1
FILL TON	who, being sworn,	says on oath, the	it she is a bons	fide resident of	said county of
FULTON:	.,2	State of Ge	eorgia, and the	at she has RESIDE	D in said State
continuously ever since.	MITTE	2	18	That she is	he Widow of
Melean	a Lang	Leef	,	who was a soldie	er in Company
W. of th	ie. /6 1/4		ment of	Terr	gea
Volunteers, that he enliste	d in said regiment on or	about the month		agu.	W.X
186_2 and served in the	Army up to_ Ca	e gecox	CX	186 / T	
	theday	of The 7	" KX	1864	(State here
full particulars of the hu	sband's death, when, wh	ere and from w	hat cause.)	- A	} -
- Mille	sband's death, when, who	tile n	ear-	tord V	real
· Va·		11.100			1.0
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		**			
Deponent swears that she	was the wife of said decea				oldier, and that
	d a pension as a resident	ELLI	TON		he year ending
February 15th, 1898, and	now apply for the pension	n provided by law	for the year	ending February	15th, 1899
	subscribed before me, this) 5	1 Tup 4	0 ,	
2896 day of	January 1899.	Sh	May marie	rougley	
Da Con	Ordinary.	Post	Office No /	1 means 8	box Alanda Zw
	Inches ?	The .	W L L	HULSEY.	
State of Geo:	9 /	1.			
Enil	1	,	•	certify that I am	
with Mrs. O Mercy	hace gle.	1-		the above affidav	
	stated are true, and I kno				
has continuously resided i	n this State since the			ee, 1	8.70
Given under my of	fficial signature and seal th	is the 28	day	of	1899.
	V 0000	77	7176	uli	~ <u>`</u>
Official) Seal.	9	Ordinary of	FULTO	N	County.

POWER OF ATTORNEY.

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to receive	and receipt		pension paid he		seet that he remi	
		.0	atat	reon and requ	lest that he remi	t same to
IN	WITNESS	WHERE	OF, I have hereu	nto set my har	nd and seal, this_	,
day of_			1900.			
						[J S.]
I	Executed in p	resence of	f			1
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23			00 19 8	95		
3 2	i la	S	16th	SEY	WARRANT ISSUED	c, Aribus
3	X	H	E 2 13	ONI,	188 /S	OL!
北	a	S	S S S PAID	JNO. W. LINDSEY	RRANT ISSU	
	No.	*	endi	Q.	ARA VA	2
0		<u>ĕ</u>	For year ending February 18th Farm of femily for for	idow of_	3	8
4		3	Mrs. F.	Vidor		
19	D 1			- 11	Р 1	1 11

POWER OF ATTORNEY.

	County.			*
Ι,		of	her	eby authoriz
to receive and receip		paid hereon and :	request that he	remit same to
IN WITNESS	WHEREOF, I	have hereunto set	my hand and sea	, this
tay of Co	1901.			8
				[L. S.
Executed in pr	esence of			
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		1		
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STATE OF CEORGIA,

For Widows Heretofore Allowed Pensions.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	Formily Comer Mrs.
continuously ever since Birth	son oath, that she is a bona fide resident of said county of State of Georgia, and that she has RESIDED in said State 18. That she is the Widow of who was a soldier in Company Regiment of
Volunteers, that he enlisted in said regiment on or abo	
life on theday of	august 18.67 (State here
particulars of the husband's death, when, where and Milled in batte	
Rayal Va.	
she has never married since his death aforesaid, and tha	coldier, during his service in the army as a soldier, and that take became his wife in the year 18 58. Alkon County for the year ending
February 15th, 189 , and now apply for the pension Sworn to and subscribed before me, this day of 1900.	n provided by law for the year ending February 15th, 1900.
(moroungainery)	
State of Georgia, Fulkon County.	I M. Jo. Aduluse J Ordinary of said County, certify that I am well acquainted
	, who made the above affidavit and am satis-
has continuously resided in this State since the	te is the individual she represents herself to be, and that she
Given under my official signature and seal, thi	the 3 day of 1900.
(Official)	CVI CVI TO

tol minome helefold	ore allowed Pensions.
County of CEORGIA,	Personally Comes Mrs.
dillton 1	oath, that she is a bona fide resident of said County of ate of Georgia, and that she has RESIDEN in said State That she is the Widow of who was a soldler in Company Regiment of the month of the month of the month of the said County of the Regiment of the month of the month of the month of the said County of the Regiment of the month of the month of the said County of the Regiment of the month of the said County of the Regiment of the month of the said County of the Regiment of the said County of the Regiment of the said County of the Regiment of the said County of the Regiment of the said County of the Regiment of the said County of the Regiment of the Regime
86 Zand served in the Army up to.	august 186 4 That he lost his
Polled in battle On Bryse Va	near
I have been allowed a pension as a resident of	full County for the year ending
Sworn to and subscribed before me, this	provided by law for the year ending February 15th, 1901. Curly her and ley Post Office. Curly her are all years of the year of the years of the ye
State of Georgia,	I Statistics of the Country of said Country, certify that I am well acquainted
ith Mrs. Milly Sangley nat the facts therein stated are true, and I have she in	, who made the above affidavit and am estisfied
as continuously resided in this State since the Given under my official signature and seal, this Official } Seal. }	the day of Javes 1901. The Day of Javes 1901. Tribung of Julton County.

POWER OF ATTORNEY

POWER OF ATTORNEY.

I. V. Miss E. to receive an In Winday of Execute	GEORGIA, Fulton Mrs. Go L. Laug and receipt for the mess Whereof, I ha aug, ated in presence of Pt. P. 46	Laure Ley, 6 pension paid 1 ave hereunto set 1902.	my hand and see the se	quest that	St. alland	lu Ja.
To Those Heretofore Paid. 1902.	WIDOW'S PENSION,	For year ending Dec. 31, 1902. Thu. Character of Control Control	Widow of West According Co. Regiment	JOHN W. LINDSEY, Commissioner of Pensions	WARRANT ISSUED AND HAMBE TO	

San gley, Enily

: The PC	WER OF ATTORNE	¥
STATE OF GEORGIA	County	
I,	of	,hereby authorize
	or the pension paid hereon, and requ	
In Witness Wher	reof, I have hereunto set my hand at	nd seal, this
Executed in prese	0-m- 110	.[L. 8.]
To Those Heretolore Paid. 3 1903. No. 2 4 WINAW'S PRINCIAN	For year ending Dec. 31, 1903. For year ending Dec. 31, 1903. For year ending Dec. 31, 1903. Widow of Ultue. Co. 160. Regiment 1614. 1404. JOHN W. LINDSEY,	WARRANT ISSUED A AND HANDED TO AND AND AND AND AND AND AND AN

Fo. William Heretofore Allowed Pensions.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, PERSONALLY COMES MIRS. County of Fulton. E. Laughy
who, being sworn, says on outh, that she is a bona fide resident of said County of PULOTE State of Georgia, and that she has RESIDED in said State continuously ever since Dirth . That she is the Widow of who was a soldier in Company Wood of the Regiment of . You Regiment of . You would be that the emission of about the month of . That he lost his . That he lost his
186 V, and served in the Army up to lug 186 L. That he lost his life on the 14th day of lang 14th state hyre purtowhere of the historials death, when where and from what causes Kelled in Buttle run Port Royal Va
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18 578
University been paid a pension as a resident of Fulton . County for the event ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902.
State of Georgia, County. Ordinary of said County, certify that I am well
acquainted with Mrs. (Sixuegliy) — who made the above affidavit and an satisfied that the facts therein stated are true, and I know she is the individual she represents hereself to be, and that she has continuously resided in this State since the 23-4.
Given under my official signature and seal, this the day of JAN 13 1902 1902. Official (Seal.) Ordinary of Fulton. County
NOTE. All blank spaces must be filled. Voucher and affidavit must bear date after January 1st, 1902.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	PERSONALLY COMES MRS.
County of Rullon	& Langley
who, being sworn says on oath	n. that she is a bona fide resident of said County of
State of	f Georgia, and that she has RESIDED in said State
continuously ever since Birth	. That she is the Widow of
We Langle	who was a soldier in Company
16 of the 16th	
Volunteers, that he enlisted in said regiment on or	0
186 Z, and served in the Army up to Que	,
life on the 17th day of	
	5 '
Kelled in Battle neur	Vost Royal Va
William 1 200 1 200 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g sworn says on eath, that she is a bona free resident of said County of State of Georgia, and that she has RESIDED in said State Print. State of Georgia, and that she has RESIDED in said State Print. That she is the Widow of Who was a soldier in Company Regiment of Head of State Regiment of Head of State here and grow who was a soldier in Company Regiment on or about the month of State here and grow what course.) That he lost his day of State here the wife of said deceased soldier, during his service in the Army as a remarried since his death aforesaid, and that she became his wife in on as a resident of County for the pension provided by law for the year ending who was a proper of the pension provided by law for the year ending who was a proper of the pension provided by law for the year ending who was a proper of the pension provided by law for the year ending who was a proper of the pension provided by law for the year ending who was a proper of the pension provided by law for the year ending who was a proper of the pension provided by law for the year ending who was a proper of the pension provided by law for the year ending who was a proper of the pension provided by law for the year ending who was a proper of the pension provided by law for the year ending who was a proper of the pension provided by law for the year ending who was a proper of the pension provided by law for the year ending who was a proper of the pension provided by law for the year ending who was a proper of the pension provided by law for the year ending who was a proper of the pension provided by law for the year ending who was a proper of the pension provided by law for the year ending who was a proper of the pension provided by law for the year ending who was a proper of the pension provided by law for the year ending who was a proper of the pension provided by law for the year ending who was a proper of the pension provided by law for the year ending who was a proper of the pension provided by law for the year ending who was a p
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Deponent swears that she was the wife of said dec	who being sworn says on oath, that she is a bona bee_resident of said County of State of Georgia, and that she has RESIDED in said State of Georgia, and that she has RESIDED in said State of the Lawyley who was a soldier in Company of the Regiment of He that he enlisted in said regiment on or about the month of Grey and served in the Army up to Grey 1864. That he lost his day of Grey 1864. (State here of the husband's death, when, where and from whit cause.) A un Ballle Muss Post Royal Va swears that she was the wife of said deceased soldier, during his service in the Army as a did that she has never married since his death aforesaid, and that she became his wife in S. S. See been paid a pension as a resident of
the year 18 J &	that she became his wife in
Control of the contro	
December 31, 1903.	the pension provided by law for the year ending
	Chux O
- I	(ON an afen
	Meath of
Ordinary.	Post-Office
State of Georgia,	I. John . S. Manusen
County.	Ordinary of said County, certifyy that I am well
equainted with Mrs. & Laugh	who made the above affidavit and
	/
nerself to be, and that she has continuously reside	d in this State since the
lay of Birth 18	
	is the day of JAN
	Prince In a land
Official Seal.	elle wighter
Ordin	nary bfCounty.

NOTE.—All blank apaces must be filled.

Voucher and Affidavit with bear date after Japanery zet, 1903

acquainted with Mrs. (SLacegley) who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents _County. | Ordinary of said County, certify that I am well acquainted with Mrs. & Langley , who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents hereself to be, and that she has continuously resided in this State since the 23-4 herself to be, and that she has continuously resided in this State since the..... day of DEC 1-90 Birth ___18_ Given under my official signature and seal, this the____ windon. Fulton. County r Seal, a Official | Ordinary of Ordinary of.... NOTE. All blank spaces must be filled. Voucher and affidavit must bear date after January 1st, 1902. NOTE.—All blank Spaces must be filled.

Vencher and Affidavit west bear date(after January 1st, 1903.

1/ Langley John B. Juston Co. APPLICATION FOR Arm FOR CONFEDERATE SOLDIER. Applicant 95 M. 195 M. Og 1 A County Julter Limb Arm Ware ellow Argount \$60 E/952

6/95

TT A TT	OT	CHODOLA
DIAIL	OF.	GEORGIA.

Julian

County.)

Personally appeared before me. the 19 Lungton
the county of
and says that he was on the 20th day of September, 1879, a bona fide resident of this State; that he
enlisted in the military service of the Confederate States, or of this State, as a
in Company C- 25 Regiment of J. J. A. St. Wolunteers
that while engaged in such military service, to-wit: at the battle or engagement of
in the State of
that the same was amputated (16 and 16
that the same was amputated Clarite the illour
that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September
20th, 1879; that he has; or that, not having
done so, he prefers to supply himself with an artificiai
Sworn to and subscribed before me this
day of
NOTE.—The above allidarit must be made before some either authorized to administer oaths, a Judge of the Superior or County Court, Justice of the Peace, Clerk of the Superior Court, or Ordinary.

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

County.

Personally came before me
the county of, State of Georgia, who, being duly sworn, deposes
and says that he was
and thatthe above deponent, was a
in said Company, and that this deponent knows that said
lost ain the military service as said in the above affidavit.
Sworn to and subscribed before me this
Sworn to and subscribed before me this

Note.—If the affidavit of the commissioned officer is not obtainable, the following affidavit of three responsible citizens, must be furnished.

AN ACT

To carry into effect 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 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
writer, but 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 knew, one bundred dollars, for a leg not extending above the knew, one bundred dollars, for an arm extending above
the low, sixty dollars, for an arm not extending above the elbow, forty dollars. Provided the said amounts of money may be
allowed to any one entitled to the benefits of this Act who may prefer to supply limself with the said artificial limb.

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

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

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

Henry R. Gobtchius, Secretary House Representatives WM A. Harrie, Secretary Senate Approved September (9th, 1879). A. O. Bacon. Speaker House Representatives RUFUS E. LESTER, President Sensite

ALFRED. H COLQUITT, Governor

STATE OF GEORGIA,
Julian County
Personally carno Janana Maria dunce
who, being duly sworn, depose and say they are acquainted with
that said
that said
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 Istradwell
17 14 day of O Charles 79
& Praoff J.P. 1026 on 9. m.
STATE OF GEORGIA,
Juilan _ County,
1. Deficel Pittman Orginary of Atallan
county, do certify that I am well acquainted with
the applicant for the Mersey was for and am well satisfied that the facts stated by him in the foregoing
the applicant for the Message in f. and am well satisfied that the facts stated by him in the foregoing affidavit are true, and that I am well acquainted with
· ·
the citizens who make these affidavit, that they are respectable citizens of this county, and that the facts stated by them are true.
Given under my hand and official seal, this
day of October 18
SERGIA CEORGIA
Georgia) Galuary is to
es alling It &

Il the van does not request the affiliance of the special of the affiliance of the a

March TBSO; that he enlisted in the military service of the Confederate States (or of the State of served as a) during the war between the States, and in Company 6 , of 25 th Regiment of Volunteers Sambung 's Brigade; that whilst engaged Tuyers in such military service, at the battle of Mian Actanda State of George and on the 22 day of July 1864, he was wounded as follows: Green that wormed in the defit areas Coursing Computation of the Darm part Relove the Shrulder July 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 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, PPLICATION FOR PERSONALLY comes before me Ordinary of said 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 send meney to me as follows: be ORDINARY.

STATE OF GEORGIA,

Personally appears John B. Langley of Andler county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resi-

dent of said State, and has been such continuously since the

STATE OF GEORGIA.

tullar

1 m. L. backson Ordinary of said county,

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

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

I further certify that _____ before whom the foregoing affidavits were made and power of attorney was signed, is a

of said county, and that the said affidavits and signatures thereto are genuine. Given under my official signature and seal, this 6 day of Fulman, 1889

m. X. Cachin

Ordinary Francis County

STATE OF GOODEDING

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

KNOW ALL MEN BY THESE PRESENTS, That I.

county, in said State, do hereby appoint

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

Send money to me as follows, by

County, Georgia.

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 disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.

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

dered 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 by sick, 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 diffied to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to. Above that the amendments have been duly sworn to.

7. Every application must be certified by the Ordinary of the county of the residence

of the applicant. The certificate of any other will not be received in any case.

STATE OF GEORGIA, Fullow County.

1. m.L backon do certify that I am well acquainted with John B. Langley 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 Furney 1890

mille actions

Ordinary Fice (1)

County.

STATE OF GEORGIA.

Malla County. mil leachin

Ordinary of said County. do certify that I am well acquainted with John R 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.

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 3 and day of Felium, 1891.

mx loading

Ordinary Freder County

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Frellin County.
PERSONALLY appears John D. Langley of Frellow 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 day of
De ceuter 1864; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a Private in Company 16, of 25 fh Regiment
of Deras Volunteers Gorenay's Brigade; that whilst engaged
in and military and in at the basis of 4 and 20 12 this case = 1 d Const
of see on the 22 and day of July 1864, he was
The left arm coming dispersion
al al a court country the person
of the Dawn above the Elbow
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2 2
Deponent desires to participate in the benefits of the Act, approved October 24, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension
of an krandud Adlars.
Sworn to and subscribed before me, this the Solar B. Landy
S' day of Felman 1890
ar. L le cellin
Norse State fully nature of wound the star of disease which causes the disability, and explana particularly the extent of
the disability
POWER OF ATTORNEY.
STATE OF GEORGIA
STATE OF GEORGIA
County.
KNOW ALL MEN BY THESE PRESENTS, That I,
of
county, in said State, do hereby appoint
of my true and lawful attorney in fact, for
me and in my name, to receive and receipt for what ever amount of money I may be entitled
to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit;
hereby authorizing my said attorney to receipt in my name for any Warrant that may be
issued by the Governor, or for any sum of money which may be coming to me for the reason
aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of 189
Executed in the presence of us:
Executed in the presence of us.
•
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DIRECTION.
Send money to me as follows, by
to P.O.
County, Georgia.

For Applicants Heretofore Allowed Pensions.

Tot Application increasione allowed rensions.
STATE OF GEORGIA,
Hallon County.
PERSONALLY appears John B. Layly of Fallon
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen an
resident of said State, and has resided therein continuously ever since the
day of James 186.6; that he enlisted in the military service of the Cor
federate States (see of the State of States, and served as a Paryth in Company to, of 2d th Regimer
of Market as a Market in Company o, of 2d th Regimer
of Vigara Volunteers Granberg 's Brigade: that whilst engage in such military service at the battle of State a in the State
of Linguistation on the 22 and day of July 1864 he was wounded as follows: Carrelin that worked of the
wounded as follows: Carrelin chart more of al
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Actual Control of the
Deponent desires to participate in the benefits of the Act, approved October 24, 188
and the acts amendatory thereof, and makes application for the allowance to which he is entitle for the year ending October 26, 1891. I have heretofore been allowed a pension of
(or franchis dollars for 1840
Sworn to and subscribed before me, this, the
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my land of water
Note. State fully nature of wound or character of disease which causes the mability, and explain particularly the extent of the disability, resulting from the wound or disease.
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 appoin
The second secon
of
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Executed in the presence of us:
Direction in the presence of the
CONTRACTOR OF THE PROPERTY OF
DIRECTION.
Send money to me as follows, by
P. O.
County, Georgia.

POWER OF ATTORNEY. STATE OF GEORGIA, \(\)

Know all Men by these Presents	That L		.7	7 + (+ +)		***************************************
	County,	State of	Georgia,	do her	eby a	ppoint
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te and in my name, to receive and receipt fo om the State of Georgia by reason of the in ine Confederate States (or of this State), as st present the state of the state of the state of the present the state of the state of the state of the or any sum of money which may be coming the	r whatever jury receiv ated in the	ed as afor	of money resaid in the	I may be milita	ry ser	tled to vice of
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County	, Georgia.	25-42				
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For Applican Heretofore Allowed Pensions.

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For Applicants Heretofore Allowed Pensions.

Fu1 +c	n County.			
	ars John J			
County, State of Geor	rgia, who, being duly s	worn, says on o	ath that he is	a bona fide citizen and
resident of said State,	and has resided therei	n continuously	ever since the	
day of	18.55 ;	that he enlisted	in the militar	y service of the Con-
federate States (or of	the State of		\ dud	4h 1 1
States, and served as	a Private	in	Company	of 35 th Regiment
of Toxas	Volunteers	Granberry	's Brigade :	that whilst engaged in
such military service a	t the battle of Atlan	13a, on 23nd	July 1854	in the State
of facigia	, on the said 3	and day	of July	186.4, he was
			of the left	t arm chust ng
urputation of th	ne pama above th	e Elboy	*****	
Cognition to Committee of the Committee				
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the year ending Octob	per 26, 1893. I have l	heretofore been	allowance to w allowed a pen	October 24th, 1887, and which he is entitled for sion of
	hundr så coribed before me, this,		893	/
		1	he Be	Langley
	of Harch it	893.		1
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Norz-State fully nature	of wound or character of diseasound or disease,	use which causes the di	anbility, and emplais	particularly the extent of the
STATE OF G	EORGIA, (
Phatos				
I	30 t M	.T. Cal houn	Ord	linary of said County,
do cortifu that I am w	ell acquainted with			
applicant in the forego	ing affidavit, and am v	vell satisfied that	t the statemen	ts made by him in his
said affidavit are true,	and that he is disabled	, to the extent he	claims, and	I know he is the in-
dividual he represents	himself to be, and that	he resides in th	is County.	
I further certify th	nat		200	e a kil
	going affidavits were			au was alanad is a
Acroic Anom the 1016	foint minhaus were			
signatures thèreto are	Barniue .	- Or said	County, and	the said affidavits and
Given under my	official signature and se	eal, this /6	day of	Иатоh 1893.
	· m		outry	in .
-1-, 1	86 1 10	dinary,		
				ulton County.

do certify that I am well acquainted with John B. Langley the applicant in the foregoing affidavit, and an 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 repesents himself to be, and that he resides in this county. Given under my official signature and seal, this 7 day of March 1892.

Ordinary. Arcelon. County. PENSION SOLDIER'S

STATE OF GEORGIA. Frellini

County. 1. Or. L. Kallman

Ordinary of said county,

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

Know all Men by these Presents. That I,

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

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

day of.....

Executed in the presence of us

DIRECTIONS.

Send money to me as follows, by

P.O.

__ft., s.]

County, Georgia.

Soldier's Pension

	8.1
For Applicants Heretofore Allowed Pensice STATE OF GEORGIA, The County of Georgia, County of Co	rn, says inuously enlisted y ny LY64 day of
Deponent desires to participate in the benefits of the Act, approved October 24, 18 the acts amendatory thereof, and makes application for the allowance to which he is entitle year ending October 26, 1892. Thave heretofore been allowed a pension of Other More and Dollars for Bollars itled for	
POWER OF ATTORNEY.	
STATE OF GEORGIA.	
County.	
Know all Men by these Presents, That I.	
of	
of me and in my name, to receive and receipt for whatever amount of money I may be en from the State of Georgia by reason of the injury received as aforesaid in the military set the Confederate States (or of this State), as stated in the foregoing affidavit; hereby and my said attorney to receipt in my name for any Warrant that may be issued by the Gor for any sum of money which may be coming to me for the reason aforesaid.	titled to
LN WITNESS WHEREOF, I have hereunto set my hand and seal this day of	The Section of Principles
11092.	[L. S.]
Executed in the presence of us:	
* *	×
12	4
DIRECTION.	
Send money to me as follows, by	
eminent a transfer of transfer of the total of the transfer of	P. O.
County, Georgia.	

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA. Fulton PERSONALLY appears John B. Langlay Full 1.27 County, State of Georgia, who, being duly sworn, says on oath that he is a bona Ade citizen and resident of said State, and has resided therein continuously ever since the 18 65; 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 in Company C , of 25 th Regiment of Texas Volunteers Granberry 's Brigade; that whilst engaged in such military service at the battle of Atlanta, on 22nd July, 1864 in the State on the said 22 ndday of July 186 4 he was wounded as follows: Cannister shet wound of the left arm causing amputation of the same above the elbows

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of dollars, for the year 189 3

Sworn to and subscribed before me, this, the 12th day of March 1894. \ The March 1894.

Norz-State fully the nature of wound or character of disease which spaces the disability, and explain pretendarly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA.

Ful+on County.

I, W.L. Cathoun do certify that I am well acquainted with

do certify that I am well acquainted with John Bajangley 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

Affix your seal here.

day of March 1894.

my backou

Ordinary Fulton

County.

13th

Ordinary of said County.

POWER OF ATTORNEY.

STATE OF GEORGIA,	STATE OF GEORGIA,
County.	County.
Know all Men by these Presents, That I,	I,hereby authorize
of.	of
County, State of Georgia, do hereby appoint	
of	to receive and receipt for the pension paid hereon and request that he rem
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.	at IN WITNESS WHEREOF, I have hereunto set my hand and seal, this.
IN WITNESS WHEREOF, I have bereunto set my hand and seal, this	
day of1895.	day of1896.
Executed in presence of us	
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DIRECTIONS.	
Send money to me as follows, by . 60 P.O.	
County, Georgia.	· ·
The second commence of the second commence of	
SOLDIER'S PENSION. SOLDIER'S PENSION. ISOS. 1. 17.1 Amount, S. 17.1 Amo	SOLDIER'S PENSION. 1896. Name 'oth 2.f anglay County Disability 'o- of are Amount, 5-170 Amount, 5-170 Section's Department. Section's Department.

POWER OF ATTORNEY.

[L. S.]

For Applicants Heretofore Allowed Pensions.

Fulton

County.

John B. Langley

STATE OF GEORGIA,

ulton

personally appears

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 1855 ; 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 FIV 15 in Company 7 of 25 th Regiment
of Table Volunteers, 's algrey 's Brigade; that whilst engaged in
and military service at the battle of 11 ct. OH 5 11 11 154 in the State
of tril , on the "fil day of tril 186", he was wounded as follows: "onlitter feet sound of the left are couling tricus"
rounded as follows: " and ter not sound of the left are detains about
Noble and event and in the column
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of dollars, for the year 189 dollars,
STATE OF GEORGIA, County.
County.
I, %.1. Zalcoun Ordinary of said County,
do certify that I am well acquainted with John B.Langlev 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

m. L. buchown

___County.

Ordinary___ Fulton

day of Yaron

For Applicants Heretofore Allowed Pensions.

STATE OF GEO		}	
	County.	,	
personally appears	John R.Jangle	of	Fulton
County, State of Georgia, who	being duly swo	rn, says on oath that	he is a bona fide citizen
and resident of said State, and	d has resided the	erein continuously e	ever since the
lay of	18 55; that he	enlisted in the mili	tary service of the Con-
ederate States (or of the State			ring the war between the
States, and served as a	orivate	in Company	7 , of 25 th Regiment
Texas Volunte	eers, Pranbe	rry _'s Briga	de; that whilst engaged
u such military service in th	ie State of		on the "and day
of July 1864 Tannister shot wound of	the was wounded	ed, injured or disease	ed as follows:
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0119 3234.			
		*	× .
		,	
Deponent desires to part	icipate in the ber	efits of the Act, app	roved October 24th, 1887,
and the acts amendatory there	eof, and makes	application for the	pension to which he is
entitled for the year ending	Gotober 20th,	1806. I have her	etofore as a resident of
Fulton coun	ty been allowed a	pension of	One Hunirel
lollars, for the year 1895 .			
Sworn to and subscribed	before me, this,	the) 4131	and in
26 1th day of	Pao▼ 189	96.	7
m4.1.0186		2:1:	
M. L. L. CL est. NOTE-State fully the nature of wound of the disability, resulting from the wound	for character of disease	which caused the divability, a	and endang particularly the extent
f the disability, resulting from the wound	or disease.	- /	5 B 5 B 60 D-1099
STATE OF GEO			
Fulton	ounty.		
I. T.L.Calhoun			Ordinary of said County,
lo certify that I am well acqua	inted with	John B.La	
pplicant in the foregoing affi		ell satisfied that the	
n his said affidavit are true, a			
and that he resides in this Co	nntv		
Given	under my official	signature and seal	this 26 7
day of_	Feb√	_1896,	
(~~~			
your (· m	6. Luce	hour
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		Fult	VII

Ordinary...

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POWER OF ATTORNEY

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STATE C	OF GEORGI		}					
S.	*	County.	J					
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(For Thoso Already En	1 9	7		lity ₂		RI		TEO, W. HARRISON, STATE FRINKER,
	9		Name County	Disability X				360
11	03	lt.	Z J	Q F.		1	. !!	

POWER OF ATTORNEY.

STATE OF	GEORGIA,	}	
Ι,	•	hereby authorize	
Manager and Market Control of the Control		of	
to receive and	d receipt for the pen	sion paid hereon and request that	t he remit same to
at		v.	
IN WITH	NESS WHEREOF,	I have hereunto set my hand and s	eal, this
day of		1898	
			[L. S.]
Exec	uted in presence of		
(For Those Aiready Euroled.) No. 2240	INVALID SOLDIER'S PENSION. 1898.	Name 71.2. Palestiller County Authoric Disability of sets, C. C. 2011 Amount, \$ \$ 10.00 -	WARRANT HANDED TO

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Xulton County.
personally appears when Bungley of Rulton
County, State of Georgia, who being duly sworts, 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 1865; 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 fee cose in Company Colas th Regiment
of Jexav Volunteers, Seen live 's Brigade; that whilst engaged
in such military service in the State of , on the 22 of day of Luly 1864, he was wounded, injured or diseased as follows:
of Jucy 1864, he was wounded, injured or diseased as follows:
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une Causing une hutation of the same
about the tel box,
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1897. I have heretofore under said law as a
entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Acel Corn. county been allowed an invalid-pension of
entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of face the year law an invalid, pension of the year 1898.
entitled for the year ending October 29th, 1897. I have heretofore under said law as a resident of free free free free free free free f
entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of facel to county been allowed an invalid, pension of
entitled for the year ending October 29th, 1897. I have heretofore under said law as a resident of factor county been allowed an invalid-pension of Cost here the Dollars, for the year 1896. Sworn to and subscribed before me, this, the John B. Larryley
entitled for the year ending October 29th, 1897. I have heretofore under said law as a resident of for the year law been allowed an invalid-pension of the country been allowed an invalid-pension of the year 1895. Sworn to and subscribed before me, this, the day of the year law for the year law for the year 1897. POST OFFICE
entitled for the year ending October 29th, 1897. I have heretofore under said law as a resident of county been allowed an invalid pension of Dollars, for the year 1898. Sworn to and subscribed before me, this, the fall of the John John John John John John John John
entitled for the year ending October 29th, 1897. I have heretofore under said law as a resident of for the year law been allowed an invalid-pension of the country been allowed an invalid-pension of the year 1895. Sworn to and subscribed before me, this, the day of the year law for the year law for the year 1897. POST OFFICE
entitled for the year ending October 29th, 1897. I have heretofore under said law as a resident of the year law been allowed an invalid-pension of October Level Dollars, for the year 1896. Sworn to and subscribed before me, this, the day of 1897. POST OFFICE Note—State fully the nature of sound or character of distance which causes the disability, and explain partendacks the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, Letter County.
entitled for the year ending October 29th, 1897. I have heretofore under said law as a resident of the year law been allowed an invalid-pension of October Level Dollars, for the year 1896. Sworn to and subscribed before me, this, the day of 1897. POST OFFICE Note—State fully the nature of sound or character of distance which causes the disability, and explain partendacks the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, Letter County.
entitled for the year ending October 29th, 1897. I have heretofore under said law as a resident of section of Dollars, for the year 1899. Sworn to and subscribed before me, this, the day of 1897. POST OFFICE NOTE—State fully the nature of sound or character of distributions the disability, resulting from the cound or character of distributions the disability, resulting from the cound or character of distributions the disability, resulting from the cound or character of distributions the disability, resulting from the cound or character of distributions the disability, resulting from the cound or character of distributions the disability, and explain particularly the extent of the disability, resulting from the cound or character of distributions the disability, and explain particularly the extent of the disability, resulting from the cound or character of distributions. STATE OF GEORGIA, Fig. (County) Ordinary of said County, the
entitled for the year ending October 29th, 1897. I have heretofore under said law as a resident of county been allowed an invalid, pension of Dollars, for the year 1899. Sworn to and subscribed before me, this, the day of 1897. POST OFFICE NOTE—State fully the nature of wound or character of distance which causes the disability, and explain particularly the extent of the disability, remaining from the wound or character of distance which causes the disability, and explain particularly the extent of the disability, remaining from the wound or disease. STATE OF GEORGIA, County, Ordinary of said County, do certify that I am well acquainfted with the statements made by him
entitled for the year ending October 29th, 1897. I have heretofore under said law as a resident of county been allowed an invalid, pension of Dollars, for the year 1899. Sworn to and subscribed before me, this, the day of 1897. POST OFFICE NOTE—State fully the nature of wound or character of distance the disability, and explain particularly the extent of the disability, remaining from the wound or disease. STATE OF GEORGIA, County. Ordinary of said County, do certify that I am well acquainted with the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be
entitled for the year ending October 29th, 1897. I have heretofore under said law as a resident of county been allowed an invalid, pension of Dollars, for the year 1899. Sworn to and subscribed before me, this, the day of 1897. POST OFFICE NOTE—State fully the nature of wound or character of distance which causes the disability, and explain particularly the extent of the disability, remaining from the wound or character of distance which causes the disability, and explain particularly the extent of the disability, remaining from the wound or disease. STATE OF GEORGIA, County, Ordinary of said County, do certify that I am well acquainfted with the statements made by him

your /

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, County. Dersonally appears 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 the State, and has resided therein continuously ever since the day of the State, and served as a three of the Confederate States (or of the State, and served as a three of the Company of the State and served as a three of the States, and served as a three of the States, and served as a three of the States and served that whilst engaged of the States, and served as a three of the States and served that whilst engaged that whilst engaged

Hound on lect arm Causing am An lation

186 , he was wounded, injured or diseased as follows:

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

Sworn to and subscribed before me, this, the State of the year 1892.

Sworn to and subscribed before me, this, the State of the year of the year of the year of the year of the disability, and explain particularly the extent of the disability, resulting from the wound or disasses.

STATE OF GEORGIA,

I, Jr. 2. County.)

I, Jr. 2. County.

Ordinary of said County,

do certify that I am well acquainted with J. J. J. J. the

applicant in the foregoing affidavit, and an 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______

Affix your seal here. Ordinary Just County

, on the day

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

Executed in presence of

SOLDIER'S PENSION

INVALID

1899.

RICHARD JOHNSON,

POWER OF ATTORNEY.

I,	hereby authorize
	of
	eipt for the pension paid hereon and request that he remit same to
at	and the same of th
IN WITNES	S WHEREOF, I have hereunto set my hand and seal, this
day of	1900.
	[L. S.
Executed i	n presence of

SOLDIER'S PENSION INVALID 1900.

JOHN W. LINDSEY,

WARRANT HANDED TO

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County.
personally appeared B. Race ley of Fulkon:
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 1865; that he enlisted in the military service of the Con-
States, and served as a Prize La in Company & of Light Regiment
States, and served as a Volunteers, state of in Company of Loth Regiment of States will be will be used to the state of in Company of Loth Regiment of States will be used to the state of the will be used to the state of the will be used to the state of the will be used to the state of the will be used to the state of the will be used to the state of the will be used to the will be us
of 1864, he was wounded, injured or diseased as follows:/
, and the months of the case as follows.
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nound on left arm causing
dengen hation
* , *
Deponent makes application for the pension to which he is entitled for the year end-
ing October 26th, 1899. I have heretofore under said law as a resident of
Tacker: County been allowed an invalid pension of
Dollars, for the year 189 \$
Sworn to and subscribed before me, this, the Alangly
day of Lez 1899. POST OFFICE
TOST OFFICE
mortung
Note State 'ully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
-alkon _County.
do certify that I am well acquainted with \ 13. have been the
Ordinary of said County,
do certify that I am well acquainted with 18. The can Cecy 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 // 1899.
day of 1899.
lite /
* Ordinary

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fullan County.
County.
personally appears In o. B. Fangley of Fullow
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
nd resident of said State and County, and has resided therein continuously ever since the
day of
he Consederate States (or of the State of) during the war be-
ween the States, and served as a Private in Company C, of 25 th
Regiment of Feras Volunteers, Gran Gungo's Brigade; that whilst
ngaged in such military service in the State of Jungui, on the 2.3
lay of July 1864, he was wounded, injured or diseased as follows:
, he was woulded, injured or diseased as follows:
9.1. 1.160.
Loss of left ann - at bulle of allaite
A CONTRACTOR OF THE PROPERTY O
Control of the contro
. ,
Deponent makes application for the pension to which he is entitled for the year
nding October 26th, 1900. I have heretofore under said law as a resident of
Fulling County been allowed an invalid pension of
Dollars, for the year 189 9.
Sworn to and subscribed before me, this, the
que day of February 1900. POST OFFICE
man f
Morien
Nors.—State fully the nature of wound or character of these which causes the disability, and explain particularly the tent of the disability resulting from the wound or disease.
TATE OF GEORGIA,
Fultur County.
I MH Hulsey Ordinary of said County
Ordinary of Said County
certify that I am well acquainted with Que & fangle the
o certify that I am well acquisited with Cus D. Families the oplicant in the foregoing affidavit, and am well satisfied that the statements made by him
o certify that I am well acquisited with Cus D. Families the oplicant in the foregoing affidavit, and am well satisfied that the statements made by him
plicant in the foregoing affidavit, and affi well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be
the plicant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be d that he resides in this County.
plicant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be d that he resides in this County. Given under my official signature and seal, this
the plicant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be d that he resides in this County.
plicant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be d that he resides in this County. Given under my official signature and seal, this
plicant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be d that he resides in this County. Given under my official signature and seal, this

POWER OF ATTORNEY. STATE OF GEORGIA, County. Ι, 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./S.] Executed in presence of SOLDIER'S PENSION For Those Already Enrolled. DISABLED 1901.

	POWER OF ATTORNEY
STATE OF G	EORGIA,
	County.
Ι,	hereby authorize
	of
to receive and re	ceipt for the pension paid hereon and request that he remit same to
	by.
at	
IN WITNES	S WHEREOF, I have hereunto set my hand and seal this
day of	1902,
	[L. S.]
Executed in	presence of

FOR THOSE ALREADY ENROLLED.) SOLDIER'S PENS DISABLED

JOHN W. LINDSEY,

officeris figratofore Allowed Pensions.

CHURCIA

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
fuller County.	
Personally appears 110 / Langley of Mullon-	
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	l
day of 18/05; that he enlisted in the military service of the Con-	ł
federate States (or of the State of) during the war between the	
States, and served as a 2.7 to a to in Company C, of 25th Regiment	
in such military service in the State of h, on the 13d day	
of he was wounded, injured or diseased as follows:	
	Į
Los vop left wir at have attach	
20 II III I	
e e	
	1
Deponent makes application for the pension to which he is entitled for year end-	
ing October 20th, 1801. I have heretofore under said law as a resident of County been allowed an invalid pension of	
Dollars, for the year 1900.	
Sworn to and subscribed before me, this the 1 13 Tangley	
18 th day of 1901. Postoffice attanta lea	
with Wiffinson	
Notes: State fully the nature of the wound or character of disease which causes the disability, and explain particular to the extent of the disability resulting from the wound or disease.	
STATE OF GEORGIA.	
Lulton County	
1. MANUX 1120 Ordinary of said County,	
do certify that I am well acquinted with 211 1 October 1914 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	
Sing / John Wilkenson	
ear FILLTON	
Ordinary FULTON County.	

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.
Personally appears & B Langley 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 of18 6 0; 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 frivate in Company 6, of 25 th Regiment
of Itxat Volunteers, Oruntary 's Brigade; that whilst engaged
in such military service in the State of
of July 1864, he was wounded, injured or diseased as follows:
INTU TIME
Lust left am at battle of attanta

and the second s
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
County, been allowed an invalid pension of
Colle functived Dollars, for the year 1801.
Sworn to and subscribed before me, this the ! John B Langley
day of ANA A AUD 1902. Post-office
Dr. Rimion
Norz. State fully the nature of the would or character of disease which causes the disability, and explain participarts the extent of the glashility resulting from the wound or disease
particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA.
ON County. ON PINE KINSTER
some was
I. Oddinary of said County,
do certify that I am well acquainted with
the applicant in the foregoing affidavit, and an 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
1902
day of 1902.
your care and publication
Nort - Fit all blanks and of Company and Regiment.

POWER OF ATTORNEY.

STATE OF GEORGIA,	1	
Cour	ity.	
Ι,	hereby authorize	
	of	
to receive and receipt for the	pension paid hereon and request that he	remit same to
	_by	Committee of Section 1997
at	•	
IN WITNESS WHEREO	F, I have hereunto set my hand and seal	this_
day of.	1903.	
		[f., s.]
Executed in presence of		
• • • • • • • • • • • • • • • • • • • •		
	, y , g	i
	7 7 7	J. Promotion
(FOR THOSE ALREADY ENFOLLED. No. / & F DISABLED OLDIER'S PENSIO	- 12 12 12 12 12 12 12 12 12 12 12 12 12	DED TO
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A S	A No No	HARANT HARANT HARANT HARTHOOD
		ARR.
D C	Name J Sounty, Ed. Disability 2 Amount, 8	\$ 7 8
8	Name J. County. Co.	
S S	Name County Co. Z Disabil	
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POWER OF ATTORNEY.

STATE OF GEO	RGIA,	7		
# regional description of the land of the	C	OUNTY.		
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to receive and rece	oipt for the pen	sion paid hereon.	and request th	nat he remit same
2 20 1 1		_ by		
at				
IN WITNESS W	HEREOF, [have	hereunto set my ha	and and soal, this.	
day of	190	4.		
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Executed in pr	resence of	*		
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FOR THOSE ALREADY ERROL No. 27/ DISABLED	S PE	tok tok	11 18	JOHN W. LINDSEY. Commissioner of Commissioner of
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No No No No No No No No No No No No No N		F. 8	2	JOHN
1805 × C		3-	N 00	JO WA
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no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF (GEORGIA,		
County, State of Geo and resident of said S day of federate States (or of States, and served as of Jeffer in such military serv of July	tate, and has resided therein 1865; that he en the State of a fire and in Volunteers, Greubth ite in the State of 1865, he was woun	as on oath that he is a bona fide continuously ever since the listed in the military service of th) during the war betw Company , of 25 th Re y 's Brigade; that whilst e , on the 25 ded, injured or diseased as follow	he Con- een the
Lost	eft ann at val	the of attanta	11.00
		/	
Sworn to and st	th, 1903. I have heretofor Co Dollar abscribed before me, this the of i 1903.	Post-office.	dent of usion of
STATE OF	GEORGIA, County.		
the applicant in the him in his said affid be and that he resid	foregoing affidavit, and ann a avit are true, and I know he es in this County.	Ordinary of said Cangley well satisfied that the statements is the individual he represents h	made by
	Given under my official signs	ature and seal, this_	
Affix your seal here	Ordina		County.
N N	отк.—Fill all blanks and of Company я откAll vouchers and affidavits must	and Regiment. bear date after January 1, 1903.	

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF CHORAL
STATE OF GEORGIA,
Fulton, County.
B
Personally appears 1 () Angly 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 18 05, that he enlisted in the military service of the Con-
federate States (or of the State of 124) during the war between the
States and served as a Civage in Company to of 25 th Regiment
of lexas' Volunteers namberry 's Brigade; that whilst engaged
in such military service in the State of Ma f., on the 23 day
186, he was wounded, injured or diseased as follows:
State fill for the state of
Lost left ann at table of
and the second
Manha
and the second s
Company of the King of the Company o
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
Fulton. County, been allowed an invalid pension of
Dollars, for the year 1903.
Sworn to and subscribed before me, this the
may or other and a look.
John AWILKinson Post-office
NorzState fully the nature of the wound or character of disease which causes the disability, and explain
pursionarly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,)
Fulton, County.
Color OR CHILL
11.187
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 1904
day of 1904.
Ordinary Full of County.
Columny.

Note.—Fill all blanks and of Company and Regiment.

Note.—All vouchers and affidavits must bear date after January 1, 1904.

POWER OF ATTORNEY.

		100	
STATE OF GEORGIA,	}		
	COUNTY.		
I,		_he	reby authorize
	of.		
to receive and receipt for the	pension paid hereon,	, and request that he	remit same to
	by.		
at.			
IN WITNESS WHEREOF, I	nave hereunto set my	hand and seal, this	
day of	1905.		/
			_[1. 8.
Executed in the prese	nce of		
~	tes the	1905.	1
	3	1	
IROL S	3/ 12	of Climber. Indiana.	2
	. 12	LCA CLE SIDD OF (1/9 SOHN W. LINDSEN Commissioner	WARRANT HANDED TO WARRANT HANDED TO THE THEORY OF THE THE THEORY OF THE THE THEORY OF THE THEORY OF THE THEORY OF THE THEORY OF THE THEORY OF THE THEORY OF THE THEORY OF THE THEORY OF THE THEORY OF THE THEORY OF THE THEORY OF THE THE THEORY OF THE THEORY OF THE THE
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E ALBEADY E. ISABLE RR'S PH)	2 E. ≥ 2	INI
DISABLE	4 . Sie	S C SHOT	L C
	13. 6		× 18
(FOR THOSE ALREADY ENROLLED No. 47 DISABLED OLDIER'S PENSIO	Name County Co.	Disability Amount,	
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POWER OF ATTORNEY.

STATE OF G	EORGIA,	}			
	Co	UNTY.)			
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		of			
to receive and	receipt for the pe				
at					
In With	ess Whereor, I h	ave hereunto	set my hand	and seal, this	
	1906,				
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Executed	l in the presence o	f			
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CODE SECTION THRO. No. / 26		120	8 201	JOHN W. LINDSET	WARRANT HANDED
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V E		CHI .	, t	, i	B
,	6	Name	Co. Disability	Amount	
	60	N S	, S 💆	A _n	1 11

. date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton. county.)
Personally appears John D. Canally of Fulton
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 18 ; that he enlisted in the military service of the Con-
federate States (or of the State of Life) during the war between the
States, and served as aiu Company & , of 25 th Regiment
of Volunteers Cranleyry's 's Brigade; that whilst engaged
in such military service in the State of Langin, on the 22 day
of 1864, he was wounded, injured or diseased as follows:
lost Prov near atlanta
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
County, been allowed an invalid pension of
Ini the undried Dollars, for the year 1914.
Swoom to and subscribed before me, this the
Post-office
Norr -Stafe fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
COUNTY
Ordinary of said County.
I, do certify that I am well acquainted with John D. Conglinary of said County.
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 ouncial signature and seat, this
day of.
fordinary County.
Norg Fill all blanks and of Company and Regiment.
Nork — All vouchers and affidavits must bear date after January 1, 1905.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

LOW WILD HOWKID HEMPLOLOUR WITH MEN LEUDINUD.
State of Georgia,
Fulton, county.
Personally appears John B. Laugley of Filton.
County, State of Georgia, who, being duly sworn, says on bath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the 22
day of free enlisted in the military service of the Con-
federate States, (or of the State of Ilfila) during the war between the
States, and served as a Carpen in Company 6, of 15 th Regiment
of
in such military service in the State of La, on the 22 day
of
1111
Lost arm year attanta
The second secon
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1906. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Cul Mundred Dollars, for the year 1905.
Sworn to and subscribed before me, this the
day of JAN 1 1906 1908.
Post Office
whom Well won
Pors.—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,
01.00000
Hal I I
do certify that I am well acquainted with All O. Saugely
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 1908.
Affir Ordinary Tilton. County

Nors.—Fill all blanks and of Company and Regiment. Nors.—All vouchers and affidavits must bear date after January 1st, 1906.

POWER OF ATTORNEY

	2 0	
STATE OF GEORGIA,)	
e a communication	COUNTY.	
I,	, here	by authorize
60 0 D	of	
to receive and receipt for the	pension paid hereon, and request that he re	emit same to
	by	To be to
at_	(Marie Marie	
IN WITNESS WHEREOF, I	have hereunto set my hand and seal, this	1
day of	1907.	
	leave to the second	[L. S.]
Executed in presence	e of	
	The second second	
beside	2	
á 6	1900 - 1900 - 18	
FOR THOSE ALREADY ENROLLED AND AND AND BUSH DISABLED	3 2 4 4	ATLASTA
	ED THE ED THE	
SE ALREADY ESTABLES OF INC. 1/2 TO SERVICE PROPERTY OF INC. 1/	Fullou. Fullou. Regiment S. Colf Cost MARANT HANDED TO WARRANT HANDED TO	0100. W. H. Bazarde, iva ett Praeres.
ONE BACTION HOSE ALFEAN NO. /V-DISABI	2 3 E B	3
SE SE	THE THE WARRAN	
	WAR 50 % 3 Oc MAR	*
For For	Name County Co. Co. Lisability Amount,	ě
2	Name County Co. I Disabili	
* _ migrant restronge@country remote an interconnect	and authorite took representatives are resident grouply to the strategic transactive and account of the entire of	W. C. C. LEPS-444

grice B.

Annaloy) John B.

1925 Tul ton

Application for Pension
Due Deceased Pensioner
(UNDER ACT 1919)
(To pay expense of last illness and functal) Thos. H. Jeffries

Date of Death 14th Margh. 192 5.
Amount \$ John B. Langley

Ordinary: Fill out above in full and small his limit to Penico Department for against Do not pay out the money until the against the balls: in you want spring you antherly to do so. Send hate to the Penico Department will your receiped payrolls to be permanently filled with them. Do not keep this application in your office.

9

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
Traff Country
111 29 21
County, State of Georgia, who, being duly sworn, says on gath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 1865; that he enlisted in the military service of the Con-
federate States (or of the State of Ichae) during the war between the
States, and served as ain Company_6., of 33 th Regiment
of Volunteers 's Brigade; that whilst engaged
in such military service in the State of, on the day
of 1864, he was wounded, injured or diseased as follows:
Tost (lim near letteenta
and the second second
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1907. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1906.
Sworn to and subscribed before me, this the
day of_ 1907. A daugley
John de Y danson. Postoffice_
Note—Niste fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
State of Georgia,
County.
Ordinary of said County,
Land K Garage
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 of1907.
Edward V
do were
ordinary County.
Norz.—Fill all blanks and of Company and Regiment. Norz.—All vouchers and affidavits must bear date after January 1st, 1937.
nors All vouchers and amdaviss must bear date after January 1st, 1937.

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, Pulton County.

	Personally before me, the Ordinary of said County, comes 7. H. Brandon
	of said County, who, after being sworn, on oath
	says that he knew John B, Langley of said County, and that said Pensioner
	was on the Pension Roll of said County at the time of death, which occurred in "ulton
	County, in this State, on the 14th day of March 1925, and that
	a Pension of One Hundred & Forty (\$ 140.00) Dollars was due pensioner and
	unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children surviving,
	and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 412.5
	per sworn statements fully and completely ITEMIZED hereto attached.
	Sworn to and subscribed before me
μti	this 23rd day of Apr II 1925 C.C., Ordinary Fult on County (Seal of Ordinary)
	CERTIFICATE OF ORDINARY
	GEORGIA, Pult on County.
	I, Thomas H. Jaffrice , Ordinary of said County, do certify
	that I personally know , who is a resident
	citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith
	and credit; that I also knew John B. Langley while in life and that this
	was the same person whose name appears on the Pension Roll of Fulton
	was paid a Pension of One Hundred straty-Five Dollars (\$ 165.00) Dollars
	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 making up this voucher and the bills which are attached
	hereto,
	Given under my hand and official seal, this 23rd day of Aprix 192.5 (Seel or Ordinary)
	Fultan County
	INSTRUCTIONS:
	ist. For van in all cases where pendence died after January 1th had not been cut of distant marse than under suchta, and did not been cut of the property to any and separate. This WINDOW OF A BOURER, IF SHEE IS ALVINO, HAR FOLDO CLAIM (VER THESE EXPENSES, AKO MUST MAKE APPLICATION ON THILOW BLANK.) EXPENSES, AKO MUST MAKE APPLICATION ON THILOW BLANK. The what of M, and send define.
	3rd. Bunning accounts cannot be paid—only those connected with the last illness, just before death when pansioner grew worse to die. 4th. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "just, true, due, unpaid," etc.).
	"The shore and forespine account is residened for services in the last Illness (on for forest)
	to the complete of the complet
	this. Ances to military severe purp row, environment, pur the generon met them detourses the money aimsed and these receipts. this, accept no billis for nurshing until you write the Pennedo Department, studing the circumstances in very great detail. Punsioner's children, or children-risey, must not charge the little for design only what the law and common humanity demand of them. 5th. Studyn the analisation, and situation that studyn the law and common humanity demand of them.

Georgin - 3 Came in person befor the Fulton County 3 H. A. Stames I & Sauls beny George P. Phomas E. F. Couch who being duly Sworn each for hunself Days on outh that they have Known John B Langly for Several year that they Flower that he is a citizen of Bullow County Georgia and they Kelow him to be a man of Buth and that they believe from his reputation that he lost his arm in? The Confederate States Service in the late war Sworn to and Subscribed & Gue Thomas. before me this 17" day & The Soulebury E. J. Wonch of October 1879 19-11.Tan 7 W.A. Stances. up my off. In mutter comily. I herely certify that I amon person My assisted with year of Thomas, I go and the Band, F. D. Stames : and That They are each of good character, and worthy of belief. 4. H. Tarres in Down off. Jis

u pou off. Jp Maimed Soldiers. Maimed Soldiers. Voucher No 250 Voucher No. 65 Included in warrant No. Included in Warrant No. issued to Treasurer. issued to Treasurer WARRANT CLERK. WARRANT CLERK W. J. Campbell, State Printer, Constitution Job Office.

Andred 7cb. 0

Va 250 Allanta; Ga., Febry 5 STATE OF GEORGIA. EXECUTIVE DEPARTMENT. Mr & B. Laugley Gullan having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, per ed. Dec 24, 1888, and the same having been examined and allowed for Lose of left arm He is entitled to receive the sum of Oue Aun ares r for such disability, the same being the allowance due for the year ending October 24, 18 90 The Treasurer will pay the same and hold his receipt on this youcher, and return same to Executive Department for warrant By the Governor, Clo. A Hamson

John Blandey

Dollars,

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

(Ine It undred

STATE OF GEORGIA, EXECUTIVE DEPARTMENT.

Mr. JAM 13. August of the County of Julian 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 the sentitled to receive the sum of the is entitled to receive the sum of the interest of the same being the allowance due for the year ending October 24, 1889.

The Treasurer will pay the same and under the first of this voucher, and return same to Executive Department for warrant.

By the Governor

CLERK EXECUTIVE DEPARTMENT.

1891, Maimed Soldiers. Voucher No. 13 Amount \$ 100. Paid to John B Laugher, Included in warrant No. issued to Treasurer. 1891. WARRANT-CLERK.

Who could

Audited.

1891.

COMPTROLI TH ORNER VI.

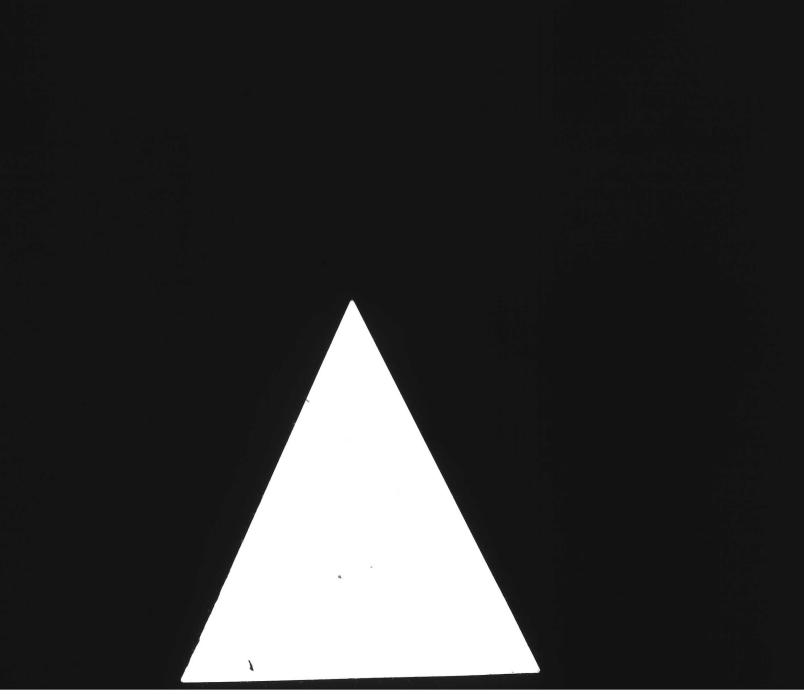
No. 13 Atlanta, Ba Heby 3 STATE OF GEORGIA. EXECUTIVE DEPARTMENT. of Charles S. Language of the Courty Department for an allowance under the Act approved October 24, 1887, as amended by Acts He is entitled to receive the com 1990 by Account (a) Dollars for such disability, the same is long the allowage are not the year ending October 24, 1891.

The Treasurer will pay the same and hold his trought on this voucher and return same to the transfer warrant. H. J. nenturo. By the Governor, SEC'V EXECUTIVE DEPARTMENT. 1000 RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia. Que Herudie Y 001 per above voucher, this____ 3 of __ Felg

John Blangly

RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia. LANTA GA. March 14,1925 192 M re. G.L. Wentwo 248 IVY STREET PHONES IVY 0118 AND 0119 For-Er. John B. Langley. Mar.h 14 Casket 250.00- Embalming 15.00 13.00 62.00 Gloves 3.00-Opening grave 10.00 Concrete Vault 50.00 Hearse 12.00 Music 25.00- Limousines 40.00 65:00 Hevapaper notices 7.20 Personally appeared before me 0.4.3 rand n. President of The Barcluy & Brandon to.who upon being duly sworn states that the above account is correct.

Sworn to and subscribed before me this 3 day of April 1925



Langley, Josephin	Pension Office 10/1/85			
G. H. You 1907 F	this is not an aged man, the co- tent of his infinities insuffi- ciently proven. By ordinary of- cert with what he now owns he can earn a support at some kin		W W	
INDIGENT PENSION	or labor.		itnes	£ OF
	J.W.Lindsey Com. Of Pensiens.		ipt for hand	PC GEORGIA
190%.	See		and seal,	PO
Name J. M. Rample	amendint	40	ion allowed	POWER C
County			and requ	of Of
Now Guitan 1908.		• 3	ex that b	
			of cremit s	ATTORNEY
JOHN W. LINDSEY, Commissioner of Pensions		*	in the state of th	WE
WARRANT HANDED TO				,K
Ordinary will write Name of Applicant, Company and Regiment on back as Indicated above.			198	cby sut
ued W Hardhon, State Printer, Atlanta,			Les !	borise

QUESTIONS FOR WITNESS.
STATE OF GEORGIA,
Trouvelly COUNTY. 1st Levelment
Edivord & Dean of said State and County Paving been presented
as a witness in support of the application of Jasepha. We Laughler for pension under section 1254, Code, and after being daily sworn true answers to make to the following operations, deposes and
nnswers as follows: 1. What is your name and where do you reside? Edward le Deau
in Jown of Norososs Isa swint County
2. Are you acquainted with Assett the Language, the applicant; if so, how
long have you known him? Total five Search or more 3. Where does he reside, and how long and since when has be been a resident of this State?
3. Where does he reside, and how long and since when has he been a resident of this State?
4. When, where and in what company and regiment did he englet, and how do you know?
Company L- Tees Pattettion
5. Were you a member of the same company and regiment?
6. How long did he perform regular military duty? Newtyen morelly
7. When and where was his command surrendered? Areunston N. Le
8. Were you present when it surrendered?
8. Were you present when it surrendered? 9. Was applicant present?
10. If he was not present, where was here was here was Redeing a leneral
When did be leave his command? To what cause? Sigh 90 dags
By what authority he left ? Toly Dr Attactor How do you know all of this?
I was present
11. What property, effects or income has the applicant? (Give your means of knowledge.)
11. What property, effects or income has the applicant? (Give your means of knowledge.)
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902,
and what disposition, if any, did he make of same? House to the first and add
13. Has be conveyed away any of his property in the last four years, if so, what was it, and to whom?
none
14. What is the applicant's occupation and physical condition? Can't do anything
Condition to poorley to work
15. Is the applicant unable to support himself by labor of any sort, if so, why? Tes he wandle
to work on account disease
1 1 1 1 1 1 A
16. How was he supported duping the years 1898, 1899, 1900, 1901 and 1902? We was Deepfoorless.
7. What portion of his support for these four years was derived from his own labor or income?
The state of the s
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?
Section 1254, Code :
19. Who composes family? Went property have they? Children's age and their earning capacity?
10 children youngest 1 grass only under
Age. 2 wish tone (Day under age
20. What interest have you in the recovery of a pension by this applicant? Nave whatever
Sworn to and subscribed before me, this the
2 A day of Yuly 1900) Witness.
1 The Mary Ordinary Course of Consulta
porpor y your villing of Justine of Spice Publisher
well Eilie may of our walness my filmy and later
a man of scoon character as 16 as left the Walnut Buth

AFFIDAV	IT OF PHYSICIANS.
STATE OF GEORGIA,	
Good Co	OUNTY.
Personally came before me	Mary June T.11.5
Personally came before me	
1	, both known to me as reputable physician
	say on oath that they have examined carefully
Joseph Al Langley	, applicant for pension under Section 1254, Code, and after
such personal examination say that his precise	e physical condition is as follows:
De is syly years or	oc. has and injury of right
	ing on him . The action of Heri
is irregular. and by	reason of age and
infirmly is unable	to earn a support for hims
to the out To The is	
and that we have no interest in said pension l	being allowed.
Sworn to and subscribed before me, th	
Today of Speklem ber	0.162601
Jun worry .	Ordinary.
ORDINAR	RY'S CERTIFICATE.
	17
STATE OF GEORGIA,	}
Cot	UNTY.)
1 Mm South	Ordinary, in and for said County, hereby certify
hat the applicant III Tain get	resides in said County, and ha
seen a bona fide resident of this State eince the	
my knollery	The state of the s
ind that the witnesses, viz.:	M ANNOUNCE OF THE THE PARTY OF
re of trustworthy character, and that their st	tatements are entitled to full faith and credit.
I further certify that before answering	g the foregoing questions the applicant and each witness took the oath
ereon prescribed, and that the full text of the	e affidavits was read to the applicant and witness before same was signed
I further certify that the tax digestrof.	County show that applican
eturned for taxation in his name in 1899	3.3. Dollars o
roperty, and in 1900 255	Dollars of property, in 1991
55.00	Dollars of property, in 1903
35 1909 - 1955.	Dollars of property.
In my opinion the foregoing claim is	made in good faith.
Witness my hand and seal of office, the	des of seplember 19034
-	Ordinary,
•	of County
	NOTE.
1. Before any questions are answered,	the Ordinary shall swear applicant and the witnesses in the following
he whole truth, so help you God."	h of the questions asked of you, and the evidence you shall give will b

the whole tritis, so help you God."

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

8. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

4

POWER OF ATTORNEY. SALE OF GEORGIA, Lotte County. I. hereby authorize of to receive and receipt for the pension allowed and request that he remit same to at by. Witness my hand and seal, this day of 1903. [L S] Executed in the presence of

QUESTIONS FOR APPLICANT.

	QUESTIONS FOR APPLICANT.
	STATE OF GEORGIA
)	COUNTY
4	to avail Mineell of the Pennion Act (Section 1204, Code), thereby submitte his proofs, and after being duly sworn
	true sufferent to make to the following-questions, depoce and attivers as follows: What is you'dname and where do you yielde ; give State, County and post-office)
	Manaley Col Grant Ga
	2. How long and since when have you been a resident of this State? Dy Jane
	When and where were you boat 1841 - Guinnell & Ly
	When and where and in Meat company and regiment did you wallet or serve? That 3 nd 186 8
	and the state of the state of
	5. How long did you remain in such company and regement? 19 Thomas
	2 3177 11/1 22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	When and where was your company and regiment surrendered and discharged? When and where was your company and regiment surrendered and discharged? When and where was your company and regiment surrendered and discharged?
	1 Designation of H
	7. Were you present with your company and regiment when it was surrendered?
	o. If not present, state specifically and clearly where you were, when you left your command, for what cause
1	The state of the s
1	The How much emprou care (gross) per smound by rown of the thing
	O 10. What has been your occupation since 1806 a transfer of the following grounds do you base your application for pention, viz. first, "age and potenty."
	second, "infirmity and poverty," or third, "blindness and poverty" 12. If upon the first ground, state how long you have been in such condition that you could not earn your
	support? If upon the second, give a tull and coupled bistory of the infirmity and is extent? If upon the third, state_whether you are jotally blind and when and where you jost your sight? Mr. Haw I have Ca Lam
	4 The heart Jung, One Jung is Quaplely Some have had house tie
	A light along the fraction of the bird was that on by during h
	13. What property real and personal or income do you possess and its gross value? HO Stel Our Warse, 25.
	of the an all not with mar houldo
	14m that property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and
	1902, and that disposition, if any, by rate or gift, have you made of same when the Dane, had
	ā ·
0	15 in what County did you reside during those years, and what property did you then return for taxation?
	H 16. How were you supported daying the years 1899, 1900, 1901 and 1902? Maish, by rielk
	Dacerver by My dons
1	120 Mow much did your support cost gor each of those years, and what porten did you contribute thereto by your own labor or income? ITO 100 Oallies, Mathematical
	18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year?
	19. Have you's family? If so, who composes such family? Give their means of support? Have they a
	homestead, or other property? Their ages and how employed? The My Wife I bry & 2 Small
	he an introde to do
	20. Are you receiving any panel If so, what amount and for what disability?
	21. Have you ever made an application for pension before?
	22. How many applications have you ever made and under what class? 128 116
	Shifter to and symbocribed before me this the for the Langley
	John Froway Ordinary,

POWER OF ATTORNEY.

STATE OF GEOR	GIA,	COUNTY		
I,		af		hereby authorize
o receive and rece			d, and request that	he remit same to
		at		
•			day of	1907
WITNESS my	and and seal,	this	day of	[L. S.]
Executed	n presence of		Contract of the Contract of the	
			Annuality - The sun of valvages and office	and the same of the same of
1				
i: U	ireser	151		h , 18
6		13/	190	
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N O E	E N	777	giment It VT ISSUED ILINDSEY, Dennitationer of	NDE X
Coas Gaeros 154. (FOR THOSE ALREADY EINE NO. 3/9.	<u>ئ</u> جو اِ	13	Regiment A A RANT ISSUED W. LINDSEY Commissione	WARRANT HANDED TO
Cops No.	是 S S S S	ii.	WARRANT JOHN W. L	SRAN
7 THO		2	84	WAI
F.	70	Vame Sounty	133	

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

y my labor,Dollars per month. That by reason of his	State of Georgia,
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	
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	Personally appears of MC. Tanally of
and resident of said County and State, and has resided in said State continuously ever ince the	// / / /
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decrate States (or of the State of state of states, and served for the term of states, and served for the term of states, and served for the term of states, and served for the term of states, and served for the term of states, and served for the term of states, and served for the term of states, and served for the term of the Regiment states, and served for the services of the following items: Dollars	
States, and served for the term of the perm of the perm of the perm of the perm of that his physical condition is as pollows: That his physical condition is as pollows: That his property consists of the following items: Dollars I am now earning ye my labor, Dollars per month. That by reason of his hysical condition and poverty he is unable to support himself by his own exertion or abor, 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, 894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of county, been allowed a pension for the year 1906. Sworn to and subscribed before me, this the day of 1907. John R. William Ordinary. State of Georgia, Hilliam Ordinary. State of Georgia, Filliam Ordinary of said County, or 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 1907. John C. William Ordinary County. Ordinary County.	
that his property consists of the following items: The value of	States and for the state of 19 1140 in Company of 10 11 D
that his property consists of the following items: Dollars	Vac. H-H
bat his property consists of the following items: Dollars	
Dollars. I am now earning y my labor, Dollars per month. That by reason of his hysical condition and poverty he is unable to support himself by his own exertion or abor, 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, 894, and the Acts amendatory thereof, and makes application for the pension to which he sentitled for the year 1907. I have heretofore, as a resident of county, been allowed a pension for the year 1908. Sworn to and subscribed before me, this the day of 1907. John R. Wildows Ordinary. State of Georgia, Fillton Gounty. County. County, or certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the systements 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 1807. Jan 1807. Ordinary County. County.	follows: The many & No the Comp
Dollars. I am now earning y my labor, Dollars per month. That by reason of his hysical condition and poverty he is unable to support himself by his own exertion or abor, 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, 894, and the Acts amendatory thereof, and makes application for the pension to which he sentitled for the year 1907. I have heretofore, as a resident of county, been allowed a pension for the year 1908. Sworn to and subscribed before me, this the day of 1907. John R. Wildows Ordinary. State of Georgia, Fillton Gounty. County. County, or certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the systements 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 1807. Jan 1807. Ordinary County. County.	is a second of a second of the
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894, and the Acts amendatory thereof, and makes application for the pension to which he sentitled for the year 1907. I have heretofore, as a resident of county, been allowed a pension for the year 1906. Sworn to and subscribed before me, this the day of 1907. John R. Wilhams Ordinary. State of Georgia, Hillton Gounty. County. County I Ordinary of said County, of certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal this day of 140. Anne 1907. Ordinary County. County.	
State of Georgia, Fillian Grand State of Georgia, County, been allowed a pension for the year 1906. Sworn to and subscribed before me, this the day of 1907. John R. Wildow Ordinary. State of Georgia, Fillian Grand State of Georgia, County. Coertify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made be, and that he resides in this County. Given under my official signature and seal this day of 1807. JAN 2 1907. Ordinary of said County. Given under my official signature and seal this day of 1807. JAN 2 1907. Ordinary County.	
Swern to and subscribed before me, this the day of 1907. John R. Wilham Ordinary. State of Georgia, Fillton G. Wolfer of Georgia, County. County. County of said County, o certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal this day of 1807. JAN 2 1907. Ordinary of said County. Ordinary of said County, Ordinary of said Cou	
Sworn to and subscribed before me, this the day of 1907. John R. William Ordinary. State of Georgia, Full of William County. I, for the applicant in the foregoing affidavit, and am well satisfied that the statements made be, and that he resides in this County. Given under my official signature and seal this day of 1807. JAN 2 1907. Ordinary of said County, or ordinary or o	(; ~
John R. Wilking Ordinary. State of Georgia, Fullton G. Wilking Ordinary. County. I. Cordinary of said County, o certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal this day of 1807. JAN 2 1907. Ordinary Ordinary County.	County, been allowed a pension for the year 1906.
State of Georgia, Hillian Gounty. I. County. Occurrify that I am well acquainted with A. County, of certify that I am well acquainted with A. County. In the applicant in the foregoing affidavit, and am well satisfied that the systements 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 1807. In the systements made of the individual herepresents himself to be, and that he resides in this County. Ordinary County.	Sworn to and subscribed before me, this the
State of Georgia, Hillian Gounty. I. County. Occurrify that I am well acquainted with A. County, of certify that I am well acquainted with A. County. In the applicant in the foregoing affidavit, and am well satisfied that the systements 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 1807. In the systements made of the individual herepresents himself to be, and that he resides in this County. Ordinary County.	day of1907.
Ordinary of said County, I	John R. Wilhams. Ordinary.
Ordinary of said County, I	State of Georgia.
o certify that I am well acquainted with	}
o certify that I am well acquainted with	Hulton County.)
he 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	I, Ordinary of said County,
he 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	lo certify that I am well acquainted with the Sanotly
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	he applicant in the foregoing affidavit, and am well satisfied that the statements made
o be, and that he resides in this County. Given under my official signature and seal this day of 1807. 1807. Ordinary County.	
Given under my official signature and seal this	• • • • • • • • • • • • • • • • • • • •
Affin Gridinary County.	Given under my official signature and seal this
Affin Gridinary County.	day of
Ordinary County.	Jel. Of William
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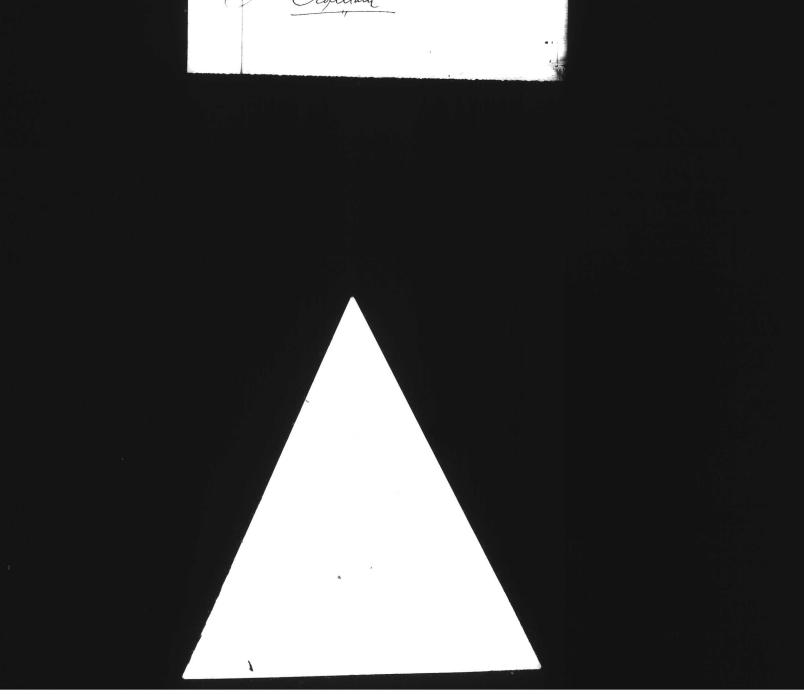
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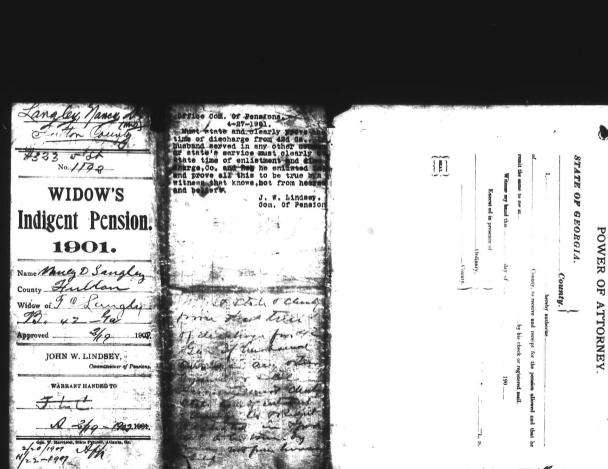
In my opinion the foregoing claim is	made in good faith.
	Dollars of property.
	Dollars of property; in 1905
	Dollars of property; in 1904
roperty, and in 1902	Dollars of property; in 1903
eturned for taxation in his name in 1901	Dollars of
I further certify that the tax digest of	County shows that applicant
	affidavits was read to the applicant and witness before same was signed.
	the foregoing questions the applicant and each witness took the oath
re of trustworthy character, and that their sta	stements are entitled to full (aith and credit.
nd that the witnesses, viz.:	
een a bona fide resident of this State since the	day of189
	resides in said County, and has
	Ordinary, in and for said County, hereby certify
_ Cov	
STATE OF GEORGIA,	}
01	CI O CERTIFICATION
ORDINAL	RY'S CERTIFICATE.
Jours willing	ison Ordinary. It & Brown M. M.
2 2 play of 190	6
Sworn to and subscribed before me, thi	
nd that we have no interest in said pension be	
	wing wh any Track or Calling
1	much formant De is men.
la Trail a Ma	mules sie disabilities
It is suffering	with dilatation of heart
nch personal examination say that his precise	, applicant for pension under Section 1254, Code, and after
	y on oath that they have examined carefully
	, both known to me as reputable physicians
~ ^	The state of the s
Personally came before me_ Que	14. Barrier and

MOTE. 1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following the wine shall be the shall swear applicant and the witnesses in the following the wine Additional shall say that the shall

_County.

Georgia, Hullan Court. Dursanaly Came before me goseph M Langley who an outh Las he now resides in Jultan bound ba- that he owns no property whateur - has no in come - is afflicted and unable To sam a Suffact at any track on Calling - That his Children are all of age except one little daughter who is unable to Cartibute anything to his Support - that the harse- wagon and cains anistimed in ariginal applications have had to be felisfored of to live an - he is sur own Sich Jean of age-Swam to and Subscribed J.M. Langley before me. June 22 1906. John Merekriism Ordinary





POWER OF ATTORNEY

I	County.	norize	1					
of	hereby authorize County, to receive and receipt for the pension allowed and that he							
remit the same to me at	by his check or registered mail.							
Witness my hand this	alog of	190	1					
Executed in presence	of)		4					
	Ordinary.		1					
	County.		- 1					
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tata di Lina d		C. V. Green, D. C. St.	1					
		A John Walls of the Control of the C	androi					
The state of the s	or stop out of a City of the	Staff line of the right ward or the file						
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3 6	1 2 6		Chair in					

Questions for Applicant.

STATE OF GEORGIA, Hullon County.

Miss Mancy D. Gangley 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 Lt. 1909, hereby submits her proofs, and after being duly sworn true answers to make to the following questions, deposes and asserts as following.

1. What is your name and whose do you regide (dive State County and Frag Office)

Party D Langley - Stlands Issue Linkle
2. How long and shape when have you been he registed of this State

Course Since 1 1 1 1 State

When and where were you bern - In - 1840. Manay Co- See

4. When and where was your husband born-state his tall name, and when were you and he married? In 1834 - Thos 6. Sangley - April 34 14-35

5. When and where, and in what Company and Regiment did your herband enlist or serve during the war between the Signer 2001 (801, Harpsth Color 12 2 200 Sa Regiment . Company

6. How long did your hasband serve in said Company and Regiment? 6. How long did your harband verye in said Chipany and Hegiment of the least of section of the Chipany American Absorbed to the last he was however the Whom the whole of the court of the least how the court of the last of

At Bricksburg Miso - Misc harged and Elevent of Cheese Was your husband present of the time and place given his Company and Regiment surrendered! mas discharged in 1864 - be cause of fragen feet & than

10. When and where did your hughand die? April 21895 in Allanda Sel

11. Which of the following grounds do you have your application for Pyraica, xir Justs Age and Poverty , Second - Infinity and Poverty, or Third Windness and Poverty , Vice of first Growness

12. If upon the first ground, state how long you have been in such a condition that you cannot carry
your support. If upon the created, give a full and complete blattery of the infilmity and its extent. If upon
the third, state whether you are tigally blag, and when ago that your sight.

The support of the such and such that the support of the suppo

little for my married Son

14. How much can you earn gross, by your own exertion or labor? Nothing

What property, gall or personal, or income do you have or possess, and its gross value?

16. What property, real or personal, did you pessess at death of husband or he left you, and of the year

1899. 1900, and what ill-pesiting, it may, by sale or gift, have you made of the same? I think the same that the s

How have you been supported since light of butchand, and capecially for 1899 and 1900.

19. How much did your rug oft for each of those year, and how much did you contribute by your own labor or income? Derg Little - and what I could do Carling & 2.

20. What was your engloyment during 1899 and 1990—how much did you receive for each year?

Riching house & booking for my married Son

21. Have you a family? If so, who composes such family? Give their means of support. Have they any lands or other property? Out of on-15 years old - Sells facture Sives with 10 ?

22. Have you ever made an application for pension before? 100 -

23. How many applications have you made for a Pension, and under what class Ties - under All

Questions for Witnesses.

STATE OF GEORGIA,
Harlan County.
Milliam The Breech's of said State and County, having
have reported as a witness in support at the Application of Mrs.
been presented as a witness in support of the Application of aris. for a Pension under the Act of OCA 1900, and after having been duly sworn true answers to make to the
for a Pension under the Act of 2/27 1200, and area uning seed and
following questions, deposes and answers as follows: 1. What is your name and where do you reside? De Krell Collection.
1. What is your name and where do you reside
2 Are you acquainted with the applicant, Mrs 1 Egyley D. Langley If so, how long have you known her all my life 50 Sears 2
If we have bong have you known her all my life - 50 sears -
3. Where does she reside, and how long and since when has she been a resident of this State?
All unter ber - Geselulan Sa since ma aires
4. When and where was she born in thursday Co - in 1840
W is the first test to the bushand?
Where did be reside in 1861 - Haroth Co Su
- Who and to whom was be made I have a second in the control of th
s When and where was he bean " In this will to 18 34.
the States, and in what Company and Regiment did he enlist and how do you know they about Oct 1861
101 11/10 x 12 201 - 100 100 42-100 1000 1000
11 Were you a member of the same Compary and Regiment ? I care swith him
in Sant loo- witil I was changeded in 1864
12. How long did be perform regular military duty " Many four years-
I was facito him
13. When and where was his Company and Regiment surgendered and discharged from service? Ale Dant Known don't and impanned it demendence at Execusions.
14. Were you with the command when it surrendered? I store wat
Dant Known sand now There at have an diviloush
Y
17. When and where did be leave his Command! The cases there I learned -
For what cause.
By whose authority he left' -
O leaved fully him is the same teller
in 1864 until Just agundul and Surlaugher 18. When and where did That to Langley
18. When and where did Than to Langley die?
Land 1895 - All marker (3)
19. Where did he reside at his death and how long had he been a resident of Georgia at his death?
Attanta bear Resident all his life
20. Do you of your own knowledge know that applicant is the lawful widow of
. delo-
21. Has she consined summarried since her soldies husband's death, and is now his stidow?
She have so main a caillain
22. What property edecay or income has the applicant, if any, and how do you know this of your
own knowledge" A athiris
23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she
make of it? I afthing, Except little heaverhall
Gaads -
24. Has applicant conveyed any property in last two years or given any away, if so what was it and to
whom? Pare 4
1
What is applicant's physical condition and her chances and ability to warn a support?
This. What is applicant's physical condition and her chances and ability to yarn a support? The legic Car Chine had a she is fulfile all and
infirm - unable to elo Objecent lahar

26. Is applicant able to earn a support at labor of any sort, if not why:	4
son all deble and wife	in 1
27. How was she supported for 1899 and 1900? By Rill a	my children
28. How much did applicant contribute to her support for last two years?	
29. Give a full and complete statement of applicant's physical condition?	De Luste
infirm almost blind in an	icyi-
30. What interest have you in the recovery of this pension by the applicant?	vane-
Sworn to and subscribed before me this 5-24	
day of Hilly view insorted W. L. I	Brevoks h.
Juston County.	Witnesses.
Affidavits of Physician	ıs.
STATE OF GEORGIA,	
Fullow County and	4
Personally before me comes	wn to me te be reputable
physicians of said county, who, being severally sworn, say on oath that they hav	e examined carefully Mrs.
Maney & Canada applicant for a Pension un	der Act of 1900, and after
such personal examination say that her physical condition is this	they from
minany thoulds of almost	aline in
est ego. als supper of	non finale
and we have no interest in said pension if allowed.	
Sworn to and subscribed before me this 4	1. /
day of Mich 1901	1:1-
Sohn R Wilkinson Whinary. Q & //	
Juilou County. A. V.	aresto. I. T.
ORDINARY'S CERTIFICATE.	
STATE OF GEORGIA,)	1
Julion County.	
1. John R Wilkynon ? Ordinary in	and for said county hereby
certify that the applicant, Mrs. N. D. Lungly	resides in said
county, and has been a bona fide resident of this State since day of	
1840, and that the witnesses, Mr. WIY I Drooks	
are of trustworthy charact	ter, and that their statements
are entitled to full faith and credit. I do further certify that before answering the foregoing questions, the applican	at and said witnesses took the
oath herein prescribed, and the full text of the amdavits was read to the applicant at	nd witnesses before the same
was signed and subscribed. I further certify that the tax digest of Sullan	county shows that applicant
returned for taxation in her own name in 1899	dollars worth
of property, and in 1900doll	ars worth of property.
Witness my hand and official seal, this day of	nch 190.1
John R Will	Cordinary,
(SEAL) Fulton	County.
Notes-1. Before any questions are answered, the Ordinary shall swear applicant and	the witnesses in the following of the questions asked of you,
and the evidence you shall give will be the whole truth; So help you God." 2. Additional affidavits may be attached, if blank spaces are insufficient.	PRES.
 All affidavits must be made before Ordinary. Only widows who were the wives of the dead husbands while they were so 	ldiers need apply—and are now
Notes—I. Before any questions are answered. The Ordinary shall swear applicant and words: "You do solemnly swear that you will true answers make to each and the evidence you shall give such with the Code." 2. All affidavits must be made before Ordinary. 3. All affidavits must be made before Ordinary. 4. Only widows who were the wives of the dead husbands while they were so widows. Those married since 26th April, 1855, not entitled. 5. Witnesses and two Physicians are necessary to make out claims.	

POWER OF ATTORNEY.

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1			7		DIG	SI	For year ending Dec. 31, 1903	PAID TO	ney Da	OB	1001	man	72- 3		Con		WARRANT ISSUEL	RRANT	RRANT IS	RRANT I

POW	ER OF ATTORNEY.
STATE OF GEORGIA,	l
	COUNTY. S
I	hereby authorize
	of
to receive and receipt for the	pension paid hereon, and request that he remit same to
	at
IN WITNESS WHEREOF, I he	ave hereunto set my hand and seal, this
	_1904.
The state of the state of	[L. S.]
Executed in presence of	
	· ·
	,

WIDOW'S PENSION INDICENT No. 10 S

TO THOSE HERETOFORE PAID.

1904.

FOR YEAR ENDING DECEMBER 31, 1904.
PAIR TO ANGELED

Widow of

JOHN W. LINDSEY, Commissioner of Pensions AND HANDED TO WARRANT ISSUED

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE C	F GEORGIA,	. 1.	PERSONALLY COMES	MRS.
	Fullon.	` > 2	rcy D Lan	el.
	who, being sworn, sa		a bona fide resident o	- Cy
	and seeing sweetil, and		and that she has RESI	
continuously eve	18			
continuously eve		uels.	That she	is the Widow of
Boll				dier in Company
			ment of you	/
	he enlisted in said regi		,	
		of yel		That he died
on the	day	of ye	18.93	,
100/	axo		-	· · · · · · · · · · · · · · · · · · ·
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	to V I		Contraction Contraction	
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oldier, and that	that she was the wife of			
he year 18 58 I have beer	she has never married	since his death afor ension as a resident of	esaid, and that she bec	ame his wife in
he year 13 I have beer	she has never married	since his death afor	esaid, and that she bec	ame his wife in
Soldier, and that he year 18 I S I have been Sounty, under Ac	she has never married be allowed an Indigent port 1900, for the year 1900	since his death afor	esaid, and that she bec	ame his wife in
oldier, and that he year 18 I S I have been county, under Ac- cear ending Dece Sworn to a	she has never married be allowed an Indigent port 1900, for the year 1900	ension as a resident of 3, and now apply for me,	esaid, and that she bec	ame his wife in
oldier, and that he year 13 T I have beer county, under Ac rear ending Dece Sworn to a	she has never married e allowed an Indigent po et 1900, for the year 190 mber 31, 1908. nd subscribed before	ension as a resident of 3, and now apply for me,	the pension provided	ame his wife in
oldier, and that he year 18 J S I have beer county, under Ac ear ending Dece Sworn to a hisday	allowed an Indigent post 1900, for the year 190 mber 31, 1903, and subscribed before rof. JAA 1903, 1904 Museum 1904, 1904, 1905, 19	ension as a resident of 3, and now apply for me, post-Office 4	the pension provided	by law for the
oldier, and that he year 18 J S I have beer county, under Ac ear ending Dece Sworn to a hisday	she has never married or allowed an Indigent per 1900, for the year 190 mber 31, 1903, and subscribed before or JAA 1904, Surrent Ordina orgia, Coun	ension as a resident of 3, and now apply for me, 1908 Post-Office 4 I, Jos Ordinary	the pension provided	by law for the
I have been founty, under Account ending Dece Sworn to a day Account of the County of	she has never married e allowed an Indigent point 1900, for the year 190 mber 31, 1908. and subscribed before of JAA 1902. It Years County County County	ension as a resident of 3, and now apply for me, 1903. Post-Office 4 Ary. Post-Office 4 Ordinary	the pension provided Ly flery flery flery flery flery flery for Sh. If ellien of said County, certify	by law for the
I have been county, under Account ending Dece Sworn to a day Account of the County of	she has never married e allowed an Indigent point 1900, for the year 190 mber 31, 1908. and subscribed before of JAA 1902. It Years County County County	ension as a resident of 8, and now apply for me, 2001 11 10 10 10 10 10 10 10 10 10 10 10	the pension provided Ley Mary Comments for Side Country, certify who made the above	by law for the some that I am well the affidavit and
I have been county, under Accear ending Dece Sworn to a day Accear of Ge	she has never married e allowed an Indigent po et 1900, for the year 190 mber 31, 1908. and subscribed before e of JAA 1902. It Authors Coun mrs Municyll	ension as a resident of 3, and now apply for me, South 1 to 1 to 1 to 1 to 1 to 1 to 1 to 1	the pension provided the pension provided the pension provided the pension provided the pension provided the pension provided the pension provided the pension provided the pension provided the pension provided the pension provided the pension provided the pension	by law for the some that I am well the affidavit and
I have been been to a superior of the superior	she has never married e allowed an Indigent point 1900, for the year 190 mber 31, 1908. and subscribed before of JAA 1904. 1804. 18 Grant Country Mrs Muncy K the facts therein stated	ension as a resident of 3, and now apply for me, let it 1993. Post Office 4 ordinary of Caughty are true, and I know siy resided in this Ste	the pension provided the pension provided the pension provided the pension provided the pension provided the pension provided the pension provided the pension provided the pension provided the pension provided the pension provided the pension provided the pension	by law for the some that I am well the affidavit and
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I have been founty, under Acrear ending Dece Sworn to a day for the state of Georgian and the st	she has never married e allowed an Indigent point 1900, for the year 190 mber 31, 1908. and subscribed before of JAA 1904. 1804. 18 Country Co	ension as a resident of 3, and now apply for me, 1003 Post-Office 4 Ary. Post-Office 4 Ary. Ordinary of Caughy are true, and I know sily resided in this Ste Cod	the pension provided the pension provided the pension provided the pension provided the pension provided the pension provided the pension provided the pension provided the pension provided the pension provided the pension provided the pension provided the pension	by law for the law for the law for the law well are affidavit and she represents

FORM No. :

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

County of	Hilton.	3	127 0
•	being sworn savs on		one fide resident of said County of
	Fillton		d that she has RESIDED in said State
continuously ever sin	nce 840		
B of the	,		who was a soldier in Company Regiment of
,	enlisted in said regime red in the Army up		
on the	_day of	-/2	186 / That he died
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the year 18 58	7		
I have been al	llowed an Indigent pen		
I have been al County, under Act 1	llowed an Indigent pens 900, for the year 1908,		Fulton.
I have been al County, under Act 1 year ending Decemb Sworn to and	llowed an Indigent pens 900, for the year 1908,	, and now apply for	the pension provided by law for the
I have been all County, under Act I year ending Decemb Sworn to and this day. State of George	llowed an Indigent pen 900, for the year 1908, 901 per 81, 1904 subscribed before me, y of JAN 22 1904 Accessory Ordin	1904. Post Office	the pension provided by law for the full for the try of
I have been al County, under Act I year ending Decemb Sworn to and this day State of Geogra	llowed an Indigent pen 900, for the year 1908, per 81, 1904 subscribed before me, y of JAN 22 1904 Accessory Ordin Tria, Ulton. Cot	1904 Post Office nuty. Ordinary	the pension provided by law for the full for the full form. The pension provided by law for the full form. The pension provided by law for the full full form. The pension provided by law for the full full full full full full full ful
I have been al County, under Act I year ending Decemb Sworn to and this day State of Geogra	llowed an Indigent pen 900, for the year 1908, per 81, 1904 subscribed before me, y of JAN 22 1904 Accessory Ordin Tria, Ulton. Cot	1904 Post Office nuty. Ordinary	the pension provided by law for the full for the try of
I have been all County, under Act I year ending Decemb Sworn to and thin day. State of Geographic acquainted with Mr am satisfied that the	llowed an Indigent pen 900, for the year 1908, per 81, 1904 subscribed before me, y of JAN 22 1904 Ninson Ordin rgia, Yulton. Cot s Manuely per facts therein stated that she has continuous	1904 Post Office unity. Ordinary of Language are true, and I knowly resided in this St.	the pension provided by law for the lay have a superior to the lay have a s
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I have been al County, under Act I year ending Decemb Sworn to and this State of Geogram acquainted with Mr am satisfied that the herself to be, and the day of	llowed an Indigent pen 900, for the year 1908, per 81, 1904 subscribed before me, y of JAN 22 1904 Ninson Ordin rgia, Yulton. Cot s Manuely per facts therein stated that she has continuous	1904. Post Office thary. Ordinary are true, and I know ly resided in this St	the pension provided by law for the lay of JAN 22 1904.
I have been al County, under Act I year ending Decemb Sworn to and this State of Geogram acquainted with Mr am satisfied that the herself to be, and the day of	llowed an Indigent peniison of the year 1908, per 81, 1904. subscribed before me, y of JAN 22 1904. Kinson Ordinary of Ulton. Core and the subscribed before me, and the subscribed before me, y of JAN 22 1904. Trgia, ordinary ordinary of the subscribed before me, and the su	1904. Post Office thary. Ordinary are true, and I know ly resided in this St	the pension provided by law for the lay have a superior to the lay have a s

POWER OF ATTORNEY.

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to		ınd rece	ipt for the	pensi			ınd requ	est th	at he rer	
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10 Inose Heretofore Paid				For year ending Dec. 31, 1905	30	1,	TEV SEEV	er of	C e	All All Anders
01013		5 1		Dec.	N.	The	H JAN MACIN	nission	WARRANT ISSUED	3
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FORM No. 2

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

	STATE OF GEORGIA, PERSONALLY COMES MILES. County of Fulton.	
3 1	who, being sworn says on oath, that she is a bona fide resident of said County of	
	State of Georgia, and that she has RESIDED in said State continuously ever since. That she is the Widow of	
	of the 42 und Regiment of Clargia	1
	Volunteers, that he enlisted in said regiment on or about the month of Sold 180 f., and served in the Army up to Disilian flet 180 f. That he died on	
16.	the day of is .	
7 10	Fastinity baresty and Oca	
	Infirmity powerty and age	
A.	Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in	
	the year 18 I have been allowed an Indigent pension as a resident of Fulton.	
	County, under Act 1900, for the year 1904, and now apply for the pension provided by law for the year ending December 31, 1905	
	this day of JAN 2 1905 1905.	
0	Postonice Attauta	
	State of Georgia, Pulton County. Ordinary of said County, cartify that I am well	
	acquainted with Mrs Lange D. Langley, who made the above affidavit and am satisfied that the facts the oin 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	
	Given under my official signature and seal, this theday of JAN 2 1905 1905.	
	Official Seal. Ordinary of Tulton. County.	

NOTE.—All blanks must be filled. Vouchers and Affidavits must bear date after January 1st, 1905.

POWER OF ATTORNEY

STATE OF G	EORGIA,).
		COUNTY.
Ι,		, hereby authorize
		.of
to receive and re	eceipt for the per	ension paid hereon, and request that he remit same to
	15.60%	_at
In Witness	Whereof, I have	e hereunto set my hand and seal, this
day of		1906,
		[L _y s.]
Exe	ecuted in presenc	r:
		X.
		The last
N.	. 2	or O. Marcons C. Marcons C. Marcons C. Marcons C. Marcons VI ISSUED VI
pia		For year ending Dec. 31, 1908. Heavey C. Lan. W. of J. C. Lan. JOHN W. LINDSEY, rommissions of Pro WARRANT ISSUED AND HANDRD TO Y. Y. LONG WARRANT ISSUED AND HANDRD TO Y. Y. WARRANT ISSUED AND HANDRD TO Y. Y. WARRANT ISSUED AND HANDRD TO Y. Y. WARRANT ISSUED AND HANDRD TO Y. Y. WARRANT ISSUED AND HANDRD TO Y. Y. WARRANT ISSUED AND HANDRD TO Y. Y. WARRANT ISSUED AND HANDRD TO Y. Y. WARRANT ISSUED AND HANDRD TO Y. Y. WARRANT ISSUED AND HANDRD TO Y. Y. WARRANT ISSUED AND HANDRD TO Y. Y. WARRANT ISSUED AND HANDRD TO Y. Y. WARRANT ISSUED AND HANDRD TO Y. Y. WARRANT ISSUED AND HANDRD TO Y. Y. WARRANT ISSUED AND HANDRD TO Y. Y. WARRANT ISSUED WARRANT ISSUED AND HANDRD TO Y. Y. WARRANT ISSUED AND HANDRD TO Y. Y. WARRANT ISSUED WARRANT ISS
To Those Heretofore Paid 1906.	4 2	Vear ending Dec. 31, 11 PAID TO DE OF T. E. HELL. S JOHN W. LINDSE V. (VARRANT ISSUED AND HANDRD TO Y. H. AND HANDRD TO Y. H. AND HANDRD TO Y. H.
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	5	W. LIN COMMING TO SHANT IS HANDER
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IE		For year can Widow of J. JOHN VARR WARR
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1000	ER OF ATTORNET.
STATE OF GEORGIA,	COUNTY.
I,	, hereby authorize
	of
to receive and receipt for the pe	ension paid hereon, and request that he remit same to
-	at
In Witness Whereof, I ha	ave hereunto set my hand and seal, this
day of	1907.
	[L, S.]
Executed in presence	•
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1907. NDIGENT	
N O N	year ending Dec. 31, 31 RAID OF STATE
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	For

To Those Hereto

No. 3. INDIGI WIDOW'S P

JOHN W. LIN WARRANT ISS Widow

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

The state of the s
STATE OF GEORGIA, County of Fulton. PRIBODALLY COMBB MRS. PRIBODALLY COMBB MRS. Actual D. Jangley
who, being sworn says on oath, that she is a bona fide resident of said County of
Fulton. State of Georgia, and that she has RESIDED in said State
continuously eyer since That she is the Widow of
B. of the 42 NA Regiment of
Volunteers, that he enlisted in said regiment on or about the month of
186_, and served in the Army up to Like Manger 186 4. That he died on
theday of18
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Description of the second seco
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 18
I have been allowed an Indigent pension as a resident of Fulton
County, under Act 1900, for the year 1905, and now apply for the pension provided by law for the
year ending December 81, 1906.
Sworn to and subscribed before me
this day of Maney Is & augley
Contract the second
Post Office (Marka
State of Georgia
State of Georgia,
County. Ordinary of said County, sertify that I am well
acquainted with Mrs. Hauly D. Haughey, who made the above affidavit, and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of18
Given under my official signature and seal, this the day of JAN 1 1906 1906.
Purio Nine
Official Soal Ordinary of Hilton County
NOTE.—All blanks must be filled.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

	No. 6 - Alla place and Alla and Alla
STATE OF GEORGIA, County of Fulton.	PERSONALLY COMES MRS.
who, being sworn says on	oath, that she is a bons fide resident of said County of
K11111111 810	to of Georgia, and that she has RESIDED in said State
continuously ever since, all My	That she is the Widow of
Lile, Langley	who was a soldier in Company
(1)	Regiment of Regime
Volcunteers, that he enlisted in said regiment of	lia!
186, and served in the Army up to	
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theday of	18
Sefimity powerly	y 4 Age
	TO ANGEL 1 AND ADDRESS MEASURE MEASURE MANAGEMENT AND ADDRESS AND
	<i>P</i>
•	deceased soldier, during his service in the Army as a
soldier, and that she has never married since	e his death aforesaid, and that she became his wife in
I have been allowed an Indigent pension	as a resident of
	d now apply for the pension provided by law for the
year ending December 81, 1907.	1 6
Sworn to and subscribed before me	1 / May
	Hauch X Laugle,
V V/III	
John R. Willinson, Ordinary.	Post Office Much 17 4 9
6	John R. Wilkinson
State of Georgia,	}.
Fulton County	Ordinary of said County, certify that I am well
acquainted with Mrs Taney D. X	ungley, who made the above affidavit, and
am satisfied that the facts therein stated are t	rue and I know she is the individual she represents
herself to be, and that she has continuously re	sided in this State since the
day of18	
Given under my official signature and s	eal, this the day of JAN 2- 1907.
Given under my official signature and s	eal, this the day of JAN 2 1907.
J Official {	John R. Wilkinson Ordinary of County.

Comptroller General,

Atlanta, Ga., 10/ 2 2 190 State of Georgia 3 Personally Cauces before me Mr. Diney & Laugley applicant for persion who Make, oach as follows My husband & Changley exclisted in (019. 42 at Regt of Su Vole culous in July 1862 . 1de was horrorably discharge therefrom August 1863 after the fall of Victorius In account if discuses renjunes needed white in service Ne applies for a pousion in 1895. Which was repuse by Commissioner Johnson for want of proof of her then physical Condition. Applicant herewith presents the proofs he then aubundlat as prent of her application, and aske that Dame to sa allersed The Recents of his Company new on file in Adjulant Teneral's Office show he was honorably discharged as states August 1863 on account of dusbility and the Record applicability respectfully refers in support of her claims. Swarn to voubscribed the me For 221901. Maney Dx Langley

X Wilkensontrania

as states "August 1865 on account of disability" and to this Record applicable respectfully refers in support John Claims Sans 27901. 3 Na John & Wilkensontragian 3 Nancy Day Langley

Mo. INDIGENT PENSION infacting answers to 11+14-1895. Ground RICHARD JOHNSON, WARRANT HANDED TO

E OF GEORGIA, County,

POWER OF

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

hereby authorize

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

Witness my hand and seal this

day of

1895

Executed in presence of

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA.

fullow

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

Where is your name and wherefully you reside? (give the County and good office) Allaule La.

Where old your reside of Juniory J. 1894, and how long have you been a resident of this State?

Atlanta for Land your State of Sell County Methods of the State?

3. When and where were you horry January Sell County Methods of the Sell County Methods of

- 4. Did you volunteer in the Confederate Army or in the Goorgin Militin? Have good 5. When and where did you culist? Lot 186/7 12 To Saylle
- 6. In what company and regiment did you culist? 43 Ja
- 7. How long did you remain in that company and regiment " Left beste or her Hear
- 7. How long did you remain in that company and regiment 8. If you were transferred to another, give any 8. If you were discharged from same and igniced another, or if you were transferred to another, give any 1.

- row the 49 le the 37 egunt of such discharge on transfer ! 9. For how long a period did you discharge regular military dust force 3fcg and from the

- When where and under what circumstances were you discharged from services for
- Ut her fishing the for ger a come at if a huma liene in front to the was liene in the work to the first the first and the and the continue the sound to the continue the sound to the continue the sound to the continue the sound to the continue the sound to the continue the sound to the continue the sound to the continue the sound to the continue the sound to the continue the conti
- 12. How much can you cara per annum by your oyy exertions or labor? 150. 20 fe / There
- 13. What has been your occupation since 1865 for your supporter this pension, year and had not have been your supporter this pension, year and had not have been are you able to contribute thereto either in labor or income:
- 15, What is your present physical condition and how long have you been in such condition? I was thell in fresh and Rhumalian Mueen years and one half
- 16. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second "infirmity and poverty" or third "blindness and poverty"?
- 17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are fotally blind and when and where you lost your sight?

frehings by people overty. Musealeen ly front front front front front front front

18. What property, effects or income do you possess?

for wenth and flocksmit

- 19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? did you make of same?
- 20. In what County did you reside during those years and what property did you then return for taxation?

 It is property in the start of the start o
- 21. How were you supported during the years 1893 and 1894?
- 22. How much did your support cost for each of shose years, and what portion did you contribute thereto by your own labor or income? Three heard red glabor 150.00 Successe nothing 23, What was your employment during 1893 and 1894? What pay did you receive in each year?

prive hundred

24. Are you married and have you a family? If so, is your wife living and how many children thave you? " Hiraco her of affair ley family a family means of support the Exposition growner

25. Are you receiving a pension under any law of this State, if so what amount and for what disability? AFFIDAVIT OF PHYSICIANS Sworn to and subscribed before me this the J 6 20 righty Applicant. STATE OF GEORGIA. 3 and day of Africe Aultin County, m. L. balkm Ordinary theclas County. QUESTIONS FOR WITNESS. J. C. Lanley such personal examination, say that his precise physical condition is as follows: STATE OF GEORGIA, Guller County a C. Brownin of said State and County, having been presented for pension as a witness in support of the application of and fine 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: , the applicant, if so Where does he reside, and how long has he been a resident of this State In allama la . Hus been a Orandeer of Va. Sime Spenk Knew him.

4. Do you know of his having greed in the Confederate army or the Georgia militia." How do you know this: De Remd in Confederate Come, I was a mention in the Dame Sworn to and subscribed before me, this the 3 and day of April 1895. m. L. b. celhin Compan - Co B. 42 Ja Righ. 5. When, where and in what company and regiment did by enlist In 1862 Co B. 42 lakyh. Com to the Co Magh in 862 in Fondl's Selley Town. 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-ORDINARY'S CERTIFICATE. grate soldier, and the time and circumstances of his discharge from the service of the Comment in the Danie Co They Link, me. for almost 8 Marches. I Knew orthing about his discharge, as I true a prisoner in Camp STATE OF GEORGIA. Fullon County. 8. What property, effects or income has the applicant" (Give your means of knowledge.) I don't know that he has . or I have not fun hims In a good While.

9. What property, effects or income did the applicant possess in 1803 and 1894, and what disposition, if any, did he make of same." I down the will be when what he had the applicant V. C. Laugh in 1893 1 1894. 10. What is the applicant's occupation and physical condition of this Mun What his occupation is, mor anything out his progregal condition. In more assumed my condition in his officer 11. Is the applicant unable to support himself by labor of any sort, it so, why I don't himself to applicant is able to do much with or accession before same were signed. I further certify that the tax digests of Frellow of the furtility . Hicemplains of Rhumation.
12. How was be supported during the years 1893 and 1894? I and Ilmo 8 1500 returned for taxation in his name in 1893, roperty, and in 1894, Witness my hand and seal of office, this 3 and day of Sheet of property, and in 1894, 13. What portion of his support for these two years was derived from his own labor or income? - au mit know. H. Wive a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 18th, 1891? The officer has no physical processing Dephrack, Except his modelful paid I don't think the in physical processing of the processing of the control of the contro mil to cellina Ordinary to but tille nuk. 15. What interest have you in the recovery of a pension by this applicant? Than home Sworn to and subscribed before me, this

MI Hunhain and , both known to me as reputable physicians of said equity, who being severally sworn, say on oath that they have examined carefully Gaumed , applicant for pension under the Act of 1894, and after That he is duforing free Chunic

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

11. 1. Sunth HILA Cours / Mil Denhou mix,

W. L. Celhorn Ordinary in and for said County, hereby certify that resides in said County, and was a bona fide resident of this State on the first day of Junuary, 1894, and that the witnesses, viz : 9 . Lo . Barunder, M. A. Smith of M. Mo. Durchause: are of trustworthy character and that their statements are entitled to full faith and credit.

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

County show that applicant dollars dollars of property.

Or duray County.

MOTE.

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

Suffer Street in out them and I don't mister in proceed of to Or duray) County. 15. What interest have you in the recovery of a pension by this applicant? The Issue Issue Sworn to and subscribed before me, this the 3 day of April 1895.) J. Land Browner than the subscribed before me, this MOTE. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the ordence you shall give will be the whole truth, so help you God."

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

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability. If applicant calins 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 subtornativity and extentially suches.

3. It will not asswer 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 for ordinary of the affidavits, the amendments for each provided an arm of the fact of the applicant to the clause of the Act in reference to the arm of the affidavits, the amendments have been didy sworn to the following the county of the residence of the applicant. The certificate of any other will not be received in any case.

5. Every applicant. The certificate of any other will not be received in any case.

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

7. No payments can be made for any past year.

W. H. HARRISON

W. H. HARRISON

No.15746 APPLICATION FOR ALLOWANCE Desabilit from face vilvo, Applicant, J. Sungaton Amount, \$50 Enlarged on record 1800

Applicant of not outitle on the The face round my greatly disfigures the applicant - but it does not desable hun = the arm is required but not very thrush so below the elbow, thew the army Dr HHamsin

NOTES.

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

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

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

It will not answer to say that an arm is "substantially useless for ordinary pursuits 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.

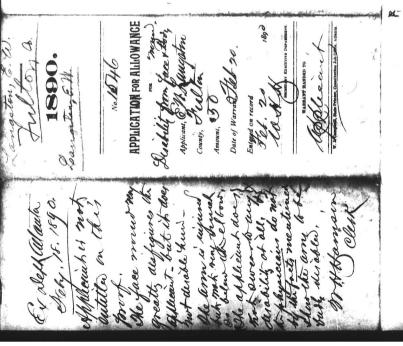
4. If the papers are returned for correction and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.

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

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

7. No payments can be made for any past year.

W. H. HARRISON. Clerk Ex. Dept



For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA. Freen PERSONALLY appears & W. Langston of Fullen 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 continuously since the 1847; 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 Sargent in Company 6, of 2/ the Regiment of Georgia Volunteers Seventh Brigade; that whilst engaged in such military service at the battle of day of glarmin in the State of Virginia, on the 27th day of front, 1862-he was wounded as follows: Ne was wounded by a piece of shell which struck him on the left side of nose and above the left eye taking away a portion of the nose and causing an absens involventhe ethnoid, sphenoid and nasal times resulting in a partial loss of hearing and also a partial loss of powers of speech also a gunshat wound in right shoulder the ball entering in. Shoulder anteriorly coming out on the right of and near the So a hela la fing devay a person of the head of humana that women to participate in the benefit 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 thereunder, ending October 26, 1800. Sworn to and subscribed before me this the 4.W. Langston day of Felman 1800 COMMISSIONED OFFICER'S AFFI STATE OF GEORGIA. PERSONALLY came before me of the county State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company Regiment of Volunteers, and that deponent knows. , and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said as stated by him in said affidavit. Deponent further states that said is a bona fide citizen of this State and resides Sworn to and subscribed before me this

The foregoing affidavit, changed to suit the facts, should be made b avit of such an officer is not obtainable, the following affidavit of th

STATE OF GEORGIA,

Fullow County.

PERSONALLY came Robert He. Boulow Jes Deugher

citizens of county, in said State,
who being duly sworn, say that they are well acquainted with Elect M

Langelow and know, from having been with him in the army, that
he received the wounds (or contracted the disease) in the military service, as stated by him
in the foregoing affidavit; that said wounds (or disease) permanently disabled applicant, as
stated by him: the said applicant is a bona fide citizen of this State, and resides in

County, and we are well satisfied that all the
statements in his affidavit are true.

Note - Above affidavit must be made by three citizen who personally know of the service of applicant and can state of their knowledge precisely how he is disabled, and what diffible him.

STATE OF GEORGIA,

Sworn to and subscribed before me, this

18 day of 7 ch 1890.

PERSONALLY comes before me Wlboulhman Ordinary of said county, Uto, B. Lulleur and J. L. Douch , both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined E. M. Lougalman and after such examination say that the applicant has been injured as follows:

News acounded by a piece of shell which struck him on the lift side of piose and above the lift eye taking away a portion of the mose and o ausing an abscess involving the el kmoid. Sphenoid and masel tomes resulting in a partial loss of the piwer of speech; also a gunshot wound in the right shoulder the ball entering the shoulder anteriorally consider the right of and sees the peapala taking away a sortion of the head of the humans but the gunshot wound of the humans of the oright arm substantially and resulting the right arm substantially and resulting welves in the paperman of the original avoisiness of life. My B. Subtill M. M. Swort to and subscribed before me, this

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

NOTE 2.—It claims in for disability resulting from disease, state Nov the disease is known to result from this savvice as a collier. Also state how long physicians have known and treated applicant.

STATE OF GEORGIA.

Freller County.

I, Ordinary of said county, do certify that I am well sequainted with Elysch Or Louysland the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses are persons of respectability, and that their statements are worthy of full credit and belief.

I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and the said affidavits and

signatures thereto are genuine.

Given under my official signature and seal, this 18 day of Felinay: 890.

Whallum

Ordinary Fullow

County.

Power of Attorney.

STATE OF GEORGIA,

Know all Men by these Presents, That I

county, in said State, do hereby appoint

of me and in my name, to receive and receipt for windever amount of morey I may be entitled to from the State of Georgia by reason of the indry received as aforesaid in the military service of the Confederate States (or of this States) at stated in the foregoing affidavit; hereby authorising my said attorney to receipt in my againe for any Warrant that may be issued by the Governor, or for any sum of money while may be coming to me for the reason aforesaid.

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

Executed in the presence of us

DIRECTION

If allowed, send amount by

and oblige.

of	ts, That I County, State of Georgia, do hereby appoint
from the State of Georgia by reason of the the Confederate States (or of this State), as	for whatever amount of money I may be entitled to injury received as aforesaid in the military service os stated in the foregoing affidavit; hereby authorizing any Warrant that may be issued by the Governor, or go to me for the reason aforesaid.
IN WITNESS WHEREOF I	have hereunto set my hand and seal, this
III WITHLOS WILLEUT, I	
day of	1893.

Send money to me as follows, by +

STATE OF GEORGIA,

Hata County.

1. Who have do certify that I am well acquainted with E. M. Longolon 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 repesents himself to be, and that he resides in this county.

Given under my efficial signature and seal, this / Dday of Albacott 189 County. SOLDIER'S PENSION

Application for Allowance

Meddelled (Metro)

No. 114

No

County, Georgia.

For Applicants Heretofore Allowed Pensions.

For Applicants Heretofore Allowed Pensions

STATE OF GEORGIA,)
Julla County)
Personally appears (c.) Source of
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 1844; that he enlisted in the military service of the Con-
lederate States (or of the State of
States, and served as a 2 Serve cond in Company of 2 th Regiment
a brigade ; that whilst engaged in
of Pinymia, on the 21 day of Finne 1861, he was
wounded as follows: years also L warned of the right thent
der rendering right um substantially
and issentially notless, also wounded
in the face "
A A A
William Communication of the C
Deponent desires to praticipate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1893. I have heretofore been allowed a pension of.
dollars for 1/1/2
Sworn to and subscribed before me, this, the
W. L. be action & UN Joneyston
Norz-State fully nature of wound or character of details which caused the disability, and enplain particularly the extent of the disability, resulting from the wound or disease.
STATE OF GEORGIA,)
Friction towns. S
1, M. L. Calhon in Ordinary of said County,
do certify that I am well acquainted with 6. It. Langular the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the in-
dividual he represents himself to be, and that he resides in this County.
I furtiler 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 day of Mouch 1893.
In L ballonie
Ordinary Yullan County.
L IN BELVIORMEN

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA

Huling County.
PERSONALLY appears &. M. Langoton
of Georgia, who, being duly sworn, says
on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously
since the day of 18 4_: 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 2 1 d See fraction Company b. of 1 th Regiment of See Volunteers The state is
of It the Regiment of Ses Volunteers Tresiste is
Brigade; that whilst engaged in such military service at the battle of the all the service at the battle of
in the State of Programia on the day of
186 3 he was wounded as follows? Can he
Whend of Me Staght Shoulded Muching
in the State of Programia on the day of James 186 3 he was wounded as follows: Com of the Astronomy of the Prophe Should all the state And and substantially are excluded and of the state of the st
active of also mounded in the

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

Dollars
Sworn to and subscribed before me this the and day of Mant 1892. EM Largelon With le a chown brdinary.

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

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 me and in my name, to receive and receipt or whatever amount of money 1 may 02 entitied 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 receip: 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.

٠.
[1., S.

Send money to me as follows, by

-County, Georgia.

P. O.

POWER OF ATTORNEY. STATE OF GEORGIA, Hullow Conney. STATE OF GEORGIA, mit leachin COUNTY. do certify that I am well acquainted with & land m - Land Know all Men by these Presents. That I. applicant in the foregoing affidavit, and am well satisfied that the statements made by himin his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is County, State of Georgia, do hereby appointmy true and lawful attorney in fact, for the individual he represents himself to be, and that he resides in this County. me and in my name, to receive and receipt for whatever amount of anoney 1 may be entitled to from the I further certify that State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate before whom the foregoing affidavits were made and power of attorney was signed, is a 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 of said County, and the said affidavits and which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this. signatures thereto are genuine Given under my official signature and seal, this 3 and day of Felina 1891. _[I., S.] mil leachin Executed in the presence of us Ordinary Fraction County. Send money to me as follows, by County, Georgia. Soldier's Pepsioη

For Applicants Heretofore Allowed Pensions.	
STATE OF GEORGIA	
Hallon County.	
Personally appears Elizaber Langelon 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 has resided therein continuously ever since the	
day of. : that he enlisted in the military-service of the Con-	
federate States (or of the State of	
States, and served as a 2 mil Sergeant in Company 6, of 21th Regiment	
of regree Volunteers Jameble is Brigade; that whilst engaged in such military service at the battle of Love House in the State	
in such military service at the battle of Cock Houler in the State	
of Ira on the 27 day of Janu 1862 he was	
wounded as follows: gue that armed though agher	
Thulder rendering right arm autilialial	3
Though himse	
The same the same and the same	
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 dollars for	
Sworn to and subscribed before me, this, the day of Uman 1891.	
Or L to culture bridge	
Nora - State fully nature of wound or character of disease which causes the disability, resulting from the wound or disease.	
POWER OF ATTORNEY.	
STATE OF GEORGIA,	
County.	
Know all Men by these Presents, That I,	
of County, State of Georgia, do hereby appoint	
of my true and lawful attorney in fact, for	
me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	
day of1801.	
[L, S,]	
Executed in the presence of us:	
DIRECTION.	

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA;	l	
Coun	nty.∫	
KNOW ALL MEN BY THESE	PRESENTS, That I,	
	of.	2
County, State of Georgia, do hereby a	appoint	
of.	my true and lawful attorney in	fact, for
State of Georgia by reason of an injury States (or of this State) as stated in the in my name for any Warrrant that ma- be coming to me for the reason aforesa	receipt for whatever amount of money I may be entitled to ry received as aforesaid in the military service of the Co to foregoing affidavit; hereby authorizing my said Attorney tay be issued by the Governor, or for any sum of money waid. I have hereunto set my hand and seal, this	nfederate to receipt
day of	1895.	
Executed in presence of us)	[1 s.]
	DIRECTIONS.	
Send money to me as follows, by		
	, to	P.O.
	County, Georgia.	
SOLDIER'S PENSION. 1895.	Name 7. E. Septem. County Disability 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	On V. Berries, Base Primer, Alastes Pro Starton

angoton E.M.

	POWER	OF A	TTO	RNEY.		
STATE OF		l				
MARKON OF THE RESERVE TO THE RESERVE	County.	ſ				
I,		he	reby auth	orize		
		of				
to receive and	l receipt for the per	nsion paid	hereon	and request	that h	e remit same to
			by			
at		(4)				
IN WITN	NESS WHEREOF,	I have here	unto set :	my hand ar	nd seal,	this
day of		1896	3.			
		*****				[t. s.]
Exec	uted in presence of u	s				
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2		ton			CHARD JOHNSON	TO TO
13 5		. Langston	H		OH Exe	C A
Ties as a	2 Q	F. 6		2	0	12
For Those Air		a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ri sblai	E /4	HAF	× ()
N. E. S.			<i>c</i>	11/	S _C	WARRA
SU E			ry .	ıt,		g
	9	Name	County Disability	Amount, \$		
	. 02	1 Z	ם	Α .		. 11

l.

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

Tracle

wounded as follows: "On hot sound of the right shoulder rendering right

Toll Harpor

day of

Fulton

) during the war between the

in the State

186 , he was

in Company , of 21sth Regiment

's Brigade; that whilst engaged in

18 44; that he enlisted in the military service of the Con-

County. F.W. Langston

STATE OF GEORGIA, Fulton

Dersonally appears

federate States (or of the State of

such military service at the battle of

of leorei:

States, and served as a "ni lerge, nt

Volunteers,

on the "th

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Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,	
and the acts amendatory thereof, and makes application for the allowance to which he is	
entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension	
of dollars, for the year 189 1	
Sworn to and subscribed before me, this, the \ \Gamma 12 9	
Sworn to and subscribed before me, this, the E. M. Sangilan day of 1895.	
W. L. Cochma Colling	
Note-State fully the nature of wound or character of disease which caused the disability, and explain particularly the extent	
of the disability, resulting from the wound or disease.	
STATE OF GEORGIA,	
County.	
A. I. Talbana	
Ordinary of said County,	
do certify that 2 am new arquitines with	
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 1895.	
day of1895.	
Amiz Your On C	
ber	
Ordinary Fulton County.	
County.	

For Applicants Heretofore Allowed Pensions.

STATE O	F GEOF	RGIA,	1 0.			
Fulto	n	County.	ſ			
Personally	appears	V.W.Langston	of.	P	ulton	
County, State of	Georgia, who	being duly swor	n, says on oath	that he is a boi	na fide citizen	
and resident of s	aid State, and	has resided the	rein continuous	sly ever since t	he	
day of		18 44 ; that he	enlisted in the	military service	e of the Con-	
federate States (of States, and serves of Georgia		2nd Sergear	4) during the wa		
in such military	service in the	State of	/irginia	on the	27th day	
of June gun shot *oun	186 3 d of the ri	, he was wounded ght shoulder	l, injured or dis reniering ri	seased as follow ght arm subs	ws: tantially an	i
essentially u	seles.eles	mounded in th	e face.			
	1900,800		ŧ			
						,

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, 1806. I have heretofore as a resident of Fulton county been allowed a pension of dollars, for the year 189 " .

Sworn to and subscribed before me, this, the day of Peby 1896. 26 day of Peby 1896. S M.L. Loculhoun, Orly NOTE-State fully the nature of wound or character of disease whis comes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA. fulton County.

Ordinary of said County, R.W. Labgston do certify that I am well acquainted with 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



M. K. Loachown

Ordinary....

County.

	POW	ER OF ATTORNEY.	
STATE O	F GEORGIA,	1	
	···Cou	unty. Ĵ	
I,		hereby authorize	
		of	-
to receive as	id receipt for the	pension paid hereon and request that I	ie remit same to
		by	
at			
IN WIT	NESS WHERE	OF, I have hereunto set my hand and sea	l, this
day of		_1897.	
			[s.]
Ex	ecuted in presence	of)	
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		,	
rolled.)	NSION.	Cience Ci	En /
(For Those Already Enrolled, No. 7.5-3	SOLDIER'S PEN	Name W. M. Keer of County of the Meet County of the	WARRANT HYDELLYN WARRANT HYDELLYN WARRANT HYDELLYN TO a notember are enertry and

	C	ounty.						
I,			1	hereby at	uthorize			
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to receive and	receipt for th	ne pensio	on paid h			that he	e remit san	ne to
Name and the second second second				by				
at								
IN WITN	ESS WHER	EOF, I	have here	unto set	my hand	and seal,	this	
day of			1898.					
							- [L. S.]
Execu	ted in presenc	e of	1					,
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lled.)	S			(4		7 8	. 11	
Enrolled.)		7	3 (8	0	0	ISON,	2	7
ndy Enrolled.)	LID	d	Mar.	us a	000	OHNSON,	NDED TO	Pilmyten, Aft.A
Aiready Enrolled.)	S PENSI	86	Langs .	abus a	217	D JOHNSON,	T HANDED TO	STATE FAWTER, ATLA
see Aiready Enrelled.)	RYALID	888	Holangs.	ingles a	417	IARD JOHNSON, Commissioner of Pr	ERANT HANDED TO	BESON, STATE PAWTER, ATLA
Act of a cor, use. These Aiready Enrelled.) No. 2 2 4	NVALID IER'S PENSI	18981	M. Langs	, Dividua a	417	ICHARD JOHNSON, Commissioner of Pr	WARRANT HANDED TO	St. GARGEOOM, STATE PAWTER, ATLA
(For Those Aiready Enrolled.)	INVALID LDIER'S PENSI	1898	Name E. M. Langs	Disability L' Called a	Amount, \$	RICHARD JOHNSON, Commissioner of Pa	WARRANT HANDED TO	GES. U. MANDEDON, GTATE PRINTER, ATLA

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Lutton County.
Dersonally appears of Multon
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 1844; 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 2 state Surge t in Company O, of 2/ the Regiment
of Georgea Volunteers, Therete 's Brigade; that whist engaged
in such military service in the State of on the 20 day
of 186 , he was wounded, injured or diseased as follows:
of 18%, he was wounded, injured or diseased as follows: Live Shot wounds of the right shoulde remaining right onthe substantiates and assistically use less also mounded in the face
Unamine right and substantially
and assentially use less also wounded
in the face
, · · · · · · · · · · · · · · · · · · ·

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

county been allowed an invalid pension of Sworn to and subscribed before me, this, the day of -- C.

STATE OF GEORGIA,

Lettore County. SI, M/ How Cally Continued with the Manage ton 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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Feel ion County.
Dersonally appears & To and i on of the car
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide eitizen
and resident of said State, and has resided therein continuously ever since the
lay 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
States, and served as a Sugar in Company , of th Regiment
of Storg a Volunteers, January's Brigade; that whilst engaged
in such military service in the State of 22., on the 27 42 day
of, he was wounded, injured or diseased as follows:
Thounded in right from and
aciec .
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1898. I have heretofore under said law as a
resident of Fuccess county been allowed an invalid pension of
Dollars, for the year 189 7.
Sworn to and subscribed before me, this, the
day of July 1898. POST-OFFICE
man de la la la la la la la la la la la la la
Nors-State fully the nature of wound or character of disease which causes the disability, and asplain particularly the extent of the disability, resulting from the wound or disease.
of the disability, resulting from the wound or disease,
STATE OF GEORGIA,
Fulcon, County.
I, To 9 / Gui 200 Ordinary of said County,
do certify that I am well acquainted with Le 11. Faugs were the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
n 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 Felice 1898.
Salli Comment
eal here.
Ordinary Tull County.

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STATE OF G		}				
	Cou					
I,		h	ereby authoriz	e		
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to receive and i	eceipt for the	pension paid l	ereon and rec	quest that he	remit same to	
		by				
at						
IN WITNE	SS WHERE	F, I have here	into set my ha	and and seal,	this	
lay of		1899.				
		,			[L. S.]	
	/					
Execut	ed in presence o	of				
		12		99.	1 1	
	0	10		18 rusion	NIA	
Coor section 120.	U S	• %	ž.	JOHNSON,	WARRANT HANDED TO My sh HANDEON, STATE PRINTER, ATLAN	
E E	古田	0 3	3 1	INS	MARRANT HANDED TO	
DOUR EXCTION 120.	1	29	3 ~ 1	JOE W	HAN	7
A Pire	Sis	000	1 5	3 8	TANKE TO THE	
No. W	12 83		1 0	HA	ARR	,
= -		100	, t	RICHARD JOHNSON	W. HA	
(Far These Aiready Enro	=	2 e	County Disability		050. W.	1
.)	SS	Маше	County Disabil Amoun		-	

For Applicants Heretofore Allowed Pensions.

,	Total total
STATE OF G	EORGIA.
Fack	County
	Soundy.
Personally a	appears C. N. Kanarakor of - Tuckon
County, State of C	Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of sai	d State, and has resided therein continuously ever since the
day of	1844; that he enlisted in the military service of the Con-
federate States (or	(Au)
States and served	in Company. G of 2th Regiment in Company. G of 2th Regiment will be state of the st
in such military as	Volunteers, Wie in Klew 's Brigade; that whilst engaged
	, on the day
5.	186 , he was wounded, injured or diseased as follows:
virine	Led in deight through the color
Cor	face.
	The state of the s
	The state of the s
2 -	18.50
Deponent mak	es application for the pension to which he is entitled for the year end-
Sworn to and s	Dollars, for the year 189 8. Subscribed before me, this, the
day of	1899. POST OFFICE
نزرر	72
Nork-State fully the	nature of wound or character of disease which causes the disability, and explain particularly the
	-
STATE OF GI	SORGIA,
-, "CK	County.
I, M. c	The Coar Ordinary of said County,
do certify that I am	well acquainted with 6. 11. Advention the
applicant in the fore	egoing 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 1899
AME	months and the second
here s	
	Ordinary County.

day of 9 49 1899. Maimed Soldiers. 1891. Voucher No. 1546 Mained Soldiers. Audited Audited 18 Amount \$ 50. Voucher No. 35 Paid B. M. Lougston For Desabelet from OMPTROLLER-GENERAL Amount \$ 50 COMPTROLLER GENERAL Paid to The fungation For Deil Ky minus Juce + body nound Included in warrant No. Included in warrant No. issued to Treasurer. issued to Treasurer. 18 1891. WARRANT CLERK. WARRANT-CLERK applicant applicant

Allanta, Ba., Pety 20 STATE OF GEORGIA, EXECUTIVE DEPARTMENT: Mr. C. N. Gaugston 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 Desabled by boon morned He is entitled to receive the sum of H'c fly He is entitled to receive the sum of Dollars for such disability, the same very the allowance due for the year energy October 24, 1890.

The Treasurer will pay the same up to be same up to be secret on this year, and return same . L'secutive Department for war aut. By the Governor. 10 N. Harrison CLERK EXECUTIVE DEPARTMENT.

20 of Fely

Low. Jongson

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT

Allanda, Ba. Ally 3 1891.

Mr. Allanda, Ba. Ally 3 1891.

Mr. Allanda, Ba. Ally 3 1891.

Mr. Allanda, Ba. Ally 3 1891.

Mr. Allanda, Ba. Ally 3 1891.

Mr. Allanda, Ba. Ally 3 1891.

Mr. Allanda, Ba. Ally 3 1891.

Of the County of the County of the County of the State of Georgia.

Mr. Allanda, Ba. Ally 3 1891.

Of the County of the County of the County of the State of Georgia.

Dollars,

per above voucher, this 20 of Febru 1890 RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia. _Dollars, 1891.

INDIGENT PENSION 1897. Name Jesse B. Langston County Fact tone Approved 1897.	Shusining him to the in Physician him to the in provide to shuma him a hip of lig ordisch so states is in sufficient to show that applied - Rich of plus comby Physica A 8 Sen acr SX aig	Witness my hand and seal this day of. Executed in presences of	County.	POWER OF ATTORNEY. STATE OF GEORGIA,
WARRANT HANDED TO		1897.	hereby authorize	× .

ATE OF GEORGIA,	1	
	County.	`
Ι,		hereby authorize
	of	* The state of the
eceive and receipt for the pension all	owed and request that he remit	same to
nt	by	
Witness my hand and sea! this	day of	1897.
Executed in presence of	}	ý.
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Hill		
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E 151 +	113	

Questions for Applicant.

	Addenotes for Applicant.
	STATE OF GEORGIA,) Whitele many
	. 4. 1
8	County.)
1	lesse & Landston
	to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after
	being duly sworn true answers to make to the following questions, deposes and answers as follows:
	1. What is your name and where do you reside? (give State, County and post office)
	The state of the state?
	attanta esas 5,3 years
	3. When and where were you born? Licheud lod & lo 30. Wee, 1827,
	4. When and where and in what company and regiment did you enlist or serve Claric 1861
	Cotreroly log you Corry any It. I not line
ű	Regiment Volenteer
ä	5. How long did you remain in such company and regiment? 15 months
ĕ	2. May long stid you remain in such company and regiment . Let I I Port . Let
'n	
B	11-1-11
h	6. For how long a period did you discharge regular military duty? 15 170 15
ñ	7. When, where and under what orreumstances where you discharged from service? Larly &
7	largenia Otribanomia disettargel
Ψ	+out being a civil envices in the other 100.
	What is your present occupation? I othering at all
Ø	
Ω	
	10. What has been your occupation since 1865? Wight watching notell but I
Ħ	11. Upon which of the following grounds do you base your application for pension, vizor first, "age and,"
J)	poverty," second "infirmity and poverty" or third "blindness and poverty"? age threin ty firm
D	12. If upon the first ground, state how long you have been in such condition that you could not earn
н	your support? If upon the second, give a full and complete history of the infirmity and its extent? If
ă	upon the third state whether you are totally blind and when and where you lost your sight?
•	the fact views old age + When ation
d	the state of the s
ö	
ď	7
Ď	13. What property, effects or income do you possess and its gross value ? One I hat ever
ב	
2	14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any,
ğ	did you make of same? They mit furt furtices accome from we to
L	during those nears they the
ý	Could fruit dispose of any
7	15. In what County did you reside during those years and what property did you then return for taxation?
5	Live in both bounter mi turviste
í	13.1 1.1 1.11
4	16. How were you supported during the years 1895 and 1896? The transfer of anytage filter
	17. How much did your support cost for each of those years, and what portion did you contribute thereto.
	by your own labor or income ? about 90 dil tare only worked a little arrange
	18. What was your employment during 1886 and 1896? What pay did you receive in each year?
	Men and last the day of the second of the se
	Morning a little on from More feet a little board
	19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?
	a homestead? He are no family
	,
	20 American Manager
	20. Are you receiving any pension, if so what amount and for what disability? Accessing
	no pension or hely for any one,
	Sympa to and subscribed before me this the
	des of carry 1897.
	Applicant.

of Freeze

OUESTIONS FOR WITNESS. STATE OF GEORGIA. County. Mark Wasinel , of said State and County, having been presented as a witness in support of the application of Jesse & Laugston for pension under the Act approved December 15th, 1884, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: Atlantic untributed that a 2. Are you acquainted with Leste & Lang Ston how long have you known nim? 30 12 cars 3. Where does he reside, and how long has he been a resident of this State? athauta Ga, 50 yst, 4. Do you know of his having served in the Confederate army or the Georgia militia? How do you in army with their and conglate any chrave 5 When, where and in what company and regiment did be collect? Cherofice Co. t. 61-11il 1861, 2nd Stegament Gar Volenteer. 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 Confederate soldier, and the time and circumstances of his discharge from the service? all the year 1861. he was a good Solder disharged on account of being a citil of 8. What property, effects or income has the applicant? (Give your means of knowledge.) Lice b. Laugston has no linguity. 9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did be make of same? It is not from a rung from the during and of there years 10. What is the applicant's occupation and physicial condition? Might watching have not been at the trait I years 11. Is the applicant unable to support himself by Jabor of any sort, if so, why? Here 1 not alle to norte on account age trofinite 12. How was he supported during the years 4895 and 1896 ? anghter on a sented faim 13. What portion of his support for these two years was derived from his own labor or income? Morce whatever 14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? (last & mfirmity & Januty 15. What interest have you in the receivery of a pension by this applicant? None whatever

1 .4

Sworn to and subscribed before me, this

AFFIDAVIT OF PHYSICIANS.

-
STATE OF GEORGIA,
- Frellow - County.) &
Personally came before mg and and and
of said county, who being severally sworn, say on oath that they have examined carefully.
Lessel B. a) and store, applicant for pension under the Act of 1894, and after
uch personal examination say that his precise physical condition is as follows:
That he has chronic chemistis
of the right hips by
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
() July and mos
Sworn to and subscribed before me, this he get day of grazz 1897. Ordinary.
1)////// Ordinary.
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
English County,
I, JIII It is a country of the count
the applicant - 2 2 23 - any store resides in said County, and was a bona
ide resident of this State on the first day of January, 1894, and that the witnesses, viz:
ide resident of this State on the first day of January, 1894, and that the witnesses, viz:
are of trustworthy character and that their statements are entitled to full faith and credit.
I further certify that before answering the foregoing questions, the applicant and each witness took
the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same was signed.
I further certify that the tax digests of Z = County show that applicant
returned for taxation in his name in 1895, 77.
of property, and in 1896, 7 z dollars of property.
In my opinion the foregoing clain ismade in good faith.
Witness my hand and seal of office, this 9 th day of 1897.
Milless my man and seal of other, this way of the ordinary
of Freeling County

_County.

Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall swear population and the evidence you shall give will be the whole truth, so help you God. Additional additions and wastended if blank spaces are insufficient.

I,	Cour	ıty. Š	of _	, her	reby author	rize
receive and re	eccipt for the pen	sion allowed,		that he r	remit same	to
			at			
Witness my	hand and seal this	s d	lay of		1899.	
Executed in	n presence of	}			(L.	s.)
No. O. TANKER STREET	Indigent ER'S PENSION, 1899.	FULTON FUEL STE	WARRANT ISSUED 1899	RICHARD JOHNSON,	WARRANT HANDED TO	Harrison, State Printer, Atlanta,

POWER OF	ATTORNEY.	
STATE OF GEORGIA,		
County.		
Ι,		hereby authoriz
	_of	
to receive and receipt for the pension all	lowed, and request that	he remit same t
	_at	
by		
Witness my hand and seal, this	day of	1900.
		[L. S.
Executed in presence of		
	τ	

1900.

Name Just B. Law.

SOLDIER'S PENSION, CODE SEC. 1264. (For Those Already Enrolled.) INDIGENT NO. FS

WARRANT ISSUED

JOHN. W. LINDSEY,
Commissioner of Penne

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.
FULTON County
Personally appears Less. 2 Language of FULTON
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever
since the day of 18-7; that he is 6 Z years old and
by occupation a ; that he enlisted in the military service of the Confed-
erate States (or of the State of) during the war between the States
and served for the term of 5722 in Company , of 244 Regiment of
; that his physical condition is as
follows
Elmoni E Enternation.
to the control of the
that his property consists of the following items
the following news
of the value of Dollars, that he remain of his about
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th.
1894, and the acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1899. I have heretofore as a resident of Vacce. 620
county been allowed a pension for the year 1899
Sworn to and subscribed before me, this, the law B Jangala
Ordinary.
1.
State of Georgia,
FULTON County.
I, W. H. HULSEY, Ordinary of said County
I, W. H. HULSEY. Ordinary of said County, do certify that I am well acquainted with Seast 3 and said the
applicant in the foregoing affidavit, and on 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
ANE 1991
here bere FULTON
Nore The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

Detronally appears and being duly sword, says on each 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 1847, that he is a syear old and by occupation a that he enlisted in the military service of the Confederate States (or of the State of 1847, that he is a syear old and by occupation a that he enlisted in the military service of the Confederate States (or of the State of 1847, that he is a syear old and served for the term of syear old and served for the term of syear old and served for the term of syear old and served for the term of syear old and served for the term of syear old and served for the term of syear old and served for the term of syear old and served for the term of syear old and served for the term of syear old and served for the term of syear old and served for the term of syear old and served for the syear old and served for the syear old and served for the syear old and served for the syear old and served for the syear old and served for the syear old and syear old syear old and syear old and syear old and syear old	STATE OF GEORGIA,
County, State of Georgia, who being duly sword, says on each 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 1847, that he is 63 years old and by occupation a that he enlisted in the military service of the Confederate States (or of the State of 1840 in Company 47, of 248 Regiment of 1840 in Company 47, of 248 Regiment of 1840 in Company 47, of 248 Regiment of 1840 in Company 47, of 248 Regiment of 1840 in Company 48, of 248 Regiment of 1840 in Company 58, or 1840 i	FULTON County.
County, State of Georgia, who being duly swors, 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 1847, that he is 3 years old and by occupation a 1847, that he is 3 years old and by occupation a 1847, that he is 6 years old and by occupation a 1847, that he is 6 years old and by occupation a 1847, that he is 6 years old and by occupation a 1847, that he is 6 years old and by occupation a 1847, that he is 6 years old and by occupation a 1847, that he is 6 years old and by occupation a 1847, that he is 6 years old and served for the term of 1840, and served for the term of 1840, and served for the term of 1840, and served for the term of 1840, and that his property consists of the following items. That his property consists of the following items of the value of 1840, 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, 1840, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1800. Sworn to and subscribed before me, this, the 1940, and of 1840, of 1840, or 1840	
and resident of said County and State, and has resided in said State continuously ever since the day of 1847, that he is 3 years old and by occupation a that he enlisted in the military service of the Confederate States (or of the State of 2 during the war between the States, and served for the term of 1 2 during the war between the States, and served for the term of 1 2 during the war between the States, and served for the term of 1 2 during the war between the States, and served for the term of 1 2 during the war between the States, and served for the term of 1 2 during the war between the States, and served for the term of 1 2 during the war between the States, and served for the term of 1 2 during the war between the States, and served for the term of 1 2 during the war between the States, and served for the term of 1 2 during the war between the States, and served for the term of 1 2 during the war between the States, and served for the term of 1 2 during the war between the States, and served for the term of 1 2 during the war between the States, and service of the Condition is as follows: Ordinary. Between the States, and service of the Confederate States, and s	
since the	
by occupation a that he enlisted in the military service of the Confederate States (or of the State of	
erate States (or of the State of January and served for the term of 18 Mass in Company I, of 2 m Regiment of it that his physical condition is as follows: Chronice Relicionation is as follows: Of the value of Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899. Sworn to and subscribed before me, this, the Sworn to and subscribed before me, this, the 1900. State of Georgia, Fullion County. I, W. H. H. Y. Ordinary. State of Georgia and Mass application for 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 Ordinary Fullon	
and served for the term of 10 Mao in Company 4, of 246 Regiment of that his physical condition is as follows: Chronice Philipmatican that his property consists of the following items of the value of Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899 Sworn to and subscribed before me, this, the Sworn to and subscribed before me, this, the Ordinary. State of Georgia, Fullion County. I. W. H. 1990, Ordinary. State of Georgia 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 Ordinary Fullon Ordinary Fullon Ordinary Fullon Ordinary Fullon Ordinary Fullon Ordinary County.	
that his property consists of the following items of the value of	
that his property consists of the following items of the value of condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899 Sworn to and subscribed before me, this, the Sworn to and subscribed before me, this, the Ordinary. State of Georgia, FULTON County. I. W. H. 1991 County. County. Given under my official signature and seal, this day of Ordinary FULTON County. Ordinary FULTON County. Ordinary FULTON County. Ordinary County. Ordinary FULTON County.	
that his property consists of the following items of the value of	
of the value of	follows:
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 county been allowed a pension for the year 189 Sworn to and subscribed before me, this, the Soworn to and subscribed before me, this, the Ordinary. State of Georgia, FULTON County. I, W. H. L.	monce Mumation
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 county been allowed a pension for the year 189 Sworn to and subscribed before me, this, the Soworn to and subscribed before me, this, the Ordinary. State of Georgia, FULTON County. I, W. H. L.	
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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 county been allowed a pension for the year 189 Sworn to and subscribed before me, this, the Sworn to and subscribed before me, this, the Ordinary. State of Georgia, FULION County. I. W. H. H. L. Y. Ordinary of said County, do certify that I am well acquainted with Sandard 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 Ordinary FULTON County. Nora—The blank maces must be filled.	
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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 county been allowed a pension for the year 189 Sworn to and subscribed before me, this, the Sworn to and subscribed before me, this, the Ordinary. State of Georgia, FULION County. I. W. H. H. Y. County. Ordinary of said County, do certify that I am well acquainted with Said Said 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 Ordinary FULTON Ordinary FULTON Ordinary County.	of the value of Dollars, that by reason of his physical
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 1890. I have heretofore as a resident of county been allowed a pension for the year 1899. Sworn to and subscribed before me, this, the sworm to and subscribed before me, this, the ordinary. State of Georgia, Fullion County. I. W. H. H. Y. Ordinary. County. Ordinary of said County, 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 Ordinary Fullon Ordinary Fullon Ordinary County.	
1804, 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 county been allowed a pension for the year 1899. Sworn to and subscribed before me, this, the day of 1900. State of Georgia, Fullion County. I. W. H. W. H. W. County. County of said County, do certify that I am well acquainted with last B. Fangliant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this day of 1900. Ordinary FULTON County.	
sentitled for the year 1900. I have heretofore as a resident of county been allowed a pension for the year 180 Sworn to and subscribed before me, this, the sworn to and subscribed before me, this, the sworn to and subscribed before me, this, the sworn to and subscribed before me, this, the sworn to and subscribed before me, this, the sworn to and subscribed before me, this, the sworn to and subscribed before me, this, the sworn to and subscribed before me, this, the sworn to and subscribed before me, this, the sworn to and subscribed before me, this, the sworn to and subscribed before me, this, the sworn to and subscribed before me, this, the sworn to and subscribed before me, this, the sworn to and subscribed before me, this, the sworn to and subscribed before me, this, the sworn to and subscribed before me, this, the sworn to and subscribed before me, this, the sworn to and subscribed before me, this, the sworn to an arrange of the sworn to arrange of the sworn to an arrange of the sworn to arrange of t	Deponent desires to participate in the benefits of the Act, approved December 15th,
Sworn to and subscribed before me, this, the day of 1900. State of Georgia, FULION County. I, W. H. LIVE Y. Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this day of Given under my official signature and seal, this county. Ordinary FULTON County.	1894, and the Acts amendatory thereof, and makes application for the pension to which he
Sworn to and subscribed before me, this, the 1900 day of 1900 ordinary. State of Georgia, FULION County. I. W. H. W. Y. Ordinary of said County, do certify that I am well acquainted with last B. Fangler or 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 1900. Ordinary FULTON County.	is entitled for the year 1900. I have heretofore as a resident of
State of Georgia, FULTON County. I. W. H. W. Y. Ordinary of said County, do certify that I am well acquainted with Last B. Fange. or the applicant in the foregoing affidavit, and an 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 Juny 1900. Ordinary FULTON County.	county been allowed a pension for the year 189 9
State of Georgia, FULTON County. I. W. H. 1997 County. Ordinary of said County, do certify that I am well acquainted with last B. Fangeron 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 Juny Ordinary FULTON County.	Sworn to and subscribed before me, this, the
State of Georgia, FULTON County. I. W. H. 1997 County. do certify that I am well acquainted with last B Fange of 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 June 1900. Ordinary FULTON County.	15 day of Jany 1900.
I. W. H. W. H. W. Grdinary of said County, do certify that I am well acquainted with Class G. Grange of the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this day of 1900. Ordinary FULTON County.	mare Ordinary.
I, W. H	
I. W. H. W. H. W. Green The black needs must be filled. Ordinary of said County, do certify that I am well acquainted with Class Grand to the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this day of 1900. Ordinary FULTON County.	State of Georgia
I. W. H. W. H. W. Green The black needs must be filled. Ordinary of said County, do certify that I am well acquainted with Class Grand to the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this day of 1900. Ordinary FULTON County.	FULTON County
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in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this day of 1900, Seat 1900, Ordinary FULTON Ordinary FULTON Nora—The blank spaces must be filled.	do certify that I am well acquainted with last & Jangson the
Given under my official signature and seal, this day of 1900. Ordinary FULTON Ordinary County.	
Given under my official signature and seal, this day of Juney 1900. Ordinary FULTON County.	
day of Garry 1900. Ordinary FULTON County.	·
Ordinary FULTON County.	Given under my official signature and seal, this
Nora—The blank spaces must be filled.	day of 1900,
Nora—The blank spaces must be filled.	lors.
Nora.—The blank spaces must be filled	Ordinary FULTON OVA
Norm — A fildavit should not be attasted balgra January Int. 1800.	•

FULTON Ordinary **FULTON** Ordinary__ County. Nors.—The blank spaces must be filled.

Nors.—Affidavis should not be attested before January 1st, 1900. NOTE .- The blank spaces must be filled. Nork .- Affidavit should not be attested before January 1st, 1899. Fulton County) Personaly came before me Chas. It Benson and It 5. Hood both known to me as refer-Table physician of said County who king severaly severn say m oath that they have examined carifuly me freak B. Sangitors & that applicant for fund his fire of physical condition is as follows. We find him suffering from Chronic Rhumalians. Me find the most prominent social manifestations of his disease Thumaliane in his Hip twee + ankle of the right side. The find also that his disease affects his Kidney's, Bladder & Prostate Hand the producing semi chronic attacks of nephysis. Exstitis Prostation or temporary Incontinuous of wine. These conditions owing to his extreme age with ughing (Leverty years) me naturally be rapidly progressive . He say in rath that the physical condition of applicant renders him unable at any work or calling sufficient to som a support for himself & that me have no interest in said pension being allowed Somon to subscribed before me this Mm S Wood m. 8.5 to bis day of necessant 1897 Char & Denson to to 71- 16 Hours Frain Full voge

NAME Lengther, Josep B. YEAR 1007 COUNTY Pulton

WHEN AND WHERE BORN? Pickens S.G. December 80th. 1887.

THISTED WHEN AND WHERE? April 1861 Cherokee Co.

RANK.

WOUNDED?

RELEASED.

COMPANY AND REGISENT? Co. S. End. Co. Regt.

MAME OF CAPTAIN AND COLUMNIC

CAPTURED, WHEN ALD WILLIAM?

WHEN AND WHERE SURREMDIAED? July 1068 Chickshomany, Va. account of being a civil officer in Cherekee County.

IF NOT PRESENT AT SURRENDER, WHITE WERE YOU?

DIED, WHEN AND MURRET

BURIED.

WITNESSES. William Daniel, same command -- No date.

Jul

WITNESSES. William Daniel, same command -- No data. JUZ

Widow's Application To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Pat on Under Act of July 11, 1910. Widow of Wing Langston Approved But-J. W. LINDSEY, Commissioner of Pensions CHAS. P. BYRD, State Printer, Atlanta. 9/20/11

WIDOW'S AFFIDAVIT.

1 0	
	STATE OF GEORGIA.
	County.
	Personally before me comes
	who, after being duly sworn, on oath says, that she is the widow of
	in the County of
	day of186 and that she remained his wife, and resided with him to the date of his death
	in
	he was a resident of County, in County, in State of Georgia, and he
	was on the
	inCounty for 19 (tper annum, on account of being a soldier in Company
	The State Militia Tregiment Cattalla (Volunteers of State Militia)
	الاستادات
	At the death of Control of the following was in the use and possession of the following
	property
	of the cash value of \$
	What property of any kind and of any value have you in your use, control and possession now, and
	the cash value, (State fully.)
*	Acres land
	Horses and Mules
	Total Cash value of all property
	That she is now a bona fide resident citizen of said County of
	has so continuously resided since
·	Swofn to and subscribed before me, this the Mattie & Foung often 187 Which Clume Work Marson & Ordinary,
	of Quity. County.
	Affidavit of Witnesses to Prove Marriage and to Whom-Date of
	Death of Husband.
	Death of Husbana.
	STATE OF GEORGIA,
	Falls
	Personally before me come
	and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their
	own personal knowledge Mrs. Who made the foregoing affidavit, is
	the lawful widow of Weeling 1. The who died in Talk County in
	said State of Sangar on Me day of August 19 11 and that she
	has not since remarried. That she became the wife of Catalain and the day day
	of 18 6/4 and that she and he had resided together as man and wife continuously since
	day of 186 K and that the was the
	same man who was on the pension roll of said State County
	when he died.
$\overline{}$	Sugar, to and subscribed before me, this the
1	/ V W BWW U V V V V V V V V V V V V V V V V V V

CHAS P. BYRD, State Princer, All

J. W. LINDSEY,
Commissioner of Pensions

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

Widow's Application

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,	
1 M Reach	oeing sworn on
oath says, that they are freeholders of said County, and that they know.	lo Canada
said County and knew her said husband the said husband th	n the
day of	of the following
property at his death to wit:	
· Vans	
of the value of \$ That she is now in the use, possession and control	of the following
property to wit:	
· u_	
of the value of 8.	
Swerm to and subscribed peters me, this the	2 P. M.C
Mellin Condinary,	
of Sultry County.	
ORDINARY'S CERTIFICATE.	
STATE OF GEORGIA,	
Fire County.	
al Porous	• •
I County, do	certify, that, I
know mrs. What was a state of the applicant for this pension and that s	he is the person
she represents herself to be, and that she is a bona fide continuing resident of said County	y and was on the
0101	
That I also know witness as to marriage	and I also know
who I know to be a resident free holde	er of said County
that all of the foregoing were duly sworn by me before signing the respective affidavits a truthful and trustworthy and their statements are entitled to full faith and credit.	nd that they are
0.4	property to the
Name of the same o	1910 8
Sworn under my hand and Afficial seal Coffice this 227 24 day of	201
(SEAL.) John William Ordin	
- Ludla	
	County.
NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in "You do selemily swear that you will true answer make to each of the questions asked you shall give will be the truth. So help you God." 2. Additional addisting any be stateded it blank spaces are insufficient. 3. All addistyles must be made before the Ordinary. 4. Only widows who married fring to first January 1870. are entitled.	the following words ou and the evidence

Only widows who married prior to first lanuary 1870, are entitled.
 Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by general reputation.

2 3

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

No. 771

Georgia, Muscogee County.

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

YOU ARE HEREBY AUTHORIZED TO JOIN

William J. Langston

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

Given under my hand and seal, this . 10th July A.D. 1864 (L. S.)

John Johnson. Ordinary.

Beorgia, Duscogee County.

I do hereby certify that William J. Langston Mattie E.Par

were duly joined in Matrimony by me, this 14th day of __ July A.D. 18619

H.H.Park. M.G.

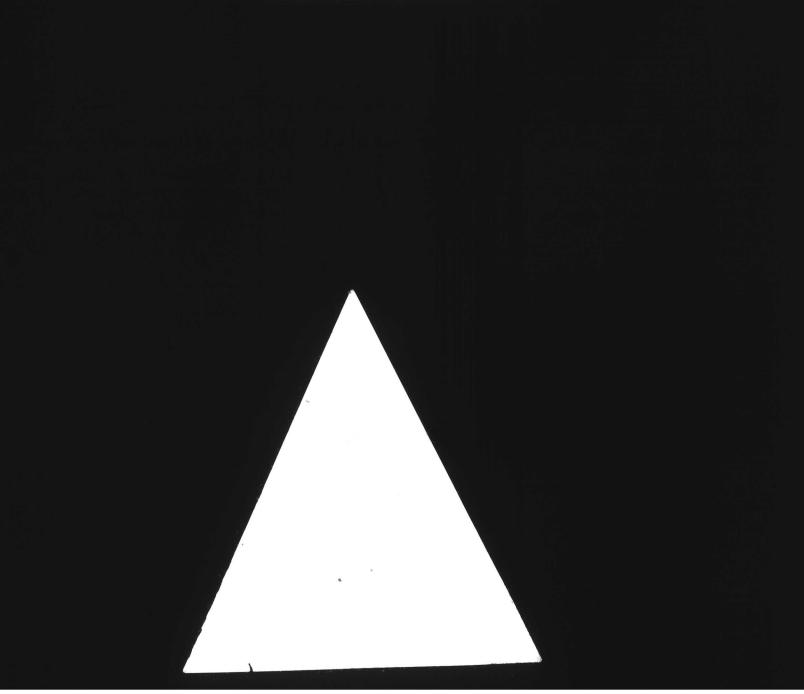
MARRIAGE LICENSE

State of Georgia, Muscogee County.

I, Wm Redd, Jr. Ordinary in and for said County, do hereby, that the within is a true and correct copy of the marriage license and the certificate of the marriage of William J.Langston to Mattie R. Par.

Given under my hand and seal of office this the 29th day of August A.D.1911.

ordinary



approved affanta W. Approved And Approved Approv									,	70
INDIGENT PENSION	-					Executed in	Witness my	o receive and recei	Ĭ,	STATE OF
1897.		,			* '	presence of	band and seal this	ceipt for the pension		GEORGIA,
County Tulton		i		,			day	allowed and reques	County	
Approved // 3 1807.		,fc				9	ofby	of that he remit san		
WARRANT HANDED TO			•					ne to	here	
mych.							1897.		by authorize	

To receive and receipt for the pension allowed and request that he remit same to	STATE OF GEOR	GIA.)			
to receive and receipt for the pension allowed and request that he remit same to	01/11/2 01 G2011		ity.			
to receive and receipt for the pension allowed and request that he remit same to	Ι,		· Laboure de la constantina della constantina de		hereby authorize	,
Witness my hand and seal this	to receive and receipt for the	e pension allowed an				-
Witness my hand and seal this						
NOIS	Witness my hand and				1897.	
DIGENT PENSION 1897. 1897. This has been to be a second of the second	Executed in presence	of	}			
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	NT PENSION SEPZ.	Laughten	(3 1807.		HACA	
	HENT PENSION 1897.	Laughten .	1/13 1897.		WARAIT HANDED TO	

	Questions for Applicant.
	STATE OF GEORGIA,)
	Fillury County.
	Milliam & Langelon of said State and County, desiring
	to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:
	1. What is your name and where do you reside? (give State, County and post office) Miliam of Cangolan Stall Ga. Gullan Co. allanti Gu
	2. Where did you'ceside on January 1st, 1894, and how long have you been a resident of this State?
	3. When and where were you born? 1833 in Cassal. Cv. Ga
4	4. When and where and in what company and regiment did you enlist or serve
9	Watergund on detailed Service wife Windstop & C.
ğ	5. How long did you remain in such company and regiment? I had Col Vary Jinke to Community
8	fram Oct 15th to class of the way about I months
3	6. For how long a period did you discharge regular military duty? from 15 Oct 64 to Class of war
ď	7. When, where and under what circumstances where you discharged from service?
4	1865, at bolumby Ga General, Paroli, at the Class
	8. What is your present occupation? Wall general
Ŭ	9. How much can you earn (gross) per annum by your own exertions or labor? It institleyment,
	10. What has been your occupation since 1865? Zaugeneel
n	11. Upon which of the following grounds do you base your application for pension, viz.: first "age and poverty," second "infirmity and poverty" or third "blindness and poverty"?
õ	12. If upon the first ground, state how long you have been in such condition that you could no search
4	your support? If upon the second, give a full and complete history of the infirmity and its extent? If
4	upon the third state whether you are totally blind and when and where you lost your sight?
d d	North at the mes ag Engener
384	13. What property, effects or income do you possess and its gross value " " " " " " " " " " " " " " " " " " "
ğ	14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any,
3	did you make of same?
>	
100	15. In what County did you reside during those years and what property did you then return for taxation?
4	16. How were you supported during the years 1896 and 1896? Pastly by 'my a sum of the su
	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? There handered, dollars, about 1/3 of and,
	18. What was your employment during 1896 and 1896? What pay did you receive in each year? Delice implicated lessy miles, Abund - Oul. dellan for day
	19. Have you a family? If so, who composes such family? Give their means of support? Have they
	a homestead? Mead, Might of Jewis Childlew (4) Jany of will and homestead the Mich Bund
	They have been belling hel. Some
	20. Are you receiving any pension, if so what amount and for what disability?
	Sworn to and subscribed before me this the MI Langs tou
	day of 18 97. Applicant.
	1 Mother son all

. County.

QUESTIONS FOR WITNESS.

goestions for withess.
STATE OF GEORGIA.
Hellary County.
Lience L. Copplade , of said State and County, having been presented
as a witness in support of the application of William & Langalier vo for pension
under the Act approved December 15th, 1894, and after being duly sworm true answers to make to the
following questions, deposes and answers as follows: 1. What is your name and where do you reside? Lascos & Cofffeedge -
Mulan Ganaly 44
2. Are you acquainted with Hillcand & Cangalan Gras, the applicant, is of
how long have you known him? Heely fine years
3. Where does he reside, and how long has he been a resident of this State?
Allanta & Mily fine your
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you
know this? is cap to receded, With lines in the flany Bat
Carmendal y Col Car Beretten
5. When, where and in what company and regiment did be entire? 1864, il led uniting
6. Were you a member of the same company and regiment? Jras, Co Whar Bat, 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? from the 15th
Wet to the Close of the was he did thanks Service
without Compliand, Discharged by Parble at
California Ga
8. What property, effects or income has the applicant? (Give your means of knowledge.)
the is it is the formally and no
Heat here without Meany, 9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if
any did be make of same " " 124-116
19. What is the applicant's occupation and physicial condition?
il is an Engine has had but little unflagment
gets is dew days at Stationey world but by fine,
11. Is the applicant unable to support himself by labor of any sort, if so, why?
C. Mara of his ago, Can not get work at Engruing
Lucklaying Wants active min
12. How was he supported during the years 1895 and 1896? by the Quall amount
23. What portion of his support for these two years was derived from his own labor or income?
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension
under the Act of December 15th, 1894? his age Hatmally Makes him
Quite requesty might him for sanding Engines
25 it is quilty for Them of the age to get Arroll, 15. What interest have you in the recovery of a pension by this applicant? There
\ \(\frac{1}{2} \cdot \frac{1}{2} \cdot \frac{1}
the day of Witness.
Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Fuller County.
Personally came, before me & Griff frie and A. W. Wright, both known to me as reputable physicians
of said county, who being severally sworn, say on oath that they have examined carefully 21
applicant for pension under the Act of 1894, and after
Broken Suls & Beum Wisheld
to is also juffered from ideily.
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 the 1897. St. M. Might M. T.
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
Tank Can County.
I, 711111111 , Ordinary in and for said County, hereby certify that
the applicant If I count office resides in said County, and was a bona
fide resident of this State on the first day of January, 1894, and that the witnesses, viz:
are of trustworthy character and that their statements are entitled to full faith and credit.
I further certify that before answering the foregoing questions, the applicant and each witness took
the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same was signed.
I further certify that the tax digests of F County show that applicant
returned for taxation in his name in 1895, 7 dollars
of property, and in 1896, 2 Land dollars of property.
In my opinion the foregoing clain is made in good faith.
Witness my hand and seal of office, this 2 day of 2 1897.
1777772cc grdinary
of Fre County.
NOTE

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

State of Georgia,	
	Pounty.
I.	hereby authorize
	of
to receive and receipt for th	ne pension paid hereon and request that he remit same to
	by
t .	
IN WITNESS WHE	REOF, I have hereunto set my hand and seal, this
ay of	1898.
Executed in present	
	(
	1
Z	
96	16
INDIGENT INDIGENT	ISSUED SHASON, DHNSON, DHNSON, DHNSON, DHNSON, COMMENTER, ALLOWER,
vo. 39 & INDIGENT ER'S PENS	ANT ISSUE ANT ISSUE OF THE AND DE
G G G	D JO D DO NAM 3
3 3 W	W Com and an and an an an an an an an an an an an an an
No. 39 INDIGIER'S	TS98. WARRANT ISSUED 12.89 8 12.89 8 RICHARD JOHNSON OMMANT RANDED TO OMMANT R
9	
	County
	Z Ŏ

Baugeton, Williams.

POWER OF ATTORNEY

County	.)	
I,		, hereby authorize
	of	***
to receive and receipt for the pensio	n allowed, and request th	at he remit same to
	at	
by		
Witness my hand and seal this_	day of	1899.
Executed in presence of	{	(L. S.)

Name My Forey 2 Core

SOLDIER'S PENSION, (For Those Already Enrolled.) NO. 6-0 S INDIGENT 1899.

RICHARD JOHNSON,

WARRANT ISSUED

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, Levilon County. Personally appears for Journal for of Fullow. 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 18.33; that he is 5 years old and by occupation account county and State, and has resided in the military service of the Confederate States for of the State of Scorpea) during the war between the States, and served for the term of frul fully in Company , of the Regiment of The county for the same follows: Continue for the fill fully fully in Company , of the Regiment of The county for the same follows: Continue for 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 1808. I have heretofore as a resident of county been allowed a pension for the year 1897. Sworn to and subscribed before me, this, the day of the Act, approved December 15th, and the Act, approved December 15th, and the Act, approved December 15th, and the Act, approved December 15th, and the Act, approved December 15th, and the Act, approved December 15th, and the Act, approved December 15th, and the Act, approved December 15th, and the Act, approved December 15th, and the Act, approved December 15th, and the Act, approved December 15th, and the Act, approved December 15th, and the Act, approved December 15th, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1809. Sworn to and subscribed before me, this, the Act, approved December 15th, and the Act, approve
State of Georgia, I. It is a County. Ordinary of said County, ocertify that I am well acquainted with I a County. Ordinary of said County. 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 Associated for the county. Ordinary County. Note.—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
FULTON County.
Personally appears In Sangs on 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 1833; that he is 66 years old and
by occupation a grafue let; that he enlisted in the military service of the Confed-
erate States (or of the State of) during the war between the States,
and served for the term of flut in Company - , of - th Regiment of
Merry 12at - col lan fur 16 tre; that his physical condition is as
follows:
follows: Dheuma is m quantil de la la la la la la la la la la la la la
gulla search
that his property consists of the following items
The second secon
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1899. I have heretofore as a resident of FULTON
county been allowed a pension for the year 189 &
Sworn to and subscribed before me, this, the My Laigs News
(8 day of & Cay 1800.)
Ordinary.
State of Co
State of Georgia,
FULTONCounty.
I, W. H. HULSEY, Ordinary of said County,
do certify that I am well acquainted with mell satisfied that the statements made by him
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 /8
day of 46. 1899.
Affix four seal here.
Ordinary FULTON County.
Note.—The blank spaces must be filled.

STATE OF GEORGIA,	Į						
County.	ſ						
I,		THE SECOND CONTRACTOR		h	ereby	author	ize
	of						
to receive and receipt for the pension	allowed, and	request	that	he	remit	same	to
and the second of the second o	_at	-		*			1
Dy							
Witness my hand and seal, this	day of					1900,	
-						_[L.	s.]
Executed in presence of						1	

POWER OF ATTORNEY

		OVVI	on Or	· AI	U	CIATO	٠.		
STATE	OF GEORG	IA,	1						
		Cou	nty.						
I,				her	reby au	ithorize			
				of.					
to receive	and receipt	for the	pension	allowed	and r	request	that	he remi	same to
				_at					
by									
Wi	tness my hand	and seal	, this.	da	y of				1901.
									[L. S.]
Exe	cuted in prese	ence of							
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	5 7 E 1837								
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ea		2	1	6		-		Commissioner of Pensions HANDED TO	11.
-\ 2	H	2	•	0	1 6	3	SEV,	or of	Atlanta
- A	GEN	田		2 6	-	VAKKANI ISSUED	JOHN W. LINDSEY	Counissioner of	Geo. W. Hartson State Printer, Atlant
ODE SECTION IN	\$ E5	S		X	5	- 4	I.I.	Cont	The said
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For Those Aiready Enrolled			. !	J Y	٦	1	_	ĺ	118
*)		S		Name (
	* *:		3.55						

CODE SEC.1264. (For These Aiready Enrolled.)

SOLDIER'S PENSION,

INDIGENT

NO. 139

1900.

Name May Lange Con

Sangelow, William

JOHN. W. LINDSEY,
Commissioner of Pension

WARRANT HANDED TO

WARRANT ISSUED

For Applicants Heretofore Allowed Pensions.

STATE OF	}	Sugar Committee
		FILLTON
Dersonally	appears H. Langs ton	of FULTON
ounty, State of	Georgia, who being duly sworn, sa	ys on oath that he is a bona fide citizen
nd resident of	said County and State, and has a	esided in said State continuously ever
ince the	day of18	33; that he is 67 years old and
v occupation a	enguite ; that he enliste	d in the military service of the Confed-
		_) during the war between the States,
		Company, ofth Regiment of
Man Bak	- Palok O. K.	; that his physical condition is as
	· cor van jun cero	that his physical condition is as
ollows:	General de	1 1 1-
	Julian as	vercity.
hat his propert	y consists of the following items_	
		•
f the value of		Dollars, that by reason of his physical
		elf by his own exertion or labor, and
-	no pension but the one herein appl	
		s of the Act, approved December 15th,
		application for the pension to which he
	e year 1900. I have heretofore as	
ounty been allo	wed a pension for the year 189 4	1.4 4
Sworn to an	id subscribed before-me, this, the	4 & Sougston
/5- day	of Jany 1900.	
m	Ordin	arv.
State of C		
State of G	eorgia,	11.524
FU	LTON County.	
ı. W F	HULSEY,	Ordinary of said County,
la aartifu th-t T	am well acquainted with #. Q.	4
	- /	isfied that the statements made by him
5-5		
		individual he represents himself to be
nd that he resid	les in this County.	
	Given under my official s	
	some (and	1900.
(AMX)	day of	
Affix your soal bero.	day of	Margaretta -
Affix your seal here.	Ordinary	Lunaran

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Still!In Quanty.
Dersonally appears W Janupola of Justan
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 lay of 18 that he is vears old
and by occupation a that he enlisted in the military service of the Con-
federate States (or of the State of 9) during the war between the
States, and served for the term of 1960 in Company, of th Regiment of 1964 (at 1960) in this physical condition is as
follows:
Levelat in hilly
* 2
that his property consists of the following items_
Name of the last o
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which
he is entitled for the year 1901. I have heretofore as a resident of
county been allowed a pension for the year 1 900
Sword to and subscribed before me, this the line day of the line of 1901. If face 9 Stace - No Will Holl Holls of Ordinary.
STATE OF GEORGIA,
Letton County.
I, John Rividencian Ordinary of said County,
do certify that I am well acquainted with I C Adacy ton 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
And The Court and Property Courts and Courts
Ordinary _ County. Norz—The blank spaces must be filled. Norz—Affidavit should not be attesfed before January 1st, 1901.

STATE	OF G	EORGIA,		}				
I,			ounty.		haraby	authorize		
1,.				of _		authorize		
to receiv	e and	receipt for the	e pensi					
10 10001	ic una			_at				
by								
100	Vitness 1	ny hand and se	eal, this		day of			1902.
								[L. S.]
	12.16							
Exc	ecuted in	presence of						/
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	1		X	36	Regiment	ARRANT ISSUED	OHN W. LINDSEY	WABRANT HANDED TO
CODE BECTION IN	1	DI S	9	25 00	Regi	IN X	V. L	H A
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NE SON	No.	AE	=			X	Ю	W A
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POWER OF ATTORNEY.

STATE OF GEORGIA, COUNTY.		
I _r		, hereby authorize
of:		
to receive and receipt for the pension allo	wed, and request that	the remit same to
at		
by		
WITNESS my hand and seal, this	day of	_1907.
	× 196 1	[1., S.]
Executed in presence of		
The second secon		

SOLDIER'S PENSION

(FOR THOSE ALREADY EMPOLLED)

No. 128

Name Halling XVI

WARRANT HANDED TO

JOHN W. LINDSEY,
Commissioner of Pensions

D. W. Hammon, 674 M. Paintes, Av.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF	EORGIA,			
11111	M County.	,	1	
D	PA Change	atin .	fulla	7 -
Personally appea	rgia, who being duly swor	01_2	is a house fide	oitian
	County and State, and I	100 150		
since the	dof —	18 23 that he is		
by occupation a	well was h	e enlisted in the milita		
federate States (or of	1 61		the war betwe	
States and served for	1011	in Company		
of Novy		the company ; that his ph		
follows:		114		/
	Secure .	albillely		
that his property con	sists of the following ite	C- \		
that his property con	sists of the following to			
of the value of		Dollars, that by r	C bis	hanisal
	he is unable to support	The second secon		
	ension but the one herein		Xertion or labo	n, and
	s to participate in the be		oved Decembe	r 15th,
	nendatory thereof, and ma		\sim	
is entitled for the ye	ar 1902. I have heretofe	ore as a resident of	tullo	4
	pension for the year 1 4	101 1.1	, <u> </u>	7
Sworn to and and	scribed before me, this th	ic) Nits	a11951	an
days	1 10 10 100	2.		
	of viet in	Ordinary.		
1/	()	Ordinary.		
	ORGTA,			
Fulto	Oll. County.	•		
I, John R.	Wilkenson.	Ord	inary of said (County,
do certify that I am	well acquainted with_			
the applicant in the f	oregoing affidavit, and an	well satisfied that th	e statements m	ade by
him in his said affida	vit are true, and I know h	he is the individual he	represents him	iself to
be and that he resides	s in this County.			
C	Given under my official si	gnature and seal, this		
	lay of	1902.	11/1/11	
Ywz Your	7	7,45,45	1.17.18	JV.
hero	·	Fu	L. U	
	Ordi Nove.—The blank poaces prist be			County.
	Note.—Affidavi should not be at	tested before January 1st, 190	2.	

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

I UII III I	PIOUTIO HUMI	CHOICHT I ATHARATA TOURS
State	of Georgia,	
8- 50	Ju Count	A
Persona		Langston of
County, State	of Georgia, who, being dul	y sworn, says on oath that he is a bona fide citizen
		nd has resided in said State continuously ever
since the	day of	1837; that he is 75 years old
and by occupat	ion 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 ser	ved for the term of	Auring the war between the
of tan fr	KIN HULL	Satt ; that his physical condition is as
follows:		esto
and a second second second	1 _ /	
that his proper	ty consists of the following	ng items;
		*
of the value of	`	Dollars. I am now earning
by my labor,		Dollars per month. That by reason of his
		ole to support himself by his own exertion or
		t the one herein applied for.
	•	the benefits of the Act approved December 15th,
1894, and the A	cts amendatory thereof, a	ud wakes application for the pension to which he
is entitled for t	he year 1907. I have her	etofore, as a resident of
County, been a	llowed a pension for the y	year 1906.
Sworn to	and subscribed before me	e, this the 1907.
d		_1907.
Juin	Or Mr.	Ordinary,
State	of Georgia,	}
3	Count	ty.)
I. 9	Taken OR Williams	Ordinary of said County,
4	I am well acquainted wi	the till to Lawston
the applicant in	the foregoing affidavit a	and am well satisfied that the statements made
		I know he is the individual he represents himself
	he resides in this County.	
,		ignature and seal this
	day of	1907.
		John Or Y'
ADIX		Ordinary County.
seal bere	•	Olumary County.
	Norm - Affidavit should	s must be filled. not be attested before January 1st, 1907.

			PUW	ER	OF A	IIOK	MEI.			
STAT	E OF (EOR	GIA,	•	}	-				
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to rece	ive and	receip	t for t	he per	nsion allov	ved and re	equest that	he re	mit same	to
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by.				*						
Wi	tness my	hand	and sea	l, this		day of	7,400 00 mm	_	1903.	
					-				[L. S]
Ex	ecuted in	prese	nce of						,	
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N. N. S.	•	П	Z		13	3	₽	LINDSEY,	WARRANT HANDED TO	Geo. Harrison, State Frinter, Atlanti
CODE SECTION 124 SE ALREADY E		INDIGENT	PEI	3	30	11 /2	WARRANT ISSU	JOHN W. LINDSEN	NDE	Tate.
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CODE SECTION 154 (FOR THOSE ALREADY ENROLLED			0		Name (" The	,			
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Langston, W. 4.

Geo. Harrison, State Printer, Atlanta. no deta

POWER OF ATTORNEY.

STATE OF		}	,		
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to reneive and	receipt for th			est that he	e remit san
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.,	my hand and sea	d, this	day of		
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Executed	in the presence of	of			
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1		1 3 5	Regiment 8af Orn. 9	JOHN W. LINDSEY,	Commissioner of R
EAD LO	E 2) (Regiment	E	HAN
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N N			w.	JOE	WARI
	1112	Name	36	.	. -
		Name	1 2	1 4	ř :

notate

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Personally appears Uf Laugaton of County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen

STATE OF GEORGIA,

and resident of said County and State, and has resided in said State continuously ever	
since the day of 1833; that he is 9 years old and by occupation a Guguur, 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 / W in Company of the Periment	
of Hury Bat Con Van Justines; that his physical condition is as	
6-11	
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A CONTRACTOR OF THE CONTRACTOR	
that his property consists of the following items:	
that his property consists of the following frems:	
of the value ofDollars, that by reason of his physical	
condition and poverty he is unable to support himself by his own exertion or labor, and	
that he receives no pension but the one herein applied for.	
Deponent desires to participate in the benefits of the Act, approved December 15th,	
1894, and the Acts amendatory thereof, and makes application for the pension to which he	
is entitled for the year 1903. I have heretofore as a resident of	
county been allowed a pension for the year 1	
Sworn to and subscribed before me, this the Lday of JAN 21	
Lday of JAN 21 1903.	
OZ Warner Continue	
STATE OF GEORGIA,	
County.	
I. Ordinary of said County	
I, Ordinary of said County, do certify that I am well acquainted with W. Laugston	
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	
AME TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR	ŀ.
Neal here }	
OrdinaryCounty.	
Nors.—The blank spaces must be filled. Nors.—Affidavit should not be attested before January let. 1993.	

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Enlton. County.
Personally appears Wy Langstone 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 1833; that he is years old and
by occupation a my 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 1 4 in Company of the Regiment of Mary 13 at Con Van June in the physical condition is as
follows .
- Infirme
that his property consists of the following items:
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of
County been allowed a pension for the year 1
Sworn to and subscribed before me, this the
In Pleaterson Ordinary.
STATE OF GEORGIA,
I, John At. Hammer Ordinary of said County,
I, John A. Homeworth W. J. Cordinary of said County, do certify that I am well acquainted with W. L. Mughton
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
John RWil Kinson
Beal bere County.

Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1904.

STATE OF GEORGIA,	
COUNTY	
	L
I amount to the second second to the second second to	hereby authorize
to receive and receipt for the pension all	lowed, and request that he remit same to
by	
	100
WITNESS my hand and seal, this	day of1905.
	[t. s.]
Executed in the presence of	
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	Regiment ANT ISSUEP (146 T. LINDSEX, Commissioner of Provious THANDED TO
N. S.	7 0 L
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G S SE	Regiment ANT ISSUE F. LINDSE THANDEL THANDEL TO PREVIOUS
RAIREADY E ALREADY E ALREADY E BOOS E COMPANY	Regiment. WARRANT ISSUED IOHN W. LINDSEY, Ummissioner of WARRANT HANDED TO
No. No. No. No. No. No. No. No. No. No.	WAS WAS
	W. W.
SOLDIER'S PENSIO INDIGENT SOLDIER'S PENSIO IDOS.	W.
SO Name	. C.
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DOWED OF ATTORNEY

POWER O	F ALTORNET.	
STATE OF GEORGIA,	}	
Ι,		hereby authorize
	of	
o receive and receipt for the pension		
у		
WITNESS my hand and seal, this		1906,
_		[L. S.
Executed in the presence of		
	· v	
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No. 118

ston, Milly

no date

Coom Secretor 1256.
(FOR THOSE ALREADY ENROLLED.) Lutter G.

SOLDIER'S PENSION 1906.

Regiment Rowal WARRANT ISSUED County -

Name IM.

JOHN W. LINDSEY.

WARRANT HANDED TO

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton. County.
Pearsonally appears Hilliam & Laughton of Lutton.
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 of18; that he isyears 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
federate States for of the State of
of Vary Jenkins havy Latt that his physical condition is as follows: age and powerly
follows: age and powers
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that his property consists of the following items:
The second control of the second control of
of the value of Dollars. I am now earning,
by my labor, Dollars per month. That by reason of his
physical condition and poverty he is unable to support himself by his own exertion or
labor, and that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1905. I have heretofore as a resident of
County been allowed a pension for the year 1904.
Sworn to and subscribed before me, this the Hilliam & Langston
Sworn to and subscribed before me, this the William Jx Langston
Ordinary.
1
STATE OF GEORGIA.
County, Ordinary of said County
I, Ordinary of said County,
do certify that I am well acquainted with William & Laugston
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, thisJAN 2 1905
day of
The state of the s
Ordinary 1111OD. County.
Norz.—The blank spaces must be filled. Norz.—Affichtit should not be attested before January 1st, 1906.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,	
Personally appears Min. J. Laugaton of Fulton	
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citi	
and resident of said County and State, and has resided in said State continuously e	
since theday of18.3 2; that he is 7 3 years old	
by occupation a, that be enlisted in the military service of the C	
federate States (or of the State of) during the war between	
States, and served for the term of 12 mos, in Company , of the Regim	ent
of Van Juhim havy Satt; that his physical condition is	
follows	, as
Ioliowsv	
that his property consists of the following items:	
that his property consists of the following fields	1010000
of the value of Dollars. I am now earn	ino
by my labor, Dollars per month. That by reason of	
physical condition and poverty he is unable to support himself by his own exertion	
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 18	óth,
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 LLLON	
County, been allowed a pension for the year 1905.	
Sworn to and subscribed before me, this the Jay of JAN 1 1906 1906. Will Assistant Ordinary.	and so
State of Georgia, County.	
I, Ordinary of said Cou	nty,
do certify that am well acquainted with IM. J. Langston	_
the applicant in the foregoing affidavit, and am well satisfied that the statements n	
by him in his said affidavit are true, and I know he is the individual he represents him	self
to be, and that he resides in this County.	
Given under my official signature and seal, this JAN 1 1906	
day of	
- RWilkinson	
And Park Count Count	y.

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 1805 day of 1905. Ordinary 111100 County. Norm.—The blank spaces must be filled. Norm.—Affidavit should not be attested before January-ist, 1903.	the applicant in the foregoing affidavit, and am wen satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal, this JAN 1906 day of 1906. Again The blank spaces must be filled. Nova.—The blank spaces must be filled. Nova.—Affidavit should not be attested before January 1st, 1006.

anier Just M. Gutton Co.	Pusins Offin /3-190	and the second s
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INDIGENT PENSION,	a cuppment line coming	
1900.	During City when to	4
Name An Coming	forming theming	
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Approved 1900 1900 1900 1900 1900 1900 1900 190	matin buy mid and	
Commissioner of Pensions.	Cours of Primo	
WARRANT HANDED TO		•
Geo. W. Harrison, State Printer, Atlanta.		
120-19N		3 w

Power of Attorney.

STATE OF GEORGIA,

County.

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

of

hereby authorize

Witness my hand and seal, this

_1900. ____[L. 8.]

Executed in presence of

Power of Attorney. STATE OF GEORGIA, to receive and receipt for the pension allowed, and request that he remit same to... Witness my hand and seal, this day of __[L. B.] Executed in presence of

Questions for Applicant.

Questions for Applicant.
STATE OF GEORGIA,
Juston County.
saac ? & arrier of said State and County, desiring
to avail himself of the Pension Act (Section 1254, Code), hereby submits his proper and after being duly
sworn true answers to make to the following questions, deposes and answers as follows: 1. What is year name and where do you reside? (give State, County and post office)
In Tamer 14 Wyle st artante Tu
2. How long and since when have you been a resident of this State?
all mille
8. When and where were you born? Classes & Ja 184 ?
4. When and where and in what company and regiment did you called or serve?
configure " 42nd Ta at alle antle
mitte Co 14
5. How long did you remain in such company and regiment?
From Ticch 1862 to april 1865
The state of the s
6. For how long a period did you disphares popular military date 2 Mich 1862 to Califa 18
the state of the s
7. When, where and under what circumstances were you discharged from service? Were you with your command at the time? Lincharged At Tright Tail the
When Confiderate forces surine de une
The supplies of the ces musical
8. What is your present occupation? January
9. How much can you earn (gross) per annum by your own exertions or labor?
10. What has been your occupation since 1865? I terriby 11. Upon which of the following grounds do you base your application for pension, viz: first, "age and
poverty," second, "infirmity and poverty," or third, "blindness and poverty" ? age & Forest
12. If upon the first ground, state how long you have been in such condition that you could not earn
your support? If upon the second, give a full and complete history of the infirmity and its extent? If
upon the third, state whether you are totally blind and when and where you lost your sight?
Four years
13. What property, effects or income do you possess, and its gross value? Rone
- All Control of the
14. What property, effects or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and
what disposition, if any, did you make of same? Noue
15. In what County did you reside during those years, and what property did you then return for taxation?
Mounty of and State of the my
16. How were you supported during the years 1898 and 1899? Thy this dree
lovoking in Catton Factors
17. How much did your support cost for each of those years, and what fortion did you contribute thereto by your own labor or income? about \$2500 my our babant 7500
by your own labor or income? about \$2500 may own baband 7500 18. What was your employment during 1898 and 1899? What pay did you receive in each year?
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
a homestead? - Yes wife I Eight Children Subhont
thenselver by worsking in Catter mice.
no homestand
20. Are you receiving any pension? If so, what amount, and for what disability?
Sworn to and subscribed before me this the
16. Lunier
day of

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Filelling COUNTY.
of said State and County, having been presented as a witness in support of the application of
under Section 1254, Code, and after being duly sworn true answers to make to the following questions,
deposes and answers as follows: 1. What is your name and where do you reside? It It Kente resides Hear
allanta aya
2. Are you acquainted with Lane & Lane, the applicant; if so,
how long have you known him? ————————————————————————————————————
3. Where does he reside, and how long and since when has he been a resident of this State?
Ho wides at 14 Miles about Otherto Ly . Has level in Same all his le
4. When, where and in what company and regiment did he enlist, and how do you know?
The whether in to le 42 La regiment - I belonged to The lave to resquet
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? Were you present with com-
mand when discharged " Alour Horo yours he lessed as Confedent bolding
I was in fi sen at the time of the bearmed in the most
and was not present when he was discharge though I understand
The manch contell The was conder
7. What property, effects or income has the applicant? (Give your means of knowledge.)
He has it property and no income
8. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what
disposition, if any, did he make of same? It hand no brofut; to research
9. Has he conveyed away any of his praperty in the last four years, if so, what was it, and to whom?
10. What is the applicant's occupation and physical condition?
10. What is the approach occupancy and physical condition.
11. Is the applicant unable to support himself by labor of any sort, if so, why? Lie tweeth
back and is not to work - his healthe has been had won
Chia Ly your
12. How was he supported during the years 1898 and 1899? by his ohildow
13. What portion of his support for these two years was derived from his own labor or income?
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension
under Section 1284, Code?
15. What interest have you in the recovery of a pension by this applicant? Many in the fact of the Sworn to and subscribed before me, this
HI TT. Rem
the 6 day of carry 1900.) Witness.

AFFIDAVIT OF PHYSICIANS

ALLIBATE OF THISICIANS.
STATE OF GEORGIA, COUNTY.
Personally came before me Manye of China
. John both known to me as reputable physicians
of said County, who, being severally sworn, say on oath that they have examined carefully state of the Lance
such personal examination say that his precise physical condition is as follows:
He is old and fuble. He is capparing
from in digestion. He is not able to support himself at any work or call ing.
They further say on oath that the physical condition of applicant renders him unable to labor at
any work or calling sufficient to earn a support for himself, and that we have no interest in said pension
being allowed. Sworn to and subscribed before me, this the)
17 day of and subscribed before me, this the
Ordinary.
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA, COUNTY.
I, Ordinary in and for said County, hereby certify
that the applicant that the applicant and has
been a bona fide resident of this State since the
and that the witnesses, viz:
a division of the contract
are of trustworthy character, and that their statements are entitled to full faith and credit. I further certify that before answering the foregoing questions the applicant and each witness took
the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness
before same was signed.
I further certify that the tax digests of Jack County show that applicant
returned for taxation in his name in 1898 on our known Dollars
of property, and in 1899 C
In my opinion the foregoing claim ismade in good faith.
Witness my hand and seal of office, this / & day of
man and a second
A A A A A A
county.
1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You

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

3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

POWER OF ATTORNEY.

STATE	OF	GEORGIA,	
			County

hereby authorize

of

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

by

For Those Already Enrolled.

No. 543

Witness my hand and seal, this

day of

1901.

[L. S.]

Executed in presence of

SOLDIER'S PENSION

INDIGENT

÷ 1 1

RRANT HANDED TO

is tola

mitt Gase ?

(FOR THOSE ALREADY ENROLLED.)

POWER OF ATTORNEY.

STATE OF GEORGIA, COUNTY.

hereby authorize

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

by___

WITNESS my hand and seal, this

IER'S PEN

day of

1905.

[i.. s.]

Executed in the presence of

ment & Las

RANT ISSUED

HN W. LINDSEY.
Commissioner of Pensi

WARRANT HANDED TO

+

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, Accident Georgia, who being duly sworn, says on each that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever smee the of day of that he enlisted in the military service of the Confederate States (or of the State of States, and served for the term of States for the term of States, and served for the term of States for the term of States for the term of States for the term of States for the term of States for the term of States for the term of States for the term of States for the term of States for the term of States for the term of States for the term of States for the term of States for the t
States, and served for the term of Syean Strain Company O, of 42th Regiment that his physical condition is as follows. Attended the Celebrates
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, 1884, 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 force only been allowed a pension for the year 1 Sworn to and subscribed before me, this the 1801 force of the year 1 force o
STATE OF GEORGIA, County, Co

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton. County.
Pearsonally appears Jane M. Lanier of Aton.
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever
since the day of 18 ; that he is years old and
by occupation a, that he culisted in the military service of the Con-
federate States (or of the State of State of Alandarias the man have
States, and served for the term of 13 Had to
of the milion of the company are, of 42 are Regiment of that his physical condition is as
follows: Infirmity and poverty
Judeny
The state of the s
that his property consists of the City is
that his property consists of the following items:
Manufacture of a contract to the second contract to the contra
A A Land
of the value of Dollars. I am now earning,
by my labor, Dollars per month. That by reason of his
physical condition and poverty he is unable to support himself by his own exertion or
labor, and that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1905. I have heretofore as a resident of
County been allowed a pension for the year 1904.
Sworn to and subscribed before me, this the
Aday of 1805. I of Garie
Ordinary.
Charles,
STATE_OF GEORGIA. ?
HUITOIL. County,
I, Ordinary of said County,
· · · · · · · · · · · · · · · · · · ·
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
Charles House
Am: Faston
Ordinary Filton. County.

POWER OF ATTORNEY.

	County.		
I,		hereby authori	re
		of	Company of September 1990 and September 1990
			t that he remit same t
		at	
Witness my h	and and seal, this	day of	1902.
	-		[L. S
Executed in pre	sence A		

SOLDIER'S PENSION

C FOR THOSE ALREADY ENPOLLED.

No. 142

Doliver

1902.

Regiment 420

WARRANT ISSUED

JOHN W. LINDSEY,

WARRANT HANDED TO

no sula

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	
Tulton, County.	ė,
Personally appears & A Laure	er of allon.
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	
since the 2 day of Mul	18 that he is 9 years old and
by occupation a that he en	ilisted in the military service of the Con-
federate States (or of the State of) during the war between the
	in Company , of 72h Regiment
of_ get wittoms	Co; that his physical condition is as
follows - Co. 1	Sell t
Eculiat	we well y
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 his	
that he receives no pension but the one herein app	
Deponent desires to participate in the benefit	its 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 190	
Sworn to and subscribed before me, this the	J. W. Jane
day of JAN 13 1902 1902.	
- Del Jinson	Ordinary
	Crumary.
STATE OF GEORGIA,	
County.	
I, John Sr. Wilkenson	Ordinary of said County,
do certify that I am well acquainted with.	
the applicant in the foregoing affidavit, and am we	ill 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	ture and seal, this

Ordinary

Nots.—The blank spaces must be filled.

Nots.—Affidavit should not be attested before January 1st, 1002.



POWER OF ATTORNEY.

	STA	TE (OF GEO	RGIA,			1				
						County.	}				
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							of				
	to re	eceive	and rec	eipt for	r the	pension	allowed,	and re	quest ti	at he	remit same
							_at				
	by_	2.7					-				
		WITN	ess my	hand and	l seal,	this		day of			190-
											[L. Ś
		Exect	ated in th	ie presei	ice of						
i.											
7	0	II	1			I \	Z.	1	ਤੂਂ		1 11
3	3 3			2		3	W.	1	18	W. LINDSEY, Commissioner of Pensions	
4	LON			S		- 3	. 7		11	ľ, of Pe	10 To
B	イほこ		Z	ER'S PEI	M	2	int.	YM WARRANT ISSUED	\$	JOHN W. LINDSEY,	WARRANT HANDED TO
3	ALREADY	1	. E			1	Regiment	7 15	7	LIN	HAN
315	7 1 2	(1) Z	9		1,0	Re	RAN		. ₩	N. A. non
3			Z	2	4	1	,	WAR IS	1	OHN	RRA
7	윒					Cx.	10	/	11	2	WA WA
0	FOR THOSE					Name	County Co.		11		
28	. •		1	50		Nan	္မီ ္ပိ	İ			1 11
ga							market designed	Marin Property	and the same		

POWER OF ATTORNEY.

S	STATE OF GEORGIA,					
	County.					
	Ι,	hereby au	thorize			
-	of					
to	to receive and receipt for the pension allo	wed and	request	that he	remit	same to
	at_					
ьу	by					
	Witness my hand and seal, this	_day of_				1903.
						[L. S.]
	Executed in presence of					
-						

SOLDIER'S PENSION INDIGENT

OODE SECTION 124. V (FOR THOSE ALREADY ENROLLED.)

6

no data

JOHN W. LINDSEY,
Commissioner of Pensi WARRANT HANDED TO 1903. WARRANT ISSUED 120

Two stata

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Eulian. County.
Personally appears All Lancier 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 Julik 1843; 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 http://doi.org/10.1001/10.
States, and served for the term of 3/2 yr in Company G, of 12th Regiment
of ; that his physical condition is as
Enfine +
that his property consists of the following items:
that his property consists of the following feelins.
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1904. I have heretofore as a resident of
County been allowed a pension for the year 1
Sworn to and subscribed before me, this the
(day of 1904.
Jan Albert Muson Ordinary of Lances
STATE OF GEORGIA,
Drdinary of said County
do certify that I am well acquainted with Il Luier
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal, this JAN 20 1904
day of. 1004.
John A Wil Kinson
Affin From From Inc. County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Mile discount of the second of	
STATE OF GEORGIA, Fulson.	
Fulton. County.	
0.30 10	* .
Personally appears of Lanckr 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 Jan 1893; that he is 60 years old and	
by occupation a, that he enlisted in the military service of the Con.	
federate States (or of the State of) during the war between the	
States, and served for the term of 3/2 yr in Company 6, of 42 Regiment	
of Ju milton's Co, that his physical condition is as	
follows:	
J 77	
the state of the s	
that his property consists of the following items:	
of the value of Dollars, that by reason of his physical	
condition and poverty he is unable to support himself by his own exertion or labor, and	
that he receives no pension but the one herein applied for.	
Deponent desires to participate in the benefits of the Act, approved December 15th,	
1894, and the Acts amendatory thereof, and makes application for the pension to which he	
is entitled for the year 1903. I have heretofore as a resident of	,
county been allowed a pension for the year 1	
Sworn to and subscribed before me, this the Any of JAN 20 1903 1903.	
Ordinary.	
STATE OF GEORGIA,	
John R. Willinson	
Ordinary of said County,	
do certify that I am well acquainted with I danier	
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 aud that he resides in this County.	
Given under my official signature and seal, this	
day of 1903.	
Pour Real	
Grdinary County.	
Norn.—The blank spaces must be filled. Norn.—Affidavit should not be attested before January Lat, 1908.	

tate of Georgia } micton Country) Jarranaey appeared before me W. W. Mosteller a noting their in and for said State Hamity 5.13 Homeson who being tuly swam according to law depart sauge that he was a member of Company o do to Yel that he was present when said company was mustered and and High Pains n. C. that deane n. Lanier was also as memon of said Company, and was in active service up to the time said Company, was mustered and Doom to and & Bothomason (SO Aubrecibed before me this 17 day of P. pt - 19 as. N. W. Mosteller · Ordy-

YEAR 1901 COUNTY Felton NAME

WHEN AND WHERE BORN? Clark Co. Co. 1865

ENLISTED WHEN ALL WHERE? Alpharette, Go. Milton Go. Mirch 1868

Go. G. 48md. Regt. Go. Vols.

When confederates surrendered.

COMPANY AND REGILENT?

NAME OF CAPTAIN AND COLONEL?

RANK.

WOUNDED?

RELEASED.

CAPTURED, WHEN AND WHERE?

Discharged at High Point, H.C. WHEN AND WHERE SURRENDERED?

IF NOT PRINTING AT PURCHCUAR, WHERE VIRE YOU?

DIED, WHEN AND WHEREY BURIED.

BURIED. WITHESSES. F.E. Seat, 6.3. Thomson, come command -- No date. 302

Ordinary's Certificate

entitled to full faith and Ordinary shall swear applicant and the witness in the true answers make to each of the questions saked you rea God. " Approved _____ now residents of said County and Ordinary of said County, do J. W. LINDSEY, Commissioner of Pensions.

Widow's Pension

10-30-1920

Ordinary's Certificate

, , , , , , , , , , , , , , , , , , , ,	
STATE OF GEORGIA,	•
1. Show COUNTY. Ordinary of said County, do cartify that 1 know MISIM County and the applicant for pension. She	
is the person she represents hereiff 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	
the witness who swears to the service of husband; that both of them are now residents of said County and	
were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trust-	
Sworn under my hand and official seal of office this 2	4
(SKAL) Ordinary, County.	
3. Unly wislows who married prior to January 1st, 1st, are stilled. 4. All affabrais must be much before the Ordinary of the residence of the person to be swora and certified by such Ordinary. 5. Sometime of the Property of Marriage Brense if obtainable. If not, prove marriage, by some person, or by general reputation.	
Widow's Pension Under Act 1810—a Amended by Act of 1919 County Name May A Canyer Company Approved Approved Commissioner of Pension Bres Prening Commissioner of Pension J. W. LINDSEY, Commissioner of Pension Per Prening Commissioner of Pension Per Prening Commissioner of Pension Per Prening Commissioner of Pension Per Prening Commissioner of Pension Per Prening Commissioner of Pension Per Prening Commissioner of Pension Per Prening Commissioner of Pension Per Prening Commissioner of Pension Per Prening Commissioner of Pension Per Prening Commissioner of Pensioner Per Prening Commissioner of Pensioner Per Prening Commissioner of Pensioner Per Prening Commissioner of Pensioner Per Prening Commissioner of Pensioner Per Prening Commissioner of Pensioner Per Prening Commissioner of Pensioner Per Prening Commissioner of Pensioner Per Prening Commissioner of Pensioner Per Prening Commissioner of Pensioner Per Prening Commissioner of Pensioner Per Prening Commissioner of Pensioner Per Prening Commissioner of Pensioner Per Prening Commissioner of Pensioner Per Prening Commissioner of Pensioner Per Prening Commissioner of Pensioner Per Prening Commissioner of Pensioner	
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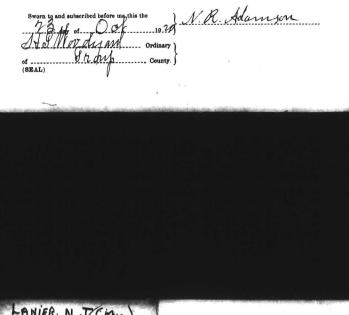
Application for Pension by a Widow Under Act of 1910 As Amended by Act of 1919

Questions for Applicant

STATE OF GEORGIA,
Fulton COUNTY.
Personally before me comes Mrs. N. J. Lanier of said State and County,
and, after being duly sworn, says that she desires to apply for a pension allowed under the Act
of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to
the following questions to-wit:
1. What is your name, and where do you reside! Mrs. N J Lanier, 42 Kelly St.,
2. How long and sineg when have you been a continuing resident of the State of Georgia?
3. When, where and to whom were you married! Dec. 10 1868, Heard County, Ga. to
Jos. S. Lanier
a. Have you married since the death of first and soldier husband? No
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia! (State the arms and class of Service.). AFACTE 28
Spring of 1862 in Co. "B" 10th Ala Cont, Cay,
5. When and where did the commands of your husband surrender or discharge from the army?
IR April 1865 in Nerth Careline
6. Was your husband personally present at the time of the surrender or discharge of this command?
Yes
7. If he was not present state clearly where he was! He was present
8. Where was his command when he left?
a. For what cause did he leave his command?
b. By whose authority did he leave his command !
c. For how long was he granted leave of absence
e. What was his physical condition when he left his command?
f. What effort did he make to return to his command?
g. In what way was he prevented from going back to Command
h. Was he captured by the enemy at any time! Xee
1 If so, when and where captured and where held as a prisoner, and when and for what cause released?
at the clear of the wer and was released after the war
j. When and where did your first husband die! May 1 1909, near Birningham, Ala.
k. Were you residing together when he died! Yes
I If not, how long had you resided apart! Never regided apart
m. Are you now a widow†Yes
9. Have you or your husband heretofore been paid a pension by the State 1 No
If so, when and for what cause were you or your husband placed on the roll!
Never applied
Sworn to and subscribed before me this the 19.20 Asy of Set St. 19.20 And Janielle 19.20 Ordinary
ofCounty.
(SEAL)

		Questions for Witnesses as to Service of Husband and Marriage
	~~~	STATE OF CHERRY alabama
		Randalphy COUNTY
		Personally before me comes. H. B. Nember. 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! L. B. Heudon.
		Romanoke ala Pt 2
		2. How long and since when have you known Mrs
		about fifty years ames 1870.
		3. How long and since when has and continuously resided in this State! (Give date.)
	9	4. When and to whom was abe marrie 1. It has foreply ker How to you know ! By confutation
		5. How long and since when did you know to all the farmeter her husband! always the form of the his
		6. When and where did Laries
	/	the husband of applicant, die Davit know
		7. Were the applicant and her husband fiving 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!
		9. When, where and in what Company and Regiment did for see the transcentiate about
		10. Were you a member of the same Company 1 Tat solve Cu, let slasses Rugin
		11. How long within your personal knowledge did he perform actual military service with his Company
		and Regiment 1 - Thomas himpley them the the Cumulature 12. When and where did his Command surrender, and was discharged 1 - Loss April 1865
		in north Carolina rithe Johnson's Assay.
		13. Were you personally present when it was surrendered!
		were you and a result and how came you there! On anders
		14. Was the husband of applicant personally present at surrender! South Received not
		14. Was the husband of applicant personally present at surrender! Description to where was he!
		cause did he leave Command! (Give date.) . Danit &
		authority did he leave his Command 1
		long was he granted leaves
		15. For what cause, if you know of your own knowledge, was he prevented from returning to his Com-
		mand1
		16. What effort did he make to return to his Command and how do you know this? Of your own
		knowledge or how t
		Sworn to and subscribed before me this the
	4	2 2 morte gotaler 1021 mark
		Jah Thelling and and at
4		of Rankalfle County.
		(SEAL)
		Sign before Protate Judge
9		
		· · · · · · · · · · · · · · · · · · ·

Question	ns for Witnesses as to Service of Husband and Marriage	
STATE OF G	S. C. COUNTY)	
	before me courses IV II II A ann an who, after	
1. What is you	orn, true answers to make to the following superstans, survers as follows:  (1) COMMU  and since when he very you known MM U. J. Lames and specific applicants.	
	years or more	
Din	Ind styre with a line also gentline good resided in this same! (Give date.)	
	d to whom was also marris 11 Det John Star P. The star ou know the house he will be the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the star of the st	
b. How long	phot gince wher/did you know (OS O D) MMSS her her	
6. When and	d where did Lot D. Lamer	
	applicant, die May 1909. Near Birantongham ala tomper and living	
7. Were the	applicant and her husband living together as husband and wife at the date of his death:	
	ow long did_they live apart before his death!	
Were they dive	roreed 1. N.O.	
20	here and in what Company and Beginnent that one of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the sec	
	ou a member of the same Cômpany!	
and Regiment	7	
	nd where did his Command surrender, and was discharged!	
	ou personally present when it was surrendered?	
	and how came you there1	
	husband of applicant personally present at surrender! If not	
	When, where and for what	
cause did he le	leave Command† (Give date.)By whose	
authority did l	he leave his Command †And how	
	ranted leave! How do you know all this!	
	at cause, if you know of your own knowledge, was he prevented from returning to his Com-	
	at cause, if you know of your own knowledge, was at prevented from fortuning to his com-	
	Fort did he make to return to his Command and how do you know this? Of your own	
knowledge or h	how!	
Sworn to and	d subscribed before me, this the	
CIAO II	( to the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of the transport of t	
of(SEAL)	County.)	



1926

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

Theo! Ordinary Date of Death Oct 13 1926

Amount \$ /00 .0

Approved and ordered paid John W. Wad 16 Dec. 26 JOHN W. CLARK,

Commissioner of Pensions

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

M Funeral expenses of Mrs.N.J.Lanier

HARRY G. POOLE

FUNERAL DIRECTOR 96 S. PRYOR STREET ATLANTA, GA. WALNUT . | 6388

1926

\$126.50

Oct.13 1926

1896

Casket and box Embalming and services

Funeral notices

\$100.00 15.00 5.00 6.50

Personally appeared before me, Harry G. Poole, who after being sworn, says the above account is just, correct and unpaid and was for the burial of Mrs.N.J.Lanier, who died Oct.12 1826, without sufficient funds to pay her funeral expenses,

Od 13-1926

M Funeral expenses of Mrs.N.J.Lanier

1896

HARRY G. POOLE,
FUNERAL DIRECTOR
96 S. PROR STREET

1926

WALNUT | 6359

Oct.13 1926

Casket and box Embalming and services \$100.00 15.00 5.00

Funeral notices 5.00

\$126.50

Personally appeared before me, Harry G. Poole, who after being sworn, says the tabove account is just, correct and unpaid and was for the burial of Mrs. N. J. Lanier, who died Oct. 12 1826, without sufficient funds to pay her funeral expenses.

dwary to roubscribed before me she Od 13-1926 Allem Rinal

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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. Full County.

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

Hanny Doolg of said County, who, after being sworn, on oath says that he knew Mus. M. J. a cures. of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in.

County, in this State, on the day of lipe. S, and that a Pension of ... (\$ ) Dollars was due pensioner and unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$170.50 per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me

athur R marbut, Ordinary Joan

(Seal of Ordinary)

#### CERTIFICATE OF ORDINARY

INSTRUCTIONS

ist. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each isem and the value of it, and each date.

Ind. 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

"The index of the desired or the case of the services of the last illness or for funeral expenses, as the case may be) of

3rd. The Ordinary must see to it that each 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 paid out until it is returned to rou as your authority to make the narment

8th. The Ordinary signs pay rell, as Ordinary, for the pension and then dichurses the money bimedif and takes receipts 8th. Return this application, and attached bills, with your final settlement, to the Pension Department. 7th. Ordinary should see that the back of this blank, when folded, is fulled out.

(Beal or Ordinary)..... Ordinary, Fillon County INSTRUCTIONS: 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. 2nd. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "just, true, due, unpaid," etc.) "The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of ... ...... who died without owning sufficient property to pay this bill. grd. The Ordinary must see to it that each 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 paid out until it is returned to you as your authority to make the payment. ith. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.

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

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

J. Colons	Peterin office/so 190		E	
No	From lefter a Juge La Court of Record		Witness	STATE
INDIGENT PENSION,	Certified as A his Clar		and receipt for trees my hand Executed it	OF OF
1900.	The contract of the free free		the pension al at and seal, this.	GEORGIA,
Name H.M. Fauphier	Deinden Phone		Llowed, and reques	Power (
County Fulton Co 2 7 - Jenn Approved 1900.			day	of Attorney.
JOHN W. LINDSEY,			3.63	ney.
WARRART HANDED TO			200	
Geo. W. Harrigou, Water Printer, Atlantic.		2"	1900 (E.S.)	bereby author
11/38-111		See 5	4 6 E	T .

Power of Attorney. STATE OF GEORGIA, County. to receive and receipt for the pension allowed, and request that he remit same to..... Witness my hand and seal, this ______day of___

Questions for Applicant.
STATE OF GEORGIA,
Julion County)
to avail himself of the Pension Act (Section 1264/Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:  1. What is your name and whep do you reside? (give State, County and post office).  3. The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o
2. How long and since when have you been a resident of this State?
Have lived in this State Twenty glas (20)
3. When and where were you born? us alle andria Va Jan 27 2/2/2
When and where and in what company and regiment did you enlist or serve? less 1 200 in Company & of The Jenn or to Glas 1863
5. How long did you remain in such company and regiment?
the above regiment-until may 1865
6. For how long a period did you discharge regular military duty? Two Hears To Mas
7. When, where and under what circumstances were you discharged from service? Were you with your
command at the time? Almunigh in the anny
and Commenced when the surrendered in 1865
8. What is your present occupation? Have no occupation
9. How much can you earn (gross) per annum by your own exertions or labor? Nottling
10. What has been your occupation since 1865? odd jobo. of Collecting
11. Upon which of the following grounds do you base your application for pension, viz: firsts age and
poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Life You will be first ground, state how long you have been in such condition that you could not earn.
your support? If upon the second, give a full and complete history of the infirmity and its extent? If
upon the third, state whether you are totally blind and when and where you lost your sight?
I have been and am now being such
horted by my Sister
13. What property, effects or income do you possess, and its gross value? Notth what exc
14. What property, effects or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and
what disposition, if any, did you make of same? Itad worthings
15. In what County did you reside during those years, and what property did you then return for taxation?
16. How were you supported during the years 1898 and 1899? By my sale
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? Let or two hundred Molland Harris.  18, What was your employment during 1898 and 1899? What pay did you receive in each year?
College to muste live on their to day
19. Have you a family? If so, who composes such family? Give their means of support? Have they
a homestead? I save no fami cy
20. Are you receiving any pension? If so, what amount, and for what disability?
Legelies and here are well a feet a

QUESTIONS FOR WITNESS.

Vennessel.
STATE OF SEORGIA,
Til hori COUNTY.
O Comment of the second of
Alone! Hieffy said State and County, having been presented
as a witness in support of the application of A M Josephur for pension
under Section 1254, Code, and after being duly sworn true answer to make to the following questions,
deposes and answers as follows:
1. What is your name and where do you reside?
HATTELLY OF A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STAT
2. Are you acquainted with WTM. In the applicant; if so
how long there you known him? Luw have from 1863 to Close of the Wor
3. Where does he reside, and how long and since when has he been a resident of this State?
Co J. John attanta Ja Trutton Co. has been a residual.
4. When, where and in what company and regiment did he enlist, and how do you know? 20 scare
Co I 7 Tenn Served on the Some Co within
5. Were you a member of the same company and regiment?  6. How long did he perform regular military duty, and what do you know of his service as a Confederate
soldier, and the time and circumstances of his discharge from the service? Were your present with command when discharged? Hoofmul Date proble & until 665 down
1 1/2 1
as a folder good Dio charged at the Close
of the work was not prisent
14 Augus was proont at the Dechuye
7. What property, effects or income has the applicant? (Give your means of knowledge.)
notting what we
no way man save
8. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what
disposition, if any, did be make of same? Itak nothing
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
9. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
Had nothing what ever
10. What is the applicant's occupation and physical condition?
Has no occupation old I in dirin-
11. Is the applicant unable to support himself by labor of any sort, if so, why?
To able to do anything
12. How was he supported during the years 1898 and 1899? by his Sister
13. What portion of his support for these two years was derived from his own labor or income?
about - 8 2500
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? Old age very felbel under
under Section 1204, Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code? Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code. Code
7
15. What interest have you in the recovery of a pension by this applicant?
Sworn to and subscribed before me, this)
the 22 day of large 1900. Witness.
any or 1900.) / Witness.
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nampulling Color

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STATE OF G	EORGIA,	1		
	COUN'	ry.	0	-
Personally came	before me	51.	Jondon	my and
& & Roy	78.9		, both known to me	e as reputable physicians
f said County, who, bein	g severally sworn, s			d carefully
		, applicant for	r pension under Secti	ion 1254, Code, and after
uch personal examinatio	n say that his precise	physical condi	tion is as follows:	1
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	icient to earn a supp	ort for himsel		no interest in said pension
eing allowed.			gy you	de nus
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day of	19	00.		
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0	RDINARY	'S CER	TIFICATI	Ε.
STATE OF G	EORGIA	)		
Freel	COUN	TV		
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hat the applicant 27	- 2- 2	2,00		id County, hereby certify
• •	1112	any		es in said County, and has
een a bona fide resident	0	2	day of	189
nd that the witnesses,	viz:		ocen	
9 9	-200	7_		
re of trustworthy chara				
he oath hereon prescribe	and that the full	the foregoing	questions the applica	ant and each witness took he applicant and witness
efore same was signed.	and that the lun i	ext of the am	davite was read to ti	ne applicant and witness
	nat the tax digests of	I uc	ela o	ounty show that applicant
eturned for taxation in		200	- /	Dollars
f property, and in 1899				Dollars of property.
	e foregoing claim is_		made in good fa	
	and seal of office, thi	in 7	day of	1900.
, munu			any or	1900.
		2 m	2-1	G.
		m	2 cm	County.

#### POWER OF ATTORNEY.

STA	ATE	OF C	EOR		County	_{v.} }						
	Ι,						hereby	auth	orize			
to re	eceiv	e and	receipt	for th			f wed and					t same to
by_							t					
	W	itness	ny han	d and se	eal, thi	is	day of		water that the			1902.
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	ENROLLED		E	E	A	13 ×	( A	9		INDSEY,	D TO	r, Atlanta
CODE SECTION 1254	ADY	M	INDIGENT			ta :	Regiment	WARRANT ISSUED	V	JOHN W. LINDSEY	WARRANT HANDED TO	Geo. W. Harrison, State Printer, Atlant
DE SEC	ALRE	2	DIG	IER'S			2 2	RANT	1	. ⊠	ANT	A thom, 8th
8	HOSE	No.	Z	H			3	WAR		OHN	WARE	W. Harr
	FOR THOSE ALREADY					M	County Co.			ň		Geo.
				3		Name	ప్ చ ′				Į	

NO DATA

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

	Iton. County.	. /
Personally appo	ears WHV Law	phier of Fulton.
County, State of Geo		, says on oath that he is a bona fide citizen
and resident of said	County and State, and h	as resided in said State continuously ever
since thed	ay of Joyla	18 ; that he is O years old and
by occupation a		enlisted in the military service of the Con-
federate States (or o	f the State of	) during the war between the
States, and served for	or the term of a / 27%	in Company , of 7 th Regiment
or sem U	N2	; that his physical condition is as
follows:	7 -1 1	
- U	nex pover to	
that his property co	nsists of the following Iter	ns
and property co		
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of the value of		Dellara that he masses of his alterial
	b. :	Dollars, that by reason of his physical himself by his own exertion or labor, and
	pension but the one herein	
		nefits of the Act, approved December 15th,
Deponent desir		tes application for the pension to which he
1894, and the Acts a		
		Masla
is entitled for the y	ear 1902. I have heretofo	te as a resident of Fult(
is entitled for the y	ear 1902. I have heretofor a pension for the year 1 19	te as a resident of Fult
is entitled for the y	ear 1902. I have heretofo a pension for the year 1 19 abscribed before me, this the	e as a resident of Fulture
is entitled for the y	ear 1902. I have heretofor a pension for the year 1 19	e as a resident of Fult
is entitled for the y	ear 1902. I have heretofo a pension for the year 1 19 abscribed before me, this the	e as a resident of Fulture
is entitled for the y	ear 1902. I have bestofer a pension for the year 1 15 abscribed before me, this the	ge as a resident of Fulture
s entitled for the y	ear 1902. I have bestofer a pension for the year 1 15 abscribed before me, this the latter of the year 1 1902.  CORGIA,	ge as a resident of Fulture
sis entitled for the y county been allowed Sworn to and si STATE OF GE	a pension for the year 1 102 abscribed before me, this the house of the year 1 1002 abscribed before me, this the house of the year 1 1002 abscribed before me, this the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house of the house	ge as a resident of Fult
sis entitled for the y county been allowed Sworn to and si STATE OF GE Ful I John R.	ear 1902. I have becatofor a pension for the year 1 15 abscribed before me, this the 1902.  CORGIA, ton. County.	ge as a resident of Fult  Condinary.  Ordinary of said County
STATE OF GE	a pension for the year 1 10 abscribed before me, this the latest person of the year 1 100 abscribed before me, this the latest person of the year 1 100 abscribed by the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest person of the latest p	ordinary of said County
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#### POWER OF ATTORNEY.

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# POWER OF ATTORNEY.

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## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

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STATE OF GEORGIA,	)	
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	and has resided in said State continuously eve	
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by occupation a	years old and	a
	that he enlisted in the military service of the Con	
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States, and served for the term of 2/2	in Company I, of I th Regimen	t
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	pport himself by his own exertion or labor, and	
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1894, and the Acts amendatory thereof, an	d makes application for the pension to which he	c
is entitled for the year 1903. I have her	retofore as a resident of	
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Sworn to and subscribed before me, th	is the /	
Any of JAN 20 1902	. 1903.	
	Ordinary.	
STATE OF GEORGIA,	l	
Coyn		
I for Elia, Stensonfor	In Of State gusa Ordinary of said County	
do certify that I am well acquainted wit	1 WM Laubhir	,
	nd am well satisfied that the statements made by	y
	now he is the individual he represents himself to	
be and that he resides in this County.		
Given under my offici	al signature and seal, this	
day of 2	1903.	
Affix	All Colons	
Neal here		- 4
	Ordinary County	
N The black spaces mm	st be filled	

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.
Personally appears WM Lauphury 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 1887; 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
federate States (or of the State of States, and served for the term of 2 / Vym in Company, of
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that his property consists of the following items:
of the value ofDollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1904. I have heretofore as a resident of
County been allowed a pension for the year 1
Sworn to and subscribed before me, this the
day of JAN 2 1904.
ordinary.
STATE OF GEORGIA,
County.
I, John St. Williamson , Ordinary of said County,
do certify that I am well acquainted with WM Lauphury the applicant in the foregoing affidavit, and am well satisfied that the statements made
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
John RWickinson
geal here Ordinary County.
Note.—The blank spaces must be filled.
NOTE.—Ine DIRIK Spaces must be Hilled.

be and that he r	esides in this County.	dual le represents minisch to	Given under m	y official signature and seal, this	7 50 19 <b>04</b>
Affin Autr Swel Swel Swel Swel Swel Swel Swel Swel	Given under my official signature and se day of 1903.  Ordinary  Nors.—The blank spaces must be filled.  Nors.—Affidavit should not be attested before Janua	County.	day of	Orduary.  Orduary  blank spaces must be filled.  idavit should not be attested before January 1st, 1804.	
	11777	Chairman of the tomice Coming Coming Coming of good and form, and that they are superior of John on superior to y belief	I form levoig touch of riping how the foregoing of before one in I funt levoign autoba Citizens of and their aarts		

to be, and that he resides in this County.

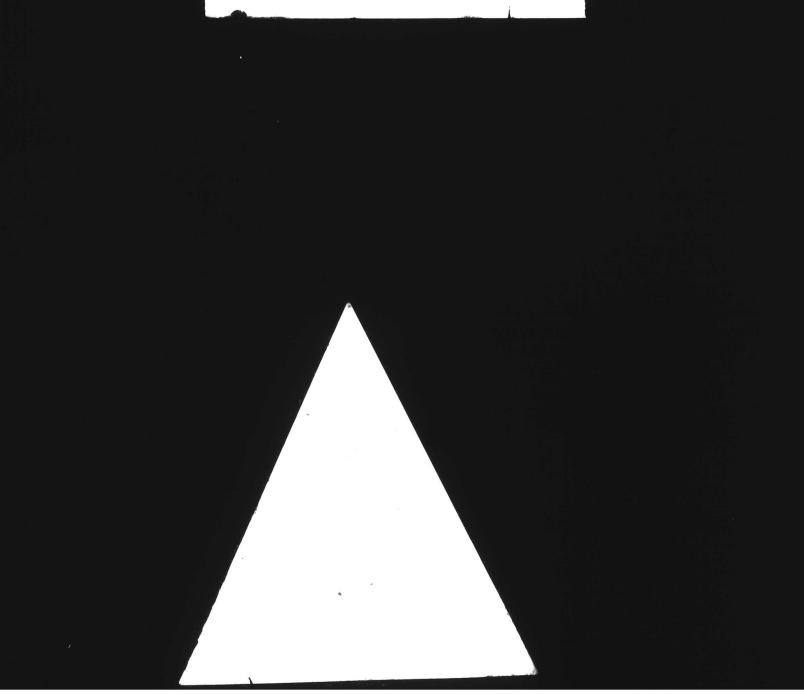
him in his said affidavit are true, and I know he is the individual he represents himself to

STATE OF TENNESSEE,
TIPTON COUNTY.

of said County, do certify that the same, the same, the same, the same of the County Court, duly elected, commissioned and qualified in and for said County and State, and that all of his official acts, as such, are entitled to full faith and credit.

Witness my hand and seal of office, at office in Covington, Tennessee, this the same of the County and County and County and State, and that all of his official acts, as such, are entitled to full faith and credit.

Witness my hand and seal of office, at office in Covington, Tennessee, this the county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and county and



No. Ordinary & Certificate

STATE OF GEORGIA.

COUNTY

COUNTY

Ordinary & Certificate

Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County

Name

Company

Regiment

Approved

Approved

Ordinary of said County, cert

the splication the person he represents his
resides in said county. That I also know Little and treatworths and were duly sworn by me before any
in gradual solution are asserted to Ordinary

Ordinary

Ordinary

Regiment

Ordinary

Regiment

Approved

Approved

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Approved

10.23.1919

J. W. LINDSEY,

#### Ordinary's Certificate

	STATE OF GEORGIA,	}		
	COUNTY COUNTY			•
	1, 200	Ordinary	of said County, certify	that I know
	the applicant List Tylk Antes for	- 1 ./	son he represents himse	
	resides in said county. That I also know	shall to	the witness sw	earing to the
	service; that they are both residents of said coun	aty and were duly sw	orn by mc before signing	g the forego-
	ing affidavit and they are all truthful and trus	stworthy and their sta	tements are entitled to T	all faith and
	eredit.		0 1	
	Sworn under by hand and official seal of offi	ce this 12 day	of WCF	19.1.9
	Ordi	nary )	٠,	*
	of Co	unty.		r . •
	(SEAL)			
	NOTES 1. Refere any questions are answered the Ore	linary shall swear applica	ent and witnesses in the fol	lowing words:
	You do solemnly swear that you will true	answers make to each of	the questions asked you an	d the evidence
	You do solemnly awar that you will true you give shall be the whole truth. Be helb you of 2. Additional affidavits may be attached if bla	nk spaces are insufficient		
	2. Additional affidavits may be attached if bla 3. All affidavits must be made before the Ordi must be certified by such Ordinary.	nk spaces are insufficient mary of the county in w	hich the applicant or witne	resides and
	<ol> <li>All affidavits must be made before the Ordi</li> </ol>	nk spaces are insufficient mary of the county in w	hich the applicant or witne	es resides and
	<ol> <li>All affidavits must be made before the Ordi</li> </ol>	nk spaces are insufficient mary of the county in w	hich the applicant or witne	retides and
	<ol> <li>All affidavits must be made before the Ordi</li> </ol>	nk spaces are insufficient	hich the applicant or witne	resides and
3	<ol> <li>All affidavits must be made before the Ordi</li> </ol>	nk spaces are insufficient	hich the applicant or witne	resides and
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À	2. All affidivits must be made before the Ordinate the certified by such Ordinary.	nk spaces are insufficient mary of the county in w	hich the applicant or witne	religes and
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# Application for Soldier's Pension Under Act 1910 Amended by Act 1919

#### Questions For Applicants to Answer

STATE OF GEORGIA,
Tullan COUNTY.
Jan. 1. Larsel of said State and County, hereby applies
for the pension provided by Act of 1910, as amended by Act of 1919, to Confederate Soldiers, and submits
his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to
make to the questions propounded, answers as follows, to-wit:
1. What is your name and whate do you reside! (Give County and Post-office)
2. How long and since when have you been a continuous resident citizen of this State 1
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from
1861 to 1865†
4. When and where, and in what Company and Regiment did you enlist! (Give the arm and class of Service) April 1864 January 19 Company 9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
5. How long did you remain in the actual military service with said Company and Regiment! (Give
date of discharge) All the Aurrander
6. When and where was your Company and Regiment surrendered or discharged from the Service!
7. Were you actually present with your command when it was surrendered or discharged?
8. If you were not actually present, state specifically and clearly where you were
a Where was your command when you left it?
b. When did you leave the command?
c. For what cause did you leavef
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 f
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. Are you drawing a pension of any amount from this State or the United States 1
10. 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
19/7 19/7
Internal Ordinary)
4. 17
ofCounty.)

#### Questions for Witness as to Service

STATE OF GEORGIA,
COUNTY.
Charles V. Hanes of said State and County is hereby presented
as a witness in support of the application of as la hasself for the pension provided
by the Act of 1910, as amended by the Act of 6919 in said State, and, after being sworn true answers to
make to the questions propounded, answers as follows:
1. What is your pome and where do you reside! Eliche S. Hames, Callege Park Gullan Co, Kan
2. How you and since when have you known Jan In Laweler the applicant!
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State,
han store him and Other Hamme from Carlings
0 60
4. When, where and in what Company and Regiment did Was Lacelly enlist during war from 1861 to 1865! (Give date and place.) Africa Way Jonushoro ha Ca & The
5. How did you obtain your information of this Service! In some Company
during service
6. How long within your own personal knowledge did he perform actual military service with this
Company and Regiment! (Give date) that's the surrender
7. When and where was his command surrendered or discharges (give date and place)
May 1845, at (Massu ya
8. Were you personally present at the surrender 1
8. Were you personally present at the surrender 1
9. If not, where were you and how came you there !-
9. If not, where were you and how came you there!
9. If not, where were you and how came you there!  10. Was the applicant personally present with his command at surrender!
9. If not, where were you and how came you there!  10. Was the applicant personally present with his command at surrender!  11. If not where was he and how came him there!
9. If not, where were you and how came you there!  10. Was the applicant personally present with his command at surrender!  11. If not where was he and how came him there!  12. When did he leave his command!
9. If not, where were you and how came you there!  10. Was the applicant personally present with his command at surrender!  11. If not where was he and how came him there!  12. When did he leave his command!  When he left it!  For what cause did he leave!
9. If not, where were you and how came you there!  10. Was the applicant personally present with his command at surrender!  11. If not where was he and how came him there!  12. When did he leave his command!  When did he leave his command!  For what cause did he leave!  And how
9. If not, where were you and how came you there!  10. Was the applicant personally present with his command at surrender!  11. If not where was he and how came him there!  12. When did he leave his command!  When he left it!  By whose authority did he leave!  and how long was he granted leave!  How do you know
9. If not, where were you and how came you there!  10. Was the applicant personally present with his command at surrender!  11. If not where was he and how came him there!  12. When did he leave his command!
9. If not, where were you and how came you there!  10. Was the applicant personally present with his command at surrender!  11. If not where was he and how came him there!  12. When did he leave his command!  When he left it!  By whose authority did he leave!  How do you know all that you have stated to be true! If of your own knowledge, tall clearly and specifically  How have through the stated to be true! If of your own knowledge, tall clearly and specifically  How have through the stated to be true!
9. If not, where were you and how came you there!  10. Was the applicant personally present with his command at surrender!  11. If not where was he and how came him there!  12. When did he leave his command!
9. If not, where were you and how came you there!  10. Was the applicant personally present with his command at surrender!  11. If not where was he and how came him there!  12. When did he leave his command!  When he left it!  By whose authority did he leave!  How do you know all that you have stated to be true! If of your own knowledge, tall clearly and specifically  How have through the stated to be true! If of your own knowledge, tall clearly and specifically  How have through the stated to be true!
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9. If not, where were you and how came you there!  10. Was the applicant personally present with his command at surrender!  11. If not where was he and how came him there!  12. When did he leave his command!  How he left it!  By whose authority did he leave!  And how long was he granted leave!  How do you know all that you have stated to be true! If of your own knowledge, tell clearly and specifically.  13. In what way was he prevented from returning to his formand!  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.  16. Was applicant captured as a prisoner.  17. When and where!
9. If not, where were you and how came you there!  10. Was the applicant personally present with his command at surrender!  11. If not where was he and how came him there!  12. When did he leave his command!  How here was his command have he left it!  By whose authority did he leave!  And how long was he granted leave!  How do you know all that you have stated to be true! If of your own knowledge, tell clearly and specifically  How do you know!  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
9. If not, where were you and how came you there!  10. Was the applicant personally present with his command at surrender!  11. If not where was he and how came him there!  12. When did he leave his command!
9. If not, where were you and how came you there!  10. Was the applicant personally present with his command at surrender!  11. If not where was he and how came him there!  12. When did he leave his command!  How here was his command how he left it!  By whose authority did he leave!  And how long was he granted leave!  How do you know all that you have stated to be true! If of your own knowledge, tell clearly and specifically.  When was he prevented from returning to his command!  How do you know!  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
9. If not, where were you and how came you there!  10. Was the applicant personally present with his command at surrender!  11. If not where was he and how came him there!  12. When did he leave his command!  How he left it!  By whose authority did he leave!  By was he granted leave!  By whose authority did he leave!  By whose authority did he leave!  By whose authority did he leave!  By whose authority did he leave!  By whose authority did he leave!  By when and specifically.  By when and where!  By when and where!  By when released  By day of William and the leave!  By day of William and the leave!  By day of William and the leave!  By day of William and where!  By day of William and
9. If not, where were you and how came you there!  10. Was the applicant personally present with his command at surrender!  11. If not where was he and how came him there!  12. When did he leave his command!  How here was his command how he left it!  By whose authority did he leave!  And how long was he granted leave!  How do you know all that you have stated to be true! If of your own knowledge, tell clearly and specifically.  When was he prevented from returning to his command!  How do you know!  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

1 . J. 1.

I the wind of section in define.

the to morane

har full Ordinary County.

Y. IE Lauseter. Jan. To

YEAR 1989 COUNTY Palton.

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

ENLISTED WHEN AND WHERE? April 1864 at Semestere, Ca.

RANK:

COMPANY AND REGINENT? Co./2nd Co. Records

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED:

WHEN AND WHERE SURRENDERED? Bay 1988 at Moon, Co.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

BURIED: WITNESSES: No...

Widow's Application

To be Put on Roll in Her Own Right When
Husband Was on the Indigent Roll or
Put on Under Act of July 11, 1646.

County. Fultare

Name Many E Lautio

Widow of J. Q. Canada

Company E 3 7 Ex.

Approved.

CHAS. P. BYRD, State Printer, Atlanta

10/13-19N

STATED GEOR HE

Widow's Application
To Be Pet on Roll in the Own Back WellHashend Was on the ladyed and WellHashend Was on the ladyed and WellHashend Was on the ladyed and WellHashend Was on the ladyed and WellComment of A Caracter

WellComment & 37 Le

Comment & 3

#### WIDOW'S AFFIDAVIT.

	Fulton County.
	Personally before me comes
w	ho, after being duly sworn, on oath says, that she is the widow of J. A. Lesiter to whom
	the County of Fayette State of Ga. she was married on the 10th
	ay of May. 168 and that she remained his wife, and resided with him to the date of his death
	Sept 25, 19.14 and that she has not since his death remarried. At the time of his death
	was a resident of Campbell County, in the said State of Georgia, and he
	as on theIndigent
	Campbell County for 19 14 per annum, on account of being a soldier in Company
ın	"E" - 27th Regiment Ga. Vol. (Volunteers of State Militia)
	At the death of J. A. Lasiter he was in the use and possession of the following
	roperty: He had no property at all,
of	the cash value of \$ no dollars
	What property of any kind and of any value have you in your use, control and possession now, and
	he cash value, (State fully and where situated.)
•••	no Acres land.
•••	One Reservice Com 850.00
•••	Total Cash value of all property 8.50.00
	That she is now a bona fide resident citizen of said County of Fulton and she
ha	as so continuously resided since 28th day of Dec. 19 11.
	Sworn to and subscribed before me, this the
	m Robinson lette Ordinary.
***	of Fulton County.
	County.
-	A
A	Affidavit of Witnesses to Prove Marriage and to WhomDate of
	Death of Husband.
2"	TATE OF GEORGIA.
.7	
	County.
	Personally before me come alla Wayle known to be responsible
	d truthful persons, residing in said County, who after having duly sworn on oath, say: that of their
a.n	an personal knowledge Mrs. Many E. Candiday, who made the foregoing affidavit, is
an	e lawful widow of & A Cariba who died in County in
an	
an	id State of June on 25 day of Supt 1914 and that she
an	
an th sai	
an th sai	as not since remarried. That she became the wife of
an th sai	Mag. 186 & and that she and he had resided together as man and wife continuously since
an own	Mag. 186 & and that she and he had resided together as man and wife continuously since
an ow the sai	As not since remarried. That she became the wife of
an ow the sai	May 186 and that she and he had resided together as man and wife continuously since.  day of 18 and that the and he had resided together as man and wife continuously since.  was the was the man who was on the pension roll of said State from Bushing County.  when he died.
an ow the sai	this 1862 and that she and he had resided together as man and wife continuously since.  day of 18 and that the was the was the was the county when he died.  Sworn to and subscribed before me, this the
an own	May 186 and that she and he had resided together as man and wife continuously since.  day of 18 and that the and he had resided together as man and wife continuously since.  was the was the man who was on the pension roll of said State from Bushing County.  when he died.

#### AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,
County.
Personally before me comes & Mentin W. Corley who after being sworn
oath says, that they are freeholders of said County, and that they know Mary E. Lasiter
said County and knew her said husband J. A. Lasiter at his death on the 25
day of Sept. 1914 that she and he were in the use, possession and control of the follow
property at his death to wit: One Cow
3 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
of the value of \$ 50.00 That she is now in the use, possession and control of the follow
property to wit: One Cow
of the value of \$.50.00.
Sworn to and subscribed before me, this the
2 and day of Janks 1914 all falley
Que Q ):
W7 (vouseu , 6 , 6 ordings,
of FULTON County.
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
County.
M 40 10 :
Ordinary of said County, do certify, that
know Mrs. Thanky Q
she represents herself to be, and that she is a bona fide continuing resident of said County and was on
25 dy Ceft 1914
That I also know all u live witness as to marriage and I also k
A. Mourim, W. W. Blinding who I know to be a resident free holder of said Cou
that all of the foregoing were duly sworn by me before signing the respective affidavits and that they truthful and trustworthy and their statements are entitled to full faith and credit.
That the tax Books of Lancounty shows that M. Cornty returned property to
amount of & Name for 1908 & Many for 1909 & Many for 1910 & Many for
8 MM for 1912 8 MMM for 1918 8 MMM for 1914 8 MMM for 1915 8 MMM for
NAME OF THE
Sworn under my hand and official seal of office thisday of
(SBAL) Multiple Ordinary.
Fultan Cou
NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following w "You do solemnly swear that you will true answers make to each of the questions asked you and the evid

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

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

 Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by general reputation. Lasiter, Mary E. Fulton Co. 1922

#### Application for Pension Due Deceased Pensioner

(UNDER ACT 1904) (To pay expenses of last illness or funeral)

For many Casiles

Old or New Class

Amount \$

Approved and ordered paid.

J. W. LINDSEY, Commissioner of Pensions.

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

Index Friating Co., Affantill Co.

Para,

HOLSOMBACK CASKET COMPANY

HIGH GRADE CASKETS AND FUNERAL SUPPLIES

UNION CITY, GA STATE 14 192 9

to 1 Custed \$ 100 00

Gont Elming 20 00

Jadies Robe 10 00

1 1s Stores 75

1.7150

of mile send

STATE OF GEORGIA.

Personally before the undersigned

authority now comes M. W. Holsomback who upon cathsays that the above and foregoing statement of account is just, true, due and unpaid.

Swor nto and subscribed before me this April 27, 1922 M. L. Holsonil-Coff.

The templas is men peoples	
For wonaly Annot It	
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of the Manuel Bord good	T
. o die Diege Bold good	4
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2 191112. Cock.	ı
Frank Scar brough!	4
ac Heart	A

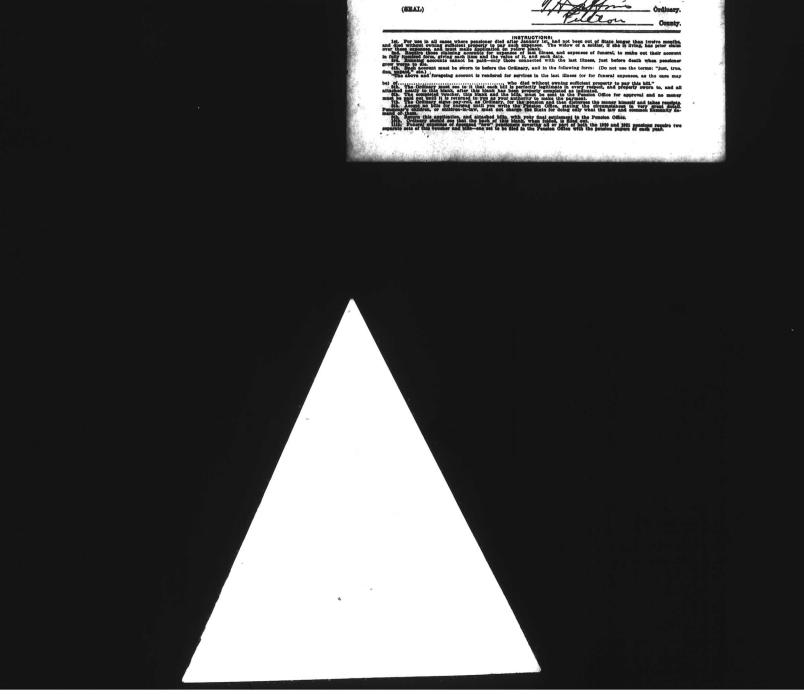
#### Application for Pension Due to a Deceased Pensioner

(Under the Act of August 15, 1904)

GEORGIA, Fulton County.

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

M. W. Holsomback of said C	
hat he knew Mrs. Mary E. Lasiter	
vas on the Widows Pension Roll of	
ime of death, which occurred in Fulton	County, in this
State, on the 14 day of	ADTIL 1922, and that
Pension of	Dollars was due pensioner and
mpaid at the time of pensioner's death. That he left no wi	idow or dependent children surviving, and
o estate of any value sufficient to pay these funeral expens	es, which amounted to the sum of \$ 171.5
er sworn statement fully and completely itemised, hereto at	tached.
Sworn to and subscribed before me	0 -
Sworn to and subscribed before me his 27 day of April 1922  Clear R. Walbut Ordinary  Fulton Country	li Holsomfach.
Elen R. Warbut Ordinary	. 1407707700
Fulton County.	*
AFFIDAVIT OF OR	DINADV '
	DIMMI
POPOLA Fullow County	DINAKI
EDBGIA, Fulton County.	
Thro It Deffices	Ordinary of said County do saviify
hat I personally know W. Holso	Ordinary of said County, do certify
hat I personally know W. W. Holso itisen of said County, and that said person is of a truthful	Ordinary of said County, do certify
hat I personally know W. Mo. Holso itisen of said County, and that said person is of a truthful	Ordinary of said County, do certify  who is a resident and trustworthy character, entitled to full
hat I personally know W. M. Holso itizen of said County, and that said person is of a truthful aith and credit.  I also know Wrony & Rose	Ordinary of said County, do certify the control of the county, who is a resident and trustworthy character, entitled to full the county while in life and that this
hat I personally know W. M. Holso itizen of said County, and that said person is of a truthful aith and credit.  I also know Wory & Roce was the same person whose name appears on the	Ordinary of said County, do certify  and trustworthy character, entitled to full  while in life and that this  Pension
hat I personally know W. M. Holso itisen of said County, and that said person is of a truthful aith and credit.  I also know W. C. Roce rase the same person whose name appears on the Fullows	Ordinary of said County, do certify  and trustworthy character, entitled to full  while in life and that this  Pension  County, and was paid a Pension
hat I personally know W. M. Holso itisen of said County, and that said person is of a truthful aith and credit.  I also know W. C. Roce rase the same person whose name appears on the Fullows	Ordinary of said County, do certify  and trustworthy character, entitled to full  while in life and that this  Pension
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hat I personally know W. Mo. Holso itisen of said County, and that said person is of a truthful aith and credit.  I also knew W. C. C.  Touch Touch Touch Touch  AND TOUCH  TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TOUCH TO	Ordinary of said County, do certify  and trustworthy character, entitled to full  while in life and that this  Pension  County, and was paid a Pension
hat I personally know W. M. Holso itisen of said County, and that said person is of a truthful aith and credit.  I also knew W. C. Ross vas the same person whose name appears on the toll of F. S. inow believe said pensioner to be dead.	Ordinary of said County, do certify  and trustworthy character, entitled to full  while in life and that this  Pension  County, and was paid a Pension  Dollars in said County for 1921, and



# POWER ATTORNEY.

County State of Georgia do haraby amount	of a	Know all Men by these Presents, That I,	COUNTY.)	STATE OF GEORGIA.

1894.

DIRECTIONS

County, Georgia

1894.

W. H. HARRISON, Secretary Executive Department.

Soldier's Pension.

1894.

Jeses J. Latham

Formerly Chark Con Manbled ling

Name County

Disability Amount, \$

## POWER OF ATTORNEY

POWER OF ATTORNEY.	POWER OF ATTORNEY.
STATE OF GEORGIA,  COUNTY.  Know all Men by these Presents. That I,  of  county. State of Georgia, do hereby appoint—  of  —my true and lawful attorney in fact, for- me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the state of Georgia by reason of an injury received as aforesaid in the military service of the Confederate states nor of this State, as stated in the foregoing affidavit; hereby authorizing my said Attor- tops to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money	County.  KNOW ALL MEN BY THESE PRESENTS, That I,
chich may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand, and seal, this.	IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
lay of 1894.  Executed in the presence of us  (i. s.)	, day of1895.  Executed in presence of us
)	
DIRECTIONS.  Send money to me as follows, by  to P. O.  County, Georgia.	DIRECTIONS.  Send money to me as follows, by
Soldigr's PRPSIOP.  Soldigr's PRISON.  New Josep Jepsham  County Pulton  Name Jegest Co.  Bradding Bagla ed. Lose  Amount, \$ 50.  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT HARIENTY  WARRANT	SOLDIER'S PENSION.  Soldier's Aready Enrolled.  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45  No. 45

#### 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

Georgia

wounded as follows: By gir shot wound through that led between the kind and and the left hear garage that to the ent upon a great that he send of the left hear a great deal of the honger of the barranger.

inducing and mondering said leg substantially and essentially

Ocean Pond

Fulten

) during the war between the

in the State

in Company o, of 64 th Regiment.

's Brigade; that whilst engaged in

18 46; that he enlisted in the military service of the Con-

County.

PERSONALLY appears Jas J. Latham

Volunteers

STATE OF GEORGIA, )

Antoher

States, and served as a

of Goorgia

federate States (or of the State of

such military service at the battle of

milton

	usolass,				
and the entitle Pt. St.	he acts amendato ed for the year er	ry thereof, and midding October 26, scribed before me,	akes application	Act, approved October for the allowance to rectofore been allowed a year 189 3	which he is a pension of
STA	ATE OF GE	CORGIA,			
do ce applie in his	cant in the forego	true, and I know this County.	h J am well satisfied	Ordinary of some characteristic of the statements in idual he represents his	the nade by him
	Affix ( your   meal   meal   mere	y of mar		Mutan	County.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Fulton	County	. }		
personally appear	g Jesse J.Lat	asd	of	Fulton
County, State of Georgia, and resident of said State	, and has resided the	erein conti	uously ev	er since the 24th
			in the mi	litary service of the Con-
federate States (or of the	State of Store			ng the war between the
States, and served as a	private	in (	Company	of 34 th Regiment
of Georgia Ve	olunteers,			; that whilst engaged in
such military service at th	ie battle of	deun Pond		in the State
of Fla,	, on the	day of		186 3, he was
wounded as follows:	y gun shot woun	is through	left le	p between the knee
ani ankle tearing aw	ay nearly the en	tire cali	of the	left leg preaking
and tearing a great	deal of both bor	es and be	raementl	y injuring and rendering
, sais leg substantia	lly ani ess <b>en</b> tia	lly "usele	ss.	
			,	`
Deponent desires to p	participate in the ber	efits of the	Act, appr	oved October 24th, 1887,
and the acts amendatory	thereof, and makes	application	for the a	llowance to which he is
entitled for the year endir	ng October 26th, 18	95. I have	heretofore	e been allowed a pension
of Fifty	do	llars, for t	he year 18	9 1.
Sworn to and subscr	ibed before me, this	, the	)	141-
8 m day of	arch	1895.	uszi	2 amain
	Lum Ood			17 44-12
Nors-State fully the nature of	wound or character of disea	se which cause	the disability,	and explain particularly the extent
of the disability, resulting from the				, , , , , , , , , , , , , , , , , , , ,
STATE OF G		)		
Fulton	County			
	Calhoun		,	N-11
A)			Jesse J.	Ordinary of said County,
do certify that I am well			the same of the same	****
applicant in the foregoin				
in his said affidavit are t		is the ind	vidual he	represents himself to be
and that he resides in the				E'M
	Given under my offi	_	ure and se	al, this
day	of March	_1895.		
Affix your seal	my	60	ch	vun

Ordinary___Fulton

__County.

1, W. T. Calhoun Ordinary of said County. Jesse J.Lather do certify that I am well acquainted with do certify that I am well acquainted with Jose T. Latham applicant in the foregoing affidavit, and am well satisfied that the statements made by him 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 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. and that he resides in this County. Given under my official signature and seal, this Given under my official signature and seal, this 13th day of Warch _1895. day of march 1894. M. L. Calhour Affix your seal here. m.L. backnow Ordinary____Fulton ___County. Ordinary

To Those Heretologic Paid.

1905.

No. 2020

IN DICENT

Wilness Whereof, I have hereunto set my hand and seal, this

PAID TO

PAID TO

County,

Vidow of Pau & County,

Vidow of Pau & Lathane

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

AND HAYDED TO

POWER OF ATTORNEY.

STATE OF GEORGIA,

### FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

PERSONALLY COMES MRS.

STATE OF GEORGIA

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1905.

Official Seal.

Affidavits must bear date after January 1st, 1905.

am satisfied that the facts therein stated are true, and I know sho is the individual she represents herself to be, and that she has continuously resided in this State simultine. All her life

Given under my official signature and seal, this the 29 day of July. 1905.

Sworn to and subscribed before me, wavey Dalkeno this for day of July 1905. Post Office 128 Glenewood, ane. 1. John R. Hilkinson State of Seorgia, County, Ordinary of said County, certify that I am well acquainted with Mrs. Advers and Sathany, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the all her life Given under my official signature and seal, this the 29 day of July 1905. Odinary of Fulton, County. NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1905. Hasten to riply. You fut in an application for a penion as vidou of an Indignot solding in 1904 - and dad opplication was "approved " and is on record in the suity o Office Rose of Penning how N: 1904 -The same was sent me as terdy approved under name of they Namay B. wather -How seward away to allaile a I have

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	POWER OF	ATTORNEY.		
STATE OF GEG	utton COUNT		, hereby authorize	
In Witness W	Thereof, I have hereunto s	hereon, and request that at IbA laren, et my hand and seal, this.	he remit same to	
x Juelle	ted in presence of	Sh		
To Those Hereinfare Paid.  1906. 24  #247 No. 175	WIDOW'S PERSION, For year ending Dec. 31, 1906. Thus Removed & Statement	Fulton Widow of the County, Widow of the County, Co. O. S. H. M. Regiment. JOHN W. LINDSBY, Commissioner of Prasions.	AND HANDED TO AND FALLENGE TO AND HANDED TO AND HANDED TO AND HANDED TO AND AND AND AND AND AND AND AND AND AND	
annone and the second and the second and the second and the second and the second and the second and the second			And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	

FORM No. 2.

#### FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

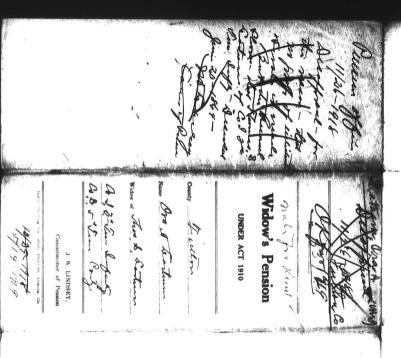
STATE OF GEORGIA, County of Fulton.  who, being sworn says on oath, that she is a bina fide resident of said County of Fulton.  State of Georgia, and that she has RESIDED in said State continuously ofer since  That she is the Widow of  who was a soldier in Company  of the  Regiment of  That she is the Widow of  Wolunteers, that he culisted in said regiment on or about the month of  1862, and sorved in the Army up to  day of  1873  Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18  I have been allowed an Indigent pension as a resident of  Fillton.  County, under Act 1900, for the year 1905, and now apply for the pension provided by law for the year ending December 31, 1900.  Sworn to and subscribed before me this day of JAN 1 1911, 1900.  State of Georgia,  County.  Ordinary of said County, beritify that I am well sequalisted with Mrs. Manual County and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the  day of JAN 1 1900 1908  Given under my official signature and seal, this the day of JAN 1 1900 1908  JORIGIAL Seals		
Fillon. State of Georgia, and that she has RESIDED in said State continuously ever since		STATE OF GEORGIA,
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and served in the Army up to		Tullon
Volunteers, that he enlisted in said regiment on or about the month of  1862, and served in the Army up to  1863. That he died on the Size 28. day of  1873.  Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18.  I have been allowed an Indigent pension as a resident of  County, under Act 1900, for the year 1905, and now apply for the pension provided by law for the year ending December 81, 1906.  Sworn to and subscribed before me this day of JAN 1 11111000.  Post Office  State of Georgia,  County. Ordinary. Ordinary of said County, certify that I am well sequainted with Mrs. County of the pension provided in this State since the day of JAN 1 1906.  Given under my official signature and seal, this this day of JAN 1 1906.		( lah a) Yatti
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18		D. of the SSTA Regiment of Gal.
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18		Volunteers, that he enlisted in said regiment on or about the month of
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18		186, and served in the Army up to
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State of Georgia,  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  Co		
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State of Georgia,  County. Ordinary of said County, serify that I am well sequented with Mrs. Manual County of said County, serify that I am well sequented with Mrs. Manual County, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18  Given under my official signature and seal, this that day of JAN 1 1900 1908		I have been allowed an Indigent pension as a resident of
State of Georgia,  County Ordinary deald County, egrify that I am well acquainted with Mrs. County Ordinary deald County, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18 Given under my official signature and seal, this the day of 1906 [Official]		this day of AN 1 19051900.
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		Var ton
day of		
Given under my official signature and seal, this the day of JAN 1 1960 1906  [Official]		acquainted with Mrs. Kuncy B. Kathaus, who made the above affidavit, and
Given under my official signature and seal, this two day of JAN 1 1900 1906		sequainted with Mrs. Kalley (S. Salthause), who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents
[Ottolal]	1*	sequainted with Mrs. Manay (3) Statistics who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represent herself to be, and that she has continuously resided in this State since the
Seal   Ordinary of HILLOT County	1*	am satisfied that the facts therein stated are true, and I know she is the individual she represent the result to be, and that she has continuously resided in this State since the

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1906.

am satisfied that the facts therein stated are tr herself to be, and that she has continuously res	athaus, who made the above affidavit, and
herself to be and that she has continuously res	rue, and I know she is the individual she represents
	sided in this State since the
day of18	_
Given under my official signature and see	al, this the day of JAN 1 1900 1906.
(Official)	Chan River Surrout
1 Geal (	Ordinary of Fulton County.
NOTE.—All blanks must be filled.	orally, orally,
Vouchers and Addaylts mu	et bear date after January 1st, 1906.
kaldala salamid Nasaraka ya Kalamani ina manaka maka salama na manaka ka	and the factor of the state of the factor that we are trained and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the
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muli for Real. Widow's Pension UNDER ACT 1910 county Fruiton Name Ova & Teartum Widow of Thos & Latin J. W. LINDSEY, Commissioner of Pension.



or-1913 Handleson Co

#### Application for Pension By a Widow Under Act of 1910 Questions for Applicant

STATE OF GEORGIA, Fulton County
Personally before me comes Mrs.Ora A. Latham of said State and County,
and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act
of1910, 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? Ora A. Latnam. 55 Brown St. Atlants
2. How long and since when have you been a continuing resident of the State of Georgia
All my life
<ol> <li>When, where and to whom were you married! Thos. S. Latham, Dec 13, 1866, near Buchanan in Campbell County, Ga.</li> </ol>
a. Have you married since the death of first and soldier husband? no.
4. When, where and in what Company and Regiment did your husband enlist as a soldier in
Confederate Army of Georgia Militia? (State the arms and class of Service.) April 1861 in
Co. I like Res Tennes use Inf. served to July 4, 1863 and then in Co.  5. When and where did the Commands of your bushand surrender or discharge from the army!  Discharged May 3, 1865
6. Was your husband personally present at the time of the surrender or discharge of this Com-
mand!
7. If he was not present state clearly where he was? was present
8. Where was his command when he left ! Greensboro, N. C.
a. For what cause did he leave his Command? Johnson's surrender
b. By whose authority did he leave his Command? Was captured at Vicksburg Miss
c. For how long was he granted leave of absence? and was exchanged
e. What was his physical condition when he left his Command 1 goods
f. What effort did he make to return to his Command?
g. In what way was he prevented from going back to Command/ Was a prisoner of war
h. Was he captured by the enemy at any time! At Vicksburg, Mis
<ol> <li>If so, when and where captured and where held as a prisoner, and when and for what cause released? Captured at Yicksburg Aiss and was exchanged.</li> </ol>
j. When and where did your first husband die! July 1903.
k. Were you residing together when he died! Yes
1. If not, how long had you resided apart?
m. Are you now a widow yes
9. What property of any description did you own, hold or control for your use and its cash
value Nov. 4, 1908? (State name by items and where situated)
processing the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was re-
ceived for it and what did you do with the proceeds thereof! (Give items and cash value.) None
THE RESERVE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE
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11. What property of any description of any value have you now! None
Give list and cash value
12. What are your annual carnings or income from any source and their value!
13. Have you or your husband heretofore been paid a pension by the State! Husband on pension to it haraison County Ge.  1f so, when and for what cause were you or your husband placed on the Roll! Indigent Confad-
erate Veteran
Sworn to and subscribed before me this the Mars Cost & Latharre
William Rualing Condinary.
of Fulton County.

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

STATE OF GEORGIA, Fuelou COUNTY
Personally before me comes Live Riley 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 the Tyle 790 Paselike
2. How long and since when have you known to Oro garkon applicant you
3. How long and since when has she continuously resided in this State? (Give date.)
all her life
4. When and to whom was she married! Dec 134 66 How do you know! Wast press
5. How long and since when did you know The her
husband from 1865 untill his deall
6. When and where did TP. Lashan
the husband of applicant diet Hausolson Co July 1903
7. Were the applicant and her husband living together as husband and wife at the date of his
death! Yes
8. If not, how long did they live apart before his death!
Were they divorced? 120
9. When, where and in what Company and Regiment didenlist!
The second state of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second
100. Were you a member of the same Company!
11. How long within your personal knowledge did he perform actual military service with his Com-
pany and Regiment 1  12. When and where did his Command surrender, and was discharged 1
12. When and where did his Command surrender, and was discharged?
13. Were you personally present when it was surrendered? If not where
were you and how came you there!
The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
14. Was the husband of applicant personally present at surrender?
where was he?
cause did he leave Command (Give date.) By whose
authority did he leave his Command ! And how
long was he granted leave! How do you know all this!
15. For what cause, if you know of your own knowledge, was he prevented from returning to his
To a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco
16. What effort did he make to return to his Command and how do you know this? Of your own
1 0 1
Sworn to and subscribed before me this the
6 day of rigy 1918
Welm R Marletce
Ordinary,
of tullon County
Villey

#### Affidavit of Two Freeholders

STATE OF GEORGIA,	COUNTY	* 2
37 7 3000		n oath says that the
are freeholders of said County and that they know		
of said County and know what property she owned on N		to be set out b
Schedule (A) as follows		
Personal property.	/.	
Notes and accounts due	/:	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
Total		MARKET CO. CO. CO. CO. CO. CO. CO. CO. CO. CO.
Schedule	(B)	AP THE REAL PROPERTY OF THE PERSON
We know the property sold or given way since it		he as follows:
Personal property	y s, 1000, na casa value to	de da follows.
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Ord		•
- Ord	inary,	
of	County.	
Ordinary's (	lertificate	
STATE OF GEORGIA, Fulton	COUNTY	
- L	COUNTY	
(lother R Marla	Ordinary of said	d County do cortifi
that I know Ora a Lachar		
is the person she represents herself to be and she is a bor	a fide continuing resident cit	izen of said County
and was on the 4th Nov., 1908		
That I also know Que. Rec	les the	witness who swears
to the service of husband, and	J the	witness who swears
the foregoing affidavits and that they all are truthful, tru faith and credit.	ounty and were duly sworn be stworthy, and their statements	v me before signing
That the Tax Returns	Retu	rned for Tax is for
1908 \$ for 1910 \$ for 1911 \$		. /
Sworn under my hand and official seal of office the		day of
valt 80	,	day or
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(SEAU)	200	dinary,
	Tullon	County
NOTES: 1. Before any questions are answered the Ordinary s	shall swear applicant and the wi	

1918 County Welme R Injaclut Coordinary. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you dod." and the widness of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of 184 TA Fulton County Application for **Expenses of Last** Illness and Funeral (UNDER ACT OF 1919) July Thos H Jofferies, Dedinary Tuesto Would South House Thos H Jeffries Ordinary For: Mrs. Ora Latham (Name of Passioner) TO PAY-1930. Date of Death: Jan. 18 , 198 5 Cig. & C. 124. 4 30 \$ 127 Amount: \$ 30 + 127 TOTAL Din. 13- 1935 Mrs Ora Lather PAID TO ORDINARY ON THIS CLAIM: STATEMENT 5/14 - 20/134 . 5 Hour Yearts @500 2500 #300 300 1/3 - 30 34 - 4 1/3 - 30 34 - 4 1/17 - 34/36 - 4 2/N - 30/34 - 3 2000 1930 127001. 92 50 X 19250 V TOTAL WE A. L. HET SON, Director Second to and Subscribed life he signet Gardhillione W this 23 day of agrice 135

Received of Thomas H. Jeffries, Ordinary, \$ 92.50.

to apply on account of Mrs. Ora A. Latham

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

This 2 day of 4.1936.

JEBoven

MAY 2 - 1935

Received of Thos. H. Jeffries, Ordinary, \$157.00 to apply on account of ars. Ora A. Latham. I certify that this

account has not been paid and is now owing to me.

15 M Catteron Son

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

(Under Act of 1919) (To be disbursed by the Ordinary)

Before me, the Ordinary	of said County, comes J. E. Bowen , for H M Patters
& Son	, of said County, who, after being duly sworn, on oath says
hat he knew Mrs. Ora	Riley Latham late of said County, a Confed-
erate pensioner, and that said	person is the identical person named and described in the attached
ertified copy of burial certific	ate; and that said pensioner LEFT NO WINDOWN ESTATE of
ANY KIND OR VALUE suffic	tient to pay the expenses of last illness and funeral, which amounted
to the sum of \$ 249.50	, as shown by sworn statements FULLY and COMPLETELY
TEMIZED, hereto attached.	
Sworn to and subscribed be	fore me,
this the 24 day of Jan	1985. Followson from
UB Boululan	Journ M. Joseph J. Journ J. Source
CERTIF	ICATE OF THE ORDINARY
GEORGIA, Fulton	County.
I certify that	. E. Bowen who subscibed
	nown to me to be a person whose statement is entitled to full faith and
	knew Mrs. Ora Latham the deceased
pensioner referred to in the f regularly enrolled as a pensio ceased pensioner is the identic	oregoing affidavit and that said deceased was at the time of death ner on the records of file in my office. I further certify that said de- lal person named and described in the attached certified copy of burial y a widow and left no estate of any kind sufficient to pay the expenses
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5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval no money must be paid out until it is returned to you a 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.

5th. This vencher, 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 vencher, with bills and receipts, to be permanently filled in the Veterans Service Office.

5th. The Sitte does not authorise the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any setate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the Sitte of Georgia for more than twelve (13) months immediately preceding date of death.



W. EARL QUILLIAN, M. D.

906 MEDICAL ARTS BUILDING

384 PEACHTREE ST N E

ATLANTA GA

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such How H Jokews.

STATEMENT

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Estate of I hereby certify that the above account is just, true due and unpaid. Feb 9 1935.

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Established 1802

#### H. M. PATTERSON & SON · Spring Hill at Tenth

ATLANTA, GA.

For Funeral Expenses of Mrs. Ora Riley Latham Res. 262 Fair Street, SE, Atlanta, FULTON COUNTY, Ga.

To Our Complete Service Including Casket SPECIAL DISBURSEMENTS FOR YOUR CONVENIENCE

Opening Grave Cement Vault Certified Copy of Death Certificate

STATE OF GEORGIA) COUNTY OF FULTON The above and foregoing account is rendered for funeral expenses of Mrs. Ora Riley Latham, who died without owning sufficient property to pay this will.

Sworn to before me this 23 day of Jan., 1935.

mella m. Sloan

Jan. 20, 1935

\$199.00

10.00

40.00

\$249.50

PATTERSON & SON member of Firm

Notary Public Nation I We Store of Loren Maria Ga



ATLANTA GA

W. EARL QUILLIAN. M. D.

384 PEACHTREE ST N E

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· WILLIAM STATEMENT

held's of Matham

I hereby certify that the above account is just the due and unpaid. Feb 9 1935. TOTAL 3.20 CT

this reb 9 1935.



Oakland

Atlanta (Date) 1/20/35

(Cemetery)_

1. PLACE OF DEATH

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

316

Street and Number (No. 692 (River). 12.55 (If death occurred in a bespital, give its mine indeed of street and number.

FULL NAME OTR RILEY Latham

Reddence (City or Turn). 262 Fair St. S.E. (Street and Number). (Rets)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULABS

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(b) Industry or business in which saven in the order of saction and related causes of importance in the order of saction and related causes of importance in the order of saction of each and desirated from the same in the order of saction of each and related causes of importance in the order of each and related causes of importance in the order of each and related causes of importance in the order of each and related in the order of each and related causes of importance in the order of each and related causes of importance in the order of each and related causes of importance in the order of each and related causes of importance in the order of each and related causes of importance in the order of each and related causes of importance in the order of each and related causes of importance in the order of each and related causes of importance in the order of each and related causes of importance in the order of each and related causes of importance in the order of each and related causes of importance in the order of each and related causes of importance in the order of each and related causes of importance in the order of each and related causes of importance in the order of each and related causes of importance in the order of each and related causes of importance in the order of each and related in the order of each and related in the order of each and related in the order of each and related in the order of each and related in the order of each and related in the order of each and related in the order of each and related in the order of each and related in the order of each and related in the order of each and related in the order of each and related in the order of each and related in the order of each and related in the order of each and related in the order of each and related in the order of each and related in the order of each and related in the order of each and related in the order of each and related in the order of each and related in the order of each and related in

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(F. O. Address)

Jane Riley

H. MADEN NAME

Jane Riley

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Where did there are a continued to the following: Was layery an accident, mickel, or boundeds?

Where did there are to prove the country, and also the state.

Did lighter occur in a home, public place or industry 1.

Manner of Injury.

Nature of Injury.

Nature of Injury.

W. Earl Quillian

906 Med. Arts Bldg.

OFFICE OF THE REGISTRAR OF VITAL STATISTICS

GEORGIA,
FULTON COUNTY.

11. FILED

(Blessel) (Blessel) (Clevel) (

I hereby certify that the foregoing is a true and correct copy of the record of death Number 31.6 of the series of 1935 for Ora Riley Latham as appears on file in the office of the Registrar of Vital Statistics of the City of Atlanta.

SEAL (Signed) London

32000 Crecto fat OFFICE OF THE REGISTRAR OF VITAL STATISTICS
For the City of Atlanta Atlanta, Ga. 1/22/35 Asiate of Mrs. Cra Katham

I hereby certify that the above account is just, true due and unpaid. Feb 9 1925. GEORGIA, FULTON COUNTY. I hereby certify that the foregoing is a true and correct copy of the record of death Number. 316 of the series of 1935 for Ora Riley Latham as appears on file in the office of the Registrar of Vital Statistics of the City/st Atlanta. (Signed) THIS IS YOUR STATEMENT OF ACCOUNT WITH ISSUE OTHER SIDE.

Clug 12, 1861. when on roll for pany, and Fely 1860 Precent Parish, at appending to ann 9. 1865. County .... Fulton Name Lrs. T A Lathem Widow of . T. . A. Lathr. Company "h" Regiment 35th Ga 1 Approved .....

the witness who swears to the service of husband; that both of them are now residents of and was on the 4th November 1908; that I also know is the person she represents herself to be and she is a hona fide worthy, and their statements are entitled to full faith and credit STATE OF GEORGIA Sworn under my hand and official seal of office this // Sather Ordinary's Certificate the Ordinary shall swear applicant and the witness in will true answers make to each of the questions asked COUNTY. Jes adectio continuing resident citizen of said County Ordinary of said County, do certify the applicant for pension. said County and

10-31-1919

Byrd Printing Co., State Printers, Atlanta.

J. W. LINDSEY. Commissioner of Pensions.

#### Ordinary's Certificate

	that I know is the person sl and was on the the witness whe were duly swor worthy, and the Sworn under (SEAL)  NOTES: 1. Before 'You all 2. Addu 3. Only	the represents be 4th November swears to the swears to the swears to the swears to the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the size of the siz	r 1908; that service of hi	I also know cusband; that be foregoing aff to full faith ar of office this	ona fide or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or	the to positioning resistance of the continuing sidents of said both are tr	penaion. She f said County  I County and uthful, trust-  19 - g  Ordinary,  County.  County  ordinary  d the evidence		
Lathern, The Mosse	Widow's Pension	Under Act 1819—as Amended by Act of 1919. County Billion	Name - Era - T. A. Lath.sm. Widow of - T Lather.	Ompany "5."		15		J. W. LINDSRY. Commissioner of Pensions. Pers Politing On, Their Printers, Atlanta.	6-31-19.19
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# Application for Pension by a Widow Under Act of 1910 As Amended by Act of 1919

#### Questions for Applicant

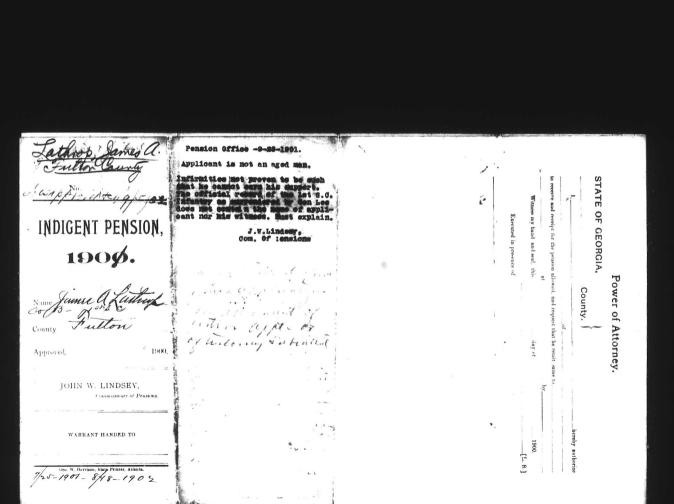
STATE OF GEORGIA,
Personally before me comes. Mr.s., T. A. Lathan
and, after being duly sworn, says that she desires to apply for a pension allowed under the Act
of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to
the following questions to-wit:
What is your name, and where do you reside! HTRS. T.A. Lattunn. 120 E. 11th. 5tts.     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! Rec. 2. 1874, Mariwether Co Ga . to
T. W. Lathan
a. Have you married since the death of first and soldier husband?NQ
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.) Campbell Co., Ja. ir.
1861 Co. "E" 35th Ga. Reg. Capt. E. b. Whitley
5. When and where did the commands of your husband surrender or discharge from the army 1
Appomettox Court House, April 1865
6. Was your husband personally present at the time of the surrender or discharge of this command 1.YLB
7. If he was not present state clearly where he was t NEXEL LEFT. METAND. Until 1. After. 8. Where was his command when he left!
a. For what cause did he leave his command?
b. By whose authority did he leave his command !
c. For how long was he granted leave of absence !
e. What was his physical condition when he left his command?
f. What effort did he make to return to his command?
g. In what way was he prevented from going back to Command
h. Was he captured by the enemy at any time!
h. Was he captured by the enemy at any time!
h. Was he captured by the enemy at any time!
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!APril 4, 1898, Atlanta, Ga.
h. Was he captured by the enemy at any time!
h. Was he captured by the enemy at any time!
h. Was he captured by the enemy at any time!
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!APT11.4, 1898, Atlanta, Ga.  k. Were you residing together when he died!  If not, how long had you resided apart!  SEVEX RESIDED ADARK  M. Are you now a widow!  Lea.  9. Have you or your husband heretofore been paid a pension by the State!
h. Was he captured by the enemy at any time!
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!APT11.4, 1898, Atlanta, Ga.  k. Were you residing together when he died!  If not, how long had you resided apart!  SEVEX RESIDED ADARK  M. Are you now a widow!  Lea.  9. Have you or your husband heretofore been paid a pension by the State!

#### Ouestions for Witnesses as to Service of Husband and Marriage STATE OF GEORGIA. Fulk on COUNTY. Personally before me comes J. C. Aderholdt, 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 ! _ I _ C _ Adarholdt _ College Park _ Ga__ ..... 2. How long and since when have you known ..... Mrs. T. A. Lathan applicant Dont know har 3. How long and since when has she continuously resided in this State? (Give date.) -----5. How long and since when did you know T. W. Latham her husbandf ____All his life 6. When and where did ______ T. #. Latham the husband of applicant, dief 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 !----1861. Campbell Co., Ga. Co. "E". 35th Ga. Beg. Inf. 10. Were you a member of the same Company 1..... Yes. 11. How long within your personal knowledge did he perform actual military service with his Company and Regiment From enlistment to surrender 12. When and where did his Command surrender, and was discharged! Appomattox Court House, April 1865 13. Were you personally present when it was surrendered? ______Lo_____lf not, where were you Newport News, Ya. and how came you there! Prisoner. Tas captured mear Apponettax on April 6, 1865 cause did he leave Command (Give date.) ______By whose I was member of sens company and say bim constantly in service until I was captured three days before surrender 15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command f 16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or howf day of Qot 10.19} Joland clerhold Sworn to and subscribed before me this the

of ..... County.

M. Z. O'NEAL ORDINARY MERIWETHER COUNTY Georgia. Meriwether County and mis There a. Park were gained on the Galy Bans of matricery by me In The - nousersbew 1874 F. a. Thimball, m.S. Guesty do Certify that the above is a trees and larect Capy of the marriage Certificate of Thomas W. Fethere and Miso There a. Parts, so found and second in this office and lepie France farmen. Diem under my hand and Seel. Oct. 22-1919 mericultur County to

Mig. O'Mest. Orling



#### Power of Attorney.

STATE	OF	CFC	RGIA

*	County.	
I		bereby authorize
	uf	
secure and receipt for the pension of	lowed, and request that he remit so	sine to
* 1	it.	by
Witness my hand and seal, this	day of	1900.
		[L, 8.]
Executed in presence of		
	*	

LINDSEY WARRANT HANDED ×

Questions for Applicant.

STATE	OF GE	ORGIA,
Fir	ellin	County

to avail himself of the Possion Act (Section 1234, Code), hereby submits his proofs, and after being duly awarn from answers to make to the following questions, deposes and answers as follows. of said State and County, desiring

- worst true answers to inske to the following questions, deposes and answers as follows:

  1. What is your name and where do you reside? give state, Counts and post office.

  1. James J. Jacobs Jun, Fullan, Co., Fai Allanda.

  2. How long and since whyn have you been a resident of this since.

  (2. State J. 2) / 1/4661.
- When and where were you born 2 18 4 3, hunch 29 Touberry Ro. Sola
- When and where and in what company and regiment did you enlist or serve?
- 5. How long did you remain in such company and regiment? commente the suline las
- 6. When and where was your company and regiment surrendered and discharged?

  Asherocollex, a. A. 775.7367
- 7. Were you present with your company and regiment when it was surrendered? 1140
- 8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I say I required to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the first beautiful to the fir
- 9. How much can you carn (gross) per annum by your own exertions or labor? bere tille.
- 10. What has been your occupation since 1865? Refuer been, Meeting & clocks 11. Upon which of the following grounds do you base your application for pension, viz. first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? A similar to levery
- 12. If upon the first ground, state how long you have been in such condition that you fould not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?
- I was recorded three Comes courses, him, but through land, and therest west wist-land left Leg- which sines me much trouble and fame at lines,
- 13. What property, real or personal, or income, do you possess, and its gross value? - Torres
- 14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, by sale or gift, have you made of same? I care to leastere
- 15. In what County did you reside during those years, and what property did you then return for taxation?
- Fullon 60. 16. How were you supported during the years 1898 and 1899? what little I and
- 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? Contain 1808 and 1809: What was your employment during 1808 and 1809: 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 a homestead ! do family - to homestead
- 20. Are you receiving any pension? If so, what amount and for what disability? 1. no whatener
- 21. Have you ever made an application for pension before ! Twee Sefore

22. How many applications have you ever made and under what class? Hone . .

Sworn to and subscribed before me this the Jas & Lathrof Applicant,

QUESTIONS FOR WITNESS.
STATE OF GEORGIA
county)
of said State and County, having been presented
as a witness in support of the application of a 2 N. Collino of for pension under Section 1254, Code, and after being dulk sworn true answers to make to the following questions,
1. What is your name and where do you reside " 11 13 ) Chi.
2. Are you acquainted with how long have you known him? You years, the applicant; if so,
2. Where does he reside, and how long and since when has he been a resident of this State?
10 2/00/1
4. When, where and in what company and regiment did be enlist, and how do you know? 15 6/.
5. Were you a member of the same company and regiment 2
v. H. a. L. a. Ed by most any regular military date ? (11) by C. C. 10 A. C. C. 10
7. When and where was his command surrendered? Affice of the grid pill 1864
8. Were you present when it surrendered?
9. Was applicant present."
10. It he was not present, where was he?
When did be leave his command A Stat 4 1865 For what cause? - Le & Secureded
By what authority he left 2 to the of for 2 to the How do you know all of this?
11. What property, effects or income has the applicant? (Give your means of knowledge.)
The Mal & Ruser of
12. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same 1 to a control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
14. What is the applicant's open pation and physical condition? I take the week clock
s. pairer Art 2000
15. 1- the applicant unable to support himself by labor of any sort, if so, why?
13. 15 the apparent master to support ministra by above of any set, it so, way
16. How was he supported during the years 1898 and 1899?  1776 ver let over le 2000 celle
17. What portion of his support for these two years was derived from his own labor or income?
transition our remounder,
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension
under Section 1254, Code? Ay & Physical infunction
19. What interest have you in the recovery of a pension by this applicant?
Sworn wand subscribed before me, this
the 13 day of May 1901 Witness.
Tile ik of bouch for
trevery bounty Ste
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

#### AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Proposally of me beight of
both known to me as reputable physicians
of said County, who, being sextrally overs, say on eath that they have examined carefully Sauch
such personal examination say that his precise physical condition is as follows:
James a day have correlly come said
Course Dialitise + also Rhundidan of
his Entire Body & Lucko Which Ruders
hum mable to ore form any thing of Hosts
They further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we before the process in said pension.
being allowed. L. Gordan My
27th day of Surve 1908 My
- Constitution of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,  Julioue COUNTY.
John R Williamson, Ordinary in and for said County, hereby carries
that the applicant June a Lather of recides in said County, mothers been a bonn fide resident of this State since the Troubles of the years 1880.
and that the witnesses, viz:
* * B + B + B + B + B + B + B + B + B +
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 with the foot
the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness
before same was signed.  I further certify that the tax digests of Security County show that applicant
I further certify that the tax digests of Relicort County show that applicant
returned for taxetion in his name in 1898 Dollars
of property, and in 1899 Dollars of property,
In my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this the day of July 1909.
Jun Plusken Ordinary,
Mullon County.
NOTE.
<ol> <li>Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help</li> </ol>
you God."

#### QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Falten COUNTY
2 0 M H - 1
of said State and County, having been presented as a witness in support of the application of Author for pension
under Section 1254, Code, and after being duly sworn true answers to make to the following questions,
CH-
1. What is your name and where do you reside ? / 110/0/1000
2. Are you acquainted with yes the applicant; if so,
2. Are you acquainted with how long have you known him? Would 40 years
3. Where does he reside, and how long and since when has he been a resident of this State?  109 Marketta St. Alland 12
4. When, where and in what company and regiment did he eglist and how do you know?  Swere you a member of the same company and regiment?
5. Were you a member of the same company and regiment?
6. Were you a member of the same company and regument?  6. How long did he perform regolar military duty " Heavy " Heavy " Month"  7. When and where was his command surrendered " Heavy 1865"
appointing 6.6. Fa
8. Were you present when it surrendered? I was Not
9. Was applicant present? He was
10. If he was not present, where was he
When did he leave his command "For what cause?
By what authority he left? How do you know all of this?
Ind I would no beauti
11. What property, effects or income has the applicant? (Give your means of knowledge.)
12. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what
disposition, if any, did he make of same" only upan gool
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
to internal NO
to internal NO
to internal NO
14. What is the applicant's occupation and physical condition. The is a repairer of watches Colo chest Sewing Machines.
to internal NO
14. What is the applicant's occupation and physical condition. The is a repairer of watches Colo chest Sewing Machines.
14. What is the applicant's open partial and physical condition. The is a repairer of watches Colorchest Sewing Machines.  15. Is the applicant unable to support himself by labor of any sort, if so, why. M. by ala wound the clivability.  16. How was he supported during the years 1898 and 1899. by his repair work.  17. What portion of his support for these two years was derived from his own labor or income?
14. What is the applicant's occupation and physical condition. The his a repairer of watches (Solo chest bewing Machine).  15. Is the applicant unable to support himself by labor of any sort, if so, why. M. by all wounds the disability of the was be supported during the years 1898 and 1899. By his repair work.  17. What portion of his support for those two years was derived from his own labor or income?  18. Give a full and complete statement of the amplicant's physical condition that entitles him to a pension.
14. What is the applicant's occupation and physical coudition? The is a repairer of wastekes Colorest Sewing Machines.  15. Is the applicant unable to support himself by labor of any sort, if so, why? M. by ala wound the clivability.  16. How was he supported during the years 1898 and 1899? by his repair work.  17. What portion of his support for these two years was derived from his own labor or income?
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14. What is the applicant's accountion and physical condition? The Marachines of Walches (Colorche) thewiring Machines.  15. Is the applicant unable to support himself by labor of any sort, if so, why? M. by all wounds the disability of the was be supported during the years 1898 and 1899? by his repair work.  17. What portion of his support for those two years was derived from his own labor or income?  18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1204, Code?  19. What interest have you in the recovery of a pension by this applicant?  19. What interest have you in the recovery of a pension by this applicant?  19. What interest have you in the recovery of a pension by this applicant?  19. What interest have you in the recovery of a pension by this applicant?  19. What interest have you in the recovery of a pension by this applicant?  19. What interest have you in the recovery of a pension by this applicant?
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14. What is the applicant's occupation and physical condition. The has a repairer of watcher Color chapt bewing Machines.  15. Is the applicant unable to support himself by labor of any sort, if so, why. M. by all wounds to clearly be a condition of the support himself by labor of any sort, if so, why. M. by all wounds to clear the conditions.  16. How was he supported during the years 1898 and 1899. by his repair work.  17. What portion of his support for these two years was derived from his own labor or income?  2000 18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1204, Code?  Because of old wounds and Phisecal moderning.  19. What interest have you in the recovery of a pension by this applicant?  Nove wholese Sworn to and subscribed before me, this has been a fine and the subscribed before me, this has a physical condition.

Jathrop, James G. Fulton Co.	Fension office 10/1/04. Not an aged man, the extent of infirmity must be shown to be such in its effect upon his earning capacity, that he cannot by ordinary effort earn his support at mys kindel labor.  J. W. Lindsey		Executed in	to receive an	STATE
INDIGENT PENSION.  1904  1906  Name Startnyp  County Julion	J.W. Lindsey  Com of Fens  If physicians will heed the suggestion of commissioners nets of 10/1/04 they will have ne tre trouble wist/ in finding what is wanted. It is not su much as saids his infirmities are, but to what extent has his carning openity be extent has his carning openity be extinary effort been affected and impaired, not that he cannet de manual labor, but does it impair him from toing anything or any kind of labor.	e.	presence of	d receipt for the pension allowed and at	POWER OF GEORGIA, COUNTY.
JOHN W. LINDSEY, Commissioner of Populons.	J.W.Lindsey Com. Of Pens.			of	OF ATTORNEY
Ordinary will write name of Applicant, Company and Regiment on back as indicated above.  Geo. W. Hatchoor, Save Fricher, Audata, Ga.			-[L 8.]	hereby authorize	•

19. What interest have you in the resovery of a pensjon by this applicant? Nove Whatever Sworn to and subscribed before me, this file, Mount Witness.

The Aday of Sworn 1998.

Witness.

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TATE OF GEORGIA,  Sullong.  COUNTY,  Arthur of said State and County, desiring avail himself of the Pension Act (Nection 1254, Code), hereby aubmits his proofs, and after being duly sworn no answers to make to the following question; depose and answers as follows:  What is your name and wage the your seisle? (Give State County and post-office).  How long and singe when have you been a resident of this State?  When and where were you born? 1343-914 in Near Newberry to So.  When and where and in what company and regiment did you enlist or serve?  OB 1540-1541 himself of the State?  When and where and in what company and regiment? Survived the culture of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat
avail himself of the Pension Act (Section 1204, Code), breshy submits his proofs, and after being duly sworn to make to the following questions, deposes and answers as follows:  What is your name and where the you reside? (Give State County and post-office)  Limits of the Pension Act (Section 1204, Code).  How long and singe when have you been a resident of this State?  When and where were you born? 1343-91(m. 1) New Dearry to So.  When and where were you born? 1343-91(m. 1) New Town New Bearry to So.  When and where were you born? 1343-91(m. 1) New Town New Bearry to So.  When and where were you been a resident of this State?  When and where were you been a resident of this State?  When and where were you been a resident of this State?  When and where were you been a resident of this State?  When and whare we see you been a resident of this State?  When and whare we see you been a resident surrendered and discharged?  (If office the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second
How long and since when have you been a resident of this State?  When and where were you born? 1343-9100. Near Newberry Ls. So  When and where were you born? 1543-9100. Near Newberry Ls. So  When and where and in what company and regiment did you enlist or serve?  1. B. I so gray his his himself of the rule  When and whare was your company and regiment when it was surrendered?  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 cause
When and where and jn what company and regiment did you enlist or serve?  (U.B. 1 - 10.6 9 129 11:1. Muslend told received to the received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received told received tol
When and whore was your company and regiment surrendered and discharged?  (If Africa)  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 cause
. How long did you remain in such company and regiment? Serving The Eulere Iver.  When and where was your company and regiment surrendered and discharged?  (If The your company and regiment when it was surrendered?  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 cause
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d by whose nuthority? I have free east or all it was
How much can you earn (gross) per annum by your own exertions or labor : wheet 75. A. Lan
What has been your occupation since 1805? I word, farm, salver and reference
What has been your occupation since 1865? I word 16 12 horse and before and before your application for pension vir. first, "age and poverty," you could, "infirmity and poverty," or third, "blindness and poverty the
. If upon the first ground, state how long you have been in such condition that you could not earn your
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to whether you are totally blind and when and where you lost your sight? I need to fill the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont
. What property, real and personal, or income, do you possess, and its gross value? ?
What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and
02, and what disposition, if any, by sale or gift, have you made of same? Held it for from the
. In what County did you reside during those years, and what property did you then return for taxation?
How were you supported during the years 1899, 1900, 1901 and 1902;
134 test 1 research tal of the year, and what fortige day you contribute thereto by ur own labor or income? Attended to Abelle of the year.  What, was your employment during 1898, 1890, 1901 and 1902? What pay yild you receive in each year?
Have you a family? If so, who composes such family? Give their means of support? Have they a
mestered, or other property? Their ages and how employed! Have no family.
Are you receiving any pension? If so, what amount and for what disability? force
. Have you ever made an application for pension before? Her only one
How many applications have you ever made and under what class? They one, 1111 V.
Sworn to add subscribed before me this the  2 G apy of D (M. P. 190 )  Applicant.
of Tullan County,

....County.

*
Sough German FOR WITNESS.
STATE OF TEORETA, Newberry Copner.
26 @ 34 68
Cas A. Siatheop
under section 1254, Code, and after being dult sworn true answers to make to the following questions, deposes and
answers as follows:  1. What is your name and where do you reside " W. B. Franklin  The beauth bounds Se
2. Are you acquainted with Jas. It Spetush the applicant; if so, how
long have you known him? I about fifty years,
48 touta Sa. About Iwenty Live years
4. When, where and in what company and against did he enlist, and how do you know?
5. Were you a member of the same company and regiment?
How long did he perform regular military duty  When and where was his command surrendered? Approximation Va
8. Were you present when it surrendered? " (Le 2-1
Were you present when it surrendered?  9. Was applicant present?  1. 1/2 2-2.
10. If he was not present, where was he when did he leave his command? 10 12 of April 765 For what cause? Succeeded.
By what authority he left? Q. R.S. Lee How do you know all of this?
I was there,
11. What property, effects or income has the applicant? (Give your means of knowledge.)
12. What property, effects or income did the applicant possess in 1899, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same?
13. Has be conveyed away any of his property in the last four years; if so, what was it, and to whom?
14. What is the applicant's occupation and physical condition . Rapselining matches,
Not good
15. Is the applicant unable to support himself by labor of any sort; if so, why?
In incott's to suffront lineally by season of
wound in the right arm, left by the
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902?
17. What portion of his support for these four years was derived from his own labor or income?  All of J.
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254. Code?
diserse by laking angenes
19. Who composes family? What property have they? Children's age and their earning capacity?
Your, Nour Mul
20. What interest have you in the recovery of a pension by this applicant?
Smorn to and subscribed pefore me, this the WB Shankler
17th day of Sept. 1904 Wiresa.
I clark of bourd for
Newberry Country SC.

#### AFFIDAVIT OF PHYSICIANS.

	STATE OF GEORGIA,
	Fullon COUNTY.
	Personally came before me It Commons Mand
	MA Children M W, both known to me as reportable physicians
	of said County, who, being severally sworn, say on oath that they have examined carefully
	dailing for pension under Section 1264, Code, and after
	such personal examination say that his precise physical condition is as follows:
	We have carefully examined of (1
	La Larop 1 Lind - him Juffering with
	theunativin cruset on ganihat
	wound received in War als Brighti
	is care which Permanently & essensionly disables him
	and that we have no interest in said pension being allowed.
	8 worn to and subscribed before me, this, the
	Solute Wil Amoon ordinary, With Schildreds of
,	7
/	ORDINARY'S CERTIFICATE.
	STATE OF GEORGIA,
	COUNTY
	1. Ordinary, in and for said County, hereby certify
	that the applicant . A . Lange resides in said County, and has
	been a bona fide resident of this State since theday of189.
	and that the witnesses, vis.:
	· made
	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 eath
	hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.
	I further certify that the tax digest ofCounty shows that applicans
	returned for taxetion in his name in 1899.
	returned for taxation in his name in 1899
	property, and in 1900. Dollars of property; in 1901
	property, and in 1900. Dollars of property; in 1901  Dollars of property; in 1902
	property, and in 1900. Dollars of property; in 1901  Dollars of property; in 1902  Dollars of property.
	property, and in 1900. Dollars of property; in 1901  Dollars of property; in 1902
	Dollars of property; in 1901  Dollars of property; in 1902  Dollars of property.  In my opinion the foregoing claim is made in good faith.
	Dollars of property; in 1901  Dollars of property; in 1902  Dollars of property; in 1902  Dollars of property.  In my opinion the foregoing claim is.  Witness my hand and seal of office, this day of day of 1909

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 evidence you shall give will be
the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of

## POWER OF ATTORNEY.

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		receipt for	- pensio					
W	ITNESS	my hand and	d seal, this		_day of			
ν.		: the			MARKET PROPERTY OF THE PARTY OF			[L. S.]
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LLED.)	- Profitant	SION	1	of C	. 1906.	Pensions.	0	
ENROLLED.)	7	ENSION	3.	uning	и <b>єр</b> 7 — 1906.	DSEY.	DED TO	
EADY EMPOLLED.)	32	PENSION	96.	ton.	7 ISSUED 1908.	LINDSEY.	HANDED TO	
ALREADY EMPOLLED.)	232	PIGENT R'S PENSION	906.	W. Author. Regiment	PRANT ISSUED	AN W. LINDSEY.  Concrnicationer of Pensions.	ANT HANDED TO	
CODE STOOT ISS. THOSE ALREADY ENROLLED.)	No. ~ 32	INDIGENT IER'S PENSION	1908.	F. Hon.	WARRANT ISSUED	JOHN W. LINDSEY. Commissioner of Pervious.	TARBANT HANDED TO	
(FOR THOSE ALREADY EMPOLLED.)	No. 322	INDIGENT LDIER'S PENSION	1906.	County Filton	WARRANT ISSUED  // - 1908.	JOHN W. LINDSEY. Commissioner of Pensions.	WARRANT HANDED TO  U. P. L. A.	

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Fulton. County.
Personally appears as a Lathropor Fulton
County, State of Georgia, who, being duly sworn, says or oath that he is a bona fide citize
and resident of said County and State, and has resided in said State continuously eve
since theday of1862; that he isyears old an
by occupation a wee and, that he emisted in the military service of the Con
rederate States (or of the State of ) during the week late
States, and served for the term of 4 in Company of the Regimen
of leuth farolina (bregg that his physical condition is a
follows: Sufirmity and poverty,
that his property consists of the following items:
of the value of Dollars. I am now earning
Dollars per month That by recess of the
physical condition and poverty he is unable to support himself by his own averti-
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,
1004, and the Acts amendatory thereof, and makes application for the pension to which be
s entitled for the year 1906. I have heretofore, as a resident of Fulfton.  County, been allowed a pension for the year 1905.
Sworn to and subscribed before me, this the Aday of AN 1906 1906.
the first street and the
Ordinary.
State of Georgia,
H 14 14 mm
County.)
I, Ordinary of said County,
o certify that I am well acquainted with al
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'AN1906
day of
AME ( CONTRACTOR )
Ordinary County.
Norz.—The blank spaces must be filled.  Norz.—A filday's should not be attended before January let 1992.

The undersigned, residing at 109 Marriella Dt. Atlanta ga who is an Ex-confederate Soldier and a member or Camp No.528. Cample Street.

1. C. Ps., hearty at your sequest, presents this Certificate or Bligibility for a contribute or Bligibility for a contribute or Bligibility for a contribute of themore. He entered the service of the Confederate States on the 1 day of Laguer 1861, us a private in Company B' of the 1st Regiment of South Carolina — Dolunteers, Gregge- afternard Monard Bryadic 8. A. and was at that time a resident of Mariana County, State of South Carolina.

He was honorably discharged from said service by the terms of South the was honorably discharged from said service by the terms of South the E. Lees Surrender, at Appenditor, CH. Tra. on the 91/2 day of 45 il 1865, at which time he held the rank of 1221-21 in 2 2 if Sligh. Y Bry are

Respectfully.

Respectfully.

The Laguer & Carolina & Papelica & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & Laguer & La

and B. C. C. Appropriate by order of in grant tracker on number . Camp W. C. W. of your O. Mencey

Jilly ary

manager camp to 36 & contest controlerate Veterana.

Note the 25th day of by 1902

Jeco Off of aces,

Calolo O

#### POWER OF ATTORNEY.

STA	TE OF GEORGIA,  County.
	I,, hereby authorize
	eceive and receipt for the pension allowed; and request that he remit same to
b <b>у</b>	
	WITNESS my hand and seal, thisday of1907.
	[L. S.
	Executed in presence of

GOLDIER'S PENSION

SOLDIER'S PENSION

TOOR A REGIMENT

COUNTY

WARRANT ISSUED

WARRANT HANDED TO

WARRANT HANDED TO

The undersigned, residing at 104 Mariella 31. Allante Ja
who is an Ex-Confederate Soldier and a member of Camp No. 928. Comp. 12 ker.
U. C. Ps., heroby, at your request, presents this Certificate or Bligibility for a
Sents devate Grove of Honor. He entered the service of the Confederate States on
the 1 - day of August 1861, as a private in Company B"
of the 1st Regiment of South Carolina - Dolunteers,
Triggs - afternand , It Grame Porgade & S. A., and was at that time a resident of
Hending County, Alate of South Caro line 1
He was honorably discharged from said service by the terms of Sint.
11. E. Les Surrender, at Oppomatting CH. Vra. on the 31/2
day of 9/2 sic 1865, at which time he held the rank of
Respectfully.
Respectfully.  You I La Throft Applicant
Elle endorse the above certificate.
IF B. Frante En
The certify that WAD minters members of Co. B. , at S. a. Ry. Aufanty C.S.
The certify that WIS Frankies Members Camp No. 326 United Confederate Veterans. Members Camp No. 326 United Confederate Veterans. Members &
and B. C. B. Appropriate by order of Members Camp No. I de Confederate Voterane Menting of the protection of the are members of Comple U. C. W. J. No. 356
Court W. C. W. no. 356. J. Hayar
Commander Camp No. V V Childed Confederate Veterans.
Adjutant worn to and julis or hed before
me the 25th day of July 1902
July 18th 1902 July 18th 1902 July 18th 1902

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
Fulton 4 County
County, State of Georgis, 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 of18.8/; that he isyears 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 4 /12 in Company , of /" th Regiment
of Dilly Ligger Post; that his physical condition is as
follows: Jusermial of Rocerty
/
that his property consists of the following items;
that his property consists of the following
of the value of Dollars. I am now earning
by my labor,Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or
labor, and that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is autilled 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
Sworn to and subscribed before me, this the
John R. Wilhense Ordinary.
Oldinary.
State of Georgia,
- }
John R. Williams Ordinary of said County,
I, John R. Williams A Ordinary of said County,
do certify that I am well acquainted with Jaco, A. Lattirop
the applicant in the foregoing affidavit, and am well satisfied that the starements 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 ?1907.
Jal OR Of Winson
Ordinary Cr. 1400 County.

of Lutton me in my name, the Pension due Pension Roll from said County now deceased, who was on the at his death. day of Thuray ATLANTA, GA... 10 HARRY G. POOLE, 18 FUNERAL DIRECTOR 49 EAST HUNTER STREET PRIVATE CHAPEL AND AMBULANCE 100 800 Application for Pension Due Deceased Pensioner, oved and Ordered Paid all appeared Hang Gootle who after by stone may the factoring bill in Under Act 1904. LINDSEY Som to and market LAthrop, J. befor me Fely 26th 1908

Georgia, Fulta I hereby authorize and constitute

FLOVD M. YOUNG, M. D.

----

State of Georgia, County of Fulton. Atlanta, Ga.

Nov., 28, 1904.

Personally came before me, Dr. Floyd E. Young, 1 W. F. Auten, E. P., both known to me as reputable physicians of said County, who, being severally

ATLANTA. GA. sworn, say on oath that they have examined caronully J. A. Lathrop, Applicant for Pension under section 1254, Code,

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

He was shot while in the service in both hands, injuring the left wrist to that extent that he has almost lost the use of this hand. He was also shot in the left leg during the service, which greatly impairs his locomotion. He suffers continually with rheumatism,

FLOYD M. YOUNG, M. D.

OFFICES, AUSTELL SULLDING,

ATLANTA, GA.

also partial paralysis of the bladder, and kidney complications, all of which totally dis ablet him from performing manual labor sufficient for a living, and that we have no interest in said Pension being allowed.

Sworn to and subscribed before me, this,

the 28 day of -527_ 1904

John Wil Kans snordinary.

Application for Pension Due to a Deceased Pensioner,

Under the Act of August 15, 1904, to be paid to the Ordinary for Funeral Expenses and Expenses of Last Illness.

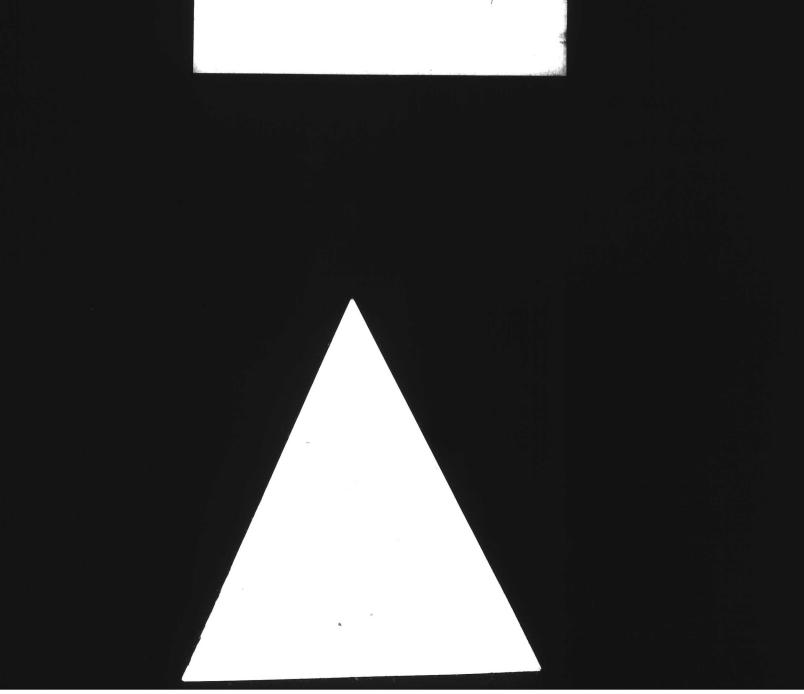
Georgia Fullon County.
Georgia, Julian County.
Personally before me, the Ordinary of said County, comes of said County, who, after being sworn on of said County, who, after being sworn on of said County, and that he was on the death shigh occurred in this State, on the day of Jehrang 190 f, and that a Pension of Dollars was due him and unpaid at the time of his death. That he left no widow or dependent children surviving him, and no estate of any value sufficient to pay his funeral expenses, which amounted to
1.1-
itemized, hereto attached.
Sworn to and subscribed before me, this  St. day Floring 1900  John Milled Mann Ordinary,  Futton County.
Georgia, County.  I Mi Nivilanian, Ordinary of said County, do certify that I personally know A County Magazin, who is a resident
citizen of said County, and that he is of a truthful and trustworthy character, entitled to
full faith and credit.  I also knew Adalhou while in life;
that he was the same person whose name appears on the
Pension Roll of County, and was paid a Pension of
July Dollars in said County for 150
and I now believe him to be dead.

Given under my hand and official seal, this 25th day offiching

County.

- fretten State of Georgia ? attanta 5a. County of Fulton John 1 1905. Denom all, Come by a me bath known to love to as reputable Physicians of Waid County and FLOYD M. YOUNG, M. of State, but heing severally orione, warner wown, Survey Day are a who that They have Carefully examined The applicant of didathand for sending ender her time 1254, Cole, and often such personal examination say that his precise Shysical constitues is as follows. That is both hand, infining the ceft word of white the was of instance to he has almost four the with was of instance a grand had award in the left less which impoint has become a four of continually suffer from the beautiful for the placeter, and the was atom. I continually suffer the beloader, and Kilney Complications, all of which disables him to had at tent from doing any manual labor as calling, Flugom. Joung M.D. Swom to and subjected before me Sept 11-1904 John Wilklimin Ordinary

County.



atimer, E.W (m Pousion Of water 1697 the mises are nagustra to an + noticed any symptoms No. 3742 of the disease mith which they Say the decrava dia - and Widow's Pension, of the day can to that the the start and the start and the same to that the the start and the same hospital 1897. for said disease sife so to hum, PAID TO I how how did he remain in COUNTY Min E. M. Latimor such hospital- was he ais the omet of such insurer -What was the his phy wical condition for the privas fol. Widow of Thomas for a timer loving the war - what play Si cide or physicians touched RICHARD JOHNSON, him dining those grand -Commissioner of Pensions. In the mitnesses know that he new was well after the Warrant Issued, may = Witnesser much & AND HANDED TO

The instruction

### POWER OF ATTORNEY.

STATE OF GEORGIA, COUNTY.)

1. 3. 14 Lating & hereby authorise A full viel of Since with the pension allowed and request that he remit same to by Check. request that he rent same to

Y Chicoke (Lollege Garle)

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this E. 11. Latine Ordinary, Minimitale County. La.

**Widow**'s Pension Warrant Issued, AND HANDED TO

1897.

## Affidavit to be Made by the Widow.

STATE OF GEORGIA,
COUNTY OF Gullace
In person came before me, the undersigned Ordinary in and for the County of
Mrs. LC (LS & GC (A) (LS), "" who being sworn according to law, says under
outh that she is the wildow of Norman H. School and who was a soldier in
the service of the Confederate States, and served as a member of Company
services on or about the Acres day of ((ugud h 1860, and was in the
Paulide, all Army up to home it Nursender 186 . That while in the
Army, he was on the day of 186 , (See Note No. 1)
Contracted a cold and canyly the came home
with said Daugh which continued until he
deed bring expected with long bookse brief
from paid court and desert contraction
"iduite in The confederate Revoice. The
did from said strug travale sury 1th 1871
3
Account with supplied where a second a state of the field indisconnection observations described in the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second disconnection of the second dis
Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and
that she has never married since his death; that she became his wife on the.
day of 1/1 416 1 18 40, and that she was born in the though County In and has resided in Georgia continuously since the 18 14.
that Georgia is her home, and was such on the 23d December, 1890, and since said date she has not lived in any
other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided
by Act of General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February
15th, 1897, and herewith tenders the proof of her right to receive the pension granted by said Act.

Viers E. W. Latimer

Norm 1.—State in blank about the date of the death of the husband, and how, and when, and where he died. And in case his death resulted from disease, state how the disease is known positively to have resulted from the service of the soldier to the Army and not from any other cause.

Note 2.—The Ordinary will see that ALL blank spaces are filled before the affidavits are signed.

A ffida vit	for	Three	Witnesses.
Amuavii	IUI	111166	W ILIIGAAGA.

STATE OF GEORGIA.

and		
and	each known to said Attesting Officer as truthful,	
reliable and reputable cit	tizens), who severally say under oath, that, FROM THEIR OWN PERSONAL KNOWLEDGE,	
Mrs. Olyata	the W Lalence, now a resident of the County of Teelland	
State of Georgia, is the v	widow of Thomas of I Solices who was a soldier in	
Company .	of the 12 Regiment of La State 1. Volunteers.	<b>D</b>
		crac
That said soldier enlisted	d in the service of the Confederate States (or the Georgia State Troops) on or about the	
. / _	day of Leag 186.3. That while in said service or by	
reason of said service in	the Army, he died on the day of day of	
189 / from the follow	wing causes: In Tule in The Aure in the Carlot ball in	
Guera Z.	and Came hour with Vaia Court.	
If 100	19 18 48 11 hay	
1	19 Le le Consol Mais	
Dudge of	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
ough &	Vacable class thering the terrice are	
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Certificate	0ſ	Ordinary	0f	the	County	0f	Applicant's	Residence.
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STATE OF GEORGIA.  In and for said County of Fullow
COUNTY OF Succession of in and for said County of Fuller
State of Georgia, hereby certify that I am acquainted with Mrs. 677 actimes
the applicant for a pension in this case, and know from my own knowledge, (or from positive proof presented to me
by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December
23d, 1890, and has not yet lived out of the State since that date. I also certify that the witnesses, to-wit:
contigue to by a uman of merimether 50
and, whose testimony she presents to sustain her claim, are
known to me to be truthful witnesses, entitled to full faith and credit as such, and that the full text of the affidavit
was read to and understood by them before same was signed. I am fully satisfied that this claim is made in good
aith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.
In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the
2 2 day of 1897.
(~~)
BEAL)
Ordinary.
Form Vo. 4

#### NOTES

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

Those whose husbands died in the army of wounds or disease contracted in the service.

Those whose husbands went to the army and have never been heard from since the war.

Those whose husbands were wounded in the army and have since died from the direct effects of the wounds. No pension can be paid for previous year.

Those whose husband contracted disease in the service and who after the war, died of the disease caused by the service. The disease directly causing the death.

No widow is entitled unless she was the wife of the soldier during the service, and has never remarried.

The law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act.

The facts to establish a claim must be substantiated by testimony of three witnesses who personally know of the enlistment of the husband and his death and the immediate cause of the death.

If the husband died since the war testimony by physicians must be produced.

Widows who have married since the service of their husbands in the army are not entitled.

If witnesses live in another County from that wherein applicant resides, they must go before the Ordinary of their County and testify. The attestation of a Justice of the Peace or Notary will not ansace in any case.

If proofs must be made out of the State, the witnesses must be sworn before a Judge of a Court of Record under Scal, and the witnesses must be certified to as reliable, and that their signatures are genuine.

Fill out power of Attorney authorizing some one who can call at Treasurer's office in Atlanta and receive the money, to receipt for same.

Fill out the "directions" below Power of Attorney, so that your agent will know where and how to send the money.

Widows whose husbands enlisted from another State or served in other Commands then Georgia Commands are not entitled to pensions unless they were born in Georgia and can make proof of that factors.

By order of the Governor.

RICH'D JOHNSON,

Commissioner of Pensions.

## POWER OF ATTORNEY.

to receive	and receipt for the p	hereby authorize of Jecue	quest that he remit same	to (55)
	Executed in presence	of Start of St	, φ.	
For Those Heretofore Paid.	MIDOW'S PENSION, For your ending February 18th, 1889.	Muse County  Widow of Alicental A  RICHARD JOHNSON,	WARRANT ISSUED  724 1899. AND HANDED TO  R F LAITMAN	GEO. W MARRISON, STATE PRINTER, ATLANTA

		1	POW	ER OF	ATI	OR	NEY	<b>7.</b>
		un	~_ c	ounty.	hereby a			2 Zatim
to rec	eive and	receipt	for the	pension p	aid herec	n and	reque	st that he remit same to
_4	zu				_at _ 2			and seal, this 200 ch
day of	) Erecy	ted in p	resence o	_1900.	E. l	0.7	La	timer [L. S.] ×
To Those Heretofore Paid.	1900.	NO. 2935-	WIDOW'S PENSION,	For year ending February 18th, 1900.  Mu. E. M. Saltware.	Hellen County,	Widow of	JNO. W. LINDSEY, Commissioner of Pracions.	WARRANT ISSUED  AND BANDED TO  AND BANDED TO  Office of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Compan

times E. W. Mes.

## For Widows Heretofore Allowed Pensions.

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

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

STATE OF GEORGIA,

County of

FULTON

continuously ever since.	CF=	18 19 That she is the Widow of
chric cation	L	who was a soldier in Company
Q of the	Gust- Regiment of	Ta State our Col
Volunteers, that he enlisted in said regim	ent on or about the month of	ang.
186 3 and served in the Army up to	WHEN .	1865 That he lost his
life on the	_day of	18 (State here
full particulars of the husband's death.	when, where and from what caus	e.)
Can tictea's	non whi	while up
Deponent swears that she was the wife of		
sie has never married since his death afore		the year 18 33
I have been allowed a pension as a	resident of FULTON	County for the year ending
February 15th, 1898, and now apply for		. /
worn to and subscribed before the day of	1899. Post-Office	Lalimer Park Ga
State of Georgia,		HULSEY,
FULTON (		inty, certify that I amwell acquainted
with Mrs. Leli a abette	11. Jaconic who r	nade the above affidavit and am satis-
fied that the facts therein staged are true,		represents herself to be, and that she
has continuously resided in this State since	e the $23$ day of	Dee 18.90
Given under my official signature	and seal this the 2 .	day of
Official \ Seal \	Ordinary of FU	ELTON County.
	11/1	6

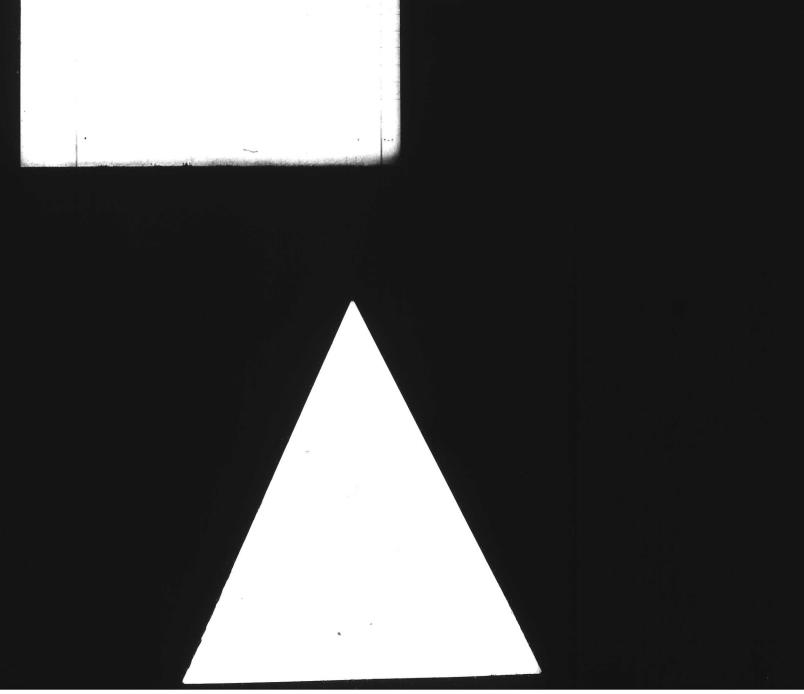
## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally Comes Mrs.
County of Falkon 6. M. Letimer
who, being sworn, says on oath, that she is a bona fide resident of said county of
Fulkon State of Georgia, and that she has RESIDED in said State
ontinuously ever since October 18/9. That she is the Widow of Hard. I hattimer who was a soldier in Company
a. of the Anich Regiment of the State I'm Cot
Volunteers, that he enlisted in said regiment on or about the month of Quyant
86 and served in the Army up to 186 3 That he leet his died
on the 5-10t day of January 1891 (State here
particulars of the husband's death, when, where and from what cause) of the ruy trouble
caused by proceeding the Confederate army spring
Contracted lung trouble while
in the army from which he
died in January 1891
Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that
he has never married since his death aforesaid, and that she became his wife in the year 18 35.
I have been allowed a pension as a resident of Julion County for the year ending
February 15th, 189_9, and now apply for the pension provided by law for the year ending February 15th, 1900.
Sworn to and subscribed before me, this
devas debrusy 1900.
R. F. Thompson order
mistery of M. H. Halsey
State of Georgia, an annual
Fallon County, Ordinary of said County, certify that I am well acquainted
with Mrs. Elizabeth M. Getterner, who made the above affidavit and am eatis-
fied 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 23/d, day of Dec. 18 90
Given under my official signature and seal, this the 26 day of 1900.
man Willaming
Official Seal. Ordinary of Fulxon County.
Ordinary of

State of Georgia Georgia In Survey aung Merinether County 3 before me Dr J. . Merivicher County Eurocally Cure befor metrains Shysician of said County a & Hilair Ordering in and. It Sine Comery & H Head phices 7.11 Wangthe who a tustoworthy + repudable man, who on outh says, he treated Thomas J. Satimer from ench known to her as health force the Close of the war for Cough reliable ince refulable Coliques and lung trouble, until about Who Severcelly Day uncer coich That from This ocon fusioner 1880, or windil said Thomas J. Knowledge that in addition to Satismer more from said County to the County of Julian, where The oath already made by Them and by Suppleheers I Same Say he died; and debount says That They feest to Ticale my Lymfurther that after and decid? went to Fullow County he Tours of The Coung's week Leeby house Which resultan in The death of (deponent) made frequent visite Thomas & Latiner was in The to see the afflicted ald zman until he died of said disease Mulie of 1843. While in The Confellicate Survice in both Georgia Contracted in the service. (hear sent Trans) When Said and that said disease was Chron-Thos I Latine Coulactice ic Bronchitis. a form Cold and Cases. J. J. Latimer M.D. hour having messervice. Sover to & Subscribed before me. This Juny 27-1898.

A.J. Hinten ordinary hurrion & That lieve he was. hale and hearty and affawith five from any desease Cortainly fine from It have I certify that B. J. W. Langhlin, J. 16 Traceble. He was his Sent to Can Hora Intal but shortly afternay Komphino, J. It Halker + At J. J. Latimer whose germain signatures appear ture to Same Time in Thy 1864) discharge This Jany 27th 1888. Ordinary. from The Served and Caree. Timese. and way ever after brutha tout The Cough and Levery house

Lo Carta clic Which grew worse Continues until his deards Dr. I. Latineer how of lane. afte Mereviche County atlended him and healed him for Several years after the War. Cefficients Say he was here were of The Cough and Ling hould after The War. Which il of Their Liven I and Subscriber 2 B. 7. In Langthin Zait tout Ta To la homin may Concern - Sift 23. 189/ before me This Jacourany & Jas Holbringhine This outifier that I was Physician 9. M. T. Walker 27/2 1898 to Thon I Latine and family for a A. J. Houten few gray preceding his Droithe was to abbed with chronic Bronchilis Ordinary. and died with that disease in 1th day of Jamay 1891-Such hand sol ficeston laylon Into - 1- 23 d . s .. 7-16 King



Hatimur Sen Drawn

Tulton County

No.

Widow's Pension

UNDER ACT 1910

06 6

Name to Vivacque

Widow of Carlotte

0.63

J. W. LINDSEY;
Commissioner of Pensions.

Chas. P. Byrd, State Printer

11/9-1912

Application for Pension by a Widow Under Act of 1910 .- Questions for Applicant. STATE OF GEORGIA,

	ghe.	County.
	, D	rsonally before me come of said State and County
nd		being duly sworn, on oath says that she desires to apply for a pension allowed under the Act
f		1910, and submit testimony to make out the same, true answers makes to the fol-
wi	ng q	uestions to-wit:
	1.	What is your name, and where do you reside was de dans
	2.	How long and since when have you been a continuing resident of the State of Georgia?
A	e e	When there and to thom were you married? 1.8.69. (2/18) allower.
	4.	When, where and in what Company and Regiment did your husband culist as a soldier in
onf	corre	ate Army or Groupin Militia? (State the arms and class of Service) 11 June 1 1/4 1
d	-	When and where hid the Commands of your pushand surrenter ar discharge from the army?
		executions AC alex 26-1865 by led & Johnston
	6.	Was your husband personally present at the time of the surrender or discharge of this Com-
and	13	hes
	1.	If he was not present state clearly where he was? Alexand hersent
	×.	Where was his command when he left?
	a.	For what cause did he leave his Command?
	b.	By whose authority did he leave his Command?
	c.	For how long was he granted leave of absence?
	0.	What was his physical condition when he left his Command?
	f.	What effort did he make to return to his Command?
	g.	In what way was he prevented from going back to Command?
	h.	Was he captured by the enemy at any time?
	i.	If so, when and where captured and where held as a prisoner, and when and for what cause
leas	sed?	
		With to & Part 22 mil 1911
	j.	When and where did your husband die? The Man La. Ruch. 22 190
	k.	Were you residing together when he died?
	1.	If not, how long had you resided apart? What property of any description did you own, hold or control for your use and its cash
luc	. No	v. 4, 1908? (State same by items.)
	10.	What property of any kind have you sold or given away since Nov. 4, 1908? What was re-
ive	d for	it and what did you do with the proceeds thereof? (Give items and cash value.)
		An a
21	11.	
ve		and cash value.
	12.	What are your annual earnings or income and their value?
	12	However hands (one have paid a partier by the State)

#315-An

Questions for the Witnesses as to Service of Husband and Marriage.
STATE OF GEORGIA,
Personally before me comes Robert le Latiner who after
being duly sworn true answers to make, to the following questions, answers as follows:
What is your name and where do you reside? Robert G. Satisme. adhered
3. How long and since when has she continuously resided in this State? (Give date.) # 7.40-
When and to what was she warried? It of allong of the do you know from Record
16. How long and since when did you know Loge Localing her
husband For more than 60 year- he being younger brother
the husband of Applicant die 180 180 190 100 100 100 100 100 100 100 100 10
Were the applicant and her husband living together as husband and wife at the date of his
death 125 - Most deatedly)
< Durat, how long did they live apart before his death?
Were they discorded.
When, where and in what Company and Regiment and Shall have the contint of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Colo
(porrige Prigat at the of Sumender)
10. Were you a member of the same Company: Yes
11 How long within your personal knowledge distine perform actual military service with his company and Regiment 1400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 - 400 -
When and where did his Compand surfender, and we discharged to the form
Were you personally present when it was surrendered?
were you
<i>L</i>
16 Was the husband of applicant personally present at surrender. Ges. If not
where was he
authority did he leave his Command?and how
was he granted leave? How do you know all this? Was It Commanding Vasseld US offer in willing Parel
for my Co 4 the Degione
15 For what cause, if you know of your own knowledge, was he prevented from returning to
is 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 Robert C. Latimer
day of Velou 1982
SRWing bild & Ordinary
of Clarke County

AFFIDAVIT OF TWO	O FREEHOLDERS.
STATE OF GEORGIA, County.	
	who on oath says that they
are freeholders of said County and that they know of said County and know what property she one of	``
by Schedule (A) as follows.	riling
Personal property	- / s
Notes and accounts due	ss.
Total	s
Schedule	e (B).
We know the property sold or given away since	e Nov. 1th, 1908, its cash value to be as follows:
Personal property	\$
Money, Notes and Accounts.	Thomas s
Schedule	
We also know what property she has now in h	e possession use and control to wit
Acres of land worth	8
Hurava and Mulva	*
Cows and Hogs.	
Other Property	\$
Income and Earnings.	\$
Total Value of all property as	id effects.
of Fullo	County.
ORDINARY'S CI	ERTIFICATE.
STATE OF GEORGIA,	
Filler County	
with RIVIER	1.04
hat, I know hus Geo T. Latin	Ordinary of said County do certify
s the person she represents herself to be and she is	the applicant for pension. She
County and was on the 4th Nov., 1908	
That I also know	the witness who swears
o the service of husband, and U. J.	ewait who are
reeholders. That all of them are now residents of sa	id County and were duly sworn by me before
signing the foregoing affidavits and that they all are	truthful, trustworthy, and their statements are
entitled to full faith and credit.	
That the Tax Returns	Returned for Tax is for
908 \$ Wolling for 1910 \$ Wolls	
Sworn under my hand and official seal of office	this day of
(SEAL.)	Ku & Will Kingging
	Duelpin County
(SEAL.)	County.
	all swear applicant and the witness in the following
words: "You do solemnly swear that you will true the evidence you shall give will be the truth. So hel 2. Additional amdavits may be attached if blank spaces	all swear applicant and the witness in the following answers make to each of the questions asked you and by you God?"  are insufficient.

Sworn to and subscribed before me this t		(SEAL.)	
SPM may build a blanke	Ordinary.	(SEAL.)  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **NOTES**  **	following you and by gen-
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	LAtimER, G.T. (Mrs.)		
	Fulton County 1921	H. M. PATTERSON ESTABLISHED 1896 FRED	W. PATTERSON
	Application for Pension Due	H. M. PATTERSON & SON	
	Deceased Pensioner Under Act 1904	FUNERAL DIRECTORS  96 North Forsyth Street	
	(To pay expenses of last illness or funeral)	Adjusting Cornegue Librery Atlanta, Ga., August 10, 19	21.
	For Mis & To Stime	Sold to Funeral Expenses of Mrs. G.T. Latimer:	
	of Co	Casket and Box Transfer to Office 5	
	Died aug 10-1971	2mbalming, dressing, etc.	
	Approved and ordered paid.	Georgian notice   2   88	
	J. W. LINDSEY,	Grave and Lining   10   50     Motor Plower Car   5     Motor Hearse   15     Fallbearse Motor Coach   12	
*	Commissioner of Pensions.	Four Limousines 40	
7		GEORGIA. FULTON COUNTY  Passonally before the undersigned author ty now comes H. M. Patterson, who upon oath says that the above statement of account is just, true, due and unpaid.  Sworn to and subscribed before me this December 19, 1921.  C. C. Ordinary.	353 28
7.	Ordinary: Fill out above in full and send this blank to Pension Office for approval be- fore you may out the money.	this December 19, 1921.  Cuthus R in audust C C Ordinary.	•
	fore you pay out the money.  Atlanta Printing Co., Atlanta, Ga.		
de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya della companya della companya de la companya della	Raid		
A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR			

## Application for Pension Due to a Deceased Pensioner

Under the Act of August 15, 1904

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

EORGIA, Fulton County.	
Personally before me, the Ordinary of said Co	unty, comes
H. M. Patterson of s	aid County, who, after being sworn, on oath says
nat he knew Mrs. G. T. Latime	
ne Widows Pension Roll	
me of his death, which occurred in	fulton County, in this
tate, on the 10 day of	August 1921, and that
Pension of \$125.00	
npaid at the time of his death. That he left no w	
estate of any value sufficient to pay his funeral e	expenses, which amounted to the sum of \$353.
ollars, as per sworn statement, itemized, hereto	attached.
Sworn to and subscribed before me	\
is 19 day of December 1921	1/19 Paller
hur R Market, Ordinary.	SI IPL FOR LAND
Fulton County.	)
County	
AFFIDAVIT OF	FORDINARY
FORGIA Fulton County	
EORGIA, County.	Ordinary of said County do cortify
I, Thos. H. Jefiries	Ordinary of said County, do certify
I, Thos. H. Jefiries at I personally know H. M. P.	tterson , who is a resident
I, Thos. H. Jefiries at I personally know H. M. Pa tizen of said County, and that he is of a truthful at	tterson , who is a resident
I, Thos. H. Jefiries at I personally know H. M. Pa tizen of said County, and that he is of a truthful at dd credit.	tterson , who is a resident nd trustworthy character, entitled to full faith
I, Thos. H. Jefiries at I personally know H. M. Pa tizen of said County, and that he is of a truthful a dd credit. I also know Mrs. G T L	while in life; that he
I, Thos. H. Jeffries  at I personally know H. M. P.  tizen of said County, and that he is of a truthful a  dd credit.  I also know Mrs. G. T. L  as the same person whose name appears on the	while in life; that he  Wi dows  , who is a resident while in life; that he
I, Thos. H. Jeffries  at I personally know H. M. P.  tizen of said County, and that he is of a truthful a  dd credit.  I also know Mrs. G. T. L  as the same person whose name appears on the	while in life; that he  Wi dows  County, and was paid a Pension
I, Thos. H. Jefirias at I personally know H. M. Pa tizen of said County, and that he is of a truthful as ad credit. I also knew Mrs. G. T. L as the same person whose name appears on the old of Fulton	while in life; that he wi dows Pension  County, and was paid a Pension  Dollars in said County for 1929, and
I. Thos. H. Jefiries at I personally know H. M. Pa tizen of said County, and that he is of a truthful a ad credit. I also know Mrs. G.T. I as the same person whose name appears on the foliof Fulton for State of the same person whose name appears on the coll of Fulton	while in life; that he  wi dows  County, and was paid a Pension  Dollars in said County for 19. 20, and
I, Thos. H. Jefirias at I personally know H. M. Pa tizen of said County, and that he is of a truthful as ad credit. I also knew Mrs. G. T. L as the same person whose name appears on the old of Fulton	while in life; that he wi dows  County, and was paid a Pension  Dollars in said County for 19.20, and
I. Thos. H. Jefiries at I personally know H. M. Pa tizen of said County, and that he is of a truthful a ad credit. I also know Mrs. G.T. I as the same person whose name appears on the foliof Fulton for State of the same person whose name appears on the coll of Fulton	while in life; that he  wi dows  County, and was paid a Pension  Dollars in said County for 19. 20, and

H. M. PATTERSON

FRED W. PATTERSON

## H. M. PATTERSON & SON

#### **FUNERAL DIRECTORS**

96 North Forsyth Street Adjoining Cornegie Library

Atlanta, Ga., August 10, 1921.

Sold to Funeral Expenses of Mrs. G.T. Latimer:

Casket and Box	175	1 1		
Transfer to Office	5			
Embalming, dressing, etc.	15			
Dress	60	1		
Two Constitution notices	6	84		
Georgian notice	2	88	× .	
Journal notice	3	06		
Truck for Box	3	. 4		
Grave and Lining	10	50		
Motor Flower Car	5			
Motor Hearse	15			
Pallbearers Motor Coach	12	1 8		
Four Limousines	40	1 1		(
GEORGIA. FULLOW COUNTY.  PRESONALLY BEFORE THE MINDERSIGNED AUTHOR  COMES A. Patterson, who upon oath says the above tatement of account 18 just, true, due thingald  EWORN to and subscribed before me this December 19, 1921.  Cuthum R Laulut  C C Ordinary.	ty now t the and	1.0-4 ·	353	28

I now believe him to be dead. 10 day of Given under my hand and official seal, this. Mul Valga Ordinary. (SEAL) Fulton County. NOTE—For use in all cases where penalters died after Jan. Ist, had not been ont of flats between these twelves mustle and dies withhout consider referred in reverve to new configuration to reverve to new configuration of the flat season of the flattes and of the second in Itemized form, giving value for each item and for what. Ranning accounts, other than those connected with last illness before death, cannot be patch. All seconds must be made out and wever to before the Ordinary, in the Goldering form: "The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of Parties who pay such hills must see to it that they are itemated and every to as above directed before presenting them for payment by the filts.

Parties who pay such hills must see to it that they are itemated and every to as above directed before presenting them for payment by the filts.

In the filts.

In the filts are parties such that or explicitly the beaut made on the face or bask of each hill emblitted for payment, and must then the payment for the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the filts of the

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Tally ATTAL Confederate Soldier's Application. UNDER ACT 1910. by low - David County Fultan Name J.M. Lawlow

Confederate
Soldier's Application
UNDER ACT 1910.

Company Lawhow

Company County Lawhow

Rethand County Lawhow

Approved

## APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

## Questions for Applicants to Answer.

## STATE OF GEORGIA,

_	County.
his testim propound	of said State and County, hereby applies naion provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with ony to make out the same, and after being duly sworn true answers to make to the questions of, answers as follows, to wit;  What is your mames and where do you reside? (Give County and Post-office).
J W	Lewhon, Atlanta, Ga., R. F. D. No. 72, Fulten County.
	How long and since when have you been a continuous resident citizen of this State?
	vorps.
	Did you enlist in the Army of the Confederate States or of the Organized Militia of this State
	to 1865? In the Army of the Confederate States.
4.	When and where, and in what Company and Regiment did you enlist? (Give the arm and class
of Service	1861, Paris, Texas. Co. G. McGuuleuh's Escort.
	How long did you remain in the actual Military Service with said Company and Regiment?
(Give dat	e of discharge)
	1865, near Atlanta, Ga.
7.	Were you actually present with your Command when it was surrendered or discharged?
8.	If you were not actually present, state specifically and clearly where you were. Hed been 41
	and sent home on account of sickness.
	Where was your Command when you left it? Elkhorn, Arkansas.
b.	When did you leave the Command? Fab.!y 1862
c.	For what cause did you leave?Discharged
d.	By whose authority did you leave?
0.	For how long was your leave granted? In what way? was discharged
f.	Why did you not return to your Command after leave expired?
B:	In what way were you prevented?
h.	What effort did you make to return?
i.	Were you captured during the war? No.
j.	If so, when, and where? In what prison were you held and when were you released?
9.	What property of every discription was owned, in the use, possession and control of yourself
	and its cash value on the 4. Nov. 1908? (Make list by items and value.)
10.	What property of any kind have you or your wife disposed of and for what purpose since 4 Nov.
	whom and for what price?
11. розвенніот	What property of any discription of any kind, and of any value now owned and in the use, and control of yourself and wife and its cash value? (Make itemised list). Hence.
	What annual or monthly income or earnings of yourself and wife and the source derived have
your	othing whiever, am unable to do any work.

Sworn to and subscribed before me, this the

County.

## QUESTIONS FOR WITNESS AS TO SERVICE.

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		DeKelb	County.	The second second			
A.	Robe	et E. Jones s in support of the			of said State a	nd County is hi	oreby presented
by	a witnes the Act	of 1910, in said Sta	application of te, and after be	J. W. La ing sworn true	enswers to mak	for the pe e to the question	nsion provided he propounded,
ans		What is your name	and where do	you mailded	Pahont P	14-14-14-14-14-14-14-14-14-14-14-14-14-1	
D							
	2. I	County, Geor			Fifty year		
Sta	3. V	There does he now now do you know?	reside, and sine	ce when has h	e been a bonafi	de, continuing	resident in this
	4. X	When, where and in	what Company	and Regiment	did J. w t	awli An	enlist during
Bennett	from 18	61 to 1865; (Give meny, General low did you obtain	date and place	1861. P	aris. Texe	a. do. d.	dant.
Res		. He was in					
	6. E	low long within yo	our own person	al knowledge	did he perform	actual militar	y service with
this		ny and Regiment?					
	7. V	Vhen and where wa	s his Command	surrendered d	or discharged (g	ive date and p	lace)
***		orn Tavern,					
	8. V	Vere you personally	present at the	Surrender?	68.		
	9. 1	f not, where were ye	ou and how cam	e you there?		and the first	
	10.	as the applicant p					
-	11. I	f not where was he					
	12. W	hen did he leave h	is Command?	181	68	Where was	his Command
whe		it? Elkhorn Ta					
		By whose aut					
		granted leave?					
		nave stated to be tru					
milita	ent a	nd know that	he was di	scharged	because he	was unab	le to do
How	v do you	know? Because hat effort did he m	. I was th	ere and k	now that h	ie was una know?Non	blev
*******	15. W	as applicant captur	red as a prisoner	No	If so, when	T. S. S. S. S.	
		In what prison v	vas he held?			and v	rhen released?
*******	Sworn	to and subscribed		the )	3. km	Janes	*
Da	The	a Riels	1910	Ordinar	y. 11		
/ 4		· C	(/	Lilla	1/1		

STATE OF GEORGIA.

Personally before me comes O says that they are free holders residing in said County and the applicant for pension and we know the property that is no and wife and of its cash value to wit: (Make First by items and value

I. What property, if any, has been sold or given away by the app

19087. (State to fully by Items )
2. When and to whom was it sold or given to
What was the price paid or stated to be paid!      What relation is the party to applicant!
S. What disposition was made of the preceeds of the sale?
Was the disposition of this property made in good faith and full values?  or was it made to obtain a pension?
gworn to and subscribed before me, this the
Margelly McFree Tree Ordinary.
of Joseph County.
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,

LAWellts Control of Said County, certify that I know Pension is the person he represents himself to be and resides in said County. The iso kind who are free holders, that

they are all relidents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and county and their statements are entitled to full faith and credit. That the Tax Results of That the shows that and wife value for tax is in 1908 8 MANA Sworn under my hand old official seal Goe this ...

..County NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following readout of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of th

AFFIDAVIT OF TWO FREEHOLDERS. STATE OF GEORGIA. Personally before me comes 6 2 1. What property, if any, has been sold or given every by the applicant or his wife stars a Noy.

APPLICATION FOR Leg FOR CONFIDERATE SOLDIER.

Applicant. R. E. Gauchan

County Fully

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## STATE OF GEORGIA.

Fullow

County.)

Personally appeared before me. State of Georgia, who, being duly aworn, deposes and says that he was on the 20th day of September, 1879, a bound fide resident of this State; that he enlisted in the military service of the Confederate States, or of this State, as a. *** Volunteers that while engaged in smell military service, to will at the baddle or engagement of *** Mountain the State of *** Volunteers that while engaged in smell military service, to will at the baddle or engagement of *** Mountain the State of *** Volunteers that while engaged in smell military service, to will at the baddle of the *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Mountain the State of *** Moun

COMMISSIONED OFFICERS AFFIDAVE

### STATE OF GEORGIA,

Gall

County.

lost a .......in the military service as said in the above affidavit.

9. F. Lawkon V. 1879

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Note.—If the affidavit of the commissioned officer is not obtainable, the following affidavit of three responsible citize must be furnished.

#### AN ACT

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

SECTION 1. Be it enacted by the General Assembly of the State of Georgia, That any person now a bona fide resident of this State, who enlisted in the military service of the Confederate, Mates, or of this State, who, while engaged in said military STARC, lest 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 elliow, sixty dollars, for an aria not extending above the elbow, forty dollars. Provided the said amounts of money may be allowed to any one entitled to the benefits of this Act who may prefer to supply himself with the said artificial limb.

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

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

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

HENRY R. GOETCHUS, Scretary House Representatives WM A HARRIS, Secretary Senate. Approved, September - 0th, 1879.

A. O. BACON, House Representations RUPUS E. LESTER, President Senate

ALPRED. H. COLQUITT, Governor

STATE OF GEORGIA,
Fallon County.
Personally came.
who, being duly sworn, depose and say they are acquainted with.
that said; that he is a born fide citizen of this State, and we are well satisfied that the face stated by higs in the above affidavit are true.
Sworn to and subscribed before me this
= Woulded Minds 187 2 Statemen
montattullo
STATE OF GEORGIA,
Inston County,
1. Same Sthumen Ordinary of Stallow
county, do certify that I am well acquainted with
affidavit are true, and that I am welf acquainted with
the citizens who make their allidavit, that they are respectable citizens of this county, and that the facts stated by them are trucked there is a stated by them are trucked.
Given under my hand and official scal, this
Aquiel Pethian
"Datuary Felo.

NAME, Lawhon, R E

YEAR 1879 COUNTY Pulton

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RAPK. Private

COMPANY AND RUGIMENT? Co F 23rd Regt. Ga. Vols

NAME OF CAPTAIN AND COLUMEL? Captain R 'M Mitchell

WOUNDED? Battery Wagner, South Carolina - August 30, 1865 - Left leg, necessitating amputation below the knee.

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RELEASED.

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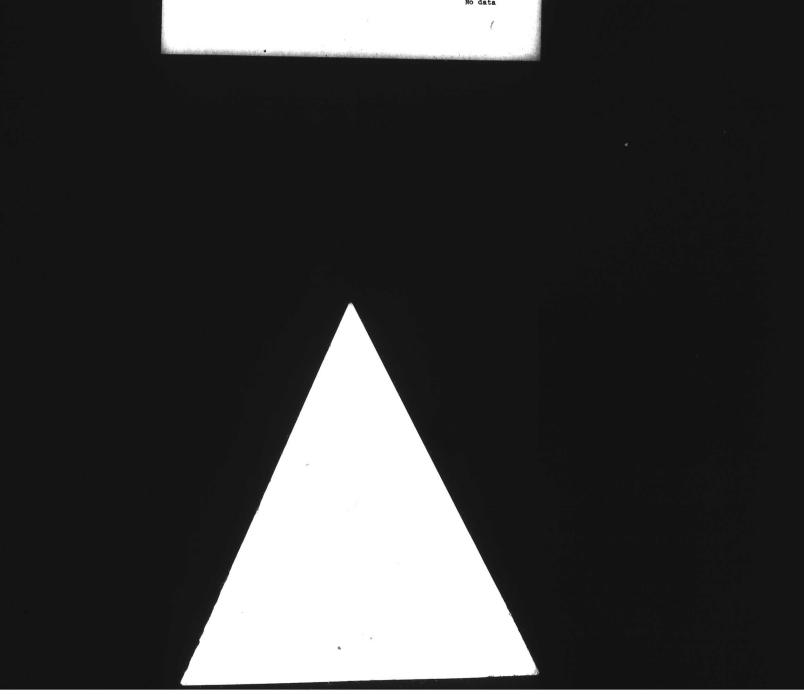
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DIED, WHEN AND WILLPE?

BURIED.

WITNESSES. M G Whitlock, Valuey Dunning and J H Ketner

No data



POWER OF ATTORNEY.
STATE OF GEORGIA.

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WARRANT HANDED TO			- Tr	·	emit same
Geo. W. Harrison, State Printer, Atlanta.		٤	<u>^</u>	1	8

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STATE OF GEORGIA;	
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at .	
IN WITNESS WHEREOF, I have hereunto set my h	and and seal, this
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## POWER OF ATTORNEY

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STATE OF	GEORGIA,			
-	County.			
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***	Sec. 11 (A)	of		
to receive and	receipt for the pension p	aid hereon and r	equest that he remit	same t
		by		
at				
IN WITH	NESS WHEREOF, I have	hereunto set my	hand and seal, this	
day of		1897.		
				[L. S
Exe	cuted in presence of	)		
		4.7		

Name M. Kair hon County Fulton

Disability Ha 22 2

1897.

SOLDIER'S PENSION. (For Those Aiready Errelled.) INVALID No. 649

RICHARD JOHNSON,

WARRANT BANDED TO

# For Applicants Heretofore Allowed Pensions.

County,	
personally appears TV. R. Law how of Tuelow	
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 1844; that he enlisted in the military service of the Con-	
federate States (or of the State of	
States, and served as min Company &, of 7 th Regiment	
of La Voluntuers, Parkers 's Brigade; that whilst engaged	
in such military service in the State of Va , on the 2/ day	
of 1864, he was wounded, injured or diseased as follows:	
Shot though have disathers have	
Tions the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	
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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	
Intitled for the year ending October 26th, 1896. I have hereforce as a resident of	
mnmtt county been allowed a pension of mm	
dollars, for the year 189 .	
Sworn to and subscribed before me, this, the	
2 6 day of 7 1896.	
M. L. Calpmid Order	
Nore-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.	
7 E	
STATE OF GEORGIA.	
tulling County.	
10. 10	
I, Ordinary of said County,	
do certify that I am well acquainted with W. A. Jankow the	
applicant in the foregoing affidavit, and am well satisfied that the statements made by him	
in his said affidavit are true, and I know he is the individual he represents himself to be	
and that he resides in this County.	
Given under my official signature and seal, this 26	
day of	
rout ochour	
bers.	
Ordinary Tulin County.	
, (a)	

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

personally appears M. N. X	owhow of	fullon
County, State of Georgia, who being duly	y sworn, says on oath that	he is a bona fide citizen
nd resident of said State, and has reside	d therein continuously eve	r since the
ay of 184/;	that he enlisted in the mil	itary service of the Con-
ederate States (or of the State of	) duri	ng the war between the
States, and served as a hir wa	Te in Company Ze	, of 7 th Regiment
f Sa Volunteers, 13	actions 's Brigad	e; that whilst engaged
n such military service in the State of	Va	on the 21 day
	vounded, injured or disease	ed as follows:
	2 2	
Shot through	hand his	Mingle
one, morga	nana an	er cory nou
December desired to continue to the	-	
Deponent desires to participate in the		
nd the acts amendatory thereof, and		
ntitled for the year ending October 26		
esident of Juinzall		ed an invalid pension of
liverty four Doll		Lauhn
Sworn to and subscribed before me	this, the	Launn
gold day of .	1897. POST OFFICE	
Mittouis	7—	
Note-State fully the nature of wound or characters the disability, resulting from the wound or disease.	f disease which causes the disability, a	and explain particularly the extent
TATE OF CEODOLA		
STATE OF GEORGIA,	Į.	
Xullan County.	, )	
Hellow County	0	linary of said County.
o certify that I am well acquainted wit		
pplicant in the foregoing affidavit, and a		the
n his said affidavit are true, and I know	ne is the individual he re	epresents himself to be
nd that he resides in this County.		
7. Harris N. W. W. W. W. W. W. W. W. W. W. W. W. W.	official signature and seal,	this
day of	1897.	
Amz		
your ( seal )	an record of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the residence of the reside	
المتسل	Ordinary	County.
		County.

#### POWER OF ATTORNEY

STATE OF	GEORGIA, County	}	
I,		_hereby authorize	***
(A) (1)		of	
to receive and	d receipt for the pen	sion paid hereon and reques	t that he remit same to
		by	
at_			
IN WIT	NESS WHEREOF,	I have hereunto set my hand	and seal, this
day of		1898.	
			[L. S.]
Exec	ruted in presence of	}	
(For Those Aircady Enrolled.) No. 2 2 48	SOLDIER'S PENSION.	Name J. L. J. Gas v. 7: 5-2. County J. M. L. L. L. Disability S. L. & M. C. 2. L. L. Amount, \$ 217 1888.	RICHARD JOHNSON, Commissions of Fractions.  WARRANT HANDED TO  CMACK  TO ACT

	POWER (	OF ATTORNEY,	
STATE OF GEO		}	
Ι,	the Killian to control minimum and	hereby authorize	
		.of	
to receive and receive	eipt for the pen	nsion paid hereon and request	that he remit same to
-		by	
at			
IN WITNESS	WHEREOF,	I have hereunto set my band as	nd seal, this
day of		1899.	
		\$ 1 FIS 1	[L. S.]
Executed	in presence of		

Name M. Can h o County

County Disability

1899.

Cont extraction and (Fer These Aiready Enrolled.)
No. 1876 6
INVALID
SOLDIER'S PENSION.

111, teta

RICHARD JOHNSON,

WARRANT HANDED TO

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
Fulson County.	
Dersonally appears 7. 1. Lewhon of Ful	Kan
County, State of Georgia, who being duly sworn, says on oath that he is a bo	nd fide citizen
and resident of said State, and has resided therein continuously ever since t	
day of 18 74; that he enlisted in the military service	
federate States (or of the State of) during the wa	
States, and served as a Private in Company 6, of	
Volunteers, Der Carlo 's Brigade; that w	hilst engaged
in such military service in the State of /a., on the	
of July 1861, he was wounded, injured or diseased as for	
That through land digable	
and mining reach require	ing or
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ntitled for the year ending October 26th, 1898. I have heretofore under	said law as a
entitled for the year ending October 26th, 1898. I have heretofore under	said law as a
mittled for the year ending October 28th, 1898. I have heretofore under esident of Dollars, for the year 189  Sworn to and subscribed before me, this, the	said law as a
sentitled for the year ending October 26th, 1898. I have heretofore under resident of Dollars, for the year 1897.  Sworn to and subscribed before me, this, the day of 1898. POST-OFFICE.	said law as a lid pension of
Sworn to and subscribed before me, this, the last fully the nature of wound or character of disease which tauses the disability, and espicia part the disability, resulting from the wound or character of disease which tauses the disability, and espicia part the disability, resulting from the wound or character of disease which tauses the disability, and espicia part the disability, resulting from the wound or character of disease which tauses the disability, and espicia part the disability, resulting from the wound or disease.	said law as a lid pension of
Sworn to and subscribed before me, this, the last fully the nature of wound or character of disease which tauses the disability, and espicia part the disability, resulting from the wound or character of disease which tauses the disability, and espicia part the disability, resulting from the wound or character of disease which tauses the disability, and espicia part the disability, resulting from the wound or character of disease which tauses the disability, and espicia part the disability, resulting from the wound or disease.	said law as a lid pension of
sutitled for the year ending October 28th, 1898. I have heretofore under resident of Dollars, for the year 189 Sworn to and subscribed before me, this, the day of 1898. POST-OFFICE.  Note-make fully the nature of wound or character of disease which the uses the disability, and sepicin part the disability, resulting from the wound or disease.  COUNTY.  COUNTY.	said law as a lid pension of
mittled for the year ending October 26th, 1898. I have heretofore under esident of the year 189 J. J. Sworn to and subscribed before me, this, the day of 1898. POST-OFFICE.  NOTE—Thate fully the nature of wound or character of disease which suses the disability, and septicis part the disability, resulting from the wound or disease.  STATE OF GEORGIA, County.  I. A. J. J. J. J. J. J. J. J. J. J. J. J. J.	said law as a lid pension of feet and county,
ntitled for the year ending October 26th, 1898. I have heretofore under esident of the year 1897. I have heretofore under esident of Dollars, for the year 1897. Sworn to and subscribed before me, this, the day of 1898. POST-OFFICE.  Norm-stan fully the nature of wound or character of disease which suses the disability, and explain part the disability, resulting from the wound or disease.  STATE OF GEORGIA,  County.  I, Ordinary of o certify that I am well acquainted with The New York County.	said law as a lid pension of fewer the extent said County, the
ntitled for the year ending October 26th, 1898. I have heretofore under esident of the year 1897. I have heretofore under country been allowed an inva Dollars, for the year 1897. Sworn to and subscribed before me, this, the day of 1898. POST-OFFICE.  Norz-state fully the nature of wound or character of disease which suses the disability, and aspicia partitle disability, resulting from the wound or disease.  STATE OF GEORGIA,  Country.  I, Ordinary of o certify that I am well acquainted with 2. R. Country of the population of the foregoing affidavit, and am well satisfied that the statements	said law as a lid pension of heart standards the extent said County, the made by him.
ntitled for the year ending October 26th, 1898. I have heretofore under esident of Dollars, for the year 1897.  Sworn to and subscribed before me, this, the day of 1898. POST-OFFICE.  Nora-state fully the nature of wound or character of disease which causes the disability, and esplain particle disability, resulting from the wound or disease.  STATE OF GEORGIA,  County.  I, Ordinary of o certify that I am well acquainted with A. County of certify that I am well acquainted with A. County of the statements of his said affidavit are true, and I know he is the individual he represents	said law as a lid pension of heart standards the extent said County, the made by him.
entitled for the year ending October 26th, 1898. I have heretofore under resident of Dollars, for the year 189 of Dollars, for the year 189 of Sworn to and subscribed before me, this, the Aday of 1898. POST-OFFICE.  Nora-Biase fully the nature of wound or character of disease which tauses the disability, and exploin part the disability and exploin part the disability. County.  I, Ordinary of the certify that I am well acquainted with The County of the foregoing affidavit, and am well satisfied that the statements in his said affidavit are true, and I know he is the individual he represents and that he resides in this County.	said law as a lid pension of heart standards the extent said County, the made by him.
Sworn to and subscribed before me, this, the  day of 1898. POST-OFFICE.  Note-thate fully the nature of wound or character of disease which to use the disability, and septoin part of the disability, resulting from the wound or disease.  STATE OF GEORGIA,  County.  I,  Io certify that I am well acquainted with  In the foregoing affidavit, and am well satisfied that the statements in his said affidavit are true, and I know he is the individual he represents and that he resides in this County.  Given under my official signature and seal, this	said law as a lid pension of heart standards the extent said County, the made by him.
entitled for the year ending October 26th, 1898. I have heretofore under resident of Dollars, for the year 189 of Dollars, for the year 189 of Sworn to and subscribed before me, this, the Aday of 1898. POST-OFFICE.  Nora-Biase fully the nature of wound or character of disease which tauses the disability, and exploin part the disability and exploin part the disability. County.  I, Ordinary of the certify that I am well acquainted with The County of the foregoing affidavit, and am well satisfied that the statements in his said affidavit are true, and I know he is the individual he represents and that he resides in this County.	said law as a lid pension of heart standards the extent said County, the made by him.
Sworn to and subscribed before me, this, the layer of the disability, resulting from the wound or character of disease which to use the disability, and aspicin part to the disability, resulting from the wound or character of disease which to use the disability, and aspicin part to the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of	said law as a lid pension of heart standards the extent said County, the made by him.
Sworn to and subscribed before me, this, the layer of the disability, resulting from the wound or character of disease which to use the disability, and aspicin part to the disability, resulting from the wound or character of disease which to use the disability, and aspicin part to the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of the disability of	said law as a lid pension of heart standards the extent said County, the made by him.

## For Applicants Heretofore Allowed Pensions.

TATE OF GEORGIA,
Fulkon County.
personally appears I. A. Lawkom of Falkon
ounty, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
nd resident of said State, and has resided therein continuously ever since the
ay of 1847; that he enlisted in the military service of the Con-
ederate States (or of the State of
decrate States (or of the State of) during the war between the tates, and served as a Private in Company of the Regiment of the Volunteers, Sactaco 's Brigade; that whilst engaged
s brigade; that whilst engaged is such military service in the State of, on the 2/ day
f 186/, he was wounded, injured or diseased as follows:
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Deponent makes application for the pension to which he is entitled for the year end-
ng October 26th, 1899. I have heretofore under said law as a resident of County been allowed an invalid pension of
County been allowed an invalid pension of
\$ 7500 Dollars, for the year 1808
Sworn to and subscribed before me, this, the Manhon
day of Le Cq 1899. POST OFFICE
(?) Totalen
Nore-State fully the nature of wound or character of disease which causes the disability, and explain particularly the atom of the disability resulting from the wound or disease.
STATE OF GEORGIA,
Talkon County.
1 4 1
I, M. Halacy Ordinary of said County,
do certify that I am well acquainted with W. A. hawkorn the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
n 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
Affix four four freely
Ordinary Zace County.

do certify that I am well acquainted with Mr. R. Machann the do certify that I am well acquainted with W. M. Tawkorn applicant in the foregoing affidavit, and am well satisfied that the statements made by him 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 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. and that he resides in this County. Given under my official signature and seal, this___/ Given under my official signature and seal, this Affix your seal here.

Jawhorn, S. C. Mrs.

Fulton Country,

189 1900

# APPLICATION FOR PENSION DUE DECEASED SOLDIER UNDER ACT 1881.

Mrs. L. le, Lawhon

Widow of W.T. Lowhan
County Gulton

Approved and Paid #25#

Mule 5 /900 189

Harris Joshnady,

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

## APPLICATIONS FOR PENSIONS DUE DECEASED SOLDIERS.

Under Act Approved October 9, 1891.	
STATE OF GEORGIA,	
COUNTY OF Fulture	
Personally appears before me Mrs. Z. lo. Lawhorn	-
of said County of Hulton State of Goo	orgia, who, being duly
sworn, says on oath that she is the widow of W.R. Lawke	zz
who was a disabled Confederate soldier, and whose name had been duly enrolled as	entitled to a pension
of in Makes des	Dollars annually from
the State of Georgia. That said Why Lachon	Donars annually from
died on the // day of January	1900
Gounty and that at his death, his rig	tht to said non-i C
the year ending October 26, 189 had accrued, but had not been paid to him for the	
Applicant, as his widow, applies for the amount which would have been paid him had	
Sworn to and subscribed before me, this	the lived to this time.
26 day of Zee 19th has h & the	whom
more	
Transity.	
If allowed, I authorize	
to receive and receipt for the amount.	
Attest:	
· · · · · · · · · · · · · · · · · · ·	
Note.—Above form may be used by the guardian or next of kin for any dependent minor children of dies and leaves no widow, by altering the same to suit the facts.	the deceased soldier who
and the lacts.	

COUNTY.

1. Ordinary of said County, do certify that I am personally acquainted with Mrs.

1. Ordinary of said County, do certify that I am personally acquainted with Mrs.

1. Ordinary of said County, do certify that I am personally acquainted with Mrs.

1. Ordinary of said County, do certify that I am personally acquainted with Mrs.

2. Ordinary of said County, do certify that I have been allowed a pension under the law on account of disability proven, and that at the date of his death his right to a pension had accrued but nad not been paid for the current pension year.

3. Given under my official signature and seal, this.

4. day of the current pension year.

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

for Applicant. Widow's Pension

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

S'FATE OF GEORGIA.
County.
mil 10 for also
Personally before me comes. Of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act
of
lowing questions to wit:  1. What is your name, and where do you reside? The Lawfor Callanty Ear
2. How long and since when have you been a continuing resident in the State of Georgia?
3. When, where and to whom were you married? MC3/ 4/163 Weekle Carly Mood.  4. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-
Pagerate Army of Georgia Millia? (State the arms and place of Service)
When and where did the Commands of your husband surrender or discharge from the army?
6. Was your husband personally present at the time of the surrender or discharge of this Command?  He was not but served from they yet like & 1166 about
7. If he was not present state clearly where he was the Jevernest Employ at mentally
8. Where was his Command when hadely The Way Committed at Millians of
a. For what cause did he leave his command? Alechand a acet 1 would
b. By whose authority did he leave his Command?
c. For how long was he granted leave of absence?
e. What was his physical condition when he left his Command? the was his physical condition when he left his Command?
f. What effort did he make to return to his commands that the will be for hearth and a limit of the way was no prevented from going back to Commands.
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 re-
j. When and where did your husband district 1/4/899 - White
k. Were you residing together when he died?
1. If not, how long had you resided apart?
What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.)
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received
for it and what did you do with the proceeds thereof? (Give items and cash value.)
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11. What property of any description of any value have you now?
10 What had a fine to the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first terms of the first t
12. What are your annual earnings or income shall their value?
Tore
13. Have you heretofore been paid a pension by the State?
13. Have you heretofore been paid a pension by the State?

Questions for the Witnesses as to Service of Husband and Marriage.
STATE OF GEORGIA,
FULTA County.
Personally before me comes
being duly sworn true answers to make, to the following questions, answers as follows:
1. What is your name and where do you reside? La litera. Cast Hours to
How long and since when have you known
all for life.
4. When and to whom was she married? LNP Lawhor How do you know?
5. How long and since when did you know the her
husband? I late it to restand have per State garring to phools.
6. When and where did Lot to See Miller at Aller to the husband of Applicant die? Acc. Held to one Miller at Allerthan the
7. Where the Aplicant and her husband living together as husband and wife at the date of his
death? whis william will your Door to withing
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 LA R. Landham enlist?
See 1000 y the Gas Infanton
10. Were you a member of the same Company?
11. How long within your personal knowledge did he perform actual military service with his Com-
pany and Regiment: frate and frate of the state of the st
12. When, and where did his Command surrender, and was discharged?
a iffromation lett. Ca
13. Were you personally present when it was surrendered? I for that I not where
were you I was Captured at Tarmand how came you there? I wast whish
In Kithalicks cavaling
14. Was the husband of applicant personally present at surrender?
where was he? I was an government when, where and for what
cause did he leave Command? (Give date.) . The lives Silves light Martin Martin By whose
authority did he leave his Command? He left and Salara and how
long was he granted leave?
I was in correspondences with WK Susalhan
Lill the and of the war
15. For what cause, if you know of your own knowledge was he prevented from returning to his
Command! The war grane Alet Warman Command Language
16. What effort did he make to return to his Command and how do you know this? Of your I away.
own knowledge or how? We soon as the was pour the entered work
Syron to and subscribed before me this the day of 400 191
Marcellus Monderson Col Ordinary,
of Julian County.

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Pension Office, 11/21/10.

Listand's testimony in his application fails to state such a term of service and honorable accounting for himself to the close of the war as required by the new law. Must make qut on pale blue widow's blank and fill out as required by that class of widows.

J.W. Lindsey, Com. of Pensions.

J. W. LINDSEY  Commissioner of Frances  Chas P. Bret. State Prince: Atlanta.	Approved		Name L. B. Lawhorn	To Be Put on Roll in Her Own Right, when Husband Was on Roll at Death.	Widow's Application	No.	Campon Co ina
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#### WIDOW'S AFFIDAVIT.

STATE OF REORGIA,
Gounty.
Personally before me comes my ledaw kopy pof said County
who, after being duty orn, on oath says, that she is the widow of the faw for to whom
in the County of State of State of She was married on the
day of and that she remained his wife, and resided with him to the date of his death
and that she has not since his death remarried. At the time of his death
he was a resident of July County, in allauts said State of Georgia, and he
was on the Pension Roll of the State and paid a pension of
in
Regiment (Volunteers of State Militia.)
At the death of the Lawfor he was in the use and possession of the following
property
of the cash value of \$
What property of any kind and of any value have you in your use, control and possession now, and
the cash value, (State fully.)
Acres land 8 Thu
Horses and Mules \$
Hogs, Cows, etc
Total Cash value of all property 7
That she is now a bona fide resident citizen of said County of
Sworn to and subscribed before me, this the
6 th pay of Oct 1910 mind to po Lawter
Marcellus Wonderson Let Ordinary,
of Sulton County.
Affidavit of Witnesses to Prove Marriage and to Whom-Date of
Death of Husband.
STATE OF GEORGIA.
- Kultin Cosmy //
Personally before me come of blorison known to be responsible
and truthful persons, residing in the County who after having duly sworn on oath, say: that of their
own personal knowledge Mrs
the lawful widow of art who died in Truth County in
said State of Sa on day of way and that she
has not since remarried. That she became the wife of the form on the 5/11 day
of 18 6 7and that she and he had resided together as man and wife rontinuously since.
day of the 1867 and that the same man who was on the persion roll of said State from All County
same man who was on the pension roll of said State
•
Syon to and subscribed before me, this the Cadvilson
MARCHI LISTA LONGO

.....County.

AFFI	DAVITS OF TWO FRE	EHOLDERS.
STATE OF CEOR	GIA.	
Julton	County	
, /	7. Than	de.
Personally before me	~/ .	who after being sworn o
said County and knew her sa	scholders of said County, and that the	at his death on the
day of Jan 18961	1	possession and control of the followin
property at his death to wit	10.1/	possession and control of the followin
	<i>/11</i> ~°	
of the value of \$	That she is now is the us	e, possession and control of the followin
property to wit:	21000	number of the second second second
	the	
of the value of \$		2001
10 th	bed before me, this the	VI Stantey
The rolling	XX Anderson Colore	
Crowcocac	2 de la	
	of 3 courn	County.
		400 0 0000
-A	ORDINARY'S CERTIF	ICATE.
STATE OF GEORG		
D.D. D/11	County.	
Johnson	Ordinar	y of said County, do certify, that,
know Mrs. 26 Jaw	the applicant for	this pension and that she is the perso
she represents herself to be	and that she is a bona fide continuing	resident of said County and was on th
G ()	Ma lirison	
Chail allo know	y who I know to	witness as to marriage and I also kno be a resident free holder of said Count
that all of the foregoing wer	eduly sworn by me before signing th	e respective affidavits and that they ar
	their statements are entitled to full	aith and credit.
	r 1908 \$ MANAL for 1909 \$.	
	d and official seal of office this	day of OCL 1910
(SEAL.)	GoRul Will	usw. Ordinary.
	//	fullon County
NOTES 1. Before any question "You do solemnly a	s are answered, the Ordinary shall swear ap wear that you will true answers make to each	plicant and the witness in the following word in of the questions asked you and the syldenc Molent.
2. Additional affidavit	il be the truth. No help you God."  - uny be attached if blank spaces are insu s. made before the Ordinary.	Molent.
4. Only widows who n	o. made before the Ordinary. narried prior to first January 1870, are ent	tled.

Attack certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by general reputation.

LAWHON, L.C. CMPS.)

tulton

County

## 1924

## Application for Pension Due Deceased Pensioner

(UNDER ACT 1904) (To pay expenses of last illness and funeral)

Date of Death Opi 75

- Amount \$....



Ordinary: Fill out above in full and send this blank to Fension 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.

ATLANTA, GA... April 26, 1924

235 IVY STREET

For funeral Mrs. Levicie C. Lawhon, Apr. 5, 1924

14 Selwin Ave,

TO Runter, Blanchard, Gartrell Co. DR.

#### FUNERAL DIRECTORS

AMBULANCE SERVICE

PHONES IVY 0858-0859

\$150.00 15.00

Embalmang Hearse Gmave Lining Robe Funeral Notices

Casket

2.00 15.00 7.20 \$199.20

GEORIIA, FULTON COUNTY .

This April 26, 1924.

Personally appeared before the undersigned, roster

Hunter, who on oath says that the above bill is due and unpaid.

and was for function expense of mis of brawtiern sworn to air subscribed before me. I & I I t

State of Georgia, DeKalb County.

To any minister of the Gospel. Judge of Superior Court, Justice of the Inferior Court or Justice of the Peace to Gelebrate: You are hereby authorised and permitted to join in the honorable state of matrimons W. Riley Lawhorn and Miss L. C. Prophitt according to the rites of your Charch provided there be no lawful cause to obstruct the same according to the Constitution and Laws of this State, and for so doing this shall be your sufficient license.

Given under my hand and seal this 30th day of December 1867.

J. B. Wilson, Ordinary (L.S.)

I hereby certify that W. Riley Lawhorn and Miss L. C. Prophitt were joined together in the holy bond of matrimony on the 51° day of December 1867 by mo.

W. R. Pendley, J. P.

Georgia, DeKalb County.

I. James R. George, Ordinary in and for said county, do hereby owntify that the above ad foregoing copy of marriage license and the certificate of marriage of W. Riley Lawhorn and Miss L. J. Prophitt are true, correct and complete copies of the same as appears of record in my office in Book B. Receord of Harriages, Page 216. Witness my hand and the seal of saidd court of Ordinery, this the Sath day of September, 1919.

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, tullou County.
Personally before me, the Ordinary of said County, comes Foster Hunter of
with Blanchard Sattle C. of said County, who, after being sworn, on oath says that he knew Mus & S. Janton. of said County, and that said Pensione
says that he knew Mus & 6 dawhou of said County, and that said Pensione
was on the Pension Roll of Fullon County at the
time of death, which occurred in Fulton County, in thi
State, on the 5 day of april 192,4, and tha
State, on the 5 day of Africa 192,4, and the a Pension of Oug Hundred (\$1000) Dollars was due pensioner an
unpaid at the time of pensioner's death, and that pensioner left no wideways dependent children
surviving, and no estate of any value sufficient to pay these funeral expenses, which amounte
to the sum of \$19920, per sworn statements fully and completely ITEMIZED hereto attached
Sworn to and subscribed before me
this W day of Coper 192.4  Albun R Maluel, Ordinary  Fulton County  (Seal of Ordinary)
arthur Rharbut, Ordinary Foster A. Hunter
Fulton County
(Seal of Ordinary)

#### CERTIFICATE OF ORDINARY

GEORGIA, tullou County.
I, The House of said County, do certify
that I personally know Farel & Hunter , who is a resident
citizen of said County, and that so person is of truthful and trustworthy character, entitled to
full faith and credit; that I also and the dauchou, while in life and that this
was the same person whose name are so on the
Roll of County, and was paid a Pension
of Oue Hunder (\$10009) Dollars in said County for 1923,
and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher
have been carefully observed in making up this voucher and the bills which are attached hereto.
Given under my hand and official seal, this 2 day of 192.
(Seal of Ordinary) , Ordinary
Full the County

ist. For use in all cases where pensioner died after January let, had not been out of State longer than twelve months, owning sufficient property to pay such expenses. THE WIDOW OF A SOLDIER, IF SHE IS LIVING, HAS PRIGIT



7 ultra Country

## Widow's Application

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

County Dultan

Nam Sus an Lawless Widow of N. W. Lawleys

Company 6 . 41. 39

Approved

J. W. LINDSEY,

CHAS. P. BYRD, State Printer, Atlanta.

10/18-1912.

1896

HARRY G. POOLE.

FUNERAL DIRECTOR

96 B PROFITMENT

ATLANTA GA

-

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or

Husband Was on the Indigent Roll . Per on Under Act of July 11, 1910.

Widow's

Application

WALNUT | 6358

Mov. 9, 1907.

\$185.00 15.00 30.00 Casket and Box Embalding and services Dress 5.00 Paper Notices
Pullbearer gloves
Box to Cemetery .50 15.00 Hearse \$255.00

Personally appeared before me Harry G. Poole Jr. who after being sworm says that the above account is correct, just, the and repaid and was for the burial of Susan Lawless who died without sufficient funds to pay for funeral expenses.
Fulton County Hannel Georgia.

Notary Public

Nov. 10, 1927.

#### WIDOWIE AFFIDAVIT

WIDOW'S AFFIDAVII.
STATE OF GEORGIA, Tullou County.
- L
Personally before me comedus Susan dawless of said County.
who, after being duly sworn, on oath says, that she is the widow of word and to whom in the County of Datlow State of Sa she was married on the 22 and
in the County of Barlow State of Sa she was married on the 272
day of Febry 1 and that she remained his wife, and resided with him to the date of his death
n July 19/1 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 Pension Roll of the State and paid a pension of \$6082
in Lullon County for 19/7 per annum, on account of being a soldier in Company
0-C-415 La Regiment (Volunteers of State Militia.)
Toping the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o
At the death of we W. Lawlers he was in the use and possession of the following
property 20012
of the cash value of \$ 200012
What property of any kind and of any value have you in your use, control and possession now, and
the cash value, (State fully.) . Home
Acres land House 8
Horses and Mules Horse
Hogs, Cows, etc. Nove \$
Total Cash value of all property Nove
That she is now a bona fide resident citizen of said County of techniques and she
That one is not a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a sound in a soun
has so continuously resided since. along of the feet
Sworn to and subscribed before me, this the Mus Sus and & Law L
Lotur R. Willinson Ordinary,
Tulkon County
P
A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR
Affidavit of Witnesses to Prove Marriage and to WhomDate of
Death of Husband.
CTATE OF CEODOLA
STATE OF GEORGIA,
County-
Personally before me comeknown to be responsible
and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their
own personal knowledge Mrs
the lawful widow of
said State ofonday of 19and that she
has not since remarried. That she became the wife ofon theday
of 18and that she and he had resided together as man and wife continuously since
day of 18 and that the was the
same man who was on the pension roll of said State
when he died.
Sworn to and subscribed before me, this the
day of
Ordinary,
of County.

### AFFIDAVITS OF TWO FREEHOLDERS.

Personally before me comes of Mallais + W. D. Windson on who after being sworn on
Contago a de la Duna
Personally before me comeand who after being sworn on
oath says, that they are freeholders of said County, and that they know the said County, and knew her said husband live was at his death on the
day of the 1912 that she and he were in the use, possession and control of the following
property at his death to wit: Noklang
of the value of \$
of the value of
Sworn to and subscribed before gae, this the
Joshun R. Wildinson Orling M. Vinson
Tullon County
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA.
tulian County.
John C. Myllimain Ordinary of said County, do certify, that, 1
know Mrs. Same 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
That I also know
Mathis & W.W. Vinney, who I know to be a resident free holder of said County
that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are
truthful and trustworthy and their statements are entitled to full faith and credit.  That the tax Books of The The County shows that W.M. county returned property to the
amount of for 1908 s
Sworn under my hand and official sear of office this / 16 day of Oct 1017
(SEAL.) LUM K Wilsonson, Ordinary.
Fultair County.
NOTES 1. Before my questions are nawored, the Ordinary hall swear applicant and the witness in the following words you shall give will be the truth. So help you God, the case of the questions asked you and the evidence you shall give will be the truth. So help you God, the case of the questions asked you and the evidence you shall give will be the truth. So help you God, the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the

LAWIESS, SUSAN (Mrs.)

For Fullow

Cunty

## Application for Pension Due Deceased Pensioner

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

Theory Hypotheses Ordinary
For Duscan Results S.

Date of Death WOV 9 192 f.

Amount \$ 100 000

Approved and ordered paid

John W. Clark John 27 John W. CLARK. Commissioner of Pensiona

had observed to be

Ordinary Fill out show in full and send this blank to Pension Department for approval. Do not pay out the money until the approval bank 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.

02/

COURT OF ORDINARY
BARTOW COUNTY
G. W. HENDIRCKS, ORDINARY

CARTERSVILLE, GA..

nd Extract block

within is a hie and Correct copy of the me Within is a hie and correct copy of the me Within Poveled and Suron Alegall as

J God L'E' of marriage Relieves.

four comy GW. Andricky Deling Bornes &

FIE DE Plan genittiblije.

Longia Country County. do any Ordanied minister of the Gorpel Judge water of the Baco. How are hereby outhorized

### 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, Fullow	County.	Profe
Personally before me, the Ordinary of Will Harry & Poo	said County, comes Harry	eing sworn, on oath
says that he knew Dusaus A	e time of death, which occurred in Ful	that said Pensioner
County, in this State on the	day of LOV	192.7 , and that
	(\$	
no estate of any value sufficient to pay the sworn statements fully and completely ITE	se funeral expenses, which amounted to the sum	of \$77.5 5, per
Sworn to and subscribed before me		0 1
Ilm Ruculut Ordin	hary Harry G ( Por	le fr
(Seal of Ordinary)		

### CERTIFICATE OF ORDINARY

ORGIA, Tulton County.
I, Thoo H Joffies " Ordinary of said County, do certify
t I personally know. Harf & Pool , who is a resident
zen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit;
t I also knew Susan gawless while in life and that this was
same person whose name appears on the Pension Roll of Full on County, and
same person whose name appears on the Pension Roll of
with Greater said County for 192.7., and I now believe said pensioner to be dead; and that the instructions at the foot of
s 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 19 day of 11 19 1927
(Real or Ordinary) Ordinary
Lad Hdu County

#### INSTRUCTIONS:

ist. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemised form, giving each item and the value of N, 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," etc. "The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of. ... who died without owning sufficient property to pay this bill.

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

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

8th. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.
8th. Return this application, and attached bills, with your final settlement, to the Pension Department.
7th. Ordinary should see that the back of this blank, when folded, is filled out.

Tred Hou

County

#### INSTRUCTIONS:

igt. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each New and the value of H, and each date.

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8th. Return this application, and attached bills, with your final settlement, to the Pension Department.
7th. Ordinary abould see that the back of this blank, when folded, is filled out.

INDIGENT PENSION	I.J.			STATE OF GEORGIA.  I.  Witness my hand and seal, the Executed in presence of	
1800. Mawless  Name J. M. Jawless  County 20 U/on  Ext. 41 11 5a Ry L		*	4	Power of Att	
JOHN W. LINDSRY, Commissioner of Pensions.  WARDANT HANDED TO				hereby authorize he remit mane to hereby authorize by 1900.	

### 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. ____[L, S.] Executed in presence of

LINDSEY

#### Questions for Applicant. STATE OF GEORGIA.

Fullon County.

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

What is your name and where do you reside? (give State, County and post office) Woodswood, I A Goods District Fulton County (allante for sometimes 2. How long and since when have you been a resident of this State? flind the green I was bound in the green 1841

When and where were you born? Hall County Georgea

When and where and in what company and regiment did you gulist or serve? in the 41th Georgia Regiment Company 6,

6. How long did you remain in such company and regiment? To The knew of

6. When and where was your company and regiment surrendered and discharged in full 1865 why Green ber our North Constance

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

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was at the dimencia as aforesaid

How much can you earn (gross) per annum by your own exertions or labor ? Work 50. dollar

10. What has been your occupation since 1865? Baloning ab uny Waite of unk 11. Upon which of the following grounds do you have your application it ion, viz: first, age and

poverty," second, "infirmity and poverty," or third, "blindness and po-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

at hand and housely loss of two jungers thank wally wally walk. 13. What property, real or personal, or income, do you possess, and its growalue? Mollioning

14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and

what disposition, if any, by sale or gift, have you made of same? Nothing .

In what County did you reside during those years, and what property did you then return for taxation?

Julton County utimes no Tay 16. How were you supported during the years 1898 and 1899? Ling mork

my further Children my Children all Jones 17. How much did your support cost for each old nose years, and what portion did you countribute thereby by your own labor or income? about puffy wollow more or last 18, What was your caployment during 1888 and 1899 What pay did you receive in each year?

Thus a labor on a about the wollow with the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wollow of the wol

no Homestead, my oh 20. Are you receiving any pension? If so, what amount and for what disability?

21. Have you ever made an application for pension before? George Dis elk ou Dr. 22. How many applications have you ever made and under what cla

Dis Och because Dr only Sware to a Sworn to and subscribed before me this the

## QUESTIONS FOR WITNESS.

STATE OF GEORGIA,	
1	
Molech Stegall , of said State and County, having been presented	
as a witness in support of the application of J. M. Lawless for pension	
under Section 1254, Code, and after being duly sworn true answers to make to the following questions,	4.6
deposes and answers as follows:  1. What is your name and where do you reside? Robert Stayall	Ÿ
Manta ga	
2. Are you acquainted with HM. Lacoless ,, the applicant; if so,	
how long have you known him? Hince 18 18	1
3. Where does he reside, and how long and since when has he been a resident of this Styte? Since 1858, Since Show Novem home	
4. When, where and in what company and regiment did he enlist, and how do you know?	
Georgia Regiment Company Co, y	
5. Were you a member of the same company and regiment?  6. How long did be perform regular military duty? Is some for the way.	
7. When and where was his command surrendered? at, Greensbree	
North Carolice africe 1,865	
8. Were you present when it surrendered? Yes	
9. Was applicant present?	
10. It he was not present, where was he? he was present	
When did he leave his command aft humwilly For what cause? forth of new By what authority he left? humeran	
I has present om all	
	-
11. What property, effects or income has the applicant? (Give your means of knowledge.)	
12. What property, effects of theome did the applicant possess in 1896, 1897, 1898 and 1899, and what	
disposition, if any, did he make of same? Nothing	
13. Has be conveyed away any of his property in the last four years, it so, what was it, and to whom?	
13. Has be conveyed away any of his property in the law-four years, it so, what was it, and to whom?  14. What is the applicant's accupation and physical condition? It Back the property of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound o	,
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13. Has be conveyed away any of his property in the last our years, it so, what was it, and to whom?  14. What is the applicant's accupation and physical condition? 'I Buyer of of right human start of first halle at Thursday of of right human start of first halle at Thursday, it so, why?	<i>(</i>
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#### AFFIDAVIT OF PHYSICIANS

STATE OF GEORGIA,	
Hulton COUNTY.	
Personally came before me	116
	me as reputable physiciaus
of said County, who, being severally sworn, say on oath that they have examin	
Williams 18 Source 10 , applicant for pension under 8	
such personal examination say that his precise physical condition is as follows	71177
Fromin in right magninul regions,	East of 22
many on the make board; al	de table on
Grand Chammatian and your	
/ / /	
is signically unalts to seems	
of any kind of worth or bruin	
They further say on oath that the physical condition of applicant rend	
any work or calling sufficient to earn a support for himself, and that we have	minterest in said pension
being allowed.	^)
Sworn to and subscribed before me, this the	michal Ilie.
A day of Deplecepter 1908	
John Wilkinson Ordinary.	
ORDINARY'S CERTIFICAT	TE
ONDINANT O CENTILICA	1 L.
STATE OF GEORGIA,	
fulth a COUNTY.	
I, John Willeuson , Ordinary is and for	said County, hereby certify
11707.	des in said County, and has
been a bona fide resident of this State since the 4 day of	189
and that the witnesses, viz: Kobul Stagall	100
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 app	
the oath hereon prescribed, and that the full text of the affidavits was read to before same was signed.	the applicant and witness
I further certify that the tax digests of	County show that applicant
returned for taxation in his name in 1898	Dollars
of property, and in 1899	
	Dollars of property.
In my opinion the foregoing claim is  Witness my hand and seal of office, this	
0 0 0 000 00 11	/
- muricilla	usen Ordinary, /
Celta	
Coi. Delton	County.

you God."

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

3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

day of Additional amilarite may be attached I limit spaces are instificient.

In overy case the Orlinary must certify to the character of the witness, and as touthe exception of the proof as above set out.

IAME Lendons Wolfe

YEAR COUNT

WHEN AND THERE BORN? 1961, Ball County, Coergia.

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COMPANY AND RECTIFEAT?

Good, 42steGa. Regi

MAINT OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND MEERE CURRENDERED? April 1886, Greensborg, North Geroline

IF NOT PRESENT AT SUTHENUEP, WHERE YOU?

DIED, WHEN AND WHERE?

BURTED,

WITNESSES. Robert Stogally- Same Commend

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cawing fames we sawing full to G	
(FOR THOSE ALREADY ENROLLED.) No. 267	
INDIGENT SOLDIER'S PENSION 1904.	4
Name Jas Mammance County Milton Co. B. 40 Regiment	
WARRANT ISSUED //2 // 1904.	
JOHN W. LINDSEY,  Commissioner of Pensions.  WARRANT HANDED TO	

POWER OF ATTORNEY.

STATE OF GEORGIA, .

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

22

1904. [L. s.]

Executed in the presence of

WITNESS my hand and seal, this

_day of.

nodata

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,						
Fulton. County.						
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						
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 3 42 in Company B, of 42 th Regiment						
						of fl. to, that his physical condition is as
follows:						
that his property consists of the following items:						
of the value of Dollars, that by reason of his physical						
condition and poverty he is unable to support himself by his own exertion or labor, and						
that he receives no pension but the one herein applied for.						
Deponent desires to participate in the benefits of the Act approved December 15th,						
1894, and the Acts amendatory thereof and makes application for the series to the						
is entitled for the year 1904. I have heretofore as a resident of Fulton.						
County been allowed a pension for the year 1						
Sworn to and subscribed before me, this the J. M. Lenura						
day of JAN 20, 1904.						
Ordinary.						
STATE OF GEODGIA						
STATE OF GEORGIA,						
F11ton. County.						
I, John R. Williamson Ordinary of said County,						
do certify that I am well acquainted with Lawrence						
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						
John A Wilkinson						
Amx your Beat						
Ordinary County.						
Norz.—The blank spaces must be filled.  Norz.—Affidavit should not be attented before January 1st, 1904.						

### POWER OF ATTORNEY.

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STAT	E OF C	EOR	GIA,			)									
					Coun	тч.∫									
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to rece	ive and	recei	pt for	the	pensio			and	requ	iest	that	he	remi	t same	10
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by	Witness	myh	and an	d seal	, this			day	of_					1905.	
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## POWER OF ATTORNEY.

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to receive an	d receipt for the	pension allowed. an	nd request tha	t he remit sam
		at		
	Ss my hand and sea	l, this	day of	190
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FOR THOSE AL		Name		WAI

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## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.
Pearsonally appears & M. Laurence of Firston
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 22 years old and that he is 62 years old and
since the day of 22 fee 18; that he is 6 2 years old and by occupation a fee 12 year that he enlisted in the military service of the Con-
federate States for of the State of 16. (a) during the war between the
States and served for the term of July in Company D, of 4 see Regiment
that his physical condition is as
follows: Infirmity poverty and age.
The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
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
abor, 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
s entitled for the year 1905. I have heretofore as a resident of
County been allowed a pension for the year 1904.
Sworn to and subscribed before me, this the
play of 935 1905.
Ordinary,
STATE OF GEORGIA. /
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County.
I. Ordinary of said County, the Certify that I am well acquainted with J. M. Saurince
he 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
a be and that he resides in this Country
Given under my official signature and seal, this
day of
OrdinaryCounty.
Nors.—The blank spaces must be filled.
Nove.—Affidavit should not be attested before January 1st, 1905.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

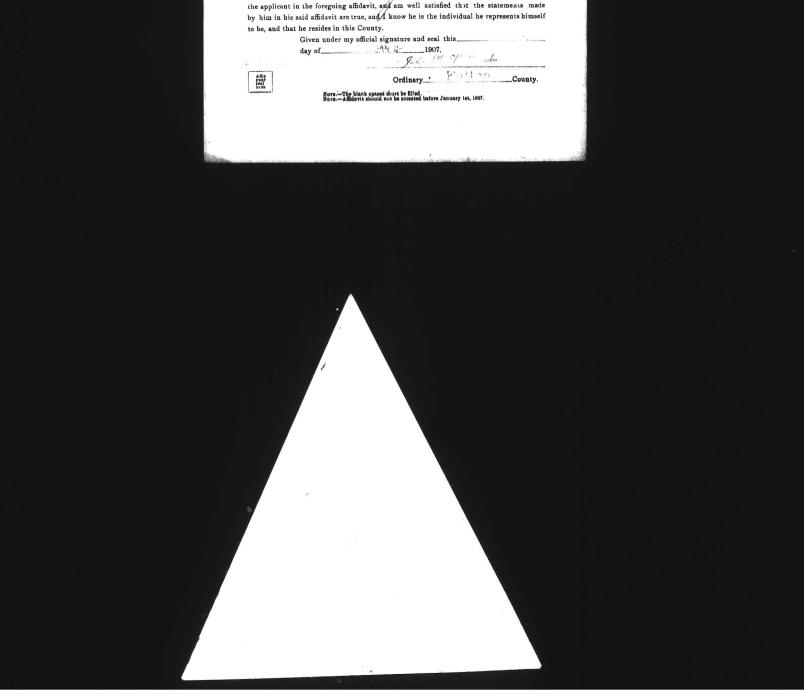
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State of Georgi	l <b>a,</b> )
Full c	punty.
Personally appears	W. Sawenes.
	ing duly sworn, says on oath that he is a bona fide citizen
	State, and has resided in said State continuously ever
ince theday of	1886; that he is 63 years old and
y occupation a	A, that he epfisted in the military service of the Con-
ederate States (or of the State of	Morth Deschille) during the war between the
States, and served for the term of	I gra in Company d., of Hath Regiment
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	ne is unable to support himself by his own exertion or
	usion but the one herein applied for.  pate in the benefits of the Act approved December 15th,
	ereof, and makes application for the pension to which he
	have heretofore, as a resident of
Sworn to and subscribed be	for the year 1906.  fore me, this the full Linewayse
AN OF JAN I	1900 1906.
Chilliere	Ordinary.
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State of Georgi	(a. )
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	ffidavit, and am well satisfied that the statements made
,	rue, and I know he is the individual he represents himself
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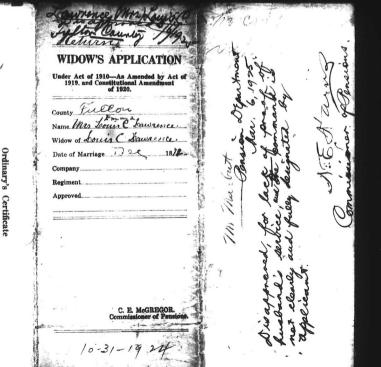
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33	Name Count	1 11 # 11	

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS State of Georgia,

- Puit Count	7 '
Personally appears J. H.	wreal of
County, State of Georgia, who, being duly	y sworn, says on oath that he is a bona fide citizen
	nd has resided in said State continuously ever
since theday of	1892; that he is 63 years old
and by occupation a Jane	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 3.4/2	in Company S., of 42 th Regiment
of the les yolo	; that his physical condition is as
follows: Infirmity	porenty & age
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that his property consists of the following	gitems: Ac properly
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	Dollars. I am now earning
	Dollars per month. That by reason of his
	le to support himself by his own exertion or
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	the benefits of the Act approved December 15th,
	nd makes application for the pension to which he
is entitled for the year 1907. I have here	According to the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Cont
County, been allowed a pension for the ye	ear 1906.
Sworn to and subscribed before me	
John OR William	_1907.
Lohn M. William	Ordinary.
State of Georgia,	)
Faulton	}
Fullon. Count	y. )
I, John Ch Mi	A Ordinary of said County,
do certify that I am well acquainted wit	if Al Sawrence
the applicant in the foregoing affidavit, ar	and am well satisfied that the statements made
	know he is the individual he represents himself
to be, and that he resides in this County.	
Given under my official si	
day of	¹√ ½1907.
	· John Col of son.
Ama post real	Ordinary . Pallan County.
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STATE OF GEORGIA gawrence COUNTY.

Ordinary of said County,

the applicant for pension; that

dent citizen of said State since January 1st, 1920; that also kno she is the person she represents herself to be, and that she has been, continuously, a bona fide resi of husband; that both of them are now

residents of said

ful and trustworthy and their statements are entitled to full faith and credit. the writness who was to the assign of basis in: that seen or teem are now reasons on some the rest of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Lead of Given under my hand and official seal of office this 24 day of C

(SEAL OF ORDINARY)

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Ordinary.

County

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I. Before any questions are answered the Ordinary shall seven applicant and "You do solemely seven that you will true answers make to each of the que you shall give will be the whole truth. So help you God."

2. Additional affidient may be attached if blank agrees are insufficient.

3. Only widows who married prior to January 1st. 1881, are entitled. In all afficients much be made before the Ordinary of the County? In which the All affigures to wide of Ordinary.

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Defore any questions are answered the Ordinary shall swear applicant and the witness in the following words:

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You would saffair the pure shots the content of the current of the content of the applicant or witness resides and 5. All affairlts must be made before the Ordinary of the County in which the applicant or witness resides and content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of th instructions: -. 8:2: 00 T 10 County mil 19 1 1/2 100 / . Vrdinary. (SEAL OF ORDINARY) Given under my hand and official seal of office this 7 of day of 77 361 ful and trustworthy and their statements are entitled to full faith and credit. the witness who sewers to the service of husband; that both of them are now residents of the wind the world of them are now residents of the world which were duly sworn by my before alguing the foregoing affidavits, and were duly sworn by my before alguing the foregoing affidavits, and were duly sworn by my before alguing the foregoing affidavits, and were duly sworn by my before alguing the foregoing affidavits, and were duly sworn by my before alguing the foregoing affidavits, and were duly sworn by my before alguing the foregoing affidavits. dent citizen of said State since January 1st, 1920; that I also know she is the person she represents herself to be, and that she has been, continuously, a bons fide resi-To one wound I said the applicant for pension; that Ordinary of said County, do certify -+1 cos 11 " STATE OF GEORGIA, Ordinary's Certificate Under Act of 1910 1919, and Const of APPLICATION 9 12

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#### Ordinary's Certificate

STATE OF, GEORGIA.
tul Cov- COUNTY.
that I know how of Gawlence the applicant for pension; that
that I know Mo of Equivilence the applicant for pension; that
she is the person she represents herself to be, and that she has been, continuously, a bona fide resi-
dent citizen of said State since January 1st, 1920; that I also know
the witness who swears to the service of husband; that both of them are now residents of said
County and were duly sworn by me before signing the foregoing affidavits and that they are truth-
ful and trustworthy and their statements are entitled to full faith and credit.
Given under my hand and official seal of office this V J day of C 192 /.
(SEAL OF ORDINARY)
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#### Instructions:

- Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:
  "You do solemnly swear that you will true answers-make to each of the questions asked you and the evidence
  you shall give will be the whole truth. So help you God."
   Additionally the state of the proof of the questions asked you and the evidence
  you shall give will be the whole truth. So help you God.
  All affidants 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 gen-

- ord reputation.

  Fill out the back of the application carefully.

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

#### APPLICATION FOR PENSION BY A WIDOW

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

#### QUESTIONS FOR APPLICANT TO ANSWER:

	GEORGIA.

FULTON

COUNTY.

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

- 1. What is your name, and where do you reside? (Give Post Office and County) Mrs. L. C. Lawrence, 419 Greenwood Ave., Atlanta, Fulton Co., Ga.
- 2. How long and since when have you been, continuously, a bone fide resident citizen of the State of Georgia? All my life
- 3. When, where and to whom were you married? 12 Dec. 1872, at Taylorsville, Ga. L. C. Lawrence
- a. Have you married since the death of first and soldier husband? No.
- i. 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.) During the last year of the war, Polk Co., Ga., Col. Tom DuPre, Capt. Matt Ware.
- 5. When and where did the commands of your husband surrender or discharge from the Service? at Kingston, Gs.
- 6. Was your husband personally present with his command when it was surrendered or dis-
- 7. If he was not present, state specifically and clearly where he was? -----
- 8. When did he leave the Command? At the end of war.
- a. For what cause did he leave?
- b. By whose authority did he leave? Discharged
- c. For how long was his leave of absence granted? In what way?
- e. What was his physical condition when he left his command? Good health
- f. What effort did he make to return to his Command?
- g In what way was he prevented from going back to Command?
- h. Was he captured by the enemy at any time?
- i. If so, when and where? In what prison was he held and when was he released?
- j. When and where did your first husband die? Jan. 2, 1921, Ninnekah, Okla. What
- Yes. k. Were you residing together when he died?
- I. If not, how long had you resided apart?
- na Are you now a widow? Yes.
- 9. Have you or your husband heretofore been paid a pension by the State? No.
- If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me, this the

29th day of October . 1924 . Whom Rim arbut C. C. Ordinary

Mrs & lo Laurence

FULTON (SEAL OF ORDINARY)

County

## MONARCH BRICK COMPANY

ROCKMART, GA. Aug. End, 1927.

Dear Uncle John:-

I guess you will think that Jessie neglectes to ask
Mr. Whiteheas it beknew the Mr. Lawrence you gave her a memoranema of
with mass of Captain and Colonel he serves under. Mr. Whiteheas took
the mass one was a little time in investigating the party. He ais not
get anything of this man's record, but found that the Captain. Mathew
Jare was not very savory character and was as much feared by the
people of the south as by the Yankess. He plundered and pillaged and
to have belonged to his company sie not speak well for the private.
The lady a lying no coult is a fine lady, and was I am tole a Mass Devitt,
and it is possible that her husband had a good record, but am unable to
get such a record here.

Have been on the go a goos seal of late trying to get ris of some of the surplus brick we have in stock. It is a hard matter as thing, are very suil ans competition quite keen.

No doubt you keep interested in the soings of the legislature or better the lack of anything some on their part which will be . benificial to the Sate.

Father wrote last week that he wouls spend the week-ena trybee ans return to Augusta today. Dis not want to go, but Miss Fanny sis and that settled it. John may bring Virginia up this way latter, but has not sefinitely decises where he will spens his vacation.

I hope you keep well in spite of the very hot weather we are having. All join me in love to you.

Your nephew,

Frank R. Clark

State of Georgia- Banton County For day Judg Justies of the Dace or himston The gookel you are hury authorized to foin Jewis Lawrence and Miss E. maddyn in the Horly state of matiming according to the Sonstitution and laws of this Dots and for Do this thall be your oufficient license Grun under m land and Deal; this the 11th day J.A. Howard Delunder 1879 madden were former in woln mony to 12th day of been to 1872. Nomberyon n. q. Recorder Mod 18, 1870 Gerrio Darton Camp. Huximorices Ordingy of said county do herely Certify that the along and foregoing is a Meet copy to Reent of the manuage of artes there maned of

are having. All join me in love to you. parties therein moment the Mondaich Chalinery coming Orthis Congression of the Coming Orthis Congression of the Services of the Congression of the Services of the Services of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congression of the Congr Your nephew, Frank R. Clark Tec 250 & D Mc Clilen Mayor 6 9 Ledbetter, Sectory & Busine. 6 B Char Su. January Course . Office of City Secondard Wildermen Is y Steven STATE OF GEORGIA, a de accombe. FLOYD COUNTY. I D. Million 2 to Cherry Bunne Su Harch 5th ... ORDINARY'S OFFICE, ROME, On Stug. 101 1905 Den 5 Ligar required or confederate Soldier or agreet of the do luciness on fieldle To whom it may comme perdic in an County or municipality in this State, without procuring a license or I good Studing and an old Confederate being subject to any tax therefor - proved, he seed not peddle or deal mandent or intoxicating drinks, or run a billiard, pool or other taba or like character, deal in fata es or peliile stores, or clocks, or carry on the business of pawn State troops and in a state of the service sutitud to line to calle of a charge broker or anetioneer, or deal in high highestods, and provided further—the privilege hereby granted Shall not be trans-Mayor Cay of Pichant John & Lace

GEORGIA, FULTON COUNTY.

Personally appeared Mrs. L. C. Lawrence, who swears that she has made diligent seach and has been unable to find any witness to her husband's (L. C. Lawrence) service in the Comfederate Army.

Sworn to and subscribed before me, this 29th day of October, 1924.

archur R marbet
c. c. ordinary.



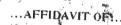
Fulton County.

Mrs. Louisa C. Laurense.

DIDATEMENT, for lack or proof of service of husband, and the command is not clearly and fully designated by ap licent.

Hollo Harring

COLUMN OF PRESIDED.



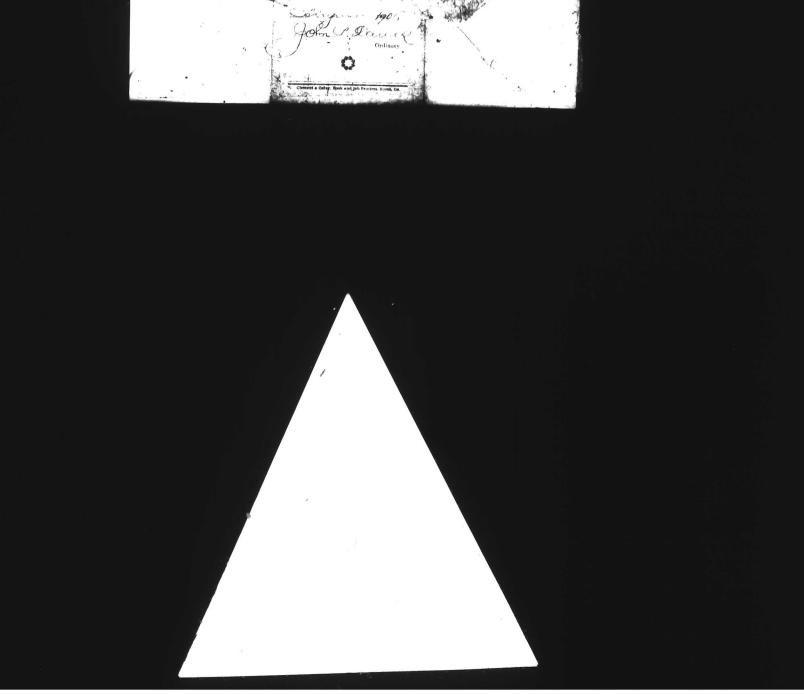
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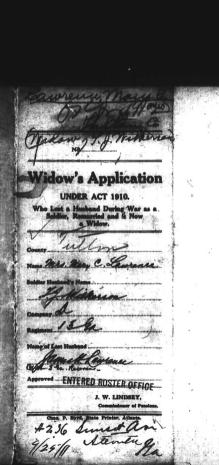
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John V. I and

10 m

Come, e Care, most and job Printers, Rome, (





Widow's Application

UNDER ACT 1910.

Who Leat a Husband During War as a Soldier, Remarried and is Now

Soldier, Remarried and is Now

Soldier Husband's Name

Soldier Husband's Name

Soldier Husband's Name

Soldier Husband's Name

Soldier Husband

Miller C. Searlessee

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7.25/11

## Widow's Affidavit-- Who Lost Husband--Killed During War and Afterwards Married, now a Widow.

rirter war as married, now t	· · · · · · · · · · · · · · · · · · ·
STATE OF GEORGIA, County.	
Personally before me comes Many C. Lynnand of said	county who often being severe as a set
says that she became the lawful wife of J. Wilhermon	
	n Company A 13 La Regiment
and was on the day of July 1862 killed or died	as the result of an initial Regiment
in line of duty on the Z day of July 18	
That on the 2.1 day of 1875 she was married to	Mena. M. Sambana a
County, and that on the 12 day of Tullen State of Sa the said	of any 1908 in the county
this deponent is now a widow.	X eurstal died and that
That she was on the 4th day of November, 1908 or at the decossession and control of the property. Stated in schedule (A)	_
acres of land cash value of	hove
	Υ
Hogs and cows and other stock	ч,
money, notes, etc	
actual income and savings	٤,
Total	XXX
SCHEDULE B.	
	/
That since the 4 of November 1908 or the death of her hu	sband, she has sold or given away the
ollowing property of the cash valueas follows	/
Total value	
and that the proceeds were disposed of	
······································	
X	
SCHEDULE C.	
That she is now in the use, possession and control of the follow	ving property at the cash value attached
acres of land of the cash value	
	P
Hogs and other stock	
/ \	
Total value of all property	
and that the valuation of all of said property, is stated at its true ca	t value.
Sworp to and subscribed to by me this	
this william ordinary.	1 comerce
Taller County	(Second)
County )	
Affidavit of the Witness to the Service	and Death of Soldier
Husband and Her Mari	riage.
STATE OF GEORGIA.	
County.	
212	

Upson County.
Personally before me come the learner who after being duly sworn on oath says that he
Personally before me come. If Manners who after being duly aworn on oath says that he knew I Maldian win, that he enlisted in Company Regiment of the knew I Maldian win,
veterans on the day of 18.64
and that on theday of
while in line of duty as a soldier, in the Confederate army, and that he knows Mrs.

	/ · •
She and her said soldier husband were married on the day of	
Of 1856 and that she was his widow at his death, that he knows that the said 3 2 2	ORDINARY'S CERTIFICATE.
married again on theday of to one like and and	STATE OF GEORGIA.
that her said husband, 19.5% and that the	County,
applicant is now a widow.	
Sworn to and subscribed before me this 12 day of 190	I
of County County	That I also know witness to the service, of Husband's marriage, and the death
	of Husband, and I also know
Affidavit of the Witness to the Property and its Value.	they are truthful and trustworthy persons and their statements are entitled to full faith and credit.
STATE OF GEORGIA.	That the Tax Books of
	the amount of 1908
County.	•
Personally before me	Ordinary
Free Holders of said County of	ofCounty
that she was on the 4th day of November or at the death of her last husband, on theday	Read this note.  1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:
of	"You do solemnly awar that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. Be help you God."
value, as follows.	I take that note.  I take note in the following words:  "You do solemnily sweet that you will true nanver make to each of the questions saked you and the witness in the following words:  "You do solemnily sweet that you will true nanver make to each of the questions saked you and the widness you shall give will be the whole truth. Be help you God,"  2. Additional Raffordivin may be stituched if blank spaces are insufficient.  3. Additional Raffordivin may be stituched if blank spaces are insufficient.  4. Only wifeows whose hatshands died from wounds or injuries, received in line of duty before 26 April 1805, since married and is now a widow are satisfact to this Pension.
	Only widows whose husbands died from wounds or injust, received in line of duty before 26 April 1865, since married and to
SCHEDULE A.	5. Attach copies of marriage license of both marriages or prove marriage, by some who know it, or by general reputation.
Lands whose cash value	reputation.
Horses mules	
Cows hogs and other stock	1856
Cows nogs and other stock	#698 Thomas J. Wilkingson & Mary C. Newman Oct. 4th.
Money, notes and accounts	Georgia
	Georgia, upsem County.
All other property	I certify that Thomas J. Wilkerson & Mary C. Hewman were duly joined in Matri-
Total cash value of all property	mony by me this 5th day of October, 1656.
SCHEDULE B.	Thos. S. Sharman, J. I. C.
We know that since the 4th November, 1908 or since the death of her last husband she has sold or	
given away property of the cash value of to-wit:	I certify the above to be a true copy of the marriage certificate of Thomas .
land worth	
Horses and mules	Wilkerson & Mary C. Newman from the records in my office.
Cows, hogs and stock of all kind	Given under my hand and seal of office, this 12th day of December, 1910.
any and all other property	107
Total cash value.	f. E. p. Makhew!
and we know that the proceeds of this property wereits full cash value and was disposed of	
(State fully.)	Ordinary of Upson County, Georgia.
	,
SCHEDULE C.	
We know that the applicant is now in the use, possession and control of property of the actual	No. 1703
cash value as fellows, to-wit:	James H. Lawrence & Mrs. Mary C. Wilkingson Jany. 20, 1875.
Land of the cash value of	, , , , , , , , , , , , , , , , , , , ,
Horses and mules, cash value of	Georgia, Upsen County.
Cows hogs, and other stock.	T
Wagon and Buggy	I certify that James H. Lewrence and Mary C. Wilkimson were joined in Matrimon
Other personal property	by me this 21st day of Jamary, 1875. Irby H. Traylor, H.P.& ex officio J.P.
Money notes and accounts	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
	Teertify the shove to be a true some of his same
	I service to be a true copy of the marriage certificate of James H.
Total cash value of all property.	lawrence & Hary o. Wilkisson from the records in my office.
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Given under my hand and seal of office, this 12th day of December, 1910.
Sworn to and subscribed before me thisday of19	July Mark heavy, urainary or Upsen County, Georgia.

County

COURTY OF ICERS.

J. F. MATTHE WIS. GHOMANY
C. SETTILL. CLARE PORTION COMMENSURED.
C. S. VINIGO NA COMMENSURED.
C. S. VINIGO NA COMMENSURED.
C. S. VINIGO NA COMMENSURED.
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Mrs. J.H.Lawrence.

236 Sunset Ave.,

Atlanta, Ga.

Dear Madam : -:

In accordance with a letter of the Commissioner of Pensions, dated November 4th,1910, I would suggest that you request Hon.J.W.Lindsey,Com. of Pensions of Georgia, to write to Hon.F.C Ainsworth,The Adjutant General at Washington City,D.C.,for a copy of the records in the War Department concerning your first husband,Mr.T:J.Wilkerson.

Very respectfully,

your first husband, Mr. T: J. Wilkerson. Very respectfully, J. E. Mathews Confederate
Soldier's Application.

UNDER ACT 1910.

Bacter B. Laurence.

County Fulton

stle bar Collage

ENTERED ROSTEL MANDENS

Office Brist Site World White

Confederate Application a p Runa

ENTERED ROSTER DESIGNATION

### APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

### Questions for Applicants to Answer.

STAT	E OF GEORGIA,		
Fil	(bezi County.)		
of said State and County bereby			
his testi	sension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with nony to make out the same, and after being duly sworn true answers to make to the questions led, answers as follows, to wit:  What is your name and where do you reside? (Give Cgunty and Post-office)		
2.	How long and since when have you been a continuous resident citizen of this State?		
3. from 186	Did you enlist in the Army of the Confederate States or of the Organized Militia of this State		
of Service	e)		
5.	How long did you remain in the actual Military Service with said Company and Regiment?		
6.	te of discharged from the Service? When and where was your Company and Regiment surrendered or discharged from the Service?		
	Were you actually present with your Command when it was surrendered or discharged?		
, 8.	If you were not actually present, state specifically and clearly where you were.		
۵.	Where was your Command when you left it?		
ъ.	When did you leave the Commands 1.8.6.4  For what cause did you leave? The Confidence of the first the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first than the first th		
c.	For what cause did you leave? I want Co blinged day the fact of		
d.	By whose authority did you leave? ( Out )		
1: 174	For how long was your leave granted? In what way?		
f.	Why did you not return to your Command after leave expired?		
	In what way were you prevented?		

Were you captured during the war? "Yes 22 2 later / j. II so, when, and where? In what prison were you held and when were you released?

O. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) a pass of land in the of the volunter of poor"

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

1908. To whom and for what price? 110 16 -

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

The advantable of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of

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

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was

Sworn to and subscribed before me, this the

Q UESTIONS FOR WITNESS AS TO SERVICE.
STATE OF GEORGIA,
County.
/ Cit Caclract of said State and County is hereby presented
as a witness in support of the application of Section 13 Lord Cor the pension provided
by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded,
answers as follows:
146 Gordon et alexante be
2. How long and since when have you known host Bloomed the applicant?
3. Where does he now reside, and since when has he been a bone fide, continuing resident in this
State and how do you know? I have at affine work in allowethe large smee the nor linear allowethe Ka
4. When, where and in what Company and Regiment did. 5 4 av enlist during
war from 1861 to 1865? (Give date and place). I buttend offen he did
5. How did you obtain your information of this Service? Mr. 1800 in Some Comfor
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) Left to the town be now like Orioner
7. When and where was his Command surrendered or discharged (give date and place)
Trong byry Al I clank in afont 1865
8. Were you personally present at the Surrender?
9. If not, where were you and how came you there?
10. Was the applicant personally present with his Command at surrender?
11. If not where was he and how came him there? Bu like he he works Officerur
12. When did he leave his Command? Thin, Captum 1) Where was his Command
By whose authority did he leaveand how long was he granted leave?
all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)
ather of our company goes copler of hear Specters of I hear town on of the
13. In what way was he prevented from returning to his Comman ?
How do you know?
14. What effort did he make to return to his Command and how do you know?
12. What eport and he make to retain to his command and how the you know has
15. Was applicant captured as a prisoner Del II so, when and where I for for 90
In what prison was he held?
I hum an him on more for let 100 deflat was the
Sworn to and subscribed budge may this the
John & Williams Ordinary
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## AFFIDAVIT OF TWO FREEHOLDERS.

and the second	Salar L	2000		7.30
STAT	OF	FORC	LA	2000
Charles Alex	artistan a	LUIX	Mer.	r, 500 - 100
0	uer	ON	Street !	129 Louis
*****	brieferenderen	er-etter-teter-te	······································	ounty.

1	Personally before me comes A. A. Calaure	4	who on oath
ays	that they are freeholders residing in said County an	d we know Proden A. d	aurence
the c	applicant for pension and we know the property that i	s now in the use, possession and	control of himself
	wife and of its eash value to wit: (Make List by iter		
uo	perty in his name; I am informe	A that he owns a ?	a wilcoch in
qui	ces of land in South Parolina, not wo	over \$70000	
,			
	I. What property, if any, has been sold or given	away by the applicant or his w	vife since 4 Nov
1908	7 (State it fully by items.) Nozel -	77	
•			
	2. When and to whom was it sold or given to?	9	,
	3. What was the price paid or stated to be paid?		
1		17 4 6	
	4. What relation is the party to applicant?		
	5. What disposition was made of the proceeds of	the sale?	
	6. Was the disposition of this property made in	good faith and full values?	<b></b>
w 10	as it made to obtain a pension? The led no	ne to distance of every	h fing under
ou	Sworn to and subscribed before me, this the	RACCORO	_
	29th days! Dec 1010	I'M Caesta	
	John Cetterson	Amo	
******	2	inary,	
	() of Truck	County.	
		The Holling	

- Marie	ORDINARI 3 CERTIFICATE.
STATE OF	EORGIA,
.ce .l	County, Ordinary of said County, certify that I know
	Ordinary of said County, certify that I know to construct the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of
said County. Tha	I also know R. H. Coaldinale the witness swearing to the
they are all resident	of said County and were duly sworn by me before signing the foregoing affidavit and
they are all truthful Tax Results of	and trustworthy and their statements are entitled to full faith and credit. That the
value for tax is in 1	18 8 MMA for 1909 8 MMAS for 1910 8 MMM
A Brown under	or hand and official seal of office this. 2.2.4
	of Editor County
NOTES 1. Before any	Constitute are answered the Ordinary shall many modificant and all sites and all sites are to the constitutions.

Ordinary,

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Additional unified by the second second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue of the second residue o

Laurence, Proctor B. VEAR 1918 COUNTY Fulton

THEN AND THERE BORMS Resident of Goorgie since 1866.

ENLIGHED IN EN AUT WINLES 1861, Palayra, Liberty County, Coorgie.

FANII

NAME

COMPLINY AND REGIMENTS "Liberty Troopet afterwards Co. C. Sth Co. Cavalry

MAND CO TO TO THE TOTAL OF

: CLID.F.

Captured 1864, mear Jonesbore, Georgia. Exprisenced in Petrit Lookout, Mt.

Hillianian Prom Point Lookout, 1865, applicant does not remember the month.

With AND 18 . AT CURRUDERED? Company surrondered, April 8, 1008, Greensbore, North Carelina.

IF FOR THE STORY A SURREYDER, THERE THERE YOUR IN PRISON, Point Lookout, MA.

DIND. VERY AND RERRY

EURIAD,

WITNESCES . R. M. Geldwell - Sene Companyl

He date

R. H. Galdwell - Some Companyl No date. WITNESSES.

Lawson muith (mi For FULTON **Application for Expenses of Last Illness and Funeral** (UNDER ACT OF 1919) THOS H. JEFFRIES Ordinary For: MARTHA LAWSON (Name of Pensioner) Cig. a. C. 1 ax. . 6 Date of Death: Oct. 22 , 198 5 Amount: \$ 60 + 127 PAID TO ORDINARY : THIS CLAIM: 12.45 C+C 3/7 Approved, and ordered paid, Director, Veterans Service Office.

MAR 8 1935

TO PAY-

Application for

**Expenses of Last Illness and Funeral** 

(UNDER ACT OF 1919)

Date of Death: Oct 21 , 193

Amount: \$

PAID TO ORDINARY ON THIS CLAIM:

Approved, and ordered paid,

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

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

(Under Act of 1919)

(To be disbursed by the Ordinary)

INSTRUCTIONS

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.

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,

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 field in the Veterans Service Office. 9th. The State does not authorise the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (13) months immediately preceding date of death.

6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.

"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.

1st. Certified copy of Burial Certificate must accompany this application.

3rd. Each account must be sworn to before the Ordinary, and in the following form:

7th. Ordinary should see that the back of this blank, when folded, is filled out.

.....County:

FULTON

(Seal of Ordinary)

be) of

GEORGIA.

Before me, the Ordinary of said County, comes West Side Funeral Home, By H.W. Ellington , of said County, who, after being duly sworn, on oath says	Before me, the Ordinary of said County, comes O. M. Jaw S. D. N. Sarandle Ja. Rt. 1- of said County, who, after being duly sworn, on oath says
that he knew Martha Lawson late of said County, a Confed-	that he knew mo Martha Lawton late of said County, a Confed-
erate pensioner, and that said person is the identical person named and described in the attached	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 WIDOW and NO ESTATE of	certified copy of burial certificate; and that said pensioner LEFT NO WIDOW and NO ESTATE of
ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted	ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted
to the sum of \$ 125.22 , as shown by sworn statements FULLY and COMPLETELY	to the sum of \$ / as shown by sworn statements FULLY and COMPLETELY
ITEMIZED, hereto attached.	ITEMIZED, hereto attached.
Sworn to and subscribed before me, WistSfill Funeral Hornel	Sworn to and subscribed before me,
this the 4th day of Jan , 193 5.  By, 7, W. Ellington  C.C. Ordinary.	this the of day of Med 1935 (According Ordinary) 703 meldow NW
CERTIFICATE OF THE ORDINARY	CERTIFICATE OF THE ORDINARY
GEORGIA, FULTON County.	GEORGIA, County.
I certify that West Side Funeral Home, By R.W. Ellington who subscibed	I certify that O. W. Lawson who subscibed
to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and	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 dartha Lawson the deceased	credit. I further certify that I knew MO Marka and on 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.	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 lilness and burial for which claim is made.
Given under my hand and seal of office, this the 4th day of 198 5	Given under my hand and seal of office, this the day of Man

### INSTRUCTIONS

1st. Certified copy of Burial Certificate must accompany this application.

(Seal of Ordinary)

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.

Application for

Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)

(To be disbursed by the Ordinary)

25.00 22.00 75 ... 195.00 3/ 7:00

..., 193 🗸

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.

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 field in the Veterans Service Office.

9th. The State does not authorise the payment of these expenses in the event a soldier pensioner is survived by a windle, nor if the pensioner left any setate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (18) months immediately preceding date of death.

. . ATBANTA, GA. / 2 26 193 4 ", ARANTA GA Movember 3 1934 Mr celie famion W. Lawren 1935 Mr. Ollie Lawson IN ACCOUNT WITH sunt you mollew IN ACCOUNT WITH WEST SIDE FUNERAL HOME WEST SIDE FUNER HOME IN ACCOUNT WITH AMBULANCE SERVICE AMBULANCE SERVICE W. T. ROGERS M. D. Wiet ... 756 MARIETTA STREET NW 902 BANKHEAD AVENUE ATLANTA GEORGIA HEMLOCK 4086 902 BANKHEAD AVENUE HEMLOCK 4086 OFFICE HOURS 9 A M. TO I P. M. B TO 7 P. M. PHONE MAIN 4178 22 10 Tuneral expense C. peration on mother 15,00 for me main e Hospital till, anuth Open Room 5000 30,00 the Hogen's acct 2500 195,00 Complete \$ 195 00 State of Georgia State of Georgia, Fulton County Fulton Junty Fersivally appeared before the un-dereigned an officer authorized by law Gersonally appeared before the indersigned offices Woodlow Bright & ho on his Rersonaley approved to admi rister oaths Dr. w. P. Pogers, who hearp before the undersigned erorr says that the above and foregoing is a true itemized statement of the Hospital ail office authorized land to Summeter author g. Warder Printe who oath swears that the above bill is part due and un paid 1 11 and Doctors till owed by was Wartha A. Th that the above Sydre to ardsubscribed before rethis 12th day of Peb. 1935 Seven to before me this 26 day of December, 1934 y sterriged Statement No. 8 d. 8. 1087 Dist. Received of Thomas M. Jeffries, Ordinary, 8.18.7 Received of Thomas E. Jeffries, Ordinary, & 98.00 for the account of march Lawson the to apply on account of _____Martha Lawson I certify that this account has not been paid and is now owing to me.

mu W. & Punt

200 _ day of Sept 1986.

For the account of March Sausans this count has not providedly been paid and is not order to be furnished by the function of March 2 1988.

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This & day of Soft. 1936.

to apply on account of <u>Martha Lawson</u>.

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

This & day of Seft. 1986. *** OR Watthins M. O.





March 21, 1985

Mr. A.L. Henson, Pension Department, State Capitol, Atlanta, Ga.

Dear Sir:

I am enclosing herewith the second expense claim in the matter of Mrs. Martha Lawson, who was on the Pension roll of Fulton County, and died "ctober 21, 1934. The first claim of \$127.00 was paid recently.

I am not enclosing a death certificate as one was attached to the first claim, which you have on file. I will be glad to come over and talk this over with you in case there is anything you do not understand.

Yours truly,

Con Oroson

## EXPOSITION COTTON MILLS ATLANTA, GA.

March 21. 1935

Mr. Claud C. Mason % Ordinary's Office Fulton County Atlanta, Ga.

Dear Mr. Mason:

This will introduce Mr. O. W. Lawson, whose mother is Mrs. Martha Lawson, Fulton County pensioner, who died last October. If you will recall our conversation you advised me you thought you could fix up the proper affidavits for Mr. Lawson to enable him to get the balance due on the 1933 pension. In this connection the Westside Funeral Home have turned over to us the \$40.00 which he received over his claim.

Greatly appreciating on behalf of myself and Mr. Lawson your kindness and patience in this matter, I am

Yours may truly,

G:C

Atlanta, Georgia Nerch 14, 1988.

I hereby certify that on October RE, 1934, that I borrowed One Hundred Dellars (\$100.60) from P. E. Glemm of Atlanta, Georgia, for the purpose of paying \$20.00 each on the Hospital Bill and Hedical Bill of Dr. W. T. Regers of 786 Marietta Street, Atlanta, Georgia, and entire funeral bill of the West Side Puberal Home of 786 Bankhead Avenue, Atlanta, Georgia, for the last illness and burial of my mother, Mrs. Martha Lewson.

I further certify that this amount is due and unpaid and that I could make no other arrangements at the time of

OU Jawrong

14th Day of March 1988

the death of my mother.

I certify the foregoing is true and concor posser FULTON COUNTY

STATE OF GEORGIA

Personally comes O.W. Lawson, who being sworn says that he is the son of Mrs. Martha Lawson, who was on the pension roll of Fulton County, Ga. and died October 25, 1954:

That during her last illness he paid out for medicine and prescriptions for his mother during her last illness at least \$25.00 for which he took no receipts, having paid cash at the time of the purchases.

QW. Jawson

Sworn to and subscribed before me this 21, day of March 1935.

C.C. ORDINARY DISSON



SEAL .

### CERTIFICATE OF DEATH GEORGIA STATE BOARD OF HEALTH

Rureau of Vital Statistics

Registered No. 4520 1. PLACE OF DEATH Fulton .....Militia District (Number and Name)___ Atlanta Length of residence in this city or town: Yrs. Mos. De. (Street) West Side Hospt. Martha E. Lawson t. FULL NAME. Chambles, Ga., Residence (City or Town). PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 1 4. COLOR or RACE Bingle, Married, Diversed (write widowed 16. DATE OF female white DEATH_ 4. DATE OF BIRTH (month, day, year) 10/2/1854 17. I HEREBY CERTIFY. That I attended the deceased from 10/19/34 19 to 16/22/34 18 last saw h 92 alive on 10/22/34 18 last saw h 92 alive on the data and hour stated above. Domestic The principal cause of death and related causes of imports of each:
Intestinal obstruction, Other contributory cause of importance: (P. O. Address). unknown 10. NAME What test confirmed diagnosis? Sli Tgary
(Specify whether autopsy, operation, laboratory, or clinical) II. BIRTHPLACE unknown If death was due to external causes (violence) fill in also the following: Was injury an accident, suicide, or homicide ?..... unknown Where did injury occur?...
(Specify city or town, if outside of limits, the county, and also the sta 12. MAIDEN NAME... 18. BIRTHPLACE unknown, Did injury occur in a home, public place or industry? (P. O. Addre Manner of Injury-Nature of injury_ O. W. Lawson, (Signed) Doraville, Ga. Route #1 W. T. Rogers. 19. BURIAL PLACE 756 Marietta Bt., (Cometery) Warsaw M. R. Ch. Yd. (Postoffice) Morerose, Go (Date) 10/23/34 20. UNDERTAKER
(Signed) West Side Funeral Home, Atlanta, Ga., (Address)_ OFFICE OF THE REGISTRAR OF VITAL STATISTICS
For the City of Atlanta Atlanta, Ga., 1/4/35 GEORGIA, FULTON COUNTY. I hereby certify that the foregoing is a true and correct copy of the record of death Number. of the series of 1934 Martha E. Lawson for. as appears on file in the office of the Registrar of Vital Statistics of the City of Atlanta.

of the series of 1934 for Martha E. Lawson

of the series of 1934 for Martha E. Lawson

(Signed)

(Signed) I hereby certify that the foregoing is a true and correct copy of the record of death Number Widow's Application
To Be Put on Roll in Her Own Right, when Husband Was on Roll at Death.

County... Teultan
Name Prancy S. Lawson
Widow of W.A. Lawson

J. W. LINDSEY, Commissioner of Pensions

Chas. P. Byrd, State Printer, Atlanta.

Widow's Application
To Be Pet on Roll in Her Own Right, when Husband Was on Roll at Death.

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### WIDOW'S AFFIDAVIT.

STATE OF GEORGIA.

County.

Personally before me comes

Whatey Shares of said County, who, after being duly aworn, on oath says, that she is the widow of Wah authority whom, in the County of State of Sa she was married on the 28th day of Way 1867 and that she remained his wife, and resided with him to the date of his death in May 1878 and that she has not since his death remarried. At the time of his death he was a resident of County, in State of Georgia, and he pension Rell of the State and paid a pension of \$ 6.2.

Young 1877 and he pension Rell of the State and paid a pension of \$ 6.2.

At the death of Was authority he was in the use and possession of the following.

At the death of Was authority he was in the use and possession of the following.

At the death of Wakaween he was in the use and possession of the following property

of the cash value of \$

What property of any kind and of any value have you in your use, control and possession now, and

the cash value (State fully.).

Acres land
Horses and Mules
Hogs, Cows, etc.
Total Cash value of all property

beribed before me, this the

Of Octo 1910

Welfurs wordinary.

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Affidavit of Witnesses to Prove Marriage and to Whom-Date of

Death of Husband

STATE OF GEORGIA,

County.

Personally before me come & Estellic To known to be responsible and truthful persons, residing in full County, who after having duly sworn on earth, say: that of their own personal knowledge Mrs County in who died in the said State of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control

what drief with the shift and he had readed begother as man and wife continuously since the day of the man who was on the pension roll of said State from County County

when he died.

Sworn to and subscribed before me, this the

Ordinary. J of Enterhan

Court Ordinary. J Ento

AFFIDAVITS OF TWO FREEHOLDERS. STATE OF GEORGIA. Courta who after being worn on Personally before me comes. oath says, that they are freeholders of said younty and that they know the new Bounds of June County and knew her said husband I A Jan Son at his death on the Co day of May 1809 ..... that she and he were in the use, possession and control of the following property at his death to wit: The grapath of the value of Mallory That she is now in the use, possession and control of the following property to wit: No Ass of the value of \$ .... Sworn to and subscribed before me, this the ORDINARY'S CERTIFICATE. STATE OF GEORGIA, County. Ordinary of said County, do certify, that, I Krochucy & Jauson 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 1906 -That I also know truthful and trustworthy and their statements are entitled to full faith and That the tax Books of Bulliam. County shows that the tax Books of Bulliam. nt of for 1908 \$ NAM for 1900 \$ What for 1900 \$ What Swent under my hand and office beauty for 1900 \$ what day of (SEAL.)

Ordinary. Ordinary. Fultan County. NOTES 1. Before any questions are plaswered, the Ordinary shall swear applicant and the witness in the following worsh.

"You do solepuly swear that you will true answers make to each of the querions asked you and the existence you shall five will be the truth. So help you Gord are insufficient.

"All affidavior must be made before the Ordinary process are insufficient."

All affidavior 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 general reputation. Georgia, Consta Counts; J. J. Emiliekin, J. C. Drake and J. J. ado statements are worthy duriber that the records -

maner are actualed & the foregoing applicant, are reputable actions of said County; whose statements are worther that the record in the J. it of ordinary of said County do not disable the fact of after marriage of Workservan to mer many of Lawren in hard and lead. Mis Oct 4th 1910. L. Pessel. plensy TEngy esk. Cockega.

APPLICATION FOR ALLOWANCE FOR YEAR ENDING, OCT. 26, 1889. Right am Duebles
Applicant M. Galdson
county Julia Entered on Record,

STATE OF GEORGIA.

Gullin County.

PERSONALLY appears Wan Lowson of Freein State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resi-28 4 dent of said State, and has been such continuously since the

1833; 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 Parrell in Company & , of 2 2 th Regiment of Volunteers Warhli 's Brigade; that whilst engaged Lungai in such military service, at the battle of Serven Pines

in such miniary service, at the battle of Service Themes in the State of Important on the It day of James 1863, he was wounded as follows: Right area disasters by gen other wounded as the Intelle testing the Imaum guel helmo the althoughout the although the service can properly sup things the althoughout the selbour grand and the coming one cry the area means that and the area of the service that areas of the service that areas of the service that areas of the service that areas of the service that areas of the service that areas of the service that areas of the service that areas of the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the service that are the se

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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. William Laws. the 6" day of telemany 18891 W.L. l. outer

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

STATE OF GEORGIA,

Frellow County. PERSONALLY comes before me W. L. Lachen Ordinary of said county, I ace I be much and For sendin to Markey both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined Um Jawcon and after such examination say that the applicant has been injured as follows: Nintham Disables from the effecto of a gum shot wound . The fall entiring The fore com first slow the elbow soint and fractining both bones ( 1.2 kins and wina) and kassin. up through elbow soint and lowing out of the ann and mean the middle on the anterier Taile athe ann. I is above stated injuries deprines him

From every mains his ann to any aboutaire and the same Sworn to and subscribed before me, this day of Felman 188 9 Isane Inhauch my to allhow Je rantelin a: Martin ORDINARY.

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	Α. Ι	
Huccin	County	
m. K.	inted with William	ordinary of said county.
do certify that I am well acqua	inted with William	Lauram the
	avit, and am well satisfied that the	
	d that he is disabled to the extent he	
the individual he represents his	mself to be, and that he resides in th	is county. I also certify
	to-wit Jagas L.	to ruch and
to make in A.	Mailen	
* * * * * * * * * * * * * * * * * * *		
1 further certify that	nd that their statements are worthy	fore whom the foregoing
affidavits were made and power	4 14	fore whom the foregoing
of said county, and that the sai	id affidavits and signatures thereto	
Given under my official sig	gnature and seal, this 6 day of	1 Feling 1889
	m.Z.	Cach
	Ordinary 7h	County.
Dr.	OWER OF ATTORNEY.	
1.0	OVER OF ATTORNET.	
CTATE OF GEODOLA		
STATE OF GEORGIA		
STATE OF GEORGIA	County.	
STATE OF GEORGIA  KNOW ALL, MEN. BY THES	County. See Presents, That I,	
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_ to___

County, Georgia.

Send money to me as follows, by_

### NOTES.

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

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

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

4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the con-

stant use of crutch or stick, that the leg is not "substantially and essentially useless."

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

6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must

show that the amendments have been duly sworn to.

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

STATE OF GEORGIA, Frellin County.

. Dr. B. Lecel hom Ordinary of said county. do certify that I am well acquainted with more Lawren 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 Filana, 1890

mil 6 outhing

Ordinary Time ( ...)

County.

STATE OF GEORGIA. Hallon Conney.

m. L. la alhom Ordinary of said County, do certify that I am well acquainted with William Low som the applicant in the foregoing affidavit, and am , well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this County.

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

Given under my official signature and seal, this day of Free any 1891. 2xx Coccesion

Ordinary Thereco. County.

Application for

### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fullar County.
PERSONALLY appears Win Lawon of Fullow county
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen an
resident of said State, and has been such continually since the Airel days
that he enlisted in the military service of the Com
cherate States (or of the State of States, and served as a in Company E, of 2.2 th Regimen
States, and served as a Shara in Company E, of 22 th Regimen
Volunteers 'War San San San San San San San San San San
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of Va on the \$6 day of June 1862 he was wounded as follows: fin that mound of right arm
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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, culding October 26, 1890. I have heretofore been allowed a pension of Sworn to and subscribed before me, this the

sworn to and subscribed before me, this the mixed of Julianay 1890 mixed or L to culture

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### POWER OF ATTORNEY.

STATE OF GEORGIA

County.

KNOW ALL MEN BY THESE PRESENTS, That I.

of

county, in said State, do hereby appoint

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

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

[ L. . S. ]

Executed in the presence of vs:

DIRECTION

Send money to me as follows, by

P.O.

County, Georgia.

# For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA,

Fullow	County.	10			
Personally appears 7	illiam	Lawson	of 9	alla.	•
County, State of Georgia, wh	o, being duly sw	orn, says on oath	that he is a	ona fide citize	n and
resident of said State, and has	resided therein of	ontinuously ever	since the	Burch	
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and, the acts amendatory there	of, and makes at	oplication for the	allowance to	which he is e	ntitled
for the year ending October 20					
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STATE OF GEORGI	Δ, )				
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ne and in my name, to receive o from the State of Georgia b	v reason of the	injury received a	s aforesaid in	the military s	ervice
of the Confederate States (or o	of this State), as	stated in the fore	going affidavi	t: hereby aut	horiz-
ng my said attorney to receipt or, or for any sum of money	in my name for	any Warrant tha	at may be issu	ied by the C	over-
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Send money to me as foll	Ours by	OTION.			

County, Georgia.

# POWER OF ATTORNEY. STATE OF GEORGIA, $\$

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Lawren William

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For Applicants Her doicre Midwed Forst gas

# For Applicants Heretofore Allowed Pensions. STATE OFIGEORGIA, Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: Output Description: O

Personally appears Milliam Lawren of Frillen
County, State of Georgia, who, being duly swora, 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 1883; 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 Privale in Company 6, of 2236 Regiment
of Levisia Volunteers Mariaht 's Bringdo that whiles are
such military service at the battle of Seven claye fight Richmond in the State
of Tinguing, on the 26's day of June 1862, he was
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Deponent desires to praticipate in the benefits of the Act, approved October 24th, 1887, and
the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1853. I have heretofore been allowed a pension of
July dollars, for 1892
Sworn to and subscribed before me, this, the
17 D day of March 1893.
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Nora-State fully nature of wound of character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
STATE OF GEORGIA, )
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Julian County.)
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I, It & Calhania - A Ordinary of said County,
I. H. L. Calhania Ordinary of said County,
I, H. & Calhania Ordinary of said County, do certify that I am well acquainted with Hallian Lawren the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
I, A Calharia Ordinary of said County, do certify that I am well acquainted with Mullian Lawren the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the in-
I. Ordinary of said County, do certify that I am well acquainted with I allow Lawrence 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 hisself to be, and that he resides in this County.
I. A Calharra Ordinary of said County, do certify that I am well acquainted with Mallara Lauran 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 hisself to be, and that he resides in this County.
I. A Calkan Ordinary of said County, do certify that I am well acquainted with I allow Lawren 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 entent he claims, and I know he is the individual he represents hisself 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
I. A Couldant Ordinary of said County, do certify that I am well acquainted with Mulican Lournant 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 entent he claims, and I know he is the individual he represents hisself 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
Ordinary of said County, do certify that I am well acquainted with Mulican Konnan, 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 hisself 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

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### POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

Know all Men by these Presents. That I,

County, State of Georgia, do hereby appoint-

... my true and lawful attorney in fact, for

me and in my name, to receive and receipt for whatever amount of money 1 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 Attornev 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.

_[1., s.]

Executed in the presence of us

### DIRECTIONS.

Send money to me as follows, by

County, Georgia.

William Lau

P. O.

Soldier's Pension.

For Applicants Heretofore STATE OF GEORGIA,  PERSONALLA appears  Of Third Toonly,  Personalla appears  Ounty, State of the Confederate States (or of day of in the military service of the Confederate States (or of during the war between the Siates and served as a of 2 th Regiment of the State of the Confederate States (or of during the war between the Siates and served as a of 2 th Regiment of the State of the Confederate States (or of during the State of the Confederate States (or of during the State of the Confederate States (or of during the State of the Confederate States (or of during the William States)  Of the Confederate States (or of during the war between the States of the Confederate States (or of during the war between the States)  Of the Confederate States (or of during the war between the States and served as a of the Confederate States (or of during the war between the States and served as a of the Confederate States (or of during the war between the States and served as a of the Confederate States (or of during the war between the States and served as a of the Confederate States (or of during the war between the States and served as a of the Confederate States (or of during the war between the States (or of during the war between the States (or of during the war between the States (or of during the war between the States (or of during the war between the States (or of during the war between the States (or of during the war between the States (or of during the war between the States (or of during the war between the States (or of during the war between the States (or of during the war between the States (or of during the war between the States (or of during the war between the States (or of during the war between the States (or of during the war between the States (or of during the war between the States (or of during the war between the States (or of during the war between the war bet	of Georgia, who, being duly sworn, says reorgia, and has been such continuously 18 3.3: that he enlisted the State of In Company S. Volunteers	
Deponent desires to participate in the benefits of the acts amendatory thereof, and makes application for the year ending. October 26, 1892. Thave heretofore the year ending October 26, 1892. The benefits of Dollars for Sworn to and subscribed before me this the day of the Community of Sworn to and subscribed before me this the day of the Community of Sworn to and subscribed before me this the day of the Community of Sworn and in the day of the Community of State in the day of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of	the allowince to which he is entitled for occer allowed a pension of the work of the work of the work of the work of the work of the works the disability, and splace posteriority the	
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day of - 1892.		
	[L. S.]	

DIRECTION

-County, Georgia.

Executed in the presence of us

Send money to me as follows, by

### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

PERSONALLY appears William Layson Will ton 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 18 33; that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the States, and served as a Private in Company , of sand Regiment of Georgia Volunteers Wright 's Brigade; that whilst engaged in such military service at the battle of Seven days fight richmond in the State of Virginia on the 26th wounded as follows: gun shot wound through entire length of right arm rendering the same substantially and essentially useless

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

Sworn to and subscribed before me, this, the

13th day of 11970h 1894. I

Notz-State fully the nature of wound or character of disease which cause the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Fulton County.

day of

I, W. I. Calhoun __Ordinary of said County.

do certify that I am well acquainted with __Willian Lawson __ 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 13th

Affia your seal here.

P. O.

March 1814.

Ordinary

Fulton

County.

## POWER OF ATTORNEY.

STATE OF GEORGIA;	STATE OF GEORGIA,
County, S	County.
KNOW ALL MEN BY THESE PRESENTS, That I,	I,hereb
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County, State of Georgia, do hereby appoint	of.
ofmy true and lawful attorney in fact, for	to receive and receipt for the pension paid her
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 hereunto set my hand and-seal, this	at IN WITNESS WHEREOF, I have hereunt
day of1895.	day of1896.
Executed in presence of us	Executed in presence of us
DIRECTIONS.	*** *** *** *** *** *** *** *** *** **
Send money to me as follows, by.	
P.O.	*
County, Georgia.	
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## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

. 41 0011	County.		
personally appears	William Lawson	of	Fulton
County, State of Georgia, w	ho being duly sworn, sa	ys on oath that he is	s a <i>bona fide</i> citizen
and resident of said State, a	nd has resided therein c	ontinuously ever si	ice the
day of	18 33 ; that he enl	isted in the military	service of the Con-
federate States (or of the S	tate of		he war between the
States, and served as a	riv te	in Company , o	of 22 nth Regiment
of Orriv Volu	nteers, FIFIT	's Brigade; that	t whilst engaged in
such military service at the	battle of Seven 1292	right Richmond	in the State
of 1 01	on the 'Sit da	y of . une	$186^{-3}$ , he was
wounded as follows:	n : not -oun. troug	L entire length	of right arm
realiring the same sub-	tantially and a man	tiilv usele.s	
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Deponent desires to par	ticipate in the benefits o	f the Act, approved	October 24th, 1887,
and the acts amendatory the			
entitled for the year ending	October 26th, 1895. I	have heretofore beer	allowed a pension
of L. L.V	dollars, f	or the year 189	. 10
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day of Taron	1,895.	. Wellala	y cush
Mr. L. bacho	in Ordinay		1 ach
Nore-State fully the nature of wor	ind or character of disease which s	cares the disability, and exp	lain particularly the extent
of the disability, resulting from the wour	id or disease.		
STATE OF GE	ORCIA		
STATE OF GE	, (		
Lluan	County.		
I,	W.I.Talhoun	Ordin	ary of said County,
do certify that I am well ac	quainted with #ill:	iam Lawson	the
applicant in the foregoing a	ffidavit, and am well sat	isfied that the state	ments made by him
in his said affidavit are true	, and I know he is the	individual ne repre	escuts himself to be
and that he resides in this (	County.		7.~
Giv	ven under my official sig	gnature and seal, th	is 9 9
1	Varen		, -

m. L. bucken

__County.

## For Applicants Heretofore Allowed Pensions.

STATE	OF	GEORGIA,
Pn1	ton	0

personally appears	Milliam Lawson	of	Fulton
County, State of Georgia, who	o being duly sworn, say	ys on oath that he i	s a bona fide citizen
and resident of said State, an	d has resided therein	continuously ever s	ince the
day of	18 ; that he culist	ted in the military	service of the Con-
federate States (or of the Stat	e of	) during	the war between the
States, and served as a	private	in Company ,	of 22 14 Regiment
of Peorgia Volunt			hat whilst engaged
in such military service in the	he State of Pirgi		he 28th day
of June1867 gun shot wound through e	, he was wounded, inj ntdre langth of ri	ured or diseased as ght era renieri	follows: ig the same substan=
tially and essentially	useless.		

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of

dollars, for the year 189 5.

Sworn to and subscribed before me, this, the 26 day of Paby 1896.

Norz. State fully the nature of wound or character of disease wind causes the disability and explain particularly the extent

## STATE OF GEORGIA, "ulton County.

I,______T.L._Talboun ____Ordinary of said County, do certify that I am well acquainted with _____Tilli2x L2x500 ______the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be

and that he resides in this County.

Given under my official signature and seal, this 26 7



W.R. Lucken

Ordinary...

Fulton

County.

### POWER OF ATTORNEY.

STATE OF	GEORGIA,	)		
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to receive and	l receipt for the per	ision paid hereon	and request that he	remit same to
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	POWE	R OF ATTORNEY.	
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to receive and	receipt for the pen	sion paid hereon and request that l	ne remit same to
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## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Xulton County.
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 1833; 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 Accepted in Company Color that Regiment of States, and served as a Accepted in Company Color that the military service in the State of Property of the States of the Company Color than the Regiment of States, and served as a Accepted in Stragade; that whilst engaged in such quilitary service in the State of Property of the States of the Company Color than the State of States, and served as a Accepted in Stragade; that whilst engaged in such quilitary service in the State of Property of the States of the Company Color than the States of the Company Color than the States of the Company Color than the States of the Company Color than the States of the Company Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color than the Color
cult us,
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 county been allowed an invalid pension of Dollars, for the year 189  Sworn to and subscribed before me, this, the day of 1897. POST OFFICE
Norz-Nate fully, the nature of wound or character of disease which causes the dissistivy and explan part calledy the extent of the disability, receiving from the wound or disease.
STATE OF GEORGIA,
1. MI Aulter Ordinary of said County, do certify that I am well acquainted with following 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.
Ans John Thirder

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
Halkon	County.
personally appears	Fillian Lawsons Fulkon
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	18.33; that he enlisted in the military service of the Con-
federate States (or of the	
States, and served as a	Private in Company E, of & 3th Regiment
of the maria Vo	olunteers, 3 's Brigade; that whilst engaged
in such military service in	the State of linginia, on the 26 day
	1863, he was wounded, injured or diseased as follows:
E .	26.1 12 5 21.11 02
2 6	in it is a series of the
- anden	ig it weller.
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Deponent desires to pa	articipate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory t	hereof, and makes application for the pension to which he is
entitled for the year ending	g October 26th, 1898. I have heretofore under said law as a
	county been allowed an invalid pension of
7 ich-	Dollars, for the year 189 Z.
Sworn to and subscrib	bed before me, this, the William & and
Dworn to and subscrit	man
	1898. POST-OFFICE
Norw Neets fully the nature of y	wound or character of disease which causes the disability, and explain particularly the extent
of the disability, resulting from the we	ound or disease,
STATE OF GEORG	TA ) /
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tuckon	
I. 77.	A Luckey Ordinary of said County,
do certify that I am well	
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	affidavit, and am well satisfied that the statements made by him
	e, and I know he is the individual he represents himself to be
and that he resides in this	•
	en under my official signature and seal, this
day of	7
Amx	Jery 1898.
	Jery 1898.
bere,	Lucioner
bern.	Ordinary Jultur County.

#### POWER OF ATTORNEY.

STATE OF GEORGI			
	County.		
I,	hereby	authorize	
	of		
o receive and receipt for	or the pension paid hereon	and request that he re	emit same to
	by_		
at			
IN WITNESS WH	EREOF. I have hereunto s	set my hand and seal, thi	s
lay of	1890,	1	
			[L. S.]

Name I'M Gural Gor.
County Steel Corn.

RICHARD JOHNSON,

WARRANT HANDED TO

Executed in presence of

### POWER OF ATTORNEY.

I.	hereby authorize
	of
	the pension paid hereon and request that he remit same t
at	
IN WITNESS WHE	REOF, I have hereunto set my hand and seal, this
day of	1900,

(For These Already Enrolled.)

No 89 Z

SOLDIER'S PENSION. INVALID

Name Mm Jamson 1900.

Warrant issued Mela

JOHN W. LINDSEY,

(For These Already Enrolled.)

No. 1871

SOLDIER'S PENSION.

1899.

INVALID

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORG	GIA, County.	
County, State of Georgia, and resident of said State day of federate States (or of the States, and served as a of States, and served as a of States, and served in such military service in of	State of in Con	oath that he is a bona fide citizen analy ever since the the military service of the Con.  ) during the war between the apany 5, of 4th Regiment 's Brigade; that whilst engaged, on the 5 day d or diseased as follows:
ing October 26th, 189	9. I have heretofore under County be Dollars, for the year bed before nie, this, the	he is entitled for the year end- said law as a resident of en allowed an invalid pension of 1898
STATE OF GEORG	acquainted with he affidavit, and am well satisfied to the and I know he is the individual to the and I know he is the individual to the and I know he is the individual to the and I know he is the individual to the and I know he is the individual to the and I know he is the individual to the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of the angle of th	Ordinary of said County,
Giv day o		nd seal, this 184

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Talton County
personally appearance Lewhon of Julean
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 1833; that he collisted in the military service of
the Confederate States (or of the State of) during the war between the States, and served as a provale in Company, of 22th
Regiment of Learge Volunteers, Fredly - 's Brigade; that whilst
engaged in such military service in the State of, on the
day of 180-3, he was wounded, injured or diseased as follows:
Sur she twound right arm
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 County been allowed an invalid pension of Dollars, for the year 189  Sworn to and subscribed before me, this, the day of Art 1900. POST OFFICE
Note, -State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,  Fulfon County.
I, Will delease ordinary of said County, to certify that I am well acquainted with Man Lew Row, 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 man day of man de 1900.
Ordinary Factor County.
County.

#### POWER OF ATTORNEY.

STATE OF	GEORGIA,	)		
	Co	unty.		
I,		here	by authorize	
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o receive and	receipt for the	pension paid here	on and request th	at he remit same to
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IN WITN	NESS WHERE	F, I have hereun	to set my hand and	d seal this
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### 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

Executed in presence of

DISABLED

SOLDIER'S PEN

JOHN W. LINDSEY

[ 1.. S. ]

CODE SECTION 120.

( FOR THOSE ALREADY ENROLLED.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Personally appears DM Laupon of Julion
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 180 3; that he enlisted in the military service of the Con-
federate States (or of the State of ) during the war between the
federate States (or of the State of ) during the war between the States, and served as a formal in Company E, of 2 Hr.Regiment of Volunteers, 1974 's Brigade; that whilst engaged in such military service in the State of 70 , on the 26 day
in such military service in the State of 79, on the 26 day
of 1863, he was wounded, injured or diseased as follows:
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ruciciony under
Made Affect of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Co
Deponent makes application for the pension to which he is entitled for year end-
ing October 26th, 1901. I have heretofore under said law as a resident of
County been allowed an invalid pension of
Dollars, for the year 1900.
Sworn to and subscribed before me, this the Ward Theward
14th day of Jany 1901. Postoffice allaute you
,
Norκ.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,  County.
1, revillverkering Ordinary of said County,
do certify that I am well acquinted with Om Lauren 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 ander my official signature and seal, this 14th of 1901.

Sturk Wakunsin

Affix your seal here

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	
FULION County.	
Personally annual Inter	
County, State of Georgia, who being duly sworth, says on oath tha	C C C N
and resident of said State, and has resided therein continuously	it he is a bona fide citizen
day of 1832 at all the rein continuously	ever since the
day of 1833; that he enlisted in the mil federate States (or of the State of 1833; that he enlisted in the mil federate States (or of the State of 1833; that he enlisted in the mil	itary service of the Con-
in Company	-17-7- 1 0
of fu Volunteers, Wrights 's Briggin such military service in the State of Uu	on the 2./
of June 1863, he was wounded, injured or	diseased as C.U. day
	diseased as follows:
Wounded in right and	
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Deponent makes apply on for the pension to which he	is entitled for the year
ending October 26th, 190 have heretofore, under said la	w, as a resident of
County, been allowed	ed an invalid pension of
Dollars, for the year 190	01.
Sworn to and swascribed before me, this the	Lawson
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STATE OF GEORGIA,	67410'111'
Mhul	Wilsenson
I. Or	inary of said County,
do certify that I am well acquainted with the Lauve	<u></u>
the applicant in the foregoing affidavit, and am well satisfied that the	ie statements made by
and I has said amdavit are true, and I know he is the individual he	represents himself to
and that he resides in this County.	- Presents minister (to
Given under my official signature and seal, this	
JAN 13 1902 1902.	
John Hellinson	TON
Ordinary	County.
Norz.—Fill bladflanks and of Company and Regiment. Norz.—All vouchers and affidavite must bear date after Januar	

POWER	R OF ATTORNEY.
STATE OF GEORGIA,	)
County.	,
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to receive and receipt for the pens	ion 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 . 190	3.
	[L. S.]
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# POWER OF ATTORNEY.

STATE OF GEORGIA,	Count	Y. }	V. V.	Mr. w.	
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to receive and receipt for	the pension	paid hereon.	. and reque	est that he r	emit same to
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IN WITNESS WHEREOF,	I Mave hereu	nto set my h	and and seal.	this	
day of	1904.				
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## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF C	EORGIA,	)		
	County	v.)		
Personally anne	ars Usen Lai	urron!	of	
County, State of Geor				fide citizen
and resident of said S			Market State Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee	
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of the	Volunteers, W	risteti :	Brigade; that whil	st engaged
federate States (or of States, and served as of feeting such military services of the states of the	ce in the State of	ta	on the 2	day
of June	186 3 he was	wounded, injured	l or diseased as fol	lows:
llerine	1 in right	ann		
				-
Deponent makes	application for the	pension to which	he is entitled for	r the year
ending October 26th				,
		County, been a	allowed an invalid	pension of
-30		Dollars, for the ye	ear 1902.	/
Sworn to and sul	oscribed before me, th	is the ) ((	ear 1902.	
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property of the extent of the	le fusions he nature of the wound or e disability resulting from the	character of disease w ne wound or disease.	thich causes the disabil-	ty, and explain
STATE OF				
	County.			
1,	well acquainted with		Ordinary of s	aid County,
do certify that I am	well acquainted with	Win I	aurson	
the applicant in the f	oregoing affidavit, and	l am well satisfied	that the statemen	its made by
	vit are true, and I kno			
be and that he reside	s in this County.			
G	iven under my official			202
da	y of	A903.	Williamor	,
Affix your		Janely.	al le jusor	U
here }	(	Odinary_		County.
	e.—Fill all bianks and of Con e.—All vouchers and affidavis		January 1, 1903.	

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton, County.
Personally appears In Lawren of
ounty, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
nd resident of said State, and has resided therein continuously ever since the
ay of 1833 that he enlisted in the military service of the Con-
derate States (or of the State of A2 ) during the war between the
derate States (or of the State of 122 ) during the war between the tates, and served as a wirale in Company to, of 2 th Regiment
Volunteers Migfet 's Brigade; that whilst engaged
such military service in the State of Mac, on the Z6 day
186_3 , he was wounded, injured or diseased as follows:
wound in right ann
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Deponent makes application for the pension to which he is entitled for the year
ading October 28th, 1904. I have heretofore, under said law, as a resident of
Fillton. County, been allowed an invalid pension of
Sworn to and subscribed before me, this the
day of JAN 21 1904. 1904.
Sworn to and subscribed before me, this the day of JAN 21 1904. 1904.  Post-office Much
John Alle Kenson
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STATE OF GEORGIA,  Luttuil. County.  1. John R. Welkinson.  Occurring that am well acquainted with

Note.—Fill all blanks and of Company and Regiment.

Note.—All vouchers and affidavits must bear date after January 1.

#### POWER OF ATTORNEY.

STATE OF GEORGIA,	COUNTY.	
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	of.	
to receive and receipt for th	e pension paid hereon, and r	equest that he remit same to
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at.	2	
	have hereunto set my hand	and seal, this.
day of	1905.	73
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## POWER OF ATTORNEY.

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## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton. county.)
Personally annears William Lawrell of Fulton.
Tersonally appearably
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 18; that he enlisted in the military service of the Con-
federate States (or of the State of Eldified ) during the war between the
States, and served as a In Company Le, of 22 MarRegiment
of Volunteers 's Brigade; that whilst engaged
in such military service in the State of la , on the 26 day
of full 1863, he was wounded, injured or diseased as follows:
Right arm stixables Deven Done, Va.
*
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 County, been allowed an invalid pension of
Dollars, for the year 1914.
la la la la la la la la la la la la la l
Sworn to and subscribed before me, this tire Milleaut Leedson
day of JAN 2 1905 1905.
Post-office (ttlaula
Note -State fully the nature of the wound or character of disease which causes the disability, and explica- particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA.
F1-140 COUNTY.
I. do certify that I am well acquainted with Villiam Lauren
do certify that I am well acquainted with I chiam Lauren
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. 7, 1905.
(AMI)
ber. Ordinary H11140n. County.
Nora. — ilit all blanks and of Company and Regiment. Nora. — All vouchers and affidavits must bear date after January 1, 1905.
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# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Fulton. County.
Personally appears I.M. Lawrow 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 of18; that Are enlisted in the military service of the Con-
federate States, (or of the State of State of States) during the war between the
States, and served as a in Company C, of 22 th Regiment
of
in such military service in the State of
of 1803, he was wounded, injured or diseased as follows:
Right arm disabled Deven Pines, Va.
w)
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1906. I have heretofore, under said law, as a resident of
Filton. County, been allowed an invalid pension of
Dollars, for the year 1905
Sworn to and subscribed before me, this the
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particularly the extent of the disability resulting from the wound or disease.
State of Georgia, Friton. County.
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do certify that I am well acquainted with with Januson
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 omeiai signature and sear, this
day of
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Nors.—Fill all blanks and of Company and Regiment. Nors.—All vouchers and affidavits must bear date after January 1st, 1906.

#### POWER OF ATTORNEY.

STATE OF GEORGIA,

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# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
Fulton. County,
Personally appears IMV. Jawood 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 183/; that he njisted in the military service of the Con-
federate States (or of the State of) doning the war between the
States, and served as a . Intoche in Company & 1, of th Regiment
ofVolunteers Ramatayusa 's Brigade; that whilst engaged
in such military service in the State of, on the day
of
Kight arm disabled Seven Ping (a)
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Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1907. I have heretofore, under said law, as a resident of  County, been allowed an invalid pension of
Dollars, for the year 1906.
Sovorn to and subscribed before me, this the
day of
Postoffice 16/ Sefferoust
Note.—State fully the nature of the wound or character of disease which causes the disability, and explain pa-ticularly the extent of the disability resulting from the wound or disease.
State of Georgia,
County. County.
do certify that I am well acquainted with MM Law 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 JAN 2-
day of
John R. Willinson
our out ordinary County.
Note.—Fill all blanks and of Company and Regiment.

No. 74
STATE OF GEORGIA. STATE OF GEORGIA. & Allanta, Ga. Ally 6 1889. Mr. Milliain L'acoson having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, Dec. 24, 1888, and the same having been allowed for -Right arm disabled He is entitled to receive the sum of High dool for such disability, the same being the allowance due for the year ending October 24, 1889. The Treasurer will pay the same and hold his receipt on this voucher, and return same to CLERK EXECUTIVE DEPARTMENT Dollars

day of_	Jan	1907.  Millinson  ry 13 Fillton. County.	wet w.J. Speen	
Aninei	18	Maimed Esidiers.  Voucher No DHH  Amount & SO  Vaid to SI Male Son  For Right arm  Chesolos Stefy S 189		1891.  Maimed Soldiers.  Voucher No. 15 8  Amount \$ 150  Paid to Willsum Lucasur)  For Arm (lisables)  Oel. 11. 1891.
		Included in warrant No.  18  WARRANT CLERK.  W. Campbell, State Printer, Countilition Job Office.  Applicary		Included in warrant No.  issued to Treasurer.  1891.  WARRANT CLERK.  Onc. W. Harrison, Mate Printer, Vilenta.  Off for a conf.

Allanta, Ba, Fuby 3 STATE OF GEORGIA. Mr Millian Lawson of the Country having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, approved, Dec. 24, 1888, and the same having been examined and allowed for Right Um asabled He is entitled to receive the sum of High Hard for such disability, the same being the allowance due for the year ending October 24, 1890 The Treasurer will pay the same and hold his receipt on this voucher, and return same to Executive Department for warrant. By the Governor Wil Harrison RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

William X Lawson

Thos. W. Long

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Mr. Milliam Laws of the County
of Milliam Laws of the County
having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Acts
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

What was less than the same being the allowance due for the year stating October 24, 1891.

The Treasurer will pay the same and fold by reside on this voucher and return same to
Executive Department for warrant.

The Treasurer will pay the same and fold by reside on this voucher and return same to
Executive Department for warrant.

What Allowance is the County
Governor.

Manual Sector Executive Department.

Dollars.

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

RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia. William X Lawson _Dollars, Milian Lawren Test Thos. W. Long

STATE OF GEORGIA Ordinary's Certificate COUNTY

that I know

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Ordinary of said County,

do certify

the applicant for

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Additional a
3. Only widows
4. All affidavit the witness who swears to the service of husbands whit both Mathem are now residents of said County and on the 4th Appender 1908; hat I also kinglish sworn by me before signing the foregoing affidavits and that met official wal of office that the least to be 2000 are entitled to full withand asserved the Ordinary shall sweet applicant said the with that you will tree assers make to each of the questions a truth. So help you do go are insufficient, be attached if blank spaces are insufficient, prior to January 18th, 1881, are estitled, and before the Ordinary of the residence of the person to and she is a bona lide equinuing resident 144 771 4 -, 18 day they both ness in

are truthful,

11

J. W. LINDSEY, Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

of marriage license if obtainable.

If not, prove marriage, by

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following words: and the evidence

Ordinary,

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Widow's Pension

Company

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Ordi

COUNTY OF FULFOIL.

I. THOWAS H. WEFFRIRS, Ordinary of said County, do certify that I know .r. C w Lewton, the applicant for pension, she is the person strengers hereaft to be and is a to ma fide continuing resident ritizen of waid County and was on the 4th after of lovener, 190° that she was duly sworn my clerk before signific, the foregoing and layit that she is tribuilly and trustworthy and how statemers and layit that she is tribuilly and trustworthy and how statemers when the statemers are not considered to the statemers of the statemers and how statemers and how statemers and how statemers and how statemers and how statemers and how statemers are not considered to the statemers and the statemers are not considered to the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the × oner of Pens hsion Act of 1910 NOTES: I. Hefore any questions are convered the Ordenty-visial search stepletes than it is citizen in the children greatest.

Notes: I. Hefore any questions are convered the Ordenty-visial search flow the subsequence of the product and the subsequence of the product are converted to Children's are temperature. The product of the product is now to married years to Annuary 14t, 18th, are confident of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the produ 11 Sworn under my transferent official seal of office that worthy, and their statements are entitled to full faithfiand creedit. were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trustthe witness who swears to the service of husband) that both the more residents of said County and and was on the 4th Appender Weller Ash also highly is the person air represents beneat to be and she is a bone tide continuing resident citizen of said County the applicant for pension. She Ordinary of said County, do certify STATE OF GEORGIA, Ordinary's Certificate

STATE OF GEORGIA.

Ordinary's Co	runcate
STATE OF GEORGIA,	
Bill COUNTY.	Best
Cens	Ordinary of said County, do certify
that I know	the applicant for pension. She
is the person she represents herself to be and she is a bor	in fide committing resident citizen of said County
and was on the 4th Typinber 1998; that James knows	I Know Mind
the witness who swears to the service of husband; that both	h Mathem are now residents of said County and
were duly sworn by me before signing the foregoing affid	avits and that they both are truthful, trust-
worthy, and their statements are entitled to full whiteand	credit.
Sworn under my hand and official seal of office this	/8 day of 1969
SEALY.	Ordinary,
to to	Bista County.
NOTES A before any questions are answered the Ordinary shall be used as identify sower that you said true answers you shall give will be the truth. So help you titud. You have been a some some source of the hard papers of the said affairst most be made before the Ordinary of the said the said of the said and the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said	re insufficient, are cuttled, are cuttled, or residence of the person to be sworn and certified by . If not, prove marriage, by some person, or by general
No.  Ilow's Pension's Carlot of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of 1916  Carlot Amended by Act of	J. W. LINDS E.; Commissione of Penions. Ref Ds., State Princes, Alanna.
Widow Act 199	Approved
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ob Varior 19 House the many representation of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c

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

Questions for Applicant
STATE OF GEORGIA,  fullon COUNTY
Personally before me comes. Mrs O. W. Jawton of said State and County,
and, after being duly sworn, says that she desires to apply for a pension allowed under the Act
of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to the following questions to-wit:
1. What is your name, and where do you peride! Mrs. Corre W. Law ton 2. How long and then have you beer a continuing resident of the State of Georgia!
Since 1868
3. When, where and to whom were you married? Jan. 11. 1871. Kacon. Ga. to
R. F. Lawton
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 Areas of Congress Militia's (Steel the congress of Confederate Areas of Congress Militia's (Steel the congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress of Congress
Solerate Argonius Georgia Militiaty (State the arms and class of Service.) Assessment will be 1869
5. When and where did the commands of your bushind surrender or discharge from the army!
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 !
8. Where was his command when he left! - as above
a. For what cause did he leave his command 1 Houge out Ois chory
b. By whose authority did he leave his command?
c. For how long was he granted leave of absence? Purmanant
e. What was his physical condition when he left his command?
f. What effort did he make to return to his command? Sevoll duration of war
g. In what way was he prevented from going back to Command Scored clurother of wer
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?
f When and where did your first husband die! face 12-1822 at Mucoting
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 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
day of Sechet 1968 dg of Spring of
( sused 16 Mason 66 ordinary) allauta Su
of Lection County

(SEAL)

Amestrone for Astroneses we to belaice of Liftsbund and Malliage	
STATE OF GROBGIA,	
Personally before me comes & R Hicks & 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 regide of the thicks So, Grande	
2. How long and since when have you known 200 500 2 aucton applicant!	
40 years	=
3. How long and since when has she continuously resided in this State (Give date.)	
4. When and to whom was she morred 1. How do you know! from &	M
husband! Since 1861 wanted twis dealho 1892	-
6. When and where did	
the husband of applicant, die1	
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 five apart before his death?	
Were they divorced!	
9. When, where and in what Campany and Benneny did	6
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 1	
12 When and where did his command surrender, and was discharged?	
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!	
where was he! When, where and for what	
cause did he leave Command? (Give date.) By whose authority did he leave his Command?	
long was he granted leave! — Promonant How do you know all this?	
was mumber of same required	
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Com-	
mand1	
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	
18 day of Sept 1975	
Clerronaly Ordinary	

andrica e e e e e e e e e e e e e e e e e e e	ide alternation	desired a second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second contr
LAwton, CArrie W.		Lawton, C. W. (Mrs.)
Fulton County 1921		Fulton County 1921
Application for Pension Due Deceased Pensioner Under Act 1904 (To pay expenses of last illness or funeral)	্য	Application for Pension Due Deceased Pensioner Under Act 1904 (To pay expenses of last illness or funeral)
That Jeffie Ordinary For Barnew Lawlow of Fullow County	6	Thoo H. Jaffre Ordinary For Carrie & Lawton
of Co. Regiment Died Dee 2-1911		of Co. Regiment Died Doe V-1971
Amount \$		Amount \$
Approved and ordered paid.		Approved and ordered paid.
J. W. LINDSEY, Commissioner of Pensions.	***	J. W. LINDSEY, Commissioner of Pensions.
15		
Ordinary: Fill out above in full and send this blank to Pension Office for approval be- fore you pay out the money.		Ordinary: Fill out above in full and send this blank to Pension Office for approval be- fore you pay out the money.

Atlanta Printing Co., Atlanta, Ga.

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

Atlanta Printing Co., Atlanta, Go.

Sworn to and subscribed before me this the

(SEAL)

Clevery Ordinary

## Application for Pension Due to a Deceased Pensioner

. Under the Act of August 15, 1904

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

	County.
Personally be	efore me, the Ordinary of said County, comes
	of said County, who, after being sworn, on oath says
that he knew 2	of said County, and that he was on
the	Pension Roll Fuctor County at the
time of his death,	, which occurred in County, in this
State, on the	2 nd day of dec 19.2/, and that
a Pension of	One hundred traffe Dollars was due him and
unpaid at the time	e of his death. That he left no widow or dependent children surviving him, and
no estate of any va	alue sufficient to pay his funeral expenses, which amounted to the sum of 1911.
Dollars, as per sw	orn statement, itemized, hereto attached.
2	subscribed before me
this 28 day	of lee 1921 Set Oughard
CE	envilly Ordinary.
	County.
*	AFFIDAVIT OF ORDINARY
	ALTIDAVII OF ORDINARI
GEORGIA,	Silf County.
Ĭ,	Cervilly Ordinary of said County, do certify
hat I personally k	know A Surghand , who is a resident
itizen of said Cour	nty, and that he is of a truthful and trustworthy character, entitled to full faith
and credit.	
	Mr Carria W Lawton while in life; that he
vas the same pers	son whose name appears on the dervice Pension
Roll of	County, and was paid a Pension
Roll of of One	County, and was paid a Pension Dollars in said County for 1924, and
, One	Dollars in said County for 192.4, and to be dead.
now believe him	Dollars in said County for 192.4, and
Roll of	Dollars in said County for 1924, and to be dead.  my hand and official geal, this 28 day of low 1921.  Ordinary.
now believe him Given under n	Dollars in said County for 1924, and to be dead.  my hand and official geal, this 28 day of Lla 1921.  Ordinary.  County.
now believe him if Given under n (SEAL)  NOTE—For the in all wining sufficient property	Dollars in said County for 19.2.4, and to be dead.  my hand and official seal, this. 2.5 day of
now believe him to Given under no (SEAL)  NOTE—For use in all wining sufficient property in all and to the decount in to the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the sufficient property in the suff	Dollars in said County for 19.2.4, and to be dead.  my hand and official seal, this. 2 I day of
now believe him to Given under n (SEAL)  NOTE—For use in all wrings sufficient property aske out the account in I increase before death. cannot be sufficient to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the secon	Dollars in said County for 19.2.4, and to be dead.  The property of the property of the county for 19.2.4, and to be dead.  The property of the first property of the county
## Application for Pension Due to a Deceased Pensioner

Under the Act of August 15, 1904

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

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**************************************		of said County, who, aft	0
Abak ba baasa 2	m Com 42	or said County, who, are	er being sworn, on oath
that he knew	THE THE THE	of said	County, and that he wa
	Pension	1 1 /	
	h, which occurred in	44	County, in
State, on the			19.2.1, and
a Pension of	One hundred	I tracty for a by	Dollars was due him
	ne of his death. That he left		,
no estate of any	value sufficient to pay his fun	eral expenses, which amo	unted to the sum of
Dollars, as per s	worn statement, itemized, he	reto attached.	
Sworn to ar	d subscribed before me	1	
this 2 8 day		01/ 01/0	
V.	wrile Ordin		oghard
· · ·	Ordin	ary.	/-
	Cou	nty.	
	AFFIDAVIT	OF ORDINAL	ov
	n //	OF ORDINAL	N X
GEORGIA,	Sounty.		
I,		Valle Ordina	ry of said County, do ce
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I,that I personally	Gen	ing tal	, who is a resi
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I, that I personally citizen of said Co and credit.  I also knew was the same pe	know A had he is of a truth  Mov Barro  rson whose name appears on	uful and trustworthy cha	while in life; that
I, that I personally citizen of said Co and credit. I also knew was the same pe Roll of of ULL I now believe him	know H. T.  unty, and that he is of a truth  Mer Gurri  rson whose name appears on  Tulling  Lucker Civic	aful and trustworthy cha	while in life; the Pernty, and was paid a Persaid County for 19
I, that I personally citizen of said Co and credit. I also knew was the same pe Roll of of ULL I now believe him	know H. T.  unty, and that he is of a truth  Mer Gurri  rson whose name appears on  Tulling  Lucker Civic	aful and trustworthy cha	while in life; the Pernty, and was paid a Persaid County for 19
I,	know A B B B B B B B B B B B B B B B B B B	aful and trustworthy cha	while in life; the Pernty, and was paid a Persaid County for 19
I, that I personally citizen of said Co and credit. I also knew was the same pe Roll of of ULL I now believe him	know H. T.  unty, and that he is of a truth  Mer Gurri  rson whose name appears on  Tulling  Lucker Civic	aful and trustworthy cha	while in life; the Pernty, and was paid a Persaid County for 19

citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith I also knew Mr Carria W Lawton while in life: that he I also knew Mr Curry W Lawton while in life; that he was the same person whose name appears on the Levene was the same person whose name appears on the · Fully ...... County, and was paid a Pension County, and was paid a Pension of Our Hundredwentifive Dollars in said County for 1921, and One Hundred Dollars in said County for 1924 and I now believe him to be dead. I now believe him to be dead. Given under my hand and official seal, this 2 that of Lloy Given under my hand and official seal, this ... 2. 8 (SEAL) County. County. NOTE.-For use in all cases where presidence died active Jan. 1st, had got been ont of Black looner class, twelve musths and died without coving medicals reported to now was happened. Reports than delating to case for express and illustrations and make out the account in ignated form, giving value for each less and for what. Remarks accounts, there than those accounts in the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contr NOTE.—For use in all cases where pressioner dist after Jan. 1th, had not been ext of thus barger than twive amounts and died without ming sufficient property to per own terressons. Require both scishing necession for expanse at less tillness of the above out has account in Itemized form, giving which for each time and for what. Branches necessits, other than those connected with interest before death, cannot be paid. All accounts must be used out and event to before the Ordinary, in the following forms: "The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of Fartles who pay such hills must see to it that they are included and every to as above directed before greatering to the date.

Fartles who pay such hills must see to it that they are included and every to as above directed before presenting them for payment for Baker.

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For the Baker. who died without ewning sufficient property to pay this bill."

Parties who pay such bills must see to it that they are itemized and sworn to as above directed before presenting them Parties who pay such bills must see to it that they are itented and suwers to an above directed before presenting them for payment by the State.

To fedinary must see that an affidavit has been made on the face or both of each bill exhalted for payment, and must then attain took, bills to this vousher and send to the Pension Offfice or that his ascessed may be given credit for the memory than paid out. If you have may doubt about a claim, write to this Office for instructions. Do not pay out may many in these cases until the completed vousher—the binaries and the bills articated between how from the case it to the Pension Office and approved and not set hand to you are payment. MACON, GA. 192 M Est. of Mrs. Carrie W. Lawton TO L. H. BURGHARD DR. FUNERAL DIRECTOR 1921 To Embalming \$25.00 and Casket \$200.00 \$225,00 Transferring body to house 10.00 (10) doz. chairs @ \$1.00 per dez. 10.00 1.00 Funeral notice Hire of Hearse 10.00 " (2) Autos = \$7.50 each 15.00 " Pallbearer's Coach 10.00 5.00 Transferring and handling flowers Musio \$291.00 Personally comes before me this day of Dec. 1921, L. H. Burghard, who on deposes and says that the above account is correct, due nd . Sworn to and subscribed before me this 2 day of Dec. 1921

citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith

MACON, GA._____192___

M Mst. of Mrs. Carrie . Lawton

## TO L. H. BURGHARD DR.

1921

Dec	2	To Embalming \$25.00 and Casket \$200.00	\$225	00		
		" Transferring body to house	10	00		
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феро в	8 B	nd says that the above account is correct, due	nd as		npaid	,
Sworn	to	and subscribed before me this 2 day of Dec. 192	1			5
15.		/	1000		5000	1

STATE OF GEORGIA.

Personally appeared Mrs. W S Payne, who upon oath ways:
That she was present at the marriage of Miss Carry.
Willingham to R F Lawton, which occurred January 11, 1871, at Macon,
Ga., the ceremony being performed by Rev. Dr. Hilly er; that the said
R F Lawton died on January 13, 1892, at Macon, Ga.; that the said R F
Lawton and Mrs. Carrie Lawton lived together continuously from the
date of their marriage to the date of the death of said R F
Lawton;
that the said Mrs. Carrie Lawton has not married since the death of
her hus band and is now his lawful widow.

Sworn to and subscribed beforerms this Sept. 26 1919.

Coordinary Pulson Co., Ga.

Mrs W. S. Payne

ATTITUDE OF ME & DEM SOIL MITCH OCCUPTOR DELICETY TT TO LT ME WECOM! Ga., the ceremony being performed by Rev. Dr. Hilly er; that the said R F Lawton died on January 13, 1892, at Macon, Ga.; that the said R F Lawton and Mrs. Carrie Lawton lived together continuously from the date of their marriage to the date of the death of said R F Lawton; that the said Mrs. Carrie Lawton has not married since the death of her husband and is now his lawful widow. Mrs W. S. Payne Sworn to and subscribed beforerme this Sept . 26 1919 . C C Ordinary Fulton Co., Ga.

STATE OF GEORGIA signing the foregoing affidavits Ordinary's Certificate Ordinary of said County, do of and County and

Sworn under my hand and official seal of office this

are entitled to full faith and co

production as assessed the Ordinary shall seem paperary and the scheme in the maily seem that you will true assessor such to each of the questions asked year shall be that truth. So help you God."

The state of the state press are insufficient,
and married prior to Jeanry Hr. [36], are retified,
the mails better the Ordinary of the modeless of the prison to be seen
that the mails better the Ordinary of the modeless of the prison to be seen

following words:

# Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County + weton. · Name Mrs Ellen Lawton

Widow of J. Powell Lawton

Regiment 3rd S.C. Car

J. W. LINDSEY,

Commissioner of Pensions.

	Ordinary's Certificate	;
STATE OF GEORGIA,	} .	
17200 11	Deffices Ordine	ry of said County, do certify
that I know Lizzo Se	lou James	applicant for pension. She
is the person she represents here	felf to be and she is a bona fide continuing re	
and was on the 4th November 1	908, that I also know	
the misses who swears to the ser	St	esidents of mid County and
8.00	entitled to full faith and credit	both atruthful, trust
Sworn under my hand and of	· / / / X	legat. 1922
(SEAL)	Jun 2 A TR	Grus Ordinary,
	4 mel	County
NOTES 1. Before any questions are		
'You do solemnly swear you shall give will be the t 2. Addit one affidavits may	nuswored the Ordinary shall swear applicant and the that you will true answers make to each of the questruth. So help you God, "  be attached if blank spaces are insufficient, prior to January 1st, 1881, are entitled, add before the Ordinary of the residence of the per-	witness in the following words: tions asked you and the evidence
<ol> <li>Only widows who marries</li> <li>All affidavits most be misuch Ordinary.</li> </ol>	prior to January 1st, 1881, are entitled, ade before the Ordinary of the residence of the per-	on to be sworn and certified by
Attack certified copies of reputation.	marriage license if obtainable. If not, prove marriage	e, by some person, or by general
10	, ,	
المرابع المرابع	4	Boths
Widow's Pension Dader Act 1910—a Amended by Act of 1919 Ounty # WATER	3	J. W. LINDSEY. Commissioner of Pensis
2 5	0	W. LINDSEY iniciose of Pen
A de la la la la la la la la la la la la la	300	W. Commission of Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price Price P
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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 GEORGIA,
Fulton COUNTY
Personally before me comes. Ers. Ellen Lawten of said State and County,
and, after being duly sworn, says that she desires to apply for a pension allowed under the Act
of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to
the following questions to-wit:
1. What is your name, and where do you reside! Ara. Ellen Lawton, 99 R. Herrits Av
2. How long and since when have you been a continuing resident of the State of Georgia!  Ovar twalve years.
***************************************
3. When, where and to whom were you married! Hampton County, S.C., Dec. 25, 1875
to J. Powell Lewton
a. Have you married since the death of first and soldier husband! No.
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-
federate Army or Georgia Militia! (State the arms and class of Service.) In Grahamville, S. C.
in 1863 in Co. "D", 3rd S. C. Cav.
5. When and where did the commands of your husband surrender or discharge from the army!
***************************************
6. Was your husband personally present at the time of the surrender or discharge of this command!_ Wes 1n
citadel at Charleston where he had been placed by his guardian after about seven months service in Co. "D" 3rd S. C. Cev.  I 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 ?
c. For how long was he granted leave of absence!
e. What was his physical condition when he left his command?
f. What effort did he make to return to his command?
g. In what way was he prevented from going back to Command
h. Was he captured by the enemy at any time!
i If so, when and where captured and where held as a prisoner, and when and for what cause released?
prisoner, and when and for what cause released?
j. When and where did your first husband die! March 10 1910, Spartanburg, S.C.
k Ware you residing to the last to
If not, how long had you resided apart! Never resided 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 f
Never applied
Sworn to and subscribed before me this the
As day of Margon 1922 Wirs
ofCounty.
(SEAL)

Questions for Witnesses as to Service of Husband and Marriage
STATE OF MACREIX, South Carolina.
Beaufort / COUNTY.
Personally before me comes Judson Lawton who, after
eing duly sworn, true answers to make to the following questions, answers as follows:
1. What is your name and where do you reside! Judson Lawton, Beaufort, S. C.
2. How long and since when have you known. Illen Lawton applicant!  I have known her from her lively. The same and the same applicant!
3. How long and since what has she continuously resided in this State! (Give date.). Leannot.
zive exact date, but it is about fifteen years.
4. When and to whom was she marris [1 1875 to J.Powell Lawton Row & A. Lawton performed the ogremony. How the you know! My father, 5. How long and since when did you know J. Fowell Lawton her
nusband; I have known him for the past sixty years
6. When and where did I. Powell Lawton
he husband of applicant, dief. He died about fifteen years ago at Spartanburg, 8
7. Were the applicant and her husband fiving together as husband and wife at the date of his death?
Yes,
8. If not, how long did they live apart before his death?
Were they divorced! No.
9. When, where and in what Company and Regiment did I. Pawell Lawton enlist!  At Grahamville, S. C. in Company D Srd. South Carolina Cavalry, I can- not remember the date.  10. Were you a member of the same Company! 1988.
11. How long within your personal knowledge did he perform actual military service with his Company
and Regiment! About six or seven months.
12. When and where did his Command surrender, and was discharged! His Guardian, W. W.Lawton tookhim out of his Company, at Grahamville, S.C., and put him in the Citadel, at Charleston, S.C., to complete his education.  13. Were you personally present when it was surrendered!No
were you _Hilleborg, Ns. Caand how came you there! I was there in the Army.
14. Was the husband of applicant personally present at surrender? Xen, at the Citaden not
where was he!  When, where and for what  He was currendered with the balance of the students at the Citidal.  cause did he leave Command! (Give date.)  Whose
authority did he leave his Command fAnd how
long was he granted leavefHow do you know all this?
I saw him, and spoke to him on the train en'route to Andersonville. Ga. as a Guard in charge of prisoners. This was after his guardian had placed him in the Gitadel, at Charleston; G. Cs.
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Com-
mand1
16. What effort did he make to return to his Command and how do you know this? Of your own
knowledge or how t
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of Delanger Constant TC,

(SEAL) Edna & Lorten

Hot. Pub. in and for Band

Not. Pub. in and for South Carolina,

Lawton, Ella (Mrs.) Putterson

For tulton

County

# 1925

#### Application for Pension Due Deceased Pensioner (UNDER ACT 1919)

(To pay expenses of last illness and funeral) Thoot offer Ordinary

Date of Death LOV 5

Amount \$ /00 00 -

Approved and ordered paid of Mov. 27 JOHN W. CLARK

Commissioner of Pensions

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

#### -----H.M. Patterson & Son

96 North-forsuth Street Atlanta, Ga.

Miss E. E. Lawton and Mr. G. R. Maddox Hov Funeral Expenses of Mrs. J. P. Lawton 2 of Maryitts and (illa) November 5, 1927.

Casket Box Journal Notice Motor Hearse

175 15 2 10 70

State of Georgia) County of Fulton) I certify that this account is true and correct.

the firm

STATE OF SOUTH CAROLINA.

COUNTY OF HAMPTON.

Personally before the undersigned authority now H.C.LAWTON who upon oath says:

That he knowe Mrs. Ellen Lawton and knew her husband, J.Powell Lawton, deceased; that he was present at the magriage of the said J.Powell Lawton and Ellen Lawton which occurred in Hampton County, South Carolina, on Becember 25, 1875; that the said J.Powell Lawton and Ellen Lawton lawton to the said J.Powell Lawton and Ellen Lawton lawton to the date of the date of the date of the dath of the said J.Powell Lawton, which occurred in Spartanburg, S.C.-on March 10 1910; that the said Ellen Lawton has not remarried since the death of her husband and is his lawful widow.

Sworn to and subscribed before me this 20 day of March, 1922.

Ho & Lawton

Probate Judge, Hampton County, S.C.

#### 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, 7 County.
Pursonally before me, the Ordinary of said County, comes R. Ree Miller, with H. W. Patterson Tori, of said County, who, after being sworn, on oath
says that he knew Mass Ella Law Low of said County, and that said Pensioner
was on the Pension Roll of said County at the time of death, which occurred in Euclidean
County, in this State, on the
a Pension of
unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children surviving, and
no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 20 7 70, per
sworn statements fully and completely ITEMIZED hereto attached.
Sworn to and subscribed before me
When R Marlout Ordinary Q Lee Willer
(Seal of Ordinary)
CERTIFICATE OF ORDINARY  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  County.  Count
was paid a Pension 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 or Ordinary) Ordinary Taile Born County
INSTRUCTIONS:
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.
find. Each account must be severn to before the Ordinary, and in the following form: (Do not use the terms: "Just, true, due, unpaid," etc.) "The above and forespoint account is rendered for services in the last littless for for inneral segmenes, as the case may be) of
and. The Ordinary must see to it that each bill is perjectly legitmate in every respect, and properly sworn to, and all attached neatly to this

8th. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the meth. Return this application, and attached bills, with your final settlement, to the Perth. Ordinary should see that the back of this biant, when folded, is silled out.

NDIGENT PENSION. 190		inges by hand and sed, the	and receipt for the pension al	STATE OF GEORGIA.
ume M.D. Laz	74-1	the the	a al	
money Healter . B. 4 " his Red Settly Regs. 1			lowed and reques	COUNTY.
JOHN W. LINDSEK.  Openingtone of Finding.		day or	t that he remit same to	of
WARRANT HANDED TO				

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	OUTSTAND FOR A DRIVE A STEE
	QUESTIONS FOR APPLICANT.
	STATE OF GEORGIA,
	Hullen COUNTY.
	Mitchell, D. Say of said State and County, desiring
	to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn
	true answers to make to the following questions, deposes and answers as follows:  1. What is your name and where do you reside? (Give State, County and Postoffice.)
	MD. Lar- Finten loor Dimwoody ba
	2. How long and since when have you been a resident of this State?
	All an like - mearly 90 seas
	3. When and where were you born? 1899- gun 22- Jackson Rosenty Su
	4. When and where and in what company and regiment did you enlist or serve?
	March 1862 - Toomsand B. In tak But Istiler,
	to the last of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco
!	Level Abel Surgarden at afficiency and regiment!
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Ä	6. When and where was your company and regiment aurrendered and discharged?
K	Spril 1865. Spramatter Da
k	
Q	7. Were you present with your company and regiment when it was surrendered? \( \int \) \( \lambda \tau \tau \)
Ч	8. If not present, state specifically and clearly where you were, when you left your command, for what cause and
Ÿ	by whose authority? I was present
m	Phase Block
ď	9. How much can you earn (gross) per annum by your own exertions or labor?
п	10. What has been your occupation since 1865? Harring What has been your occupation since 1865? Harring What has been your occupation since 1865? Against Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Ma
H	second, "infirmity and poverty," or third, "blindness and poverty?" The first grants
Ø	12. If upon the first ground, state how long you have been in such condition that you could not earn your sup-
D	port. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third,
	and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o
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