

## QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Fulton County.

T. J. Chappellier of said State and County, having been presented as a witness in support of the application of Mitchell D. Lay 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? T. J. Chappellier  
Fulton County, Ga.
2. Are you acquainted with M. D. Lay, the applicant; if so, how long have you known him? Over 50 years
3. Where does he reside, and how long and since when has he been a resident of this State? Fulton County - 50 years or more
4. When, where and in what company and regiment did he enlist, and how do you know? March 1862 - Fulton Co - Co. B 5th Ga. Inf. Regt.
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? until surrender
7. When and where was his command surrendered? April 1865 - Savannah, Ga.
8. Were you present when it surrendered? I was -
9. Was applicant present? He was -
10. If he was not present, where was he? He was present  
When did he leave his command? April 1865 For what cause? Surrender  
By what authority he left? Confederate & Federal How do you know all of this?  
Because I was with him all the while  
know it personally
11. What property, effects or income has the applicant? (Give your means of knowledge.) None. Have known him all the time
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, did he make of same? None
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? None
14. What is the applicant's occupation and physical condition? Farming - old & feeble
15. Is the applicant unable to support himself by labor of any sort; if so, why? He is unable because of old age and feebleness
16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? By his own exertions
17. What portion of his support for these four years was derived from his own labor or income? He has been supporting himself and wife and
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code. Old & feeble
19. Who composes family? What property have they? Children's ages and their earning capacity? Has no family
20. What interest have you in the recovery of a pension by this applicant? None  
Sworn to and subscribed before me, this 12th day of May, 1908.  
John R. Wilkinson Ordinary.

## AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Fulton County.

Personally came before me John R. Wilkinson and Evan J. Stange, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully

M. D. Lay, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

His back and kidneys  
are and in fact the entire muscular and  
nerve system is deranged and weakened  
conditions. He is in a feeble state of health  
and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this 12th day of May, 1908.

John R. Wilkinson Ordinary.

Evan J. Stange

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

I, John R. Wilkinson Ordinary, in and for said County, hereby certify that the applicant, M. D. Lay, resides in said County, and has been a bona fide resident of this State since the 12th day of May, 1862, and that the witnesses, viz., T. J. Chappellier

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

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

I further certify that the tax digest of Fulton County shows that applicant returned for taxation in his name in 1901 None Dollars of property, and in 1902 None Dollars of property; in 1903 None Dollars of property; in 1904 None Dollars of property; in 1905 None Dollars of property; in 1906 None Dollars of property; in 1907 None Dollars of property.

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

Witness my hand and seal of office, this 12th day of May, 1908.  
John R. Wilkinson Ordinary.  
of Fulton County.

### NOTE.

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

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

Sworn to and subscribed before me, this the

12<sup>th</sup> day of June 1904 } J. J. Chapman  
J. J. Chapman Ordinary.

NOTED

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

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

3. In every case the Ordinary must certify to the character of the witness, and, in the absence of the proof as above set out:

1.  
Summwoody GA May 11 1904  
Mr J W Lillard says here sir  
you have in your office  
an application for a  
pension in favor of Mr  
M & L Say Mr M & L Say  
lives in Ala he told  
me him self that he  
had been living on Sand  
mountain 14 yrs & don't  
think he ought to have a  
pension from GA Mr  
J J Chapalan is his  
witness & feel almost  
sure that Mr J J Chapalan  
knows that he lives there  
& am ready to make affidavit  
to what I say and can get  
others but I think the  
grand jury is the place

2.  
for a matter like this  
but will not contend for that  
would Mr J J Chapalan be  
allowed to & sponge his  
name off the application  
Mr J J Chapalan  
lives near me & shall not  
told of the matter nor want  
til I hear from you & hope  
to hear from you soon

W H Mitchell

his office not taken him down

W H Mitchell. Res Summwoody Co  
says M & L Say lives in Ala  
has lived there ~~some~~ 14 years.

Summwoody P.D. R F S #1.

1.  
Dandoddy Ga May 17 1909  
Mr W Lindsey Dear Sir  
your letter to hand & hope  
you will pardon me for  
not telling you what county  
Mr Say sent his application  
from Mr W & Say sent his  
application from Fulton  
county and he swore to it  
before the ordinary of  
Fulton county his witness  
Mr T J Chapaler is here in  
Fulton before the same  
ordinary  
Mr W & Say lives in Ala  
he told me that he lived  
in Ala on Sand Mountain  
and had a home there and  
had been there 14 years &  
don't think he ought to have

9  
pension from Ga he has  
never drawn a pension  
his his application was filed  
the 12 January 09 & I feel almost  
sure that Mr T J Chapaler  
was here then to witness  
for Mr Say & want to get  
this stop without getting  
him in trouble he is my  
neighbor he don't now that  
I now any thing about it  
Would Mr T J Chapaler be  
allowed to take his name  
off the application now  
if so let me now could you  
send me a copy of Mr Say's  
application just what Mr  
Say swore to as a citizen  
of Fulton County Ga and  
what Mr T J Chapaler

Swore to as to Mr Say's  
Citizen Ship of Fulton  
County I don't care any thing  
about a copy of the rest  
of the application & ~~say~~ saw  
my J P and he is at work  
on the matter you wrote  
me about the veterans and  
I am going to help him.  
Very Truly  
W H Mitchell

STATE OF GEORGIA  
COUNTY OF FULTON

June 25th, 1908.

Personally appeared before me the undersigned Notary Public  
T. J. Chappelen who having been duly sworn says: *James P. Rice*

That in January 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 Mr. Lay having been a resident of this State and County for a number of years. Deponent states that Mr. Lay has not been a resident 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 1906 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 L. 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. D. Lay.

Signed *T. J. Chappelen*

Sworn to and subscribed before me  
this 25th day of June, 1908.

*E. M. Langston Jr.*  
*James P. Rice*  
Notary Public, Fulton County, Ga.

# POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

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

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

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_ 1901.

Executed in presence of

Ordinary.

County.

{  
S.E.  
}

*Leach, Floss C.*  
*Fulton County (mis)*

No. \_\_\_\_\_

## WIDOW'S Indigent Pension.

1901.

Name \_\_\_\_\_

County \_\_\_\_\_

Widow of \_\_\_\_\_

Approved \_\_\_\_\_

1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

1901.

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

# POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

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

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_ 1901

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

Ordinary,

County.

(SEAL)

## Questions for Applicant.

STATE OF GEORGIA,

Gullont

County.

of said State and County, desiring to avail herself of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly, passed 1900, hereby submits her 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.)  
Mrs. Flora C. Leach, Gullont, Ga.
2. How long and since when have you been a resident of this State?  
Since 1899 - all my life.
3. When and where were you born?  
April 11 - 1865
4. When and where was your husband born - state his full name, and when were you and he married?  
John C. Leach, Charleston, S.C., 1885
5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States?  
Co. D - 48th Reg. Va. Inf.

6. How long did your husband serve in said Company and Regiment?  
1861 to 1865
7. When and where did your husband's Company and Regiment surrender and was discharged?  
April 9 - 1865 - Appomattox
8. Was your husband present at the time and place when his Company and Regiment surrendered?  
Yes
9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authority?

10. When and where did your husband die?  
Jan. 2 - 1899
11. Which of the following grounds do you base your application for Pension, viz: First - Age and Poverty; Second - Infirmary and Poverty, or Third - Blindness and Poverty?  
First - Age and Poverty

12. If upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind, and when and where you lost your sight.

13. What has been your occupation since your husband's death?  
Nothing - I am dependent on my daughter.
14. How much can you earn gross, by your own exertion or labor?  
Nothing
15. What property, real or personal, or income do you have or possess, and its gross value?  
None

16. What property, real or personal, did you possess at death of husband or he left you, and of the year 1899-1900, and what disposition, if any, by sale or gift, have you made of the same?  
None

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 since death of husband, and especially for 1899 and 1900?

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 much - Nothing

20. What was your employment during 1899 and 1900 - how much did you receive for each year?  
None - Nothing

21. Have you a family? If so, who composes such family? Give their means of support. Have they any lands or other property?  
None - five daughters - none - none

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

23. How many applications have you made for a Pension, and under what claim?

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 1901.

John R. Leach, Ordinary,  
of Gullont County.

WIDOW'S

Indigent Pension.

1901

Name Mrs. Flora C. Leach

County Gullont

Widow of John C. Leach

Age 49 - 1/2

Approved 4/22 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

1901.

John W. Lindsey, State Printer, Atlanta, Ga.

REF ID: A66743

STATE OF GEORGIA,

Guilford County.

John A. L. L. P. P. Bradley of said State and County, having  
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? *John C. Leach* yes
2. Are you acquainted with the applicant, Mrs. *John C. Leach*
- If so, how long have you known her? *1840*
3. Where does she reside, and how long and since when has she been a resident of this State? *1840*
4. When and where was she born?
5. Were you ever acquainted with her husband?
6. Where did he reside in 1861?
7. When and to whom was he married?
8. When and where was he born?
9. How long have you known him?
10. When and where did *John C. Leach* enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? *Co. 2. 44th Regt*
- 1861*
11. Were you a member of the same Company and Regiment?
12. How long did he perform regular military duty?
13. When and where was his Company and Regiment surrendered and discharged from service?
- 1865*
14. Were you with the command when it surrendered?
15. Was *John C. Leach* the husband of applicant present?
- yes*
16. If not present, where was he?
17. When and where did he leave his Command?
- his pension papers will show all this*

By whose authority he left?

How do you know all this? (State fully and clearly.)

18. When and where did he die?
19. Where did he reside at his death and how long had he been a resident of Georgia at his death? in Macon Ga.
20. Do you of your own knowledge know that applicant is the lawful widow of her husband?
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 how do you know this of your own knowledge? she has no property
23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? she has no property
24. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom? she has no property
25. What is applicant's physical condition and her chances and ability to earn a support?

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:

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

Sworn to and subscribed before me this  
day of Feb 1901  
John W. Kins Ordinary.  
Wilson County.  
Witnessed by John W. Leach  
A. P. Bendley

### Affidavits of Physicians.

## STATE OF GEORGIA.

Fullen County 81-51-2

Personally before me comes Ching and J. F. Roughton and Mrs. Roughton both known to me to be reputable

physicians of said county who being severally sworn, say on oath that they have examined carefully Mrs. John B. DeFlora & Sarah applicant for a Pension under Act of 1900, and after

such personal examination say that her physical condition is this swinging

John W. Roberts, Confidant to 200 - a Viking

and we have no interest in said pension if allowed

Sworn to and subscribed before me this \_\_\_\_\_

day of Feb 1901

City of \_\_\_\_\_

John K. Williams, Ordina

✓ Fellow

1000

## ORDINARY'S CERTIFICATE.

## STATE OF GEORGIA.

Gullon County.

- I, John R. Wilkerson, Ordinary in and for said county, hereby certify that the Applicant, Mrs. Flora C. Brown, resides in said county, and has been a bona fide resident of this State since \_\_\_\_\_ day of \_\_\_\_\_ 18\_\_\_\_, and that the witnesses, Mr. John A. Leach & R. P. Priddy are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of Bullon county shows that applicant returned for taxation in her own name in 1890 6 dollars worth of property, and in 1900 6.00 dollars worth of property.

Witness my hand and official seal, this 26th day of February 1901

John R. W. Keen Ordinary.

SEAL *Fuller*

When any questions are proposed, the Ordinary shall answer applicant and the witnesses in the following

words: "You do solemnly swear that you will true answers make to each of the questions asked of you and the evidence you shall give will be the whole truth. So help you God."

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

4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are not widows. Those married since 26th April, 1945, not entitled.

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

# POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

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

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_ 1901

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

Ordinary.

County.

L. S.

## Questions for Applicant.

STATE OF GEORGIA,

Fulton

County.

Mrs. Flora C. Leach

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

1. What is your name and where do you reside? (Give State, County and Post Office.)  
Mrs. Flora Leach Leach 2007 7th. St. Ga
2. How long and since when have you been a resident of this State?  
Since 1890 - all my life
3. When and where were you born?  
April 1 - 1840
4. When and where was your husband born—state his full name, and when were you and he married?  
Leach F. - 1846 - Charleston - S. C.
5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States?  
Leach F. - Co. D - 48th Reg. Va. Vol.
6. How long did your husband serve in said Company and Regiment?  
1861 to 1865
7. When and where did your husband's Company and Regiment surrender and was discharged?  
At Appomattox - Va.
8. Was your husband present at the time and place when his Company and Regiment surrendered?  
Yes
9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authority?
10. When and where did your husband die?  
Sept 2 - 1890
11. 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?  
First
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.  
Partial - since 1890
13. What has been your occupation since your husband's death?  
darning, what I could and support myself
14. How much can you earn gross, by your own exertion or labor?  
Nothing
15. What property, real or personal, or income do you have or possess, and its gross value?  
None
16. What property, real or personal, did you possess at death of husband or he left you, and of the year 1890-1900, and what disposition, if any, by sale or gift, have you made of the same?  
None
17. In what counties did you reside in 1890 and 1900, and what property did you return for taxation?  
In Fulton
18. How have you been supported since death of husband, and especially for 1890 and 1900?  
He has been paid for
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 much - nothing
20. What was your employment during 1890 and 1900—how much did you receive for each year?  
None - nothing
21. Have you a family? If so, who composes such family? Give their means of support. Have they any lands or other property?  
None - few daughters who are married
22. Have you ever made an application for pension before?  
No
23. How many applications have you made for a Pension, and under what class?

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 1901

John R. Woodruff, Ordinary,  
of Fulton County.

WIDOW'S

Indigent Pension.

1901

Name Mrs. Flora C. Leach

County Fulton

Widow of John D. Leach

Age 49 + 1/2

Applied 4/22 1901

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

1901

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

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

of \_\_\_\_\_

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

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1902

[L. S.]

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

To Those Heretofore Paid.

1902.

No. 61

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1902

PAID TO  
Mrs. Clara C. Leach

of Fulton, County,

Widow of John B. Leach

Co. \_\_\_\_\_ Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1902

AND HANDLED TO

\_\_\_\_\_

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

Leach, Clara C.  
Fulton Co.

To Those Heretofore Paid.

1903.

No. \_\_\_\_\_

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO  
Mrs. Clara C. Leach

of Fulton, County,

Widow of John B.

Co. 24th Ya Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1903

AND HANDLED TO

\_\_\_\_\_

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

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

of \_\_\_\_\_

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

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1903.

[L. S.]

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

## FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of **Fulton**.

PERSONALLY COMES MRS.

*Mrs. Flora C. Leach*

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

**Fulton**

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

continuously ever since.

*John B. Leach*

That she is the Widow of

who was a soldier in Company

of the

*49th*

Regiment of

*4th*

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

1861, and served in the Army up to

on the *2nd*day of *July*

1865.

That he died

*Aggravated*

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 **Fulton**

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

Sworn to and subscribed before me,

this

day of

*Jan*

1902.

*Mrs. Flora C. Leach*

Official Seal.

State of Georgia,

**Fulton**,

County.

Ordinary of said County, certify that I am well

acquainted with Mrs. *Flora C. Leach**Flora C. Leach*

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

JAN 31 1902

1902.

Given under my official signature and seal, this the

day of

Official Seal.

*John R. Wilkinson*

Ordinary of

**Fulton**,

County.

NOTE.—All blanks must be filled.

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

## FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of **Fulton**.

PERSONALLY COMES MRS.

*Mrs. Flora C. Leach*

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.

*John B. Leach*

That she is the Widow of

who was a soldier in Company

*49th*

Regiment of

*4th*

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

1861, and served in the Army up to

on the *2nd*day of *July*

1865.

That he died

*Aggravated*

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 1854.

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.

Sworn to and subscribed before me,

this

day of

*JAN*

1903.

*Mrs. Flora C. Leach*

Ordinary.

Post-Office

State of Georgia,

County.

I, *John R. Wilkinson*

Ordinary of said County, certify that I am well

acquainted with Mrs. *Flora C. Leach* 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

Given under my official signature and seal, this the

day of

1903.

Official Seal.

*John R. Wilkinson*

Ordinary of

County.

NOTE.—All blanks must be filled.

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

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

of \_\_\_\_\_

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

at \_\_\_\_\_

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

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

[L. S.]

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

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

of \_\_\_\_\_

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

at \_\_\_\_\_

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

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

[L. S.]

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

1904.

No. 20

INDIGENT  
WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO  
Mrs. F. C. Leach

County,

Widow of John B. Leach  
Co. 49th Regt.

JOHN W. LINDSEY,  
Commissioner of Pensions

WARRANT ISSUED

1904.

AND HANDED TO

133  
OFF.

Geo. W. Harrison, State Printer, Atlanta.

1905.

No. 33

INDIGENT  
WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO  
Mrs. John B. Leach

OF

County,  
Widow of John B. Leach  
Co. 49th Regt.

JOHN W. LINDSEY,  
Commissioner of Pensions

WARRANT ISSUED

1905.

AND HANDED TO

133  
OFF.

Geo. W. Harrison, State Printer, Atlanta.

## FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Fulton.

PERSONALLY COMES MRS.

Flora C. Leach

who, being sworn, says on oath that she is a bona fide resident of said County of Fulton, State of Georgia, and that she has RESIDED in said State continuously ever since BIRTH. That she is the Widow of J. B. Leach who was a soldier in Company 49th of the 1st Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of 1861, and served in the Army up to 1865. That he died on the 2nd day of July, 1874.

Dependent 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 1854.

I have been allowed an Indigent pension as a resident of Fulton, County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me,

this 14th day of Jan, 1904.

Post Office.

State of Georgia,

Fulton County.I, John D. Wilkinson,

Ordinary of said County, certify that I am well acquainted with Mrs. Flora C. Leach, 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 BIRTH, 1854.

Given under my official signature and seal, this the 14th day of Jan, 1904.

Official Seal

Ordinary of

Fulton County

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 Fulton.

PERSONALLY COMES MRS.

Flora C. Leach

who, being sworn says on oath, that she is a bona fide resident of said County of Fulton, State of Georgia, and that she has RESIDED in said State continuously ever since BIRTH. That she is the Widow of John J. Leach who was a soldier in Company 49th of the 1st Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of 1861, and served in the Army up to 1865. That he died on the 2nd day of July, 1874.

Blindness and poverty

Dependent 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 1854.

I have been allowed an Indigent pension as a resident of Fulton, County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1905.

Sworn to and subscribed before me,

this JAN 2 day of 1905.

Ordinary.

Post Office 408 Beulah St

State of Georgia,

Fulton County.

I,

Ordinary of said County, certify that I am well acquainted with Mrs. Flora C. Leach, 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 BIRTH, 1854.

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

Official Seal

Ordinary of

Fulton County.

NOTE.—All blanks must be filled.  
Vouchers and Affidavits must bear date after January 1st, 1905.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

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

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

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1906.

[L. S.]

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

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

of \_\_\_\_\_

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

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1907.

[L. S.]

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

*Leach, Clara (ms)*  
*Fulton, County*  
To Those Hereof Paid.

1906.

No. 7

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO *Mrs. Clara L. Leach*

OF

*Fulton*

County

Widow of *Mr. B. Leach*

Co. G, 49<sup>th</sup> Md. Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

4/9 1906.

AND HANDED TO

*Off*

THE PENNSYLVANIA AND GEORGIA CO., ATLANTA, GA.

*Leach, Clara L.*  
*Fulton Co*

To Those Hereof Paid.

1907.

No. 10

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO *Mrs. Clara L. Leach*

OF

*Fulton*

County

Widow of *Mr. B. Leach*

Co. G, 49<sup>th</sup> Md. Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

4/18 1907.

AND HANDED TO

*Off*

THE PENNSYLVANIA AND GEORGIA CO., ATLANTA, GA.

## FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
County of Fulton

PERSONALLY COMES MRS.

Mrs. B. Leachwho, 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 Statecontinuously ever since 1876 That she is the Widow of  
John B. Leach who was a soldier in Company  
of the 49th Regiment of Pa.  
Volunteers, that he enlisted in said regiment on or about the month of  
1861, and served in the Army up to close of war 1865 That he died on  
the \_\_\_\_\_ day of \_\_\_\_\_ 18\_\_\_\_Blindness & poverty.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 1852I 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 31, 1906.Sworn to and subscribed before me  
this \_\_\_\_\_ day of JAN 1 1906.  
John R. Wilkinson, Ordinary.

Post Office

Atlanta

State of Georgia,

Fulton County.I, John R. WilkinsonOrdinary of said County, certify that I am well  
acquainted with Mrs. Mrs. B. Leach, 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 1876Given under my official signature and seal, this \_\_\_\_\_ day of JAN 1 1906.Official  
Seal

Ordinary of

Fulton County.NOTE.—All blanks must be filled.  
Vouchers and Affidavits must bear date after January 1st, 1906.

## FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
County of Fulton

PERSONALLY COMES MRS.

Mrs. B. Leachwho, 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 Statecontinuously ever since \_\_\_\_\_ That she is the Widow of  
John B. Leach who was a soldier in Company  
of the 49th Regiment of Pa.  
Volunteers, that he enlisted in said regiment on or about the month of  
1861, and served in the Army up to close of war 186\_\_\_\_ That he died on  
the \_\_\_\_\_ day of \_\_\_\_\_ 18\_\_\_\_Blindness & povertyDeponent 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 1906, and now apply for the pension provided by law for the  
year ending December 31, 1907.Sworn to and subscribed before me  
this \_\_\_\_\_ day of JAN 2 1907.  
John R. Wilkinson, Ordinary.

Post Office


Atlanta

State of Georgia,


Fulton County.I, John R. WilkinsonOrdinary of said County, certify that I am well  
acquainted with Mrs. Mrs. B. Leach, 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 \_\_\_\_\_ day of JAN 2 1907.Official  
Seal

Ordinary of

Fulton County.NOTE.—All blanks must be filled.  
Vouchers and Affidavits must bear date after January 1st, 1907.

day of 18 25  
Given under my official signature and seal, this 25 day of JAN 1 1906 1906.  
 John R. Wilkinson  
Ordinary of Fulton County.

NOTE.—All blanks must be filled.  
Vouchers and Affidavits must bear date after January 1st, 1906.

Given under my official signature and seal, this the JAN 2 day of 1907.  
John R. Wilkinson  
 Ordinary of Fulton County.  
NOTE.—All blanks must be filled.  
Vouchers and Affidavits must bear date after January 1st, 1907.

Leach, Flora C. (Mrs.)

Dillon  
For Fulton County

1926

**Application for Pension  
Due Deceased Pensioner**

(UNDER ACT 1910)

(To pay expense of last illness and funeral)

Thos H. Jefferson Ordinary  
For Flora C. Leach

Date of Death Apr 8 1926

Amount \$ 100.00

Approved and ordered paid

John W. Clark  
22 July 26, JOHN W. CLARK,  
Commissioner of Pensions

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

OK

ATLANTA, GA. May. 18 1926.  
For Funeral expenses of Mrs. Flora C. Leach.  
175 Hampton St.

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

PHONES MAIN 4220  
MAIN 1725

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.

Mrs. J. Austin Dillon

John W. Clark  
May 18 1926 (Fulton Co. Ga.)

# Application for Pension Due to a Deceased Pensioner

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

(Under Act Approved August 15, 1904)

GEORGIA, Fulton County.

Personally before me, the Ordinary of said County, comes J. Austin Dillon of said County, who, after being sworn, on oath says that he knew Flora C. Leach of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in Fulton County, in this State, on the 8 day of April, 1926, 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 \$276.50, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me

William R. Malhot Ordinary  
Fulton County

J. Austin Dillon

(Seal of Ordinary)

## CERTIFICATE OF ORDINARY

GEORGIA, Fulton County.

I, Thos H. Jeffries Ordinary of said County, do certify that I personally know J. Austin 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; that I also knew Flora C. Leach while in life and that this was the same person whose name appears on the Pension Roll of Fulton County, and was paid a Pension of Fifty (\$50.00) Dollars in said County for 1926, 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 22 day of May, 1926.

(Seal or Ordinary)

Thos H. Jeffries Ordinary  
Fulton County

### INSTRUCTIONS.

- 1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 2nd. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "just, true, due, unpaid," etc.) "The above and foregoing account is rendered for services in the last illness (or) for funeral expenses, as the case may be) of \_\_\_\_\_, who died without owning sufficient property to pay this bill."
- 3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.
- 4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 5th. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.
- 6th. Return this application, and attached bills, with your final settlement to the Pension Department.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.

ATLANTA, GA. May. 18 1926.

For Funeral expenses of Mrs. Flora C. Leach.

175 Hampton St.

J. AUSTIN DILLON COMPANY

FUNERAL DIRECTORS

344 S. PRYOR STREET

PHONES MAIN 4880

MAIN 1143



PRIVATE AMBULANCE

April 8 1926/

Casket & Box.  
Embalming & Services.  
Fallbearers 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.

Mrs. J. Austin Dillon

Wm. R. Malhot  
Ordinary  
Fulton

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 22 day of August, 1922.  
(Seal or Ordinary) *Wm. H. Jeffries* Ordinary  
Tulsa County

INSTRUCTIONS:

1st. Require those claiming expense of last illness and funeral, to make out their accounts in fully itemised form, giving each item and the value of it, and each date.

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

"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of ..... who died without owning sufficient property to pay this bill."

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

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

5th. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.

6th. Return this application, and attached bills, with your final settlement to the Pension Department.

7th. Ordinary should see that the back of this blank, when folded, is filled out.

# Ordinary's Certificate

STATE OF GEORGIA.

Fulton COUNTY

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

Sworn before my hand and official seal of office this 17 day of Oct 1914

Thos. A. Leach Ordinary  
County }

(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: you give and do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be the truth, the whole truth and nothing but the truth.  
2. Additional affidavits may be attached if blank spaces are insufficient.  
3. Additional witnesses may be attached if blank spaces are insufficient.  
must be certified by both Ordinary.

Leach, J. A.  
Fulton County

No. 6644

## Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County Fulton  
Name J. A. Leach  
Company H  
Regiment 2nd Ga. Cav.  
Approved \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-23-1919

# Ordinary's Certificate

STATE OF GEORGIA.

Fulton COUNTY.

I, Thomas D. Terry Ordinary of said County, certify that I know the applicant J. A. Leach for pension is the person he represents himself to be and resides in said county. That I also know My Clerk the witness swearing to the service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 15 day of Oct 1917

Thomas D. Terry Ordinary  
of Fulton County

(SEAL)

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

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

### Questions For Applicants to Answer

STATE OF GEORGIA,

Fulton COUNTY.

J. A. Leach 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. A. 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? Yes
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) August 1864 in Marietta, Ga. Co. H. 2nd Ga. (Phaeler's) Cav.
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? Kingsdon, Ga. April 1865
7. Were you actually present with your command when it was surrendered or discharged? Yes
8. If you were not actually present, state specifically and clearly where you were.
- a. Where was your command when you left it? Kingsdon, Ga.
- b. When did you leave the command? After surrender in 1865
- c. For what cause did you leave? Surrender
- d. By whose authority did you leave?
- e. For how long was your leave granted? In what way?
- f. Why did you not return to your command after leave expired?
- g. In what way were you prevented?
- 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

3 day of September 1917

Adam R. Kralutis Ordinary  
of Fulton County.  
(SEAL)

Leach, J. A.  
Confederate  
Soldier's Application  
Under Act 1910-Amended by Act of 1919

County Fulton  
Name J. A. Leach  
Company H  
Regiment 2nd Ga. Cav.  
Approved

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

10-23-17-7

# Questions for Witness as to Service

STATE OF GEORGIA,

Fulton COUNTY.

Thos. D. Terry

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

1. What is your name and where do you reside? Thos. D. Terry, 93 Alta Ave.

2. How long and since when have you known J. A. Leach 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., lived in Ga. all his life.

4. When, where and in what Company and Regiment did J. A. Leach enlist during war from 1861 to 1865? (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 company

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)? Main body of troops surrendered in North Carolina, and detail troops surrendered at Kinston, Ga., April 1865. Leach and I being members of detail troops sent to Kinston.

8. Were you personally present at the surrender? Yes.

9. If not, where were you and how came you there?

10. Was the applicant personally present with his command at surrender? Yes.

11. If not where was he and how came him there? April 1865

12. When did he leave his command? After surrender in Where was his command when he left it? Kinston, Ga. For what cause did he leave? Surrender.

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. I was member 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? Yes.

14. What effort did he make to return to his command and how do you know?

15. Was applicant captured as a prisoner? No. If so, when and where?

In what prison was he held? and when released

Sworn to and subscribed before me, this the

3 day of September 1919

Arthur R. Warlick Ordinary  
of Fulton County.

(SEAL)

Thomas D. Terry

LEACH, J.A.  
Fulton Co.

For Fulton County

1926

**Application for Pension  
Due Deceased Pensioner**

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

Thos H. Jeffries Ordinary

For J.A. Leach

Date of Death July 22 1926

Amount \$ 128.00 OK

Approved and ordered paid

John W. Clark  
JOHN W. CLARK,  
16 Dec 26. 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.

cd

M Funeral expenses of J.A. Leach

1896

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

1926

WALNUT } 6288  
          } 6289

July 22 1926		
Casket		\$250.00
Embalming and services		15.00
Suit 35.00 Notices 3.45		38.45
Grave covers 7.50 Gloves 1.50		9.00
Hearse 10.00 Drayage 3.00		13.00
		<u>325.45</u>

Georgia

Fulton Co.

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. Leach who died with out sufficient funds to pay his funeral expenses

Harry G. Poole

Sworn to and subscribed before me  
this Oct 18 - 1926

Arthur R. Warburton  
C. C. O

M

1896

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

1926

WALNUT } 6288  
          } 6289

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 necessary affidavit.

Very truly

Harry G. Poole

## Application for Pension Due to a Deceased Pensioner

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

(Under Act Approved August 15, 1904)

GEORGIA, Fulton County.

Personally before me, the Ordinary of said County, comes Harry G. Poole of said County, who, after being sworn, on oath says that he knew J. A. Leach of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in July day of 1926, and that a Pension of (\$50.00) 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 \$25.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me

William R. Marshall Ordinary  
Fulton County

(Seal of Ordinary)

Harry G. Poole

## CERTIFICATE OF ORDINARY

GEORGIA, Fulton County.

I, Thos. H. Jaffins Ordinary of said County, do certify that I personally know Harry G. Poole who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew J. A. Leach while in life and that this was the same person whose name appears on the Pension Roll of Fulton County, and was paid a Pension of Fifty (\$50.00) Dollars second quality in said County for 1925, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 18 day of July, 1926.

(Seal of Ordinary)

Thos. H. Jaffins Ordinary  
Fulton County

### INSTRUCTIONS:

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

blank, after this blank has been properly completed as indicated.

- 4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 5th. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.
- 6th. Return this application, and attached bills, with your final settlement to the Pension Department.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.

NAME **Leach, J.A.**

YEAR **1880** COUNTY **Fulton.**

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

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

RANK:

COMPANY AND REGIMENT? **Co. H. 2nd Georgia Cavalry.**

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?

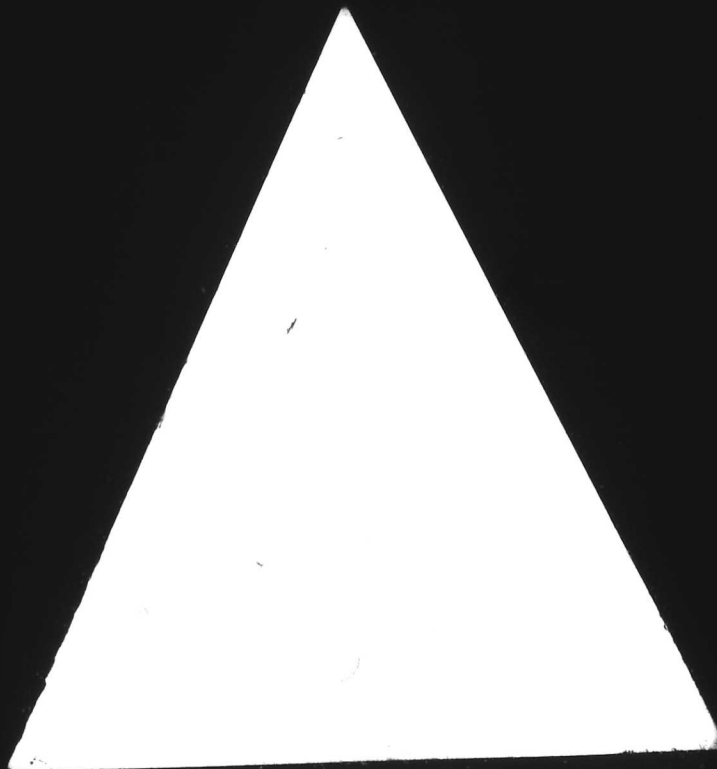
DIED, WHEN AND WHERE?

BURIED:

WITNESSES: **Thos. D. Terry-----same Command-----no data.**

BURIED:

WITNESSES: Theo. D. Terry-----same Command-----no data.



POWER OF ATTORNEY.

STATE OF GEORGIA.

County. }

herby authorize

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

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 1897.

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

*Pension of 10/21/1897  
Further proof of infirmity is  
required - see annex to  
9-12 - [Signature]  
and 2 [Signature]*

*City -  
Locust Hill B.  
No. 2182  
Fulton Co.*

INDIGENT PENSION  
1898.

Name *J. B. Leach*  
County *Fulton*

Approved *J. B. Leach* 1898

*This claim should  
have been paid  
as app'd in 1897.*

WARRANT HANDED TO  
*appet.*

*3/2/97*

# POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

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

of

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

at \_\_\_\_\_ by \_\_\_\_\_

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 1897.

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

*Sworn 9/25/1897  
Further proof of infirmity is  
required for answers to  
9 & 12 - which appear  
false & untrue*

INDIGENT PENSION

1898.

Name

County

Approved

1898  
J. B. Trach

*This claim should  
have been paid  
as app'd in 1897.*

6/1/99

WARRANT HANDLED TO

9 appd.

Geo. W. Harrison, State Printer, Atlanta.

3/2/97

## Questions for Applicant.

STATE OF GEORGIA.

County.

I, J. B. Trach 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.) J. B. Trach
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? Reside in Atlanta Jan 1/94 & for 44 yrs. since my birth -
3. When and where were you born? Nov. 24/1832, Condit, Ga.
4. When and where and in what company and regiment did you enlist or serve? March 1862 -  
enlisted in 1st Georgia Cavalry in Co. I 49th Ga. Regt. Infantry
5. How long did you remain in such company and regiment? Remained in said  
Co. & Regiment until close of war of rebellion  
in 1865
6. For how long a period did you discharge regular military duty? During time of service.
7. When, where and under what circumstances were you discharged from service? I was honorably again discharged in 1865
8. What is your present occupation? Now no present occupation
9. How much can you earn (gross) per annum by your own exertions or labor? \$12
10. What has been your occupation since 1865? Farming, Gardening & Hobbies
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 & poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? I have been unable to earn since my discharge for the past 30 yrs. - owing to Rheumatism and pleurisy in back, hips and head contracted in 1863
13. What property, effects or income do you possess and its gross value? Have no property or income whatever
14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? Have no property or income having said 4 yrs. not able as admitted back within 4 years
15. In what County did you reside during those years and what property did you then return for taxation? Reside in Fulton Co. & returned no property for taxation
16. How were you supported during the years 1895 and 1896? Relied on the 1/2 of pension money as I could get no support from
17. How much did you support cost for each of those years, and what portion did you contribute thereto by your own labor or income? \$10.00 contributed about 1/2 of pension balance
18. What was your employment during 1895 and 1896? What pay did you receive in each year? Worked what I could have made about \$40.00 each year
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Have wife & three children grown & married living & dependent - they earn money support as best they can  
Have no homestead
20. Are you receiving any pension, if so, what amount and for what disability? No

Sworn to and subscribed before me this the

2 day of March 1897.

J. B. Trach Ordinary

of Fulton County.

Applicant.

Every Question MUST be Answered.

## QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Fulton County.

William T Lee

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 following questions, deposes and answers as follows:

1. What is your name and where do you reside? William T Lee  
I reside in Atlanta Ga Fulton co
2. Are you acquainted with John B Leach, the applicant, if so how long have you known him? I have known him since 1862
3. Where does he reside, and how long has he been a resident of this State? in Atlanta Ga has bin a resident since 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 the confederate army I was with him in the war
5. When, where and in what company and regiment did he enlist? March 20 1862 in Hinescocks company 1 29 Ga regiment
6. Were you a member of the same company and regiment? I was
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? from 1862 to 1865 under he was paroled after surrender he made a very good soldier

8. What property, effects or income has the applicant? (Give your means of knowledge.) he has no property effects or income I know him personally

9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? no property or income

10. What is the applicant's occupation and physical condition? has no particular occupation at present as I am up

11. Is the applicant unable to support himself by labor of any sort, if so, why? he is unable from age bad health

12. How was he supported during the years 1895 and 1896? he worked a little and his children help him

13. What portion of his support for these two years was derived from his own labor or income? About \$35 or 40 dollars

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 disease in his back and head which renders him unable to labor

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

Sworn to and subscribed before me, this 2 day of March 1897. W. T. Lee Witness.  
W. T. Lee Ordinary.

## AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Fulton County.

Personally came before me Dr. J. H. Hendry and Dr. E. A. Lempkin, both known to me as reputable physicians of said County, who being severally sworn, say on oath that they have examined carefully Mr John B Leach, applicant for pension under the Act of 1894, and after

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

We find him suffering with spinal disease vertigo also kidney affection and chronic Rheumatism Owing to this age and general debilitated state the above diseases are permanent and he is not physically able to do any work

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 2 day of March 1897. J. H. Hendry M D E. A. Lempkin M D Ordinary.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

W. T. Lee, Ordinary in and for said County, hereby certify that the applicant John B Leach 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: Dr. J. H. Hendry and Dr. E. A. Lempkin are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Fulton County show that applicant returned for taxation in his name in 1895, seven dollars of property, and in 1896, nine dollars of property.

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

Witness my hand and seal of office, this 2 day of March 1897. W. T. Lee Ordinary of Fulton County.

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 1899,

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

(L. S.)

CODE SEC. 1284.

(For Those Already Enrolled.)

No. *218*

INDIGENT

SOLDIER'S PENSION,

1899.

Name *J.B. Leach*  
County FULTON

WARRANT ISSUED

1899

*418*

RICHARD JOHNSON,

(Commissioner of Pensions.)

WARRANT HANDED TO

*Leach*

Geo. W. Harrison, State Printer, Atlanta.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

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

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

[L. S.]

CODE SEC. 1284.

(For Those Already Enrolled.)

No. \_\_\_\_\_

INDIGENT

SOLDIER'S PENSION,

1900.

Name *J.B. Leach*  
County FULTON

WARRANT ISSUED

1900.

JOHN. W. LINDSEY,

(Commissioner of Pensions.)

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
FULTON County.

Personally appears J. B. Leach 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 1<sup>st</sup> day of Jan 1894, that he is 37 years old and by occupation a General that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served for the term of 4 years in Company D, of 49th Regiment of Infantry; that his physical condition is as follows:

General Ability

that his property consists of the following items

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

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

Sworn to and subscribed before me, this, the 18 day of Jan 1899, John B. Leach Ordinary.

State of Georgia,  
FULTON County.

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

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



Ordinary FULTON County.

Note.—The blank spaces must be filled.  
Note.—Affidavit should not be attested before January 1st, 1899.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
FULTON County.

Personally appears J. B. Leach 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 1<sup>st</sup> day of Jan 1894; that he is 38 years old and by occupation a General that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served for the term of 4 years in Company D, of 49th Regiment of Infantry; that his physical condition is as follows:

General Ability

that his property consists of the following items

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

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

Sworn to and subscribed before me, this, the \_\_\_\_\_ day of Jan 1900. \_\_\_\_\_ Ordinary.

State of Georgia,  
FULTON County.

I, W. H. HULSEY, Ordinary of said County, do certify that I am well acquainted with J. B. Leach 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 1900.



Ordinary FULTON County.

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

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

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



Ordinary FULTON County.

NOTE.—The blank spaces must be filled.

NOTE.—An affidavit should not be attested before January 1st, 1899.

Ordinary of said County,  
do certify that I am well acquainted with J. B. Leach 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 1900.



Ordinary FULTON County.

NOTE.—The blank spaces must be filled.

NOTE.—An affidavit should not be attested before January 1st, 1900.

# ORDINARY'S CERTIFICATE

STATE OF GEORGIA.

COUNTY.

*Fulton*

I, *Thos H Jeffries*

Ordinary of said County, do certify that I

know Mrs. *Dwada Beach*, 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 *1* day of *Sept* 19*26*

That I also know *Wmmy Anglin* witness *in the foregoing and I also know*

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

Sworn under my hand and official seal of office this *1* day of *Sept* 19*26*  
(SEAL.) *Wmmy Anglin* Ordinary,  
*Fulton* County.

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

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

3. All affidavits must be made before the Ordinary of the county of residence.

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

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

6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of

husband's service—because he made no proof of service and was not required to do so.

*1926*  
*Beach Sarah A.*  
Approved for *4th Quarter*  
No. *Fulton Co.*

## WIDOW'S APPLICATION

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

County *Fulton*  
Name *Sarah A Beach*  
Widow of *J A Beach*  
Company *H*  
Regiment *28th Cav*  
Approved *John W Clark*  
*27 Oct 26*

*C. B. McCREGOR,*  
Commissioner of Pensions.

ROSS PRINTING CO., ATLANTA

*9-3-26*

# ORDINARY'S CERTIFICATE

STATE OF GEORGIA.

Fulton COUNTY.

I, Thos H. Jeffries Ordinary of said County, do certify that I know Mrs. Sarah A. Leach, 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 1 day of Sept 1926

That I also know Mary Anglin witness as to marriage, and I also know my clerk; that both 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.

Sworn under my hand and official seal of office this 1st day of Sept 1926  
(SEAL.) Thos H. Jeffries Ordinary,  
Fulton County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."  
2. Additional affidavits may be attached if blank spaces are insufficient.  
3. All affidavits must be made before the Ordinary of the county of residence.  
4. Only widows who are married prior to first January, 1881, are entitled.  
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.  
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because be made no proof of service and was not required to do so.

## WIDOW'S APPLICATION

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910—As Amended by Act of 1915.

County Fulton  
Name Sarah A. Leach  
Widow of J. A. Leach  
Company H.  
Regiment N. B. Co.  
Approved John W. Clark  
Nov 26

G. B. McCREGOR  
Commissioner of Pensions.

RECEIVED PRINTING CO., ATLANTA

9-3-26

Leach, Sarah A. (Widow)  
Fulton Co.

For Fulton County

1927

## Application for Pension Due Deceased Pensioner

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

Thos H. Jeffries Ordinary  
For Sarah A. Leach

Date of Death May 19 1929

Amount \$ 100

Approved and ordered paid

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

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

1926  
Approved for 4 quarter  
No. 1  
Sarah A. Leach  
Fulton Co.

# WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

FULTON COUNTY.

Personally before me comes Sarah 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 Forayth State of Georgia she was married on the 18 day of 18, and that she remained his wife, and resided with him to the date of his death in July 22nd 1926 and that she has not since his death remarried. At the time of his death he was a resident of Fulton County, in said State of Georgia, and he was on the Fulton Pension Roll of the State and paid a pension of \$ 11 in Fulton County for 19 per annum, on account of being a soldier in Company H Regiment Vol. Cav. (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of Fulton and she has so continuously resided since 1901 day of 1901.

Sworn to and subscribed before me, this the

1 day of Sept, 1926

Arthur R. Marshall O.C. Ordinary

of Fulton County.

(SEAL)

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

STATE OF GEORGIA,

Fulton COUNTY.

Personally before me comes Mary Anglin known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs. Sarah A. Leach, who made the foregoing affidavit, is the lawful widow of John A. Leach who died in Fulton County in said State of Georgia on July 22 day of 1926, and that she has not since remarried. That she and John A. Leach lived together for more than fifty years as husband and wife and that she and he had resided together as man and wife continuously since the date of his death, and that the was the same man who was on the pension roll of said State from 1901 when he died.

Sworn to and subscribed before me, this the

1 day of Sept, 1926

Arthur R. Marshall Ordinary

of Fulton County.

(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 16, 1904)

GEORGIA, Fulton County.

Personally before me, the Ordinary of said County, comes Harry G. Poole of said County, who, after being sworn, on oath says that he knew Sarah A. Leach of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in Fulton County, in this State, on the 19 day of May, 1929, and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 351.00 per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

Arthur R. Marshall Ordinary  
Fulton County

(Seal of Ordinary)

Harry G. Poole

## CERTIFICATE OF ORDINARY

GEORGIA, Fulton County.

I, Thos H. Jeffries Ordinary of said County, do certify that I personally know Harry G. Poole, who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew Sarah A. Leach while in life and that this was the same person whose name appears on the Pension Roll of Fulton County, and was paid a Pension of Fifty Dollars in said County for 1929, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this

(Seal of Ordinary)

19 day of May, 1929  
Thos H. Jeffries Ordinary  
Fulton County

### INSTRUCTIONS:

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

and that she has not since remarried. That she became the wife of \_\_\_\_\_ together for more than fifty years as husband and wife \_\_\_\_\_, and that she and he had resided together as man and wife continuously \_\_\_\_\_ to the date of his death \_\_\_\_\_, and that she \_\_\_\_\_ was the same man who was on the pension roll of said State \_\_\_\_\_ from \_\_\_\_\_ County \_\_\_\_\_ when he died.

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
*William R. Marshall* Ordinary  
 of \_\_\_\_\_ County.

(SEAL)

*Mary English*

(Seal of Ordinary)

*John H. Jones* Ordinary  
 \_\_\_\_\_ County

# INSTRUCTIONS:

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

M *Mrs. Sarah H. Leach* funeral expenses

1896

IN ACCOUNT WITH  
**HARRY G. POOLE**

FUNERAL DIRECTOR

184 PRYOR STREET, S. W.  
 ATLANTA, GA.

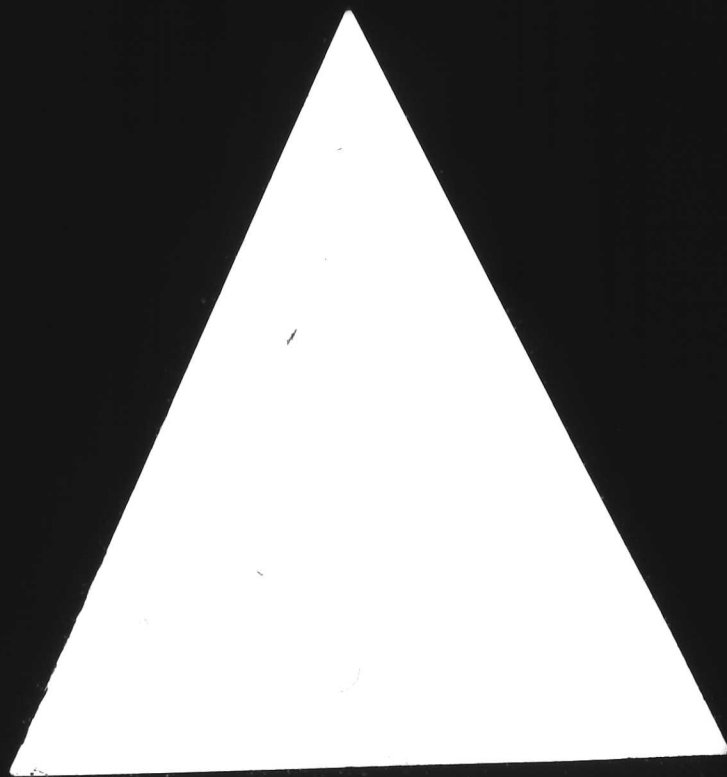
1929

WALNUT (2222  
 2222)

May 19	Casket and box	265.00
	Embalming and services	25.00
	<del>Woolen</del> Dress	15.00
	One car	00.00
	Notices	7.00
	Gloves P B	1.50
	Box to Cemetery	2.50
	Hearse	1.00

Georgia \_\_\_\_\_ \$51.00  
 Fulton Co. Personally appeared before me *Harry G. Poole* who  
 after being sworn says that the above account is just,  
 due, correct and unpaid and due for the funeral of  
 Mrs. Sarah H. Leach.

Sworn to and subscribed before me  
 May 27 1929  
*William R. Marshall*  
 G. G. O.



# 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 regulations are submitted.

1. If an applicant has been wounded, the following regulations are submitted. If the wound should be carefully and fully set forth by physicians, as required by the law, and fortified 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. 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 rendered substantially and essentially useless.

5. If every arm, leg, hand, or foot, is rendered substantially and essentially useless, the amendments have been duly sworn to.

6. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will be received in evidence.

7. If any of the amendments are specially requested to call the attention of the physicians and applicants to these points.

*Leach, Thomas*  
*N.E. on this person*  
*possibly may be in*  
*full power*  
*at the time disability*  
*occurred*  
*to 22d*  
*Fulton Co.*

APPLICATION FOR ALLOWANCE

FOR

Disability from Disease

Applicant, *Thomas Leach*

County *Fulton*

Amount *Eight Dollars*

Date of Warrant *May 8th*

Entered on record *May 8* 188*9*

*W.H.H.*

SECRETARY EXECUTIVE DEPARTMENT.

*Applicant*

Physicians must show that paralysis of applicant is result of service in C. S. A. 22 yrs before amendment must be sworn to. Applicant must show the extent of his disability in 1865-1866, 1867-1868 and years up to 1889.

Occupation of the man in during those years.

## NOTES.

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

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

2. The law makes no allowance for an arm or 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 papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.

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

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

## For Use of Applicants Who Have not Heretofore Drawn.

### STATE OF GEORGIA,

County.

PERSONALLY appears Thomas Leach of Hutton county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the 22<sup>nd</sup> day of June 1847; that he enlisted in the military service of the Confederate States for the State of Georgia during the war between the

States, and served as a Private in Company B, of 1<sup>st</sup> Regiment of Col. L. J. L. Volunteers Leach's Brigade; that whilst engaged in such military service, at the battle of H. R. 11th June way in the State of Georgia, on the 11<sup>th</sup> day of April 1864, he was

wounded as follows: He contracted Paralysis and  
Neuralgia from which he has suffered since  
April, 1864, so which has rendered his  
superior and still continues. He  
is now in his opinion, permanently disabled,  
and entitled to a pension under the laws  
of 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 1<sup>st</sup> day of May 1889

John Woodruff Not. Pub. Geo. R. Thomas Leach  
Major  
NOTE: 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,

Hutton County.

PERSONALLY came before me J. A. Rice of the county of Hutton State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company B, of 1<sup>st</sup> Regiment of Col. L. J. L. Volunteers, and that deponent knows Thomas Leach 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 Thomas Leach as stated by him in said affidavit. Deponent further states that said Thomas Leach is a bona fide citizen of this State and resides in Hutton county.

John Woodruff Not. Pub. Geo. R. J. A. Rice Major cor. Col. L. J. L.  
The foregoing affidavit, charged to verify the facts should be made by a commissioned officer of Company or Regiment, if the affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be furnished:

### APPLICATION FOR ALLOWANCE

FOR

Disability from Disease  
Applicant, Thomas Leach  
County, Hutton  
Amount, Eight Dollars  
Date of Warrant, May 1<sup>st</sup>  
Entered on record, May 1<sup>st</sup> 1889  
Secretary Executive Department.

Applicant

Leach, Thomas  
W.E. on this 1<sup>st</sup>  
possibly may be on  
full time  
OK for disability  
Certificate filed with  
Hutton Co.  
Hutton Co.

Applicant must show  
that he is really in the office  
is really of service in  
C.S. on 22<sup>nd</sup> Feb before  
Commissioner must be  
sworn to by applicant  
that is from the extent of  
his disability in 1864-1865

STATE OF GEORGIA,

County.

PERSONALLY came

citizens of \_\_\_\_\_ county, in said State,  
who, being duly sworn, say that they are acquainted with \_\_\_\_\_

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

Sworn to and subscribed before me, this \_\_\_\_\_

day of \_\_\_\_\_ 1889

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

STATE OF GEORGIA,

Hull County.

I, W. L. Cochran Ordinary of said county,  
do certify that I am well acquainted with Thomas Leach 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 John J. McDaniel before  
whom the foregoing affidavits were made and power of attorney was signed, is a  
Notary Public of said county, and the said affidavits and signa-  
tures thereto are genuine.

Given under my official signature and seal, this 4<sup>th</sup> day of May 1889

W. L. Cochran

Ordinary, Hull County.

STATE OF GEORGIA,

Hull County.

PERSONALLY comes before me W. L. Cochran Ordinary of said county,  
Dr. W. B. Hammond and W. C. Asher, both known to  
me as reputable physicians of said county, who, being severally sworn, say on oath that  
they have carefully examined Thomas Leach and after such  
examination say that the applicant has been injured as follows: The said

Thomas Leach Contracted Chronic  
Rheumatism in the military service of the  
Confederate States, and that Paralysis followed as  
a sequel, and has existed or continued until  
the present time and that disease is per-  
manent, rendering the said applicant's entire  
body physically useless, or substantially and even  
totally useless.

Sworn to and subscribed before me, this \_\_\_\_\_

4<sup>th</sup> day of May 1889

W. L. Cochran  
Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I, \_\_\_\_\_

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

In witness whereof I have hereunto set my hand and seal, this \_\_\_\_\_  
day of \_\_\_\_\_ 1889

Executed in the presence of us: \_\_\_\_\_ (L. S.)

STATE OF GEORGIA,

*Fulton* County.

I, *M. L. Calhoun* Ordinary of said county, do certify that I am well acquainted with *Thomas Leach* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

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

Given under my official signature and seal, this *4<sup>th</sup>* day of *February* 189*0*

*M. L. Calhoun*

Ordinary

*Fulton* County.

STATE OF GEORGIA,

*Fulton* County.

I, *M. L. Calhoun* Ordinary of said County, do certify that I am well acquainted with *Thomas Leach* 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 *3<sup>rd</sup>* day of *February* 189*1*.

*M. L. Calhoun*

Ordinary

*Fulton* County.

*Leach, Thomas*

*H. L. Leach*

1890.

No. *138*

APPLICATION FOR ALLOWANCE.

FOR THIS DESIGN OFFICER IN 1890.

*Disabled by Duane*

Applicant *Thomas Leach*

County *Fulton*

Amount *50*

Date of warrant *Feb 24*

Entered on record *Feb 24*

1890

*Noted*

WARRANT HANDLED TO

*applicant*

*Leach, Thomas*

1891.

*Leach, Thomas*

No. *37*

Application for Allowance

FOR THIS DESIGN OFFICER IN 1891.

*Dr. C. H. Leach*

Applicant *Thomas Leach*

County *Fulton*

Amount *50*

Date of Warrant *Feb 3*

Entered on record *Feb 3*

1891

*CHH*

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

*Applicant*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fullon County.

PERSONALLY appears Thomas Leach 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 29<sup>th</sup> day of January 1849; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company B, of the Regiment of Edwards Legion Volunteers in the State of Georgia; that whilst engaged in such military service, at the battle of the State of Georgia, on the 29<sup>th</sup> day of January 1864, he was

wounded as follows: Said applicant was never wounded, but was paralyzed in his left side arm and hand, caused by excessive exposure during said war, rendering his left arm substantially and essentially useless, and thereby disabling said applicant from doing active manual labor.

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

Sworn to and subscribed before me, this the 4<sup>th</sup> day of February 1890

Thomas Leach

W. H. G. Cotton

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

## POWER OF ATTORNEY.

STATE OF GEORGIA

Fullon 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 4<sup>th</sup> day of February 1890

Executed in the presence of us:

[L. S.]

DIRECTION.

Said money to me as follows, by

to

P. O.

County, Georgia.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fullon County.

PERSONALLY appears Thomas Leach of Fullon 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 29<sup>th</sup> day of January 1849; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company B, of the Regiment of Edwards Legion Volunteers in the State of Georgia; that whilst engaged in such military service at the battle of the State of Georgia, on the 29<sup>th</sup> day of January 1864, he was

wounded as follows: he became disabled and contracted Pseudogripes pneumonia which was cured by Paralysis and renders him incompetent to perform the ordinary manual labor of his

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

Sworn to and subscribed before me, this, the 3<sup>rd</sup> day of February 1891.

Thomas Leach

W. H. G. Cotton

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,

Fullon County.

Know all Men by these Presents, That I,

of Fullon 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 3<sup>rd</sup> day of February 1891.

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

State of Georgia,  
Hullon County.

Reasonably appeared,  
before me, a Justice  
of the Peace in and for said State and  
County, J. B. Hammond, M.D., and W. C.  
Asher, M.D., practicing physicians and sur-  
geons in said State and County, and known to  
me as of good reputation in their profession,  
who upon oath, depose and say that they, the  
said J. B. Hammond, M.D., and W. C. Asher, M.D.,  
are personally acquainted with Thomas Leach, of  
said State and County, that they have known  
him, the said Thomas Leach, since the close of  
the war between the State, to wit: the Confederate  
States, and the United States of America; that  
they have known him since his return from war  
in 1865; they have severally been his family physicians;  
that they have had professional knowledge of his  
physical condition almost continually for a pe-  
riod of time embracing 1865 up to 1889; that at  
the close of said war between the States, the  
said Thomas Leach was from exposure in said  
war, suffering from Chronic Rheumatism and

STATE OF GEORGIA.

Hullon County.

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

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

W. C. Asher  
Ordinary Hullon County.

Printed 1892  
Hullon Co  
Leach, Thomas

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name Thos Leach  
County Hullon  
Disability Disease  
Amount \$ 50

Entered on record met 1892.  
W. H. HARRISON,  
Secretary of Specialized Department  
AGENT.  
Applying  
Chas. W. Harrison, State Printer, 1892-1893.

Neuralgia; that while judicious treatment and rest at home relieved him, and enabled him to perform manual labor, he was not at anytime restored to former health, that eventually, and in the pathological progress of the disease he contracted in said Confederate States Army from exposure in the field, Paralysis supervened; and that he, the said Thomas Leach, is now a helpless Paralytic. And, that he will remain in his present helpless condition during the remainder of life. The said Dr. Joel B. Hammond and W. C. Asher, further say, and affirm, upon oath, that the said Thomas Leach's condition is such, that in their opinion, he should be allowed the longest and most liberal annuity provided for the infirm and dependant soldiers of the late Confederacy.

Sworn and subscribed before me,  
this the 7<sup>th</sup> day of May, 1889.

U. W. Manning  
C. R. P. J. O.

Joel B. Hammond, M.D.  
W. C. Asher M.D.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Shelton County.

PERSONALLY appears Thomas Leach of Shelton 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 1865; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company 2<sup>nd</sup> of 1<sup>st</sup> Regiment of Georgia Volunteers. He was engaged in such military service at the battle of the State of Georgia, on the day of 1865, he was wounded as follows: *Left arm*

NOTE: Paralysis caused from head injury in the war.

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

*Five* Dollars for 1891  
Sworn to and subscribed before me this *1<sup>st</sup>* day of *March* 1892. *Thomas Leach*  
*W. C. Asher* Ordinary.

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

County, in said State, do hereby appoint

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

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

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to P. O. County, Georgia.

[L S]

At 47  
J. H. W. Fulton County

Personally came C. R. Leach who on oath says: That he is a son of Thomas Leach. That his health was good before the war. That he came home in 1865 from the Army, & had Rheumatism very bad, had neuralgia so bad that for some time he was totally blind & had to be led about. That the Rheumatism finally led to paralysis from which he has suffered since 1867 which combined with the Rheumatism & Neuralgia render him permanently disabled from performing any work for support.

Sworn to & subscribed before me May 4/89

G. H. Manning

N. P. J. O.

This  
C. R. Leach  
work

In amendment to above I will say that I know applicant through '66, '67, '68 and '69 and that he was not able to do any work of any kind.

Audited

1889.

COMPTROLLER GENERAL.

Fulton

Maimed Soldiers.

Voucher No. 2205

Amount, \$50.00

Paid to Thomas Leach  
For General Disability

May 8, 1889.

Included in Warrant No.  
issued to Treasurer.

1889.

WARRANT CLERK.

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

P. M. RICE.

RICE BROTHERS,

J. W. RICE.

—MANUFACTURERS OF—

PLAIN AND ORNAMENTAL  
WROUGHT IRON FENCING.Cresting, Grates, Ventilators, Vases, Brackets, Balcony Railing, Lamp Posts, Mangers,  
Park Seats, Sash Weights, Fire Dogs, Well Wheels,

•IRON • AND • BRASS • CASTINGS•

14 to 26 S. Calhoun St.

ATLANTA, GA. May 7th 1889

This is to certify that Thomas Leach the applicant volunteered in the Fulton Dragoons and left Atlanta for Virginia on 14th day of August 1861, at which time he was in good health, and remained in good health and was always ready for duty during the first years of the war, after I left the command in 1864 he became afflicted with neuralgia and Rheumatism and he has been in bad health ever since the war.

Sworn to & subscribing before me this 7th day of May 1889  
John J. W. W. W. W.  
Not. Pub. Calh. G. Ga.

J. A. Rice

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

No 2205

Atlanta, Ga May 8 1889

Mr Thomas Leach of the County of Fulton having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, Dec. 24, 1888, and the same having been allowed for General Disability

He is entitled to receive the sum of Fifty <sup>00</sup>/<sub>100</sub> Dollars for such disability, the same being the allowance due for the year ending October 24, 1889

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

By the Governor

GOVERNOR.

J. H. Gordon  
EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. V. HARDEMAN.

Fifty <sup>00</sup>/<sub>100</sub> Dollars,  
per above voucher, this 8th of May 1889.

Thomas Leach  
encl

Audited

Feb. 6<sup>th</sup> 1890  
*W. H. Smith*  
COMPTROLLER GENERAL

Maimed Soldiers.

Voucher No. 138

Amount \$ 50

Paid *Thos. Leach*

For *Disability by*  
*Disease*

*Feb'y 4 1890*

Included in warrant No.

issued to Treasurer

18

WARRANT CLERK

W. H. Smith, State Printer, Constitution Job Office.

*Applicant*

Audited

1891.

COMPTROLLER GENERAL

*Leach, Thomas*  
*Inf.*

1891.

Maimed Soldiers.

Voucher No. 36

Amount \$ 50

Paid to *Thos. Leach*

For *Disability by Disease*

*Feb'y 3. 1891.*

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta.

*Applicant*

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

No. 138

Atlanta, Ga. Feb'y 11 1890

Mr. Thomas Leach of the County  
of Fulton having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

approved, Dec. 24, 1888, and the same having been examined and allowed for  
*Disabled by Disease*  
He is entitled to receive the sum of *Fifty 00/100* Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1890.

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

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

\$50.00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

*Fifty 00/100*

per above voucher, this

4 of Feb'y 1890  
Thomas Leach

Witness  
R. D. Gordon

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

1891.  
No. 36

Atlanta, Ga. Feb'y 3 1891.

Mr. Thomas Leach of the County  
of Fulton having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Acts  
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

*Disabled by Disease*  
He is entitled to receive the sum of *Fifty 00/100* Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor,

W. H. Harrison

SECY EXECUTIVE DEPARTMENT.

\$50.00

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

*Fifty 00/100*

per above voucher, this

3 of Feb'y 1891.  
Thomas Leach

*Fifty & 00/100*  
per above voucher, this

Dollars,  
1890

*4* of *Feb*  
*Thomas X Leach*

*Witness*  
*R. J. Burdett*

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

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

*Thomas X Leach*  
*with*

*Seaker George J.*  
*Fulton Co.*

*O.K. 12/14/12*  
No. \_\_\_\_\_

**† Confederate**

**Soldier's Application.**

☒ UNDER ACT 1910.

County *Fulton*

Name *George J. Seaker*

Company *A. B. Co. Co.*

Regiment *13 Cavalry*

Approved \_\_\_\_\_

ENTERED ROSTER OFFICE  
LINDSEY,  
Commissioner of Pensions

CHAS. F. BYRD, State Printer, Atlanta

*9/20/11*

# 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, answers as follows, to wit:

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

*George B. Leake, Atlanta, Ga.*

How long and since when have you been a continuous resident citizen of this State?.....

*50 years*

3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? *Yes*

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) *1st Georgia Cavalry Regiment*

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) *Three years*

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

7. Were you actually present with your Command when it was surrendered or discharged? *No*

8. If you were not actually present, state specifically and clearly where you were *Home on furlough*

a. Where was your Command when you left it? *Livingston, Tenn.*

*March 1865*

b. When did you leave the Command? *March 1865*

c. For what cause did you leave? *Furlough*

d. By whose authority did you leave? *Genl. C. G. Clarke*

e. For how long was your leave granted? In what way? *Furlough, 30 days*

f. Why did you not return to your Command after leave expired? *Returning without Army Surrendered*

g. In what way were you prevented? *Furlough*

h. What effort did you make to return? *Was on my return when Army Surrendered*

i. Were you captured during the war? *No*

j. If no, 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). *None*

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

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

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? *None*

13. Are you drawing a pension of any amount from this State or the United States? *None*

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? *Never*

Sworn to and subscribed before me, this the

*16* day of *Sept*, 190*8*

*John B. Wren* Notary

of *Wilkes* County.

Soldier's Application.

UNDER ACT 1910.

Confederate

AT 10/14/12

Fullton Co.

Seal of George B. Leake

County

Name

Company

Regiment

Approved

SEAL OFFICE

Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta

9/25/11

# QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

Bullock County.

R. P. Milam of said State and County is hereby presented as a witness in support of the application of George E. Leake 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? R. P. Milam  
Atlanta Georgia
2. How long and since when have you known George E. Leake the applicant?  
about 30 years - since 1865
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? Atlanta Ga  
is living here frequently
4. When, where and in what Company and Regiment did he enlist during war from 1861 to 1865? (Give date and place). Co. A 13th Ga. Cavalry - May 1862
5. How did you obtain your information of this Service? By being a member of George E. Leake's Company and serving with him
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) May 1862 to April 1865
7. When and where was his Command surrendered or discharged (give date and place). Meridian Tenn.
8. Were you personally present at the Surrender? yes
9. If not, where were you and how came you there? \_\_\_\_\_
10. Was the applicant personally present with his Command at surrender? no
11. If not where was he and how came him there? Home on furlough
12. When did he leave his Command? March 1865 Where was his Command when he left it? Memphis Tenn for what cause did he leave? Furlough  
By whose authority did he leave. Col. E. F. Clarke and how long was he granted leave? 30 days How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically). By furlough
13. In what way was he prevented from returning to his Command? Exhaustion of service  
How do you know? Because he was exhausted in April 1865
14. What effort did he make to return to his Command and how do you know? By permission of the officers
15. Was applicant captured as a prisoner. no If so, when and where? \_\_\_\_\_  
In what prison was he held? \_\_\_\_\_ and when released? \_\_\_\_\_

Sworn to and subscribed before me, this 16th day of Sept 1911, R. P. Milam Ordinary, Bullock County.

# AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Bullock County.

Personally before me comes W. E. McCalla who on oath says that they are freeholders residing in said County and we know George E. Leake the applicant for pension and we know the property that is now in the possession and control of himself and wife and of its cash value to wit: (Make List by items and value.) None

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.) None

2. When and to whom was it sold or given to? none

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

4. What relation is the party to applicant? \_\_\_\_\_

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

6. Was the disposition of this property made in good faith and full values? \_\_\_\_\_ or was it made to obtain a pension? \_\_\_\_\_

Sworn to and subscribed before me, this 16th day of Sept 1911, W. E. McCalla Ordinary, Bullock County.

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Bullock County.

John R. Wilkinson Ordinary of said County, certify that I know the applicant G. E. Leake for Pension is the person he represents himself to be and resides in said County. That I also know R. P. Milam the witness swearing to the service and W. E. McCalla 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 Results of Bullock shows that G. E. Leake and wife value for tax in 1908 \$ none for 1909 \$ none for 1910 \$ none

Sworn under my hand and official seal of office this 22nd day of Sept 1911, John R. Wilkinson Ordinary, Bullock County.

- NOTES 1. Before any questions are answered the Ordinary shall swear applicants and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if their space 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 and wife, affidavits of freeholders unnecessary.

*Amellus, K. H. Nelson* 28 Ordinary,  
of *Fulton* County.

"You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth, so help you God."  
2. Additional affidavits may be attached if blank spaces are insufficient.  
3. All affidavits must be made before the Ordinary and certified by him.  
4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of freeholders unnecessary.

*Leake, G. G.*

For *Fulton* County

1926

**Application for Pension  
Due Deceased Pensioner**  
(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

For *Thos. H. Jeffries* Ordinary

For *G. G. Leake*

Date of Death *Nov 16* 192*6*

Amount \$ *50.00* *ok.*

Approved and ordered paid

*John W. Clark*  
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.

*OK*

NAME *Leake, George G.* YEAR *1918* COUNTY *Fulton*

AGE AND WHERE BORN? *Resident of Georgia 80 years.*

RELIGIOUS FAITH AND WHERE? *May 1888, does not state where.*

RANK

COMPANY AND REGIMENT? *Co. A, 15th Georgia Cavalry Regiment. 8 years.*

PLACE OF BIRTH

EDUCATION

CAPTURES

RELEASE

WHEN AND WHERE SURRENDERED? *Command surrendered, April 1865, Marietta, Tennessee.*

IF NOT SURRENDERED, WHERE WERE YOU? *At home on furlough, left Command March 1865, at Kingsport, Tenn. Was given 30 days furlough by Lieut. Col. E. Y. Clarke.*

DATE, PLACE AND WHERE?

BURIAL

WITNESSES *R. P. Milan - Same Company.*

*No date.*

# Application for Pension Due to a Deceased Pensioner

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

(Under Act Approved August 15, 1904)

GEORGIA, Fulton County.

Personally before me, the Ordinary of said County, comes L. S. Davidson, with  
H. M. Patterson, Son of said County, who, after being sworn, on oath  
 says that he knew G. G. Leake of said County, and that said Pensioner  
 was on the Pension Roll of said County at the time of death, which occurred in Fulton  
 County, in this State, on the 15 day of Nov. 1926, and that  
 a Pension of 56.98 Dollars was due pensioner and that pensioner  
 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 \$56.98, per  
 sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me  
William R. Usarbit, Ordinary  
Fulton County

L. S. Davidson

(Seal of Ordinary)

## CERTIFICATE OF ORDINARY

GEORGIA, Fulton County.

I, Thos. H. Jeffries, Ordinary of said County, do certify  
 that I personally know L. S. Davidson & H. M. Patterson, Son, who is a resident  
 citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit,  
 that I also knew G. G. Leake while in life and that this was  
 the same person whose name appears on the Pension Roll of Fulton County, and  
 was paid a Pension of Fifty Dollars in said County for 3rd Quarter 1926, 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 19 day of Nov. 1926.

(Seal of Ordinary) Thos. H. Jeffries, Ordinary  
Fulton County

### INSTRUCTIONS:

1st. Requires those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.

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

The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of \_\_\_\_\_, who died without owning sufficient property to pay this bill.

3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this application, and attached bills, with your final settlement, to the Pension Department.

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

5th. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.

6th. Return this application, and attached bills, with your final settlement, to the Pension Department.

7th. Ordinary should see that the back of this blank, when folded, is filled out.

## INSTRUCTIONS:

1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.

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

"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of..... who died without owning sufficient property to pay this bill.

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

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

5th. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.

6th. Return this application, and attached bills, with your final settlement, to the Pension Department.

7th. Ordinary should see that the back of this blank, when folded, is filled out.

ESTABLISHED 1870

## H.M. Patterson &amp; Son

96 North Forsyth Street

ACCORDING CARNEGIE LIBRARY

Atlanta, Ga.

Sold to Funeral expenses of Mr. George G. Leake Sr.

November 17, 1926.

Casket and Metal Lining	350
Transfer to Office	5
Embalming, Bathing, Shaving, Dressing	25
Suit	35
Two Constitution Notice	6
Journal Notice	3
Grave and Lining	10
Cement Vault	57
Full-bearers' Gloves	2
Motor Flower Car	8
Motor Hearse	21
Three Limousines	45

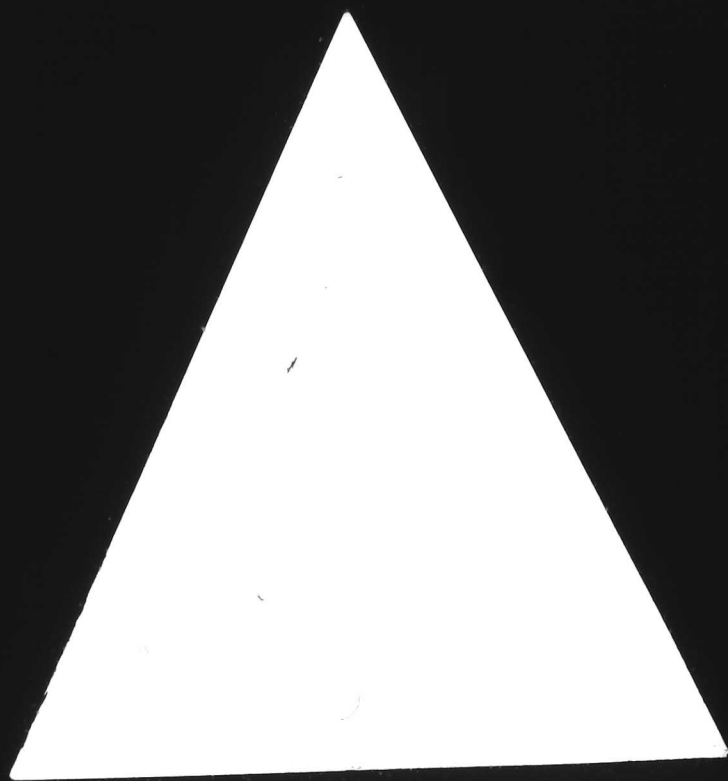
Fulton County,  
Georgia

Personally appeared before me F.W.  
Patterson, who on oath stated that the above  
account is correct, due and unpaid.

Sworn to before me this November 23, 1926.

*Mr. H. Bowen*  
Atlanta, Ga. State at Large

569 26



Pension Office, 11/23/10.

Applicant must prove service and capture by some one who knows also  
date of what is stated in application. Witness submitted knows nothing  
of these facts, and hearsay information and belief is not ~~sufficient~~ evidence.

J.W. Lindsey, Com. of Pensions.

*Accompany John R. Linton*  
*Paul J. J. Carphi*  
*John R. Linton*  
*any other*

**Confederate  
Soldier's Application.**

✓ UNDER ACT 1910.

County *Linton*  
Name *John R. Linton*  
Company *K*  
Regiment *4th Ga*  
Approved \_\_\_\_\_

J. W. LINDSEY,  
Comptroller of Pensions

CHAR. F. BYRD, State Printer, Atlanta.

*17/10/11* *3/2-1911*



# 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 J R Leamon 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? 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) April 6th 1865, at Appomattox Court House Va.
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 wound in right leg.
10. Was the applicant personally present with his Command at surrender? No.
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? April 4th 1865. Where was his Command when he left it? Appomattox Va. for what cause did he leave? Captured by the Federal 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. If so, when and where? April 4th 1865, Appomattox Va. In what prison was he held? City Point Va. and when released? July 1865.

Sworn to and subscribed before me, this the

14th day of October 1912, J R S Baisden P.K.C. Ordinary of Fulton County.

# AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Fulton County.

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

Owns no property at all

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.) None
2. When and to whom was it sold or given to? None
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant? None at all
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

14th day of October 1912, E R Dillingham P.K.C. Ordinary of Fulton County.

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Fulton County.

I, John P. Wickham Ordinary of said County, certify that I know the applicant J R Leamon for Pension is the person he represents himself to be and resides in said County. That I also know J A S Baisden the witness swearing to the service and E R Dillingham 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 Results of J R Leamon shows that and wife value for tax in 1908 \$ None for 1909 \$ None for 1910 \$ None

Sworn under my hand and official seal of office this

21st day of Oct 1912, John P. Wickham Ordinary of Fulton County.

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

*John W. Corbin*  
Ordinary,  
of *Fulton* County.

"You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."  
2. Additional affidavits may be attached if blank spaces are insufficient.  
3. All affidavits must be made before the Ordinary and certified by him.  
4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of freshholders unnecessary.

NAME *Leamon John R.* YEAR *1911* COUNTY *Fulton*

AGE AND WHERE BORN? *Resident of Georgia since May 1864 (56 years)*

DATE WHEN AND WHERE? *April 1861, Americus, Georgia.*

RANK

COMPANY AND REGIMENT? *Co. K, 4th Georgia Regiment.*

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE? *April 4th 1865, captured at Appomattox, Va.  
and sent to City Point, Virginia.*

RELEASED. *Exchanged Paroled July 1865.*

ARMY AND WHERE SURRENDERED? *Command surrendered; April 6th 1865,  
Appomattox, Virginia.*

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? *Captured and sent to <sup>City</sup> Point  
(Va.)  
Paroled July 1865.*

DIED, WHEN AND WHERE?

BURIED,

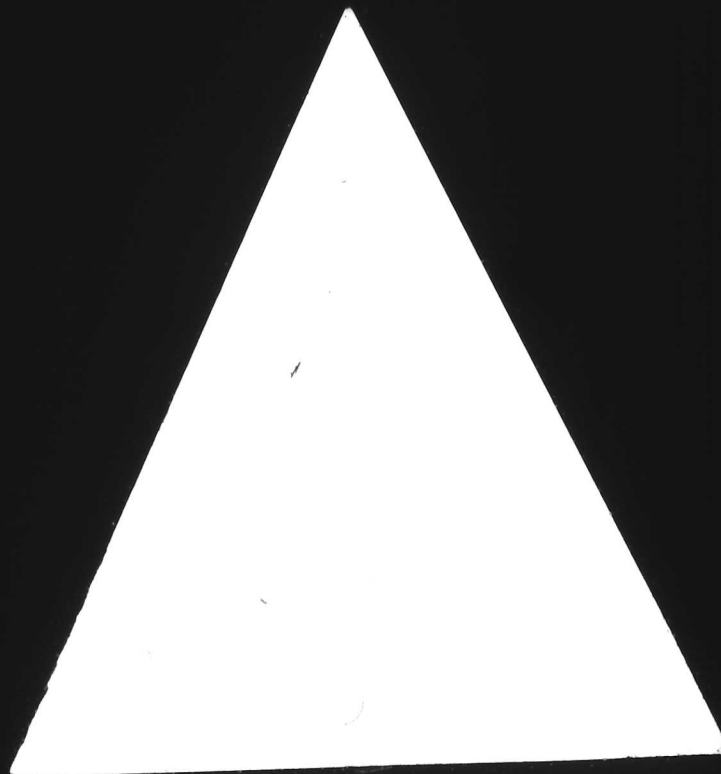
WITNESSES. *J. A. S. Eadsden - Same Regiment.*

*No data.*

BURIED,

WITNESSES. J. A. S. Baileton - Same Regiment.

No date.



RECORD O. K. *67*  
*Leath Susan E. 1894*  
*Fulton County*  
**Widow's Application**

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

County FULTON  
 Name MRS. SUSAN E. LEATH  
 Widow of JOHN S. LEATH  
 Date of Marriage June 12, 1892  
 Date of Husband's Death Apr. 23, 1894  
 Company 3rd Regt. Gen. Inf.  
 Regiment 3rd Regt. Gen. Inf.  
 Approved 2/6/38 193  
S. E. Leath Director.

State Dept. Public Welfare,  
 Atlanta, Feb. 2, 1938.

John S. Leath enlisted as a  
 private in Co. C, 13th Regt.  
 Ga. Infantry Moh. 9, 1862.  
 Wounded, Gettysburg, Pa.,  
 July 1, 1863, and at Spotsyl-  
 vania, Va., May 12, 1864; at  
 Monocacy, Md., July 9, 1864.

Roll for Feb. 1865, last pn  
 file, shows him in Macon, Ga.  
 hospital, where he was cap-  
 tured Apr. 30, 1865.

*S. E. Leath*  
 Director Confederate Records  
 Div.

**Ordinary's Certificate**

STATE OF GEORGIA.

FULTON COUNTY.

I, THOMAS H. JEFFRIES,

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 said State since January 1st, 1920, that I also know Mrs. W. H. Bourne

the witness who swears to the ~~fact of the marriage~~ marriage, that both of them are now residents  
 of said County and were duly sworn by me before signing the foregoing affidavits, and that they are  
 truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 21 day of Jan. 1938.

(SEAL OF ORDINARY)

Ordinary.  
 County.

**INSTRUCTIONS**

1. Before any application is returned, the Ordinary shall read the following words: "You do hereby certify that the foregoing statements are true and correct, and the evidence you shall give will be the whole truth. So help you God."
2. Only persons who married prior to January 1st, 1920, are entitled.
3. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be recorded in the Ordinary's office.
4. A duly certified copy of marriage license is obtainable. If not, prove marriage by some person, or by general reputation.
5. Do not take any fee for this Marriage Certificate in regard throughout the State. A short, simple form is easier to handle.
6. Do not take an application from any widow who is already receiving a pension.

State Dept. Public Welfare,  
Atlanta, Feb. 2, 1938.

John S. Leath enlisted as a  
private in Co. G, 13th Regt.  
Ga. Infantry Mch. 9, 1862.  
Wounded, Gettysburg, Pa.,  
July 1, 1863, and at Spotsyl-  
vania, Va., May 12, 1864; at  
Monocacy, Md., July 9, 1864.

Roll for Feb. 1865, last pn  
file, shows him in Macon, Ga.  
hospital, where he was cap-  
tured Apr. 30, 1865.

*John S. Leath*  
Director Confederate Records  
Div.

RECORD O. K. *John S. Leath*



### Widow's Application

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

County. **FULTON**  
Name. **MRS. SUSAN E. LEATH**  
Widow of. **JOHN S. LEATH**  
Date of Marriage. **June 12, 1892**  
Date of Husband's Death. **Apr. 23, 1894**  
Company. *13th Regt. Ga. Inf.*  
Regiment. *13th Regt. Ga. Inf.*  
Approved. *John S. Leath*  
Director.

### Ordinary's Certificate

STATE OF GEORGIA.

**FULTON** COUNTY.

I, **THOMAS H. JEFFKINS**, 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 said State since January 1st, 1920; that I also know **Mrs. W. H. Bourn**  
the witness who swears to the **validity of the marriage**; that both of them are now residents  
of said County and were duly sworn by me before signing the foregoing affidavits, and that they are  
truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this **21** day of **Jan.** 1938.

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

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

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

### QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

**FULTON** COUNTY.

Personally appears before me, **Mrs. 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 Fulton County see affidavit attached**  
Give date, of year, of your birth. **June 25, 1863** Age? **75**

3. (1) When, (2) where and (3) to whom were you married? (1) **June 12, 1892**  
**(2) Columbus, Ga. (2) John S. Leath**

- a. Have you married since the death of first and soldier husband? **No**  
b. When and where did your first husband die? **Apr. 23, 1894 - Phoenix City, Ala.**  
c. Were you residing together when he died? **Yes**  
d. If not, how long had you resided apart?  
e. Are you now a widow? **Yes**  
f. Have you or your husband heretofore been paid a pension by the State? **No**  
g. If so, when and for what cause were you or your husband placed on the roll?

#### SECTION II.

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

1. When, where and in what Company and Regiment did your husband enlist as a soldier in  
Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infan-  
try, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.

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

Sworn to and subscribed before me, this the

**21st** day of **Jan.** 1938.

*W. H. Bourn* C. C., Ordinary

of **FULTON** County.

(SEAL OF ORDINARY)

*Mrs. Susan E. Leath*  
Applicant.

## An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,

County of **FULTON**

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

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

Sworn to and subscribed before me, this the

**31st** day of **January**, 191**8**.

*J. E. Thompson* C. C., Ordinary,

**FULTON**

County.

## Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA,

.....COUNTY.

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

1. What is your name and where do you reside? (Give Post Office and County) .....
2. How long and since when have you known ..... applicant .....
3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State? .....
4. When and to whom was she married? ..... How do you know? .....
5. How long and since when did you know ..... her husband? .....
6. When and where did ..... the husband of applicant, die? .....
7. Were the applicant and her husband living together as husband and wife at the date of his death? .....
8. If not, how long did they live apart before his death? ..... Were they divorced? .....

If the husband of the applicant was a pensioner, DO NOT answer the following questions.

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

Sworn to and subscribed before me, this the

..... day of ....., 191**8**.

..... Ordinary

of ....., County.

(SEAL OF ORDINARY)

(Witness)

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 "How 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

This Feb. 2, 1938

H. J. Kemp

Notary Public, Fulton County, Ga.

State of Georgia,  
Fulton County.

Personally before the undersigned authority now comes Mrs. W. H. Bowman who upon oath says that he knows Mrs. Susan Emma Leath and knows that she was living with her husband John S. Leath at the time of his death, that she has not remarried since his death and is now his dependent widow.

Sworn to and subscribed before me

this 29 day of January 1937

H. J. Kemp  
O. C. Ordinary, Fulton Co. Ga.

Mrs. W. H. Bowman

STATE DEPARTMENT OF PUBLIC WELFARE

HART BUILDING

ATLANTA

February 5, 1938

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

WHEREAS:

MRS. SUSAN E. LEATH, WIDOW OF JOHN S. LEATH,

has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married to said soldier prior to January 1st, 1930, and that she was not remarried; it is, therefore,

ORDERED:

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

This, the 5th day of February 1938.

L. Thos. "Pat" Gilman

Director, Confederate Division  
State Department of Public  
Welfare

No. \_\_\_\_\_

# MARRIAGE LICENSE



Georgia, Muscogee County.

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

YOU ARE HEREBY AUTHORIZED TO JOIN

..... John S. Leath, ..... and Susan Emma Lupo, .....  
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 12th day of June, 1892. xix

(L. S.) ..... Joseph F. Pou, ..... Ordinary.

Georgia, Muscogee County.

I do hereby certify that John S. Leath, ..... and  
Susan Emma Lupo, ..... were duly joined in Matrimony by me this  
12th day of June, 1892. ix

R. F. Williams,  
Minister,

Ordinary's Office.

State of Georgia, }  
Muscogee County } S. S.

I, H. H. Hunter, Jr., Clerk of the  
Court of Ordinary of said County, do hereby certify that I have compared the foregoing copy of the  
Marriage License and Certificate of Marriage of John S. Leath, ..... and

Susan Emma Lupo, ..... with the original record thereof, now remaining in  
this office, and the same is a correct transcript therefrom, and of the whole of  
such original record, and that said Court is a Court of Record.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the  
seal of the Court of Ordinary, this 22th day of January, 1936.

H. H. Hunter, Jr.  
Clerk Court of Ordinary

Ordinary's Office.

State of Georgia, }  
Muscogee County } S. S.

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-  
scribed by H. H. Hunter, Jr., as Clerk of said Court, is sufficient and in due form  
of law, that his signature thereto is genuine.

Witness my hand and official signature, this 22th day of January, 1936.

H. H. Hunter  
Ordinary.

State of Georgia,  
Muscogee County } S. S.

Ordinary's Office.

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-  
scribed by.....H. H. Hunter, Jr......, as Clerk of said Court, is sufficient and in due form  
of law, that his signature thereto is genuine.

Witness my hand and official signature, this 22th day of JANUARY, 1928.

H. H. Hunter Ordinary.

Lee County, Wm. G. Gault  
Fulton Co.

No. ....

**Confederate  
Soldier's Application.**

+ UNDER ACT 1910.

County Fulton  
Name Wm. Lemuel Gault  
Company Heavy Rifles  
Regiment 2nd S. Battalion  
Approved .....

J. W. LINDSEY,  
Commissioner of Pensions.

CHAS. F. BYRD, State Printer, Atlanta.

CHAS. F. HYRD, State Printer, Atlanta

# QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

Fulton County.

E. A. Shinn of said State and County is hereby presented as a witness in support of the application of Wm. B. Conte 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. Shinn #108 Conder St. Atlanta Georgia
2. How long and since when have you known Security man 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? #108 Conder Ave. Atlanta Ga. He has lived in the State all his life
4. When, where and in what Company and Regiment did Col. 1861 1864 enlist during war from 1861 to 1865? (Give date and place). 2nd Regt. Col. 2nd Ga. Inf. Infantry
5. How did you obtain your information of this Service? I was then myself as a member of the same command
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) From April 1861 till Aug. 1864 when he was promoted to Captain
7. When and where was his Command surrendered or discharged (give date and place) He was wounded & disabled at the 22 days battle of Atlanta 22 July 1864
8. Were you personally present at the Surrender? No. He was disabled & removed from command
9. If not, where were you and how came you there? He was assigned to the 1st Ga. Heavy Artillery as Chief Clerk at Vicksburg Ga. Oct. 1864
10. Was the applicant personally present with his Command at surrender? No. He was disabled
11. If not where was he and how came him there? He was wounded and sent home on Furlough when the Confederacy went to pieces
12. When did he leave his Command? 22 July 1864 Where was his Command when he left it? Atlanta Ga. for what cause did he leave? Wounded  
By whose authority did he leave? By authority of Col. Corbin Vicksburg and how long was he granted leave? For 30 days until recovery How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically). From his knowledge Personal and Business association of fully 10 years
13. In what way was he prevented from returning to his Command? Simply because he was disabled & unable to go How do you know? As from Oct. 1864 till Oct. 1864
14. What effort did he make to return to his Command and how do you know? He was in no condition to try his wounds on long in healing
15. Was applicant captured as a prisoner? No If so, when and where?  
In what prison was he held? No and when released? He has never yet surrendered

Sworn to and subscribed before me, this the 6 day of Sept 1915 E. A. Shinn  
Ordinary,  
of Fulton County.

# AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

County.

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

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

Sworn to and subscribed before me, this the ..... day of ..... 191.....

Ordinary,  
of ..... County.

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

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

Sworn under my hand and official seal of office this ..... day of ..... 191.....

Ordinary,  
of ..... County.

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

Co. C, 2nd Va. Batta. Inf.

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

1913  
70  
3

Questions for Applicants to Answer.

STATE OF GEORGIA,

Fulton County,

I, William H. Bandy 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) William H. Bandy, Fulton Co., Ga.
2. How long and since when have you been a continuous resident citizen of this State? Since 1861
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? Yes, in the 2nd Va. Batta. Inf. Co. C.
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) Sept. 6, 1861, at Richmond, Va., in the 2nd Va. Batta. Inf. Co. C.
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) Sept. 6, 1861, to Sept. 6, 1862, at Richmond, Va.
6. When and where was your Company and Regiment surrendered or discharged from the Service? Sept. 6, 1862, at Richmond, Va.
7. Were you actually present with your Command when it was surrendered or discharged? Yes.
8. If you were not actually present, state specifically and clearly where you were, and when? Not present.
9. Where was your Command when you left it? At Richmond, Va.
10. When did you leave the Command? Sept. 6, 1862.
11. For what cause did you leave? Discharged.
12. By whose authority did you leave? By the authority of the commanding officer.
13. For how long was your leave granted? In what way? Not granted.
14. Why did you not return to your Command after leave expired? Not known.
15. In what way were you prevented? Not known.
16. What effort did you make to return? None.
17. Were you captured during the war? Yes.
18. If so, when, and where? In what prison were you held and when were you released? Not known.
19. What property of every description was owned, in the use, possession and control of yourself and its cash value on the 4 Nov. 1908? (Make list by items and value, and where situated.) None.
20. What property of any kind have you disposed of and for what purpose since 4 Nov. 1908. To whom and for what price? None.
21. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and its cash value? (Make itemized list.) None.
22. What annual or monthly income or earnings of yourself and the source derived have you? None.
23. Are you drawing a pension of any amount from this State or the United States? Yes.
24. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? Yes, before this application.

Sworn to and subscribed before me, this the

6 day of Sept. 1913

Adam R. Bandy

Ordinary

of Fulton

County.

Confederate  
Soldier's Application.

UNDER ACT 1910.

County Fulton  
Name William H. Bandy  
Company Co. C, 2nd Va. Batta. Inf.  
Regiment 2nd Va. Batta. Inf.

Approved

J. W. LINDSEY,  
Commissioner of Pensions

CLARK F. BIRRO, State Printer, ATLANTA

27-1913

# QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

Fulton

County,

E. A. Shiver of said State and County is hereby presented as a witness in support of the application of William S. E. E. E. 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. Shiver 70 1/2 Cooper St Atlanta Georgia
2. How long and since when have you known Quincy Jones the applicant? Twenty years
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? 155 Auburn Ave Atlanta Ga. He has always been a resident of 4 years past his surrender.
4. When, where and in what Company and Regiment did Wm S. E. E. E. enlist during war from 1861 to 1865? (Give date and place). Oct 1861 at Macon Georgia
5. How did you obtain your information of this Service? By being there myself, as I was a member of the same company
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) April 1861 till August 1864 when he was surrendered
7. When and where was his Command surrendered or discharged (give date and place). He was wounded and disabled at the 22 day's battle of Atlanta 22 Aug 64
8. Were you personally present at the Surrender? No. He disabled himself by wounds
9. If not, where were you and how came you there? I was assigned to Hospital duty as Chief Clerk at Macon Ga. Oct 1864
10. Was the applicant personally present with his Command at surrender? No. He was disabled
11. If not where was he and how came him there? He was wounded and was at home on Furlough when the Confederates went to prison
12. When did he leave his Command? 22<sup>nd</sup> of July 1864 Where was his Command when he left it? Near Atlanta for what cause did he leave? Badly wounded By whose authority did he leave? By authority of his Colonel Cooper and how long was he granted leave? Twenty days Furlough or the same How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically). From an acquaintance and association in person and personal of fully 70 years
13. In what way was he prevented from returning to his Command? Primarily because he was disabled by wounds How do you know? As from Oct 1861 till Oct 1864 I saw him almost daily
14. What effort did he make to return to his Command and how do you know? He was in no condition to try. His wounds are being curing
15. Was applicant captured as a prisoner? No If so, when and where? ----- In what prison was he held? ----- and when released? He was never captured

Sworn to and subscribed before me, this the

6 day of Sept 1911

E. A. Shiver

Ordinary,

of Fulton County.

# AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

County,

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

1. What property, if any, has been sold or given away by the applicant since Nov. 4, 1908? (State it fully by items.)

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

Sworn to and subscribed before me, this the ----- day of ----- 1911

Ordinary,

of ----- County.

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County,

I, ----- Ordinary of said County, certify that I know the applicant ----- for Pension is the person he represents himself to be and resides in said County. That I also know ----- the witness swearing to the

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

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

Sworn under my hand and official seal of office this ----- day of ----- 1911

Ordinary,

of ----- County.

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

NAME Le Conte, Wm. Louis YEAR 1910 COUNTY Fulton.

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

ENLISTED WHEN AND WHERE? 1861, Macon, Georgia.

RANK: Adj. 66th Georgia Regt.

COMPANY AND REGIMENT? Company Company G. 2nd Georgia Battn.  
promoted to Adj. 66th Georgia Inf.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? At Edgewood near Atlanta, Ga. in hip, and never able to  
rejoin Regt. Witness states:- July 22nd, 1864.

CAPTURED, WHEN AND WHERE?

RELEASED:

Command

WHEN AND WHERE SURRENDERED? / Edgewood, Georgia, near Atlanta, Ga.

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

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: E. A. Shiver,- Same command,- No data.

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: E. A. Shiver,-

Sade e. sand,-

No data.

eb



POWER OF ATTORNEY.

STATE OF GEORGIA,  
County. }

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

\_\_\_\_\_ of \_\_\_\_\_

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

\_\_\_\_\_ at \_\_\_\_\_ by \_\_\_\_\_

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 1897.

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

*Leeroy James M.*  
*Fulton Co.*  
No. *2291*

INDIGENT PENSION  
1897.

Name *James M. Leroy*  
County *Fulton Co.*

Approved *7/5* 1897.

WARRANT HANDED TO .

*appct*

EDD. V. BARNES, STATE PRINTER, ATLANTA.

*8/12/1897*

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

of \_\_\_\_\_

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

at \_\_\_\_\_

by \_\_\_\_\_

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 1897.

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

Leeroy James M.  
Fulton Co.  
No. 2291.

INDIGENT PENSION

1897.

James M. Leroy  
Fulton Co.

7/5

WARRANT HAVING BE

affekt

1897

Questions for Applicant.

STATE OF GEORGIA,

County.

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

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

James M. Leroy, Clara, Fulton Co., Ga.

2. Where did you reside on January 1st, 1894 and how long have you been a resident of this State?

Clara, Fulton Co., Ga. Since five years

3. When and where were you born?

Somewhere in 1836 near Hatter's Run, Va.

4. When and where and in what company and regiment did you enlist or serve?

August 1861 at Nashville, Ga. Co. "G", 3rd Ga. Regt.

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

Clara through to the surrender in 1865.

6. For how long a period did you discharge regular military duty?

nearly four years

7. When, where and under what circumstances were you discharged from service?

In Apr. 1865 at Appomattox.

8. What is your present occupation?

Planting

9. How much can you earn (gross) per annum by your own exertions or labor?

about \$40

10. What has been your occupation since 1865?

Working in cotton mill

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

poverty," second "infirmary and poverty" or third "blindness and poverty" both blind and

12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If

upon the third state whether you are totally blind and when and where you lost your sight?

I was wounded four times, once in the head causing loss of sight, and the other times, of the left hand, wrist in left side, and bullet in right leg below knee. The eye & the bullet in the head are always

13. What property, effects or income do you possess and its gross value?

None.

14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same?

None.

15. In what County did you reside during those years and what property did you then return for taxation?

Fulton County. None

16. How were you supported during the years 1895 and 1896?

My labor & that of my two little children.

17. How much did you support cost for each of these years, and what portion did you contribute thereto by your own labor or income?

probably \$30 - about \$40

18. What was your employment during 1895 and 1896? What pay did you receive in each year?

Worked in cotton mill a little, and made in the

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

Yes & four children, the & two oldest children.

20. Are you receiving any pension, if so what amount and for what disability?

to Homestead.

None, James M. Leroy

Sworn to and subscribed before me this the

5th day of June 1897.

Applicant.

Witness

Ordinary.

of Fulton County.

Feared did not send \$40, per books then.



# POWER OF ATTORNEY.

State of Georgia,

County.

hereby authorize

of

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

by

at

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

day of 1898.

[L. S.]

Executed in presence of

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, hereby authorize

of

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

at

by

WITNESS my hand and seal, this day of 1907.

[L. S.]

Executed in presence of

*George J. M. Hulton Co.*

(For Those Already Enrolled.)

No. 392

INDIGENT

SOLDIER'S PENSION,

1898.

Name *John W. Lindsey*

County *Frederick*

WARRANT ISSUED

*442* 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

*Apfel*

SEC. W. HARRISON, STATE PRINTER, ATLANTA.

*W. S. Linton*

*George J. M. Hulton Co.*

Once Enrolled (See)

(FOR THOSE ALREADY ENROLLED)

No. 131

INDIGENT

SOLDIER'S PENSION

1907.

Name *J. M. Hulton*

County *Frederick*

Co. *3rd* Regiment *3rd*

WARRANT ISSUED

*442* 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

*Apfel*

SEC. W. HARRISON, STATE PRINTER, ATLANTA.

*W. S. Linton*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County,

Personally appears J. M. Leeroy 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 12th day of Jan 1893; that he is 68 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 years in Company 2, of 3 th Regiment of Georgia; that his physical condition is as follows:

Loss of left eye & little finger -  
remains in risk of loss

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this, the 12th day of Jan 1898.

James M. Leeroy  
Ordinary.

State of Georgia,

Fulton County,

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

Given under my official signature and seal, this 12th day of Jan 1898.



Ordinary Fulton County.

NOTE.—The blank spaces must be filled.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

County,

Personally appears J. M. Leeroy 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 12th day of Jan 1893; that he is \_\_\_\_\_ years old and by occupation a \_\_\_\_\_, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 years in Company 2, of \_\_\_\_\_ th Regiment of Georgia; that his physical condition is as follows: Loss of left eye & little finger

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 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.

J. M. Leeroy  
John R. Williams Ordinary.

State of Georgia,

County.

I, J. R. Williams Ordinary of said County,

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

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



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

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

of

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

at

by

Witness my hand and seal this

day of

1899.

Executed in presence of

(L. S.)

CODE SEC. 1264.

(For Those Already Enrolled.)

No. 571

INDIGENT

SOLDIER'S PENSION,

1899.

Name

County

WARRANT ISSUED

1899

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Atlanta

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

of

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

at

by

Witness my hand and seal, this

day of

1900.

Executed in presence of

[L. S.]

CODE SEC. 1264.

(For Those Already Enrolled.)

No. 454

INDIGENT

SOLDIER'S PENSION,

1900.

Name

County

WARRANT ISSUED

1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Atlanta

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

FULTON County.

Personally appears J. M. Leeroy 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 69 years old and by occupation a Printer; that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served for the term of 4 years in Company 2, of 3 th Regiment of Ga.; that his physical condition is as follows:

Loss of left eye & old age

that his property consists of the following items \_\_\_\_\_

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

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

Sworn to and subscribed before me, this, \_\_\_\_\_

day of Jan 1899.

Ordinary.

State of Georgia,

FULTON

County.

I, W. H. HULSEY, Ordinary of said County, do certify that I am well acquainted with J. M. Leeroy 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 1899.



Ordinary FULTON

County.

NOTE.—The blank spaces must be filled.  
NOTE.—A Affidavit should not be attested before January 1st, 1899.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

FULTON County.

Personally appears J. M. Leeroy 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 70 years old and by occupation a Printer; that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served for the term of 4 years in Company 2, of 3 th Regiment of Ga.; that his physical condition is as follows:

Loss of left eye & General debility

that his property consists of the following items \_\_\_\_\_

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

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

Sworn to and subscribed before me, this, \_\_\_\_\_

day of Jan 1900.

Ordinary.

State of Georgia,

FULTON

County.

I, W. H. HULSEY, Ordinary of said County, do certify that I am well acquainted with J. M. Leeroy 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 1900.



Ordinary FULTON

County.

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

\_\_\_\_\_ of

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

\_\_\_\_\_ at

by \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1901.

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

Executed in presence of

*L. W. Lindsey*  
*Com. of Pension*

CODE SECTION 124.  
(For Those Already Enrolled.)

No. *396*

INDIGENT  
SOLDIER'S PENSION.  
1901.

Name \_\_\_\_\_

County \_\_\_\_\_

WARRANT ISSUED \_\_\_\_\_ 1901.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

\_\_\_\_\_  
Geo. W. Harrison, State Printer, Atlanta.

*11/10/01*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Dutton County.

Personally appears J. M. LeCroy of Dutton 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 18<sup>th</sup> of June 1833 that he is 71 years old and by occupation a farmer that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 yrs in Company E of 58th Regiment of Georgia; that his physical condition is as follows: Loss of eye  
General debility

that his property consists of the following items

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

Deponent desires to participate in the benefits of the Act, approved December 16th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of Dutton county been allowed a pension for the year 1900

Sworn to and subscribed before me, this the 16 day of January 1901. J. M. LeCroy Ordinary.

STATE OF GEORGIA,

Dutton County.

I, W. H. Wilkinson Ordinary of said County, do certify that I am well acquainted with J. M. LeCroy 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 16 day of January 1901. W. H. Wilkinson Ordinary - Dutton County.



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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

of \_\_\_\_\_

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

at \_\_\_\_\_

by \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1902.

[ L. S. ]

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

*Secretary of M.*  
*Fulton Co*

COUS HARRISON 214.  
( FOR THOSE ALREADY ENROLLED. )  
No. *183*

**INDIGENT  
SOLDIER'S PENSION  
1902.**

Name *John W. Lindsey*  
County *Fulton*  
Co. *2* Regiment *3d*

WARRANT ISSUED  
*477* 1902.

JOHN W. LINDSEY,  
Comptroller of Pension.

WARRANT HANDED TO  
*W. H. Harrison*

John W. Harrison, Cashier, Atlanta.

*Not date*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County, }  
Personally appears J. M. Leary 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 23 day of October 1873; that he is 72 years old and by occupation a Redder of wood that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 4 yrs in Company L, of 5th Regiment of Ga; that his physical condition is as follows: Lost left eye Gene debility

that his property consists of the following items

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

Deponent desires to participate in the benefits of the Act, approved December 16th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore been a resident of Fulton county been allowed a pension for the year 1901

Sworn to and subscribed before me, this the 10 day of October 1902.  
John H. Wilkinson Ordinary.

STATE OF GEORGIA,

Fulton County. }

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

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

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



Ordinary Fulton County.

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

of \_\_\_\_\_

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

at \_\_\_\_\_

by \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1903.

Executed in presence of \_\_\_\_\_ [L. S.]

Secray, J. M.  
Fulton Co. Ga.

CODE SECTION 1284.

(FOR THOSE ALREADY ENROLLED.)

No. 86

INDIGENT

SOLDIER'S PENSION  
1903.

Name

J. M. Secray

County

Fulton

Co. 2nd

Regiment

WARRANT ISSUED

1/20 1903.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

1/24

Geo. Harrison, State Printer, Atlanta.

no data

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

of \_\_\_\_\_

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

at \_\_\_\_\_

by \_\_\_\_\_

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

Executed in the presence of \_\_\_\_\_ [L. S.]

Secray, J. M.  
Fulton Co. Ga.

CODE SECTION 1284.

(FOR THOSE ALREADY ENROLLED.)

No. 106

INDIGENT

SOLDIER'S PENSION  
1904.

Name

J. M. Secray

County

Fulton

Co. 2nd

Regiment

WARRANT ISSUED

1/20 1904.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

1/24

Geo. W. Harrison, State Printer, Atlanta.

no data

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Buttontown. County.

Personally appears J M Leary of Buttontown 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 73 years old and by occupation a Peckler, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 yrs in Company L, of 3rd Regiment of Inf; that his physical condition is as follows: I + P

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 11th day of JAN. 1903.

Ordinary.

STATE OF GEORGIA,

County.

I, J M Leary Ordinary of said County, do certify that I am well acquainted with J M Leary 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.

J M Leary Ordinary.

County.

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



# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Buttontown. County.

Personally appears J M Leary of Buttontown 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 Peckler, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 yrs in Company L, of 3rd Regiment of Inf; that his physical condition is as follows: Infirm

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 Buttontown County been allowed a pension for the year 1

Sworn to and subscribed before me, this the 11th day of JAN. 1904.

Ordinary.

STATE OF GEORGIA,

County.

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

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

J M Leary Ordinary.

County.

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



# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

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

of \_\_\_\_\_

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

at \_\_\_\_\_

by \_\_\_\_\_

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

[L. S.]

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

OUR SECTION 134.  
(FOR THOSE ALREADY ENROLLED.)

No. 40

## INDIGENT SOLDIER'S PENSION 1905.

Name J. M. Geary  
County Wilkes  
Co. L Regiment 3rd Cav.

WARRANT ISSUED

118 1905.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

C. H. H.  
THE FARMER, PRINTING AND PUBLISHING CO., ATLANTA, GA.

no date

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

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

of \_\_\_\_\_

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

at \_\_\_\_\_

by \_\_\_\_\_

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

[L. S.]

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

OUR SECTION 134.  
(FOR THOSE ALREADY ENROLLED.)

No. 120

## INDIGENT SOLDIER'S PENSION 1906.

Name J. M. Geary  
County Wilkes  
Co. L Regiment 3rd Cav.

WARRANT ISSUED

117 1906.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

C. H. H.  
THE FARMER, PRINTING AND PUBLISHING CO., ATLANTA, GA.

no date

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears J. M. Secoy of Fulton County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the 1st day of Feb 1868; that he is 38 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 yrs in Company E, of 3rd Regiment of Cal; that his physical condition is as follows: Age and poverty

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 1st day of Jan 1905.

Ordinary. J. M. Secoy

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this 1st day of Jan 1905.

Ordinary. J. M. Secoy County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1905.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton County.

Personally appears J. M. Secoy of Fulton County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the 1st day of Feb 1868; that he is 38 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 yrs in Company E, of 3rd Regiment of Cal; that his physical condition is as follows: Age and poverty

that his property consists of the following items:

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

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

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

Ordinary. J. M. Secoy

State of Georgia,

Fulton County.

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

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

Ordinary. J. M. Secoy County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1905.

JWE

BURIED.

WITNESSES.

George W. English, served in army with applicant-- No data.

JWT

POWER OF ATTORNEY.

STATE OF GEORGIA,

Wilkes County.

I, William Lindsey, hereby authorize  
John W. Lindsey of Wilkes County, Ga.  
to receive and receipt for the pension paid hereon, and request that he remit same to  
John W. Lindsey at Wilkes County, Ga.  
In Witness Whereof, I have hereunto set my hand and seal, this 13th  
day of December, 1903.

Executed in the presence of

St. John

William Lindsey [L.S.]

Lindsey, William  
Fulton Co.  
To Those Heretofore Paid.  
From July 1st to Dec 31st  
**1903.**

No. 1180.

**INDIGENT  
WIDOW'S PENSION,**

For year ending Dec. 31, 1903.

PAID TO

Mrs. Catharine Lindsey

OF

Fulton County,

Widow of

Co. \_\_\_\_\_ Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

**WARRANT ISSUED**

1903

AND HANDLED TO

John W. Lindsey

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Fulton County.

I, Caroline L. L. L., hereby authorize  
Wm. H. Wright of Fulton County Ga  
to receive and receipt for the pension paid hereon, and request that he remit same to  
Wm. H. Wright at Commissioner's Office  
Ga. In Witness Whereof, I have hereunto set my hand and seal, this 18  
day of January 1903.

Caroline L. L. L. [L. S.]

Executed in the presence of

H. H. Jones

Caroline L. L. L.  
Wm. H. Wright  
1903.

No. 1180.  
**INDIGENT**  
**WIDOW'S PENSION,**  
For year ending Dec. 31, 1903.

PAID TO  
Wm. H. Wright  
OF  
Fulton County,  
Widow of  
Co. \_\_\_\_\_ Regiment \_\_\_\_\_

JOHN W. LINDSEY,  
Commissioner of Pensions.  
**WARRANT ISSUED**  
1/16 1903  
AND MAILED TO  
Wm. H. Wright

U.S. W. LINDSEY, 1903

## FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

PERSONALLY COMES MRS.

County of Forsyth,Catharine Sedbetterwho, being sworn, says on oath, that she is a bona fide resident of said County of Forsyth State of Georgia, and that she has RESIDED in said Statecontinuously ever since she was born That she is the Widow ofWilliam Sedbetter who was a soldier in Company 18,Quinn Co. of the 18 Regiment of 4th Vol.Volunteers, that he enlisted in said regiment on or about the month of July1861, and served in the Army up to 1865 That he diedon the 22 day of June 1877in Forsyth County Ga.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18 about fifty years ago don't remember the precise year

I have been allowed an indigent pension as a resident of Forsyth County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me,  
this 18 day of February 1903.  
H. H. Jones Ordinary.

Catharine Sedbetter  
Post Office Columbus Ga.

State of Georgia,

County of Forsyth,I, H. H. Jones

Ordinary of said County, certify that I am well

acquainted with Mrs. Catharine 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 her birthday of 60 odd years ago 1818Given under my official signature and seal, this the 13 day of February 1903.

Official  
Seal.

H. H. Jones  
Ordinary of Forsyth County.

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

County. ) Ordinary of said County, certify that I am well  
acquainted with Mrs. Catharine Redbetter, 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 her birth  
day of 60 one June 18 18\_\_

Given under my official signature and seal, this the 13 day of January 1908.



W. H. Jones  
Ordinary of Forrest County.

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 provided, the following suggestions are submitted:

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

2. The law makes no allowance for a crippled *hand*, nor for a crippled foot, nor 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 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 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 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.

*Fulton* County.

PERSONALLY appears *Daniel Ledbetter* of *Fulton* county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such since *his birth* 18...; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *H*, of *18th* Regiment of *Georgia* Volunteers, *Hood's* Brigade; that whilst engaged in such military service, at the battle of *2nd Manassas* in the State of *Virginia*, on the day of *22 August* 1862, he was wounded as follows: *The ball entering the body under the left shoulder blade, passing through the left lung and out in front making perforation of the lung, & that said wound renders him permanently incapacitated for the proper service of any of the ordinary industrial occupations of life*

Deponent desires to participate in the benefits of the Act, approved October 23, 1887, and makes application for the allowance to which he is entitled thereunder.

Sworn to and subscribed before me this *1st* day of *October* 188*7* *Daniel Ledbetter*  
*W. G. Manning Not Pub. Fulton Ga.*

Note.—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.

*Fulton* County.

PERSONALLY came before me *E. J. Roach* of the county of *Fulton* State of Georgia, who, being duly sworn, says that he was a commissioned officer in *Company* *H* *18th* Regiment of *Georgia* Volunteers, and that deponent knows *Daniel Ledbetter*, 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 *Ledbetter*, as stated by him in said affidavit. Deponent further states that said *Ledbetter* is a *bona fide* citizen of this State and resides in *Fulton* county.

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.

## Application for Allowance

FOR

*Civil Disability - very wound*  
*Applicant Daniel Ledbetter*  
*County Fulton*

Amount *20.*

Date of Warrant *Oct. 2/88*  
Entered on Record. *Oct 2 1888*

SECRETARY EXECUTIVE DEPARTMENT

*W. G. Manning*  
*Not Pub. Fulton Ga.*

STATE OF GEORGIA,

County.

PERSONALLY came

citizens of

county, in said State,

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

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

Sworn to and subscribed before me, this

day of

188

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

STATE OF GEORGIA,

Fulton

County.

PERSONALLY comes before me

*H. A. Manning, J.P.E. & J. D. Hart*

Ordinary of said county.

*W. M. Durham* and *G. W. Dalrymple*, both known to

me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *Nathan Robertson*

and after such examination say that

the applicant has been injured as follows: *Dislocating his body under the left shoulder blade passing through the left lung & trunk in front causing obliteration of the lung through the wound to the base of the chest thereby permanently rendering him incompetent for the performance of any of the ordinary manual avocations of life.*

Sworn to and subscribed before me, this

2<sup>nd</sup> day of Oct

188

*H. A. Manning*  
*J. D. Hart*

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

STATE OF GEORGIA,

Fulton County.

I,

*W. L. Seallum*

Ordinary of said county,

do certify that I am well acquainted with *Daniel L. Latham* 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 *A. D. Manning* before whom the foregoing affidavits were made and power of attorney was signed, is a *J. P. Hart* of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 2<sup>nd</sup> day of October 188

*W. L. Seallum*  
Ordinary Fulton County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all men by these presents, That I

of

county, in said State, do hereby appoint

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

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

day of

188

Executed in the presence of us:

(L. S.)

# STATE OF GEORGIA.

*Fulton* County.  
PERSONALLY appears *Amos Redburn* of *Fulton* county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continuously since the day of *Dec* 1861; 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 *11*, of *18th* Regiment of *Georgia* Volunteers *Wofford's* Brigade; that whilst engaged in such military service, at the battle of *Manassas* in the State of *Virginia*, on the day of *August* 1861 he was wounded as follows: *by being shot through the left lung with an entrance of said wound his breath is so short that he is unable to perform manual labor.*

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 *6th* day of *July* 1889 *Daniel Ledbetter*  
*A. P. Manning* N. P. & Co.

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.

*Hall* County.  
PERSONALLY comes before me *Dr. L. S. Jackson* Ordinary of said county, *Dr. C. E. Murphy* and *Dr. J. O. Davis*, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *Daniel Ledbetter* and after such examination say that the applicant has been injured as follows: *Entr. shot passing through the lower lobe of the left lung which causes shortness of breath and almost constant pain in the chest.*

Sworn to and subscribed before me, this the *6th* day of *July* 1889 *A. O. Davis M.D.*  
*C. E. Murphy M.D.*  
*L. S. Jackson* 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.

## APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCT. 26, 1889.

*General Ledbetter*  
*Applicant Daniel Ledbetter*  
*Fulton*  
Amount *50*  
Date of Warrant *July 6 1889*  
Entered on Record *July 6 1889*  
*D. P. Manning*  
*Applicant*

*Ledbetter, Daniel*

*Nov 1891*

*Secretary*  
*Fulton*  
No. *122*

STATE OF GEORGIA.

Hull County.

I, Dr. L. L. Loccum Ordinary of said county, do certify that I am well acquainted with Thomas L. Loccum, 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: Dr. O. Harms and L. E. Murphy

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

I further certify that Dr. A. McConny before whom the foregoing affidavits were made and power of attorney was signed, is an MD. Gross J. P. of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 6<sup>th</sup> day of February 1889  
Dr. L. Loccum

Ordinary Hull County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Hull County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

county, in said State, do hereby appoint

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

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

day of 1889

(L. S.)

Executed in the presence of us:

DIRECTION:

Send money to me as follows, by

to

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 rendered *substantially and essentially useless*.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."
5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
6. If papers are returned for correction, and amendments are *added* to any of the affidavits, the amendments must be made *under oath* before an officer, and the proofs must show that the amendments have been duly sworn to.
7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

STATE OF GEORGIA,

*Fuller* County.

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

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

Given under my official signature and seal, this *4<sup>th</sup>* day of *February* 189*0*

*W. L. Leachman*  
Ordinary *Fuller* County.

STATE OF GEORGIA,

*Fuller* County.

I, *W. L. Leachman* Ordinary of said County, do certify that I am well acquainted with *Daniel Ledbetter* 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 *5<sup>th</sup>* day of *February* 189*1*

*W. L. Leachman*  
Ordinary *Fuller* County.

APPLICATION FOR ALLOWANCE.

No. *111*.

FOR THE DEEDS OFFICE IN THE

*Dec. 4, 1890*

Applicant, *Daniel Ledbetter*

County, *Fuller*

Amount, *50.*

Date of warrant, *Feb. 4*

Entered on record

*Feb. 11* 189*0*

*W. L. H. H.*

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

*Applicant*

APPLICATION FOR ALLOWANCE

No. *27*

FOR THE DEEDS OFFICE IN THE

*Dec. 4, 1890*

Applicant, *Daniel Ledbetter*

County, *Fuller*

Amount, *50.*

Date of Warrant, *Feb. 3*

Entered on record

*Feb. 3* 189*1*

*W. L. H. H.*

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

*Applicant*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fuller* County.

PERSONALLY appears *Daniel Geddes* of *Fuller* county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since *the* *first* day of

*1861*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *K*, of *18*th Regiment of *Georgia* Volunteers *Wood*'s Brigade; that whilst engaged in such military service, at the battle of *2nd Manassas* in the State of *Virginia*, on the *28*th day of *August* *1861*, he was wounded as follows: *gun shot wound through the left thigh rendering him incapable of performing manual labor & as he was carrying him to his bed*

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

Sworn to and subscribed before me, this *4*th day of *February* *1890*, *Daniel Geddes*

*M. L. Galloway*  
Notary Public for the State of Georgia.

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

*Fuller* County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

county, in said State, do hereby appoint

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

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

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fuller* County.

PERSONALLY appears *Daniel Geddes* of *Fuller* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since *the* *first* day of

*1861*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *K*, of *18*th Regiment of *Georgia* Volunteers *Wood*'s Brigade; that whilst engaged in such military service at the battle of *2nd Manassas* in the State of *Virginia*, on the *28*th day of *August* *1861*, he was wounded as follows: *gun shot wound through the left thigh rendering him incapable of performing manual labor & as he was carrying him to his bed*

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

*Five* dollars, for *1890*

Sworn to and subscribed before me, this *4*th day of *February* *1891*, *Daniel Geddes*

*M. L. Galloway*  
Notary Public for the State of Georgia.

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

*Fuller* County.

Know all Men by these Presents, That I,

of *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 *4*th day of *February* *1891*

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

day of \_\_\_\_\_ 189  
Executed in the presence of us : \_\_\_\_\_ [L. S.]  
Send money to me as follows, by \_\_\_\_\_  
to \_\_\_\_\_ P. O.  
County, Georgia.

day of \_\_\_\_\_ 1891.  
Executed in the presence of us : \_\_\_\_\_ [L. S.]  
Send money to me as follows, by \_\_\_\_\_  
to \_\_\_\_\_ P. O.  
County, Georgia.

Audited Feb. 6<sup>th</sup> 1889.  
Wm. Amigher  
COMPTROLLER GENERAL

*Julitor*  
Maimed Soldiers.  
Voucher No. 122  
Amount \$ 50  
Paid to Paul Ledbetter  
For Gen. Disability  
from body maimed  
July 6, 1889.

Included in Warrant No.  
issued to Treasurer.

1889.

WARRANT CLERK

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

*Applicant*

Audited \_\_\_\_\_ 18  
COMPTROLLER GENERAL

Maimed Soldiers.  
Voucher No. 111  
Amount \$ 50  
Paid Paul Ledbetter  
For Disability body  
maimed  
July 4 1890

Included in warrant No.  
issued to Treasurer.

18

WARRANT CLERK

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

*Applicant*

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

No. 122

Atlanta, Ga. Feby 6 1889

Mr. Daniel Ledbetter of the County  
of Fulton having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

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

General disability by wound.  
He is entitled to receive the sum of Fifty + 00/100 Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty + 00/100

per above voucher, this

of

Feb. 6 1889  
Daniel Ledbetter

Dollars,

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

No. 111

Atlanta, Ga. Feby 4 1890

Mr. Daniel Ledbetter of the County  
of Fulton having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

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

Disabled by body wound.  
He is entitled to receive the sum of Fifty + 00/100 Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1890.

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

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty + 00/100

per above voucher, this

of

Feb. 4 1890  
Daniel Ledbetter

Dollars,

Daniel Ledbetter

Ledbetter, Daniel  
Fulton

1891.

Maimed Soldiers.

Audited, 1891.

COMPTROLLER GENERAL.

Voucher No. 27

Amount \$ 50

Paid to Daniel Ledbetter

For Dr. by body

July 3 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Applicant

1891.

No. 27

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

Atlanta, Ga. July 3 1891.

Mr. Daniel Ledbetter of the County of Fulton

having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

Disability by his record He is entitled to receive the sum of \_\_\_\_\_ Dollars

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

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



H. J. Henderson.  
GOVERNOR.

By the Governor.

W. N. Harrison  
SECY EXECUTIVE DEPARTMENT.

\$50

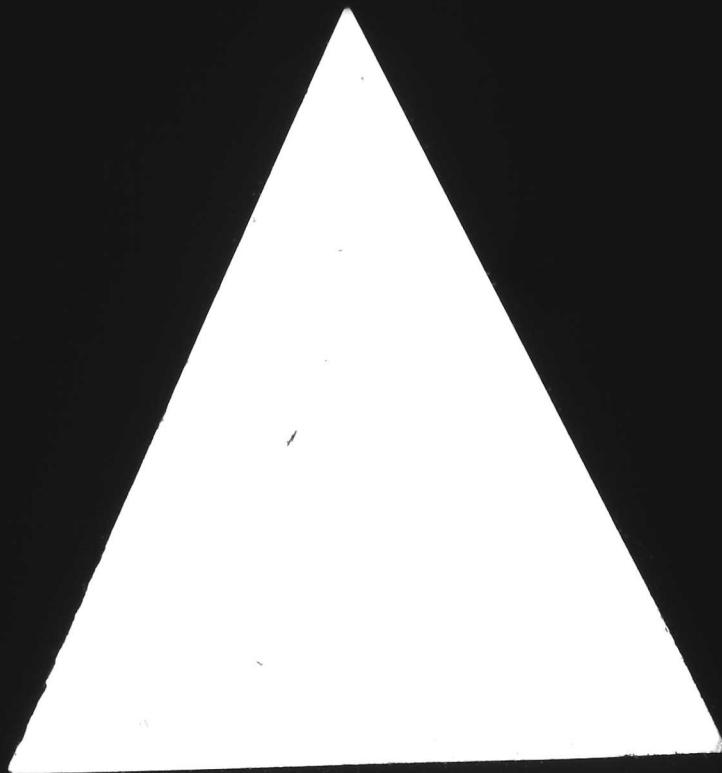
RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.

Fifty 00/100 Dollars,  
per above voucher, this 3 of July 1891.

Daniel Ledbetter

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

*Fifty 00/100* Dollars,  
per above voucher, this *3* of *July* 1891.  
*Danick Ledbetter*



POWER OF ATTORNEY.

State of Georgia.

Shulton County.

I, A. H. Lee hereby authorize

John W. Nelson of Shulton County Ga

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

at his home no 5 Abbott street Atlanta Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1<sup>st</sup>

day of Jan 1898.

A. H. Lee [L. S.]

Executed in presence of

Wm. Lee  
Carney

Lee, A. H.

Shulton

NOT OF 13 DEC., 1904.

(For Those Already Enrolled.)

NO. 1003

In Number 1299

INDIGENT  
SOLDIER'S PENSION,  
1898.

Name A. H. Lee  
County Shulton

WARRANT ISSUED

1/15

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

John W. Nelson

REG. W. HARRISON, STATE PRINTER, ATLANTA

No data

# POWER OF ATTORNEY

State of Georgia,

*Fulton* County.

I, *A. H. Lee* hereby authorize  
*John W. Mims* of *Fulton County Ga*

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

*me.* by  
at *his home no 5 Abbott Street Atlanta Ga*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *12*

day of *Jan* 1898.

[L. S.]

Executed in presence of

*John W. Mims*  
*John W. Mims*

(For These Already Enrolled.)

AGE OF 18 SEP. 1891

NO. *1003*  
*John W. Mims* 1899

INDIGENT

SOLDIER'S PENSION,  
1898.

Name *A. H. Lee*  
County *Fulton*

WARRANT ISSUED

*1/5* 1898.

RICHARD JOHNSON,  
Commissioner of Pensions

WARRANT HANDLED TO

*John W. Mims*  
Geo. W. Harrison, State Printer, Atlanta

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Fulton* County.

I, *A. H. Lee* hereby authorize *Dr. W. M. Adams* of *Atlanta Ga*

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

by \_\_\_\_\_ at \_\_\_\_\_

Witness my hand and seal, this *15* day of *Jan* 1902.

*A. H. Lee* [L. S.]

Executed in presence of

*John W. Mims*  
*John W. Mims*

See, A. H.

*Fulton G.* 3  
CODE SENTOS 1891  
(FOR THOSE ALREADY ENROLLED.)

No. *473*

*From Feb 1901*  
INDIGENT

SOLDIER'S PENSION  
1902.

Name *A. H. Lee*  
County *Fulton*  
Co. *H. 3* Regiment *6th Reg.*

WARRANT ISSUED

*1/5* 1902.

JOHN W. LINDSEY,  
Commissioner of Pensions

WARRANT HANDLED TO

*Adams*

Geo. W. Harrison, State Printer, Atlanta

*John W. Mims*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Hulton* County.

Personally appears

*A. H. Lee* of *Hulton*

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* 18*25*; that he is *73* years old and by occupation a *nothing*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *three years* Company *36* of *3*<sup>rd</sup> Regiment of *Georgia*; that his physical condition is as follows: *weak and feeble*

that his property consists of the following items

*none*

of the value of *nothing* 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 *Hulton* county been allowed a pension for the year 1897

Sworn to and subscribed before me, this, the

*12* day of *Jan*, 1898.

Ordinary, *A. H. Lee*

State of Georgia,

*Hulton* County.

I, *William H. Hulsey* Ordinary of said County,

do certify that I am well acquainted with *A. H. 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

*12* day of *Jan*, 1898.

Ordinary *William H. Hulsey* County.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Fulton* County.

Personally appears

*A. H. Lee* of *Fulton* <sup>formerly of *Bibb*</sup>

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *15* day of *his birth* 18*25*; that he is *73* years old and by occupation a *nothing* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *4 years* in Company *H* of *3*<sup>rd</sup> Regiment of *Georgia* *Vol's*; that his physical condition is as follows: *Paralyzed & old age*

that his property consists of the following items

*none*

of the value of *00* 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 *Bibb* county been allowed a pension for the year 1901

Sworn to and subscribed before me, this the

*15* day of *Jan*, 1902.

*John R. Wrennison* Ordinary.

STATE OF GEORGIA,

*Fulton* County.

I, *John R. Wrennison* Ordinary of said County,

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

Given under my official signature and seal, this

*15* day of *Jan*, 1902.

Ordinary *John R. Wrennison* County.

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



None - The blank spaces must be filled.

I, Ordinary of said County,  
do certify that I am well acquainted with A. H. 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 12  
day of January 1898.



Ordinary W. M. Wiley County.

Note.—The blank spaces must be filled.

do certify that I am well acquainted with 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 15  
day of January 1902.



Ordinary John P. Wilkinson County.

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



CHARLES M. WILEY,  
ORDINARY

State of Georgia,

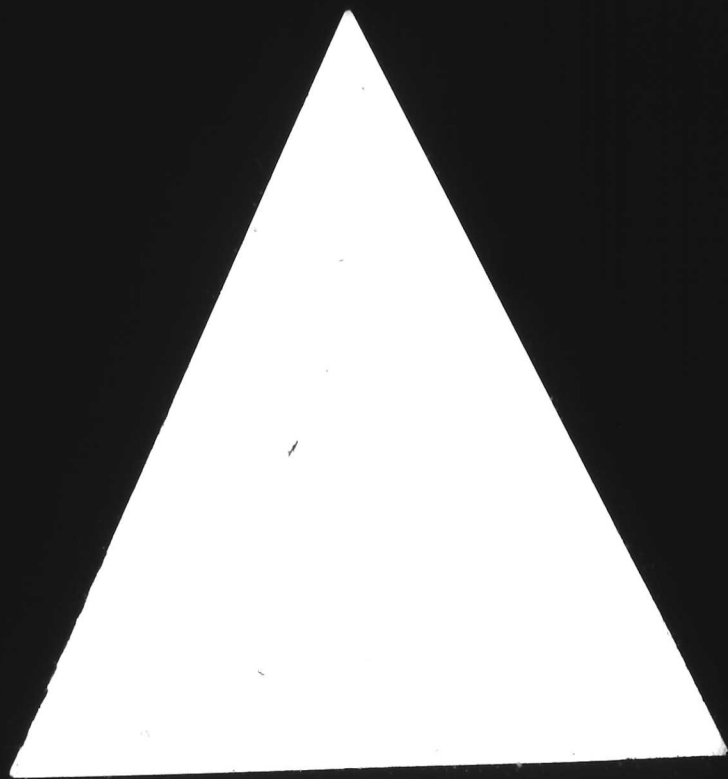
Bibb County.

Office of Ordinary.

Macon, Georgia,

190

Georgia,  
Bibb County. I, Ordinary of said County  
do hereby cer-  
tify that Augustus A. Lee did an indigent  
pauper for the sum of Sixty dollars and a  
resident of Bibb Co., Ga., for the year 1901.  
W. M. Wiley  
Ordinary Bibb Co., Ga.



# NOTES.

In order to avoid unnecessary delay to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, and of the rules adopted by the Government relating 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 of the applicant during the service, a full and carefully stated history of the progress of the disease contracted in the service, and the manner in which the applicant has been rendered substantially unable to perform the duties of 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 rendered absolutely and essentially useless.
4. If the application is for a wound, e.g., 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 loss is not "substantially and essentially useless."
5. If ~~the~~ are returned for correction, and amendments are added to any of the affidavits, the amendments duly sworn to, *with* before an officer, and the proofs must show that the amendments have been duly sworn to.
6. Every application must be certified by the ordinary of the county of the residence of the applicant. The ordinary of the several counties are specially requested to call the attention of the physicians and applicants to these points.

*Lee, Charles J.*  
*Fulton Co.*

No. *2110*

## APPLICATION FOR ALLOWANCE.

FOR

*Right of Decided*  
Applicant, *Charles J. Lee*  
County *Fulton*

Amount *50*

Date of Warrant *May 1/89*

Entered on record *May 1* - *1889*  
*J. H. H.*

SECRETARY EXECUTIVE DEPARTMENT.

*Applicant*

## NOTES.

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

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

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

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

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

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

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

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

## For Use of Applicants Who Have not Heretofore Drawn.

### STATE OF GEORGIA,

PERSONALLY appears *Chas Lee* of *Gulton* 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 *February* day of *February* 1880; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *D* of *9th* Regiment of *Virginia* Volunteers *Carly's* Brigade; that whilst engaged in such military service, at the battle of *Manassas* in the State of *Virginia*, on the *21st* day of *July* 1861, he was wounded as follows: *Shot through right thigh near knee joint. Thigh bone broken off, and as a result, shattered as to render the knee joint stiff, and the leg about three (3) inches shorter than the right leg. The leg is still covered and useless for ordinary purposes, and becomes quite painful when I touch it.*

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 thereunder for the year ending October 26, 1889.

Sworn to and subscribed before me, this *8th* day of *February* 1889.

*W. L. Wallace*

NOTE.—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,

*Giles* County.

PERSONALLY came before me *Thomas S Taylor* of the county of *Giles* State of *Georgia*, who, being duly sworn, says that he was a commissioned officer in Company *D* of *Seventh* Regiment of *Virginia* Volunteers, and that deponent knows *Chas Lee*, 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 *Chas Lee* as stated by him in said affidavit. Deponent further states that said *Chas Lee* is a bona fide citizen of this State and resides in *Gulton* county.

*T. S. Taylor*

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

The foregoing Affidavit of T. S. Taylor was subscribed & sworn to in open Court this 17th day of April 1889.

*W. L. Wallace*

### APPLICATION FOR ALLOWANCE.

FOR

*Right leg disabled*

*Applicant, Chas Lee*

*Gulton* County

Amount *50*

Date of Warrant *May 1889*

Entered on record *May 1 1889*

*W. L. Wallace*

SECRETARY EXECUTIVE DEPARTMENT.

*Applicant*

STATE OF GEORGIA,

County.

PERSONALLY came

citizens of \_\_\_\_\_ county, in said State,  
who, being duly sworn, say that they are acquainted with

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

Sworn to and subscribed before me, this \_\_\_\_\_  
day of \_\_\_\_\_ 1888

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

STATE OF GEORGIA,

Fulton County.

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

*J. D. Loarler* and *J. E. Collier*, both known to  
me as reputable physicians of said county, who, being severally sworn, say on oath that  
they have carefully examined *Charles J. Lee* and after such  
examination say that the applicant has been injured as follows: *Shot through the  
right leg above knee joint. Part of the bone was shot away, and part of  
the bone has been removed. The bone was badly shattered, inflammation  
was set up, and osteomyelitis resulted. The wound never healed  
until a few years ago. The leg is three (3) inches shorter than  
the left one, and very weak and painful. He is compelled to  
use a stick in walking, and his leg is substantially and  
essentially useless.*

Sworn to and subscribed before me, this \_\_\_\_\_  
8th day of February 1889

*W. L. Bachman*  
ORDINARY.

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

STATE OF GEORGIA,

Fulton County.

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

do certify that I am well acquainted with *Charles 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 signa-  
tures thereto are genuine.

Given under my official signature and seal, this 10th day of May 1889

*W. L. Bachman*  
Ordinary Fulton County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of

county, in said State, do hereby appoint

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

In witness whereof I have hereunto set my hand and seal, this \_\_\_\_\_

day of \_\_\_\_\_ 1888

Executed in the presence of us: \_\_\_\_\_

(L. S.)

STATE OF GEORGIA,

*Fulton* County.

I, *W. R. Latham* Ordinary of said county, do certify that I am well acquainted with *Chas. 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 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 *15<sup>th</sup>* day of *April* 189*2*

*W. R. Latham*  
Ordinary *Fulton* County.

STATE OF GEORGIA,

*Fulton* County.

I, *W. R. Latham* Ordinary of said County, do certify that I am well acquainted with *Chas. 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 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<sup>th</sup>* day of *Feb* 189*1*.

*W. R. Latham*  
Ordinary *Fulton* County.

APPLICATION FOR ALLOWANCE.

No. *2141*

FOR THE YEAR ENDING OCTOBER 31, 1891.

*Chas. J. Lee*  
Applicant, *Chas. J. Lee*  
County, *Fulton*  
Amount, *\$50*  
Date of warrant, *April 15*

Entered on record  
*April 15* 189*2*

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT FORWARDED TO

*Applicant*

Application for Allowance

No. *81*

FOR THE YEAR ENDING OCTOBER 31, 1891.

*Chas. J. Lee*  
Applicant, *Chas. J. Lee*  
County, *Fulton*  
Amount, *\$50.00*  
Date of Warrant, *Feb 4*

Entered on record  
*Feb 4* 189*1*

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT FORWARDED TO

*Applicant*

PAID 1891, No

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fuller* County.  
PERSONALLY appears *Charles J. Lee* of *Fuller* county,  
State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and  
resident of said State, and has been such continually since the day of

1867, that he enlisted in the military service of the Con-  
federate States (or of the State of *Georgia*) during the war between the  
States, and served as a *Private* in Company *D*, of *7*th Regiment  
of *va* Volunteers *Carle's* Brigade; that whilst engaged  
in such military service, at the battle of *Manassas* in the State  
of *va*, on the *21st* day of *July*, 1861, he was

wounded as follows: *gun shot wound through the  
right thigh, shattering the bone above  
the knee, rupturing the knee & shattering  
the bone there, and rendering it  
substantially and essentially  
disabled*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887,  
and the acts amendatory thereof, and makes application for the allowance to which he is entitled  
for the year ending October 26, 1890. I have heretofore been allowed a pension  
of *75* dollars.

Sworn to and subscribed before me, this the *15th* day of *April*, 1890.  
*Charles J. Lee*  
*Or to be sworn*  
*Or to be sworn*

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

county, in said State, do hereby appoint

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

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

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fuller* County.

PERSONALLY appears *Charles J. Lee* of *Fuller* County,  
State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and  
resident of said State, and has resided therein continuously ever since the day of

1879, that he enlisted in the military service of the Con-  
federate States (or of the State of *Georgia*) during the war between the  
States, and served as a *Private* in Company *D*, of *7*th Regiment  
of *va* Volunteers *Carle's* Brigade; that whilst engaged  
in such military service at the battle of *Manassas* in the State  
of *va*, on the *21st* day of *July*, 1861, he was

wounded as follows: *gun shot wound through the  
right thigh, shattering the bone above  
the knee, rupturing the knee & shattering  
the bone there, and rendering it  
substantially and essentially  
disabled*

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

*75* dollars, for 1890.  
Sworn to and subscribed before me, this, the *11th* day of *Feb*, 1891.  
*Charles J. Lee*  
*Or to be sworn*

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  
day of 1891.

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

STATE OF GEORGIA.

Fulton County.

I, W. L. L. Williams Ordinary of said county, do certify that I am well acquainted with Charles 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 that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

Given under my official signature and seal, this, 2nd day of March 1892.

W. L. L. Williams

Ordinary

Fulton

County.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name

Charles J. Lee

County

Fulton

Disability

Dis. Leg

Amount, \$

50

Entered on record

March 2 1892.

W. H. HARRISON.

Secretary of Executive Department

AGENT.

Applicant

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

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 accept in my name, for any Warrent that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

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

Send money to me as follows, by \_\_\_\_\_

TO THE OFFICE OF THE \_\_\_\_\_

to \_\_\_\_\_

P. O.

County, Georgia.

1892.

No. 1199

Application for Allowance

For the Year Ending October 31, 1892.

Dis. Leg

Charles J. Lee

Fulton

250

March 2 1892.

W. H. Harrison

Applicant

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

STATE OF GEORGIA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County, }  
PERSONALLY 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 Georgia, and has been such continuously  
since the day of *February* 1880; that he enlisted  
in the military service of the Confederate States (or of the State of )  
during the war between the States, and served as a *Private* in Company *D*  
of *7*th Regiment of *2nd* Volunteers *Early*'s  
Brigade; that whilst engaged in such military service at the battle of *1st Manassas*  
in the State of *Virginia*, on the day of *July* 1861, he was wounded as follows:

*gun shot of right leg stiffening the  
same, making it shorter and substantially  
and essentially useless*

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

*Fifty* Dollars for 1891

Sworn to and subscribed before me this the

*2nd* day of *March* 1892.

*W. R. Ballou* Ordinary.

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

*Fulton* County, }

Know all Men by these Presents, That I,

of

County, in said State, do hereby appoint

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

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

day of *March* 1892.

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to

P. O.

*Fulton* County, Georgia.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County, }

PERSONALLY 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 *February* 1830; that he enlisted in the military service of the Con-  
federate States (or of the State of ) during the war between the  
States, and served as a *Private* in Company *D*, of *7*th Regiment  
of *Virginia* Volunteers *Early*'s Brigade; that whilst engaged in  
such military service at the battle of *1st Manassas* in the State  
of *Virginia*, on the *21st* day of *July* 1861, he was  
wounded as follows: *gun shot wound of right leg stiffening the  
same, making it shorter and 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, 1892. I have heretofore been allowed a pension of

*Fifty* dollars, for 1892

Sworn to and subscribed before me, this, the

*1st* day of *March* 1892.

*W. R. Ballou* Ordinary

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

STATE OF GEORGIA,

*Fulton* County, }

I, *W. R. Ballou* Ordinary of said County,

do certify that I am well acquainted with *Charles 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 that he is disabled, to the extent he claims, and I know he is the in-  
dividual he represents himself to be, and that he resides in this County.

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

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

*W. R. Ballou* Ordinary *Fulton* County.

STATE OF GEORGIA,

POWER OF ATTORNEY

# POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

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

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

day of \_\_\_\_\_ 1894.

[L. S.]

Executed in the presence of us

## DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County, State of Georgia, do hereby appoint

of \_\_\_\_\_ my true and lawful attorney in fact, for

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

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

day of \_\_\_\_\_ 1895.

[L. S.]

Executed in presence of us

## DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

*For Those Already Enrolled.*  
No. 1202  
**Soldier's Pension.**

1894.

Name Charles F. Lee

County Fulton

Disability Disabled Leg

Amount \$ 50  
meh 19 1894.

W. H. HARRISON.

Secretary Executive Department.

WARRANT HANDSD TO

*Applicant*

Geo. W. Harrison, State Printer, Atlanta.

(For Those Already Enrolled.)

No. 87

**SOLDIER'S PENSION.**

1895.

Name Charles F. Lee

County Fulton

Disability Disabled Leg

Amount, \$ 50  
314 1895.

RICHARD JOHNSON.

Secretary Executive Department.

WARRANT HANDSD TO

*uh*

Geo. W. Harrison, State Printer, Atlanta.

*W. H. Harrison*

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Fulton County, }

PERSONALLY 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 February 18 80, 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 7, of 7th Regiment of Virginia Volunteers Early Brigade; that whilst engaged in such military service at the battle of 1st Manassas in the State of Virginia, on the 21st day of July 186 1, he was wounded as follows: gun shot wound of right leg maiming the same, making it shorter and substantially and essentially useless

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

Sworn to and subscribed before me, this, 6th day of March 1894. W. L. Calhoun Ordinary

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

STATE OF GEORGIA, }

Fulton County, }

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

Given under my official signature and seal, this 13th day of March 1894.



W. L. Calhoun  
Ordinary Fulton County.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Fulton County, }

PERSONALLY 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 February 18 80; 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 7, of 7th Regiment of Virginia Volunteers, Early Brigade; that whilst engaged in such military service at the battle of 1st Manassas in the State of Virginia, on the 21st day of July 186 1, he was wounded as follows: gun shot wound of right leg maiming the same, making it shorter and substantially and essentially useless

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of Fifty dollars, for the year 189 1

Sworn to and subscribed before me, this, 6th day of March 1895. W. L. Calhoun Ordinary

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

STATE OF GEORGIA, }

Fulton County, }

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

Given under my official signature and seal, this 9th day of March 1895.



W. L. Calhoun  
Ordinary Fulton County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1896.

[L. S.]

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1897.

[L. S.]

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

**SOLDIER'S PENSION.**

**1896.**

Name Charles J. Lee

County Fulton

Disability Disabled leg

Amount, \$ 50.00

3/2 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

No data

**SOLDIER'S PENSION.**

**1897.**

Name Charles J. Lee

County Fulton

Disability Disabled leg

Amount, \$ 50.00

2/23 1897

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

No data

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
Fulton County.

Personally 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 February 18<sup>th</sup>; that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the States, and served as a Private in Company D, of 7<sup>th</sup> Regiment of Virginia Volunteers, Early's Brigade; that whilst engaged in such military service in the State of Virginia, on the 21<sup>st</sup> day of July 1861, he was wounded, injured or diseased as follows: gun shot wound of right leg stiffening the same, making it shorter and substantially and essentially useless.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 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 26<sup>th</sup> day of Feb'y 1896, N. L. Calhoun, Ord'y.

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

STATE OF GEORGIA,  
Fulton County.

I, N. L. Calhoun Ordinary of said County, do certify that I am well acquainted with Charles 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.

Given under my official signature and seal, this 26<sup>th</sup> day of Feb'y 1896.



N. L. Calhoun  
Ordinary Fulton County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
Fulton County.

Personally 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 Feb'y 18<sup>th</sup>; that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the States, and served as a Private in Company D, of 7<sup>th</sup> Regiment of Virginia Volunteers, Early's Brigade; that whilst engaged in such military service in the State of Virginia, on the 21<sup>st</sup> day of July 1861, he was wounded, injured or diseased as follows:

Gun shot wound of right leg stiffening the same, making it shorter and substantially and essentially useless.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Fulton county been allowed an invalid pension of Fifty Dollars, for the year 189

Sworn to and subscribed before me, this, the 22 day of Feb'y 1897, POST OFFICE

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

STATE OF GEORGIA,  
Fulton County.

I, W. H. Miller Ordinary of said County, do certify that I am well acquainted with Charles 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.

Given under my official signature and seal, this 22 day of Feb'y 1897.



W. H. Miller  
Ordinary Fulton County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1898.

[ L. S. ]

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1899.

[ L. S. ]

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

(For Those Already Enrolled.)

No. 2249

INVALID

SOLDIER'S PENSION.

1898.

Name *Chas. Lee*  
County *Fulton*  
Disability *Disability*  
Amount, \$ *50.00*

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

*appk*

SEE W. HARRISON, STATE PRINTER, ATLANTA.

*no later*

(For Those Already Enrolled.)

No. 1867

INVALID

SOLDIER'S PENSION.

1899.

Name *Chas. Lee*  
County *Fulton*  
Disability *Disability*  
Amount, \$ *50*

1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

*appk*

SEE W. HARRISON, STATE PRINTER, ATLANTA.

*no later*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally 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 Feb. 1880; that he enlisted in the military service of the Confederate States (or of the State of       ) during the war between the States, and served as a Private in Company D, of 7th Regiment of Virginia Volunteers, Early's Brigade; that whilst engaged in such military service in the State of Virginia, on the 21 day of July 1861, he was wounded, injured or diseased as follows:

Gun shot wound in leg rendering same 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, 1898. I have heretofore under said law as a resident of Fulton county been allowed an invalid pension of 75¢ Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 16th day of Feb. 1898.

POST OFFICE

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

STATE OF GEORGIA,

Fulton County.

I, N. H. Hulsey Ordinary of said County, do certify that I am well acquainted with Charles 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.

Given under my official signature and seal, this 18th day of Feb. 1898.

Ordinary Fulton County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally 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 Feb. 1880; that he enlisted in the military service of the Confederate States (or of the State of       ) during the war between the States, and served as a Private in Company D, of 7th Regiment of Virginia Volunteers, Early's Brigade; that whilst engaged in such military service in the State of Virginia, on the 21 day of July 1861, he was wounded, injured or diseased as follows:

Gunshot wound in leg, rendering same useless.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of 85¢ Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 18th day of Feb. 1898.

POST OFFICE

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

STATE OF GEORGIA,

Fulton County.

I, N. H. Hulsey Ordinary of said County, do certify that I am well acquainted with Charles 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.

Given under my official signature and seal, this 18th day of Feb. 1898.

Ordinary Fulton County.

# POWER OF ATTORNEY.

STATE OF GEORGIA.

County. }

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1900.

[L. S.]

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

# POWER OF ATTORNEY.

STATE OF GEORGIA.

County. }

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1901.

[L. S.]

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

CODE SECTION 126.

(For Those Already Enrolled.)

No. 907

INVALID

SOLDIER'S PENSION.

1900.

Name *Charles Lee*

County *Fulton*

Disability \_\_\_\_\_

Amount, \$ *50.00*

Warrant issued *Feb 4* 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*My*

Gen. W. Harrison, State Printer, Atlanta.

*No date*

CODE SECTION 129

(For Those Already Enrolled.)

No. 809

DISABLED

SOLDIER'S PENSION.

1901.

Name *Charles Lee*

County *Fulton*

Disability *Ground Blind*

Amount, \$ *25.00*

*Jan. 16* 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*My*

Gen. W. Harrison, State Printer, Atlanta.

*No date*

FOR APPLICANTS HERETOFORE ALLOWED PENSION

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears

Chas. 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 County, and has resided therein continuously ever since the day of July 1880; 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 8, of 7th Regiment of Virginia Volunteers, Baker's Brigade; that whilst engaged in such military service in the State of Va, on the 21 day of July 1861, he was wounded, injured or diseased as follows:

Gun shot wound in leg -

Deponent makes application for the pension to which he is entitled for the year ending October 29th, 1900. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of \$5.00 Dollars, for the year 1899.

Sworn to and subscribed before me, this, the 2 day of March 1900. POST OFFICE

STATE OF GEORGIA,

Fulton County.

I, W. H. Halsey Ordinary of said County, do certify that I am well acquainted with Chas. 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.

Given under my official signature and seal, this 2 day of March 1900.

Ordinary Fulton County.



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears

Chas. 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 July 1860; 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 8, of 7th Regiment of Va Volunteers, Baker's Brigade; that whilst engaged in such military service in the State of Va, on the 21 day of July 1861, he was wounded, injured or diseased as follows:

Gun shot wound in leg - Right

Deponent makes application for the pension to which he is entitled for year ending October 29th, 1901. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of \$5.00 Dollars, for the year 1900.

Sworn to and subscribed before me, this the 9th day of January 1901. Postoffice Atlanta

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

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this 9th day of January 1901.

Ordinary Fulton County.



# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

of \_\_\_\_\_

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

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1902.

[L. S.]

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

of \_\_\_\_\_

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

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1903.

[L. S.]

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

See C. J. Fulton G.  
CODE SECTION 126.  
( FOR THOSE ALREADY ENROLLED. )

No. 93

DISABLED

SOLDIER'S PENSION

1902.

Name G. J. Lee

County FULTON

Co. D Regiment 2 Va

Disability Award R Leg

Amount, \$ 50.00

1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

W. H. HARRISON, Private, Alabama.

no data

See C. J. Fulton G.  
CODE SECTION 126.  
( FOR THOSE ALREADY ENROLLED. )

No. 87

DISABLED

SOLDIER'S PENSION

1903.

Name G. J. Lee

County FULTON

Co. D Regiment 2 Va

Disability Award R Leg

Amount, \$ 50.00

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

W. H. HARRISON, Private, Alabama.

no data

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

## STATE OF GEORGIA,

FULTON County.

Personally appears *C. 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 *Feb* 1880; that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the States, and served as a *private* in Company *D*, of *7*th Regiment of *Va* Volunteers, *Early*'s Brigade; that whilst engaged in such military service in the State of *Va*, on the *21* day of *July* 1861, he was wounded, injured or diseased as follows:

*Wounded in Right leg*

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of FULTON County, been allowed an invalid pension of

*Fifty*

Dollars, for the year 1901.

Sworn to and subscribed before me, this the

day of *Jan* 1902. Post-office

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

## STATE OF GEORGIA,

FULTON County.

I, *John P. Williamson*, 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 *JAN 13* 1902.

*John P. Williamson*  
Note.—Fill all blanks and of Company and Regiment.  
Note.—All vouchers and affidavits must bear date after January 1, 1902.

ROBERT O. VILLOKKEA

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

## STATE OF GEORGIA,

FULTON County.

Personally appears *C. J. Lee* 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 *Feb* 1880; that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the States, and served as a *private* in Company *D*, of *7*th Regiment of *Va* Volunteers, *Early*'s Brigade; that whilst engaged in such military service in the State of *Va*, on the *21* day of *July* 1861, he was wounded, injured or diseased as follows:

*Wound in Right leg*

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

*50* Dollars, for the year 1902.

Sworn to and subscribed before me, this the

day of *Jan* 1903. Post-office

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

## STATE OF GEORGIA,

FULTON County.

I, *John P. Williamson*, 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 *Jan* 1903.

*John P. Williamson*  
Note.—Fill all blanks and of Company and Regiment.  
Note.—All vouchers and affidavits must bear date after January 1, 1903.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY: }  
 \_\_\_\_\_

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

\_\_\_\_\_ of \_\_\_\_\_  
 to receive and receipt for the pension paid hereon, and request that he remit same to  
 \_\_\_\_\_ by \_\_\_\_\_  
 at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_  
 day of \_\_\_\_\_ 1904.

[L. S.]

Executed in presence of

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY: }  
 \_\_\_\_\_

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

\_\_\_\_\_ of \_\_\_\_\_  
 to receive and receipt for the pension paid hereon, and request that he remit same to  
 \_\_\_\_\_ by \_\_\_\_\_  
 at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_  
 day of \_\_\_\_\_ 1905.

[L. S.]

Executed in the presence of

*Lee, C. J.*  
*Fulton Co.*

(FOR THOSE ALREADY ENROLLED.)

No. 30

DISABLED

SOLDIER'S PENSION

1904.

Name *C. J. Lee*  
 County *Fulton*  
 Co. *D* Regiment *7th*  
 Disability *disabled leg*  
 Amount, \$ *75.00* 1904.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

*Lee, C. J.*  
*Fulton Co.*

*no date*

(FOR THOSE ALREADY ENROLLED.)

No. 8

DISABLED

SOLDIER'S PENSION

1905.

Name *C. J. Lee*  
 County *Fulton*  
 Co. *D* Regiment *7th*  
 Disability *disabled leg*  
 Amount, \$ *50.00* 1905.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

*Lee, C. J.*  
*Fulton Co.*

*no date*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears *C. J. Lee* 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 *Feb* 18 *80*, that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the States, and served as a *Private* in Company *D*, of *7*th Regiment of *M* Volunteers *early*'s Brigade; that whilst engaged in such military service in the State of *Ma*, on the *21* day of *July* 186 *1*, he was wounded, injured or diseased as follows:

*Wounded in right leg.*

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1904. I have heretofore, under said law, as a resident of *50* *Fulton* County, been allowed an invalid pension of *50* Dollars, for the year 1903.

Sworn to and subscribed before me, this the *21* day of *JAN* 1904.

Post-office

*John P. Wickinson* Notary—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Fulton County.

I, *John P. Wickinson*, Ordinary of said County, do certify that I am well acquainted with *C. 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.

Given under my official signature and seal, this *JAN 21* 1904

day of

Ordinary

*John P. Wickinson* *Fulton* County.

NOTE.—Fill all blanks and of Company and Regiment.

NOTE.—All vouchers and affidavits must bear date after January 1, 1904.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton.

COUNTY.

Personally appears *C. 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 *18*; that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the States, and served as a *Private* in Company *D*, of *7*th Regiment of *M* Volunteers *early*'s Brigade; that whilst engaged in such military service in the State of *Ma*, on the *21* day of *July* 186 *1*, he was wounded, injured or diseased as follows:

*Wounded in right leg.*

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1905. I have heretofore, under said law, as a resident of *50* *Fulton* County, been allowed an invalid pension of *50* Dollars, for the year 1904.

Sworn to and subscribed before me, this the *21* day of *JAN* 1905.

Post-office

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

STATE OF GEORGIA,

COUNTY.

I, *John P. Wickinson*, Ordinary of said County, do certify that I am well acquainted with *C. 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.

Given under my official signature and seal, this *JAN 21* 1905.

day of

Ordinary

*John P. Wickinson* *Fulton* County.

NOTE.—Fill all blanks and of Company and Regiment.

NOTE.—All vouchers and affidavits must bear date after January 1, 1905.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1906.

[L. S.]

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1907.

[L. S.]

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

See. C. G. 1.  
Fulton Co.  
(FOR THOSE ALREADY ENROLLED.)

No. 73

**DISABLED  
SOLDIER'S PENSION  
1906.**

Name *b. j. Lee*  
County *Fulton*  
Co. *D.* Regiment *7 Vir.*  
Disability *Leg. disabled*  
Amount, \$ *50.00* *48* 1906.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
*44*

Not Printed Pursuant to Public Law 100, 100, 100, 100, 100.

*no data*

*See. C. G. 1.  
Fulton Co.*

No. *60*

**DISABLED  
SOLDIER'S PENSION  
1907.**

Name *b. j. Lee*  
County *Fulton*  
Co. *D.* Regiment *7 Vir.*  
Disability *Leg. disabled*  
Amount, \$ *50.00* *47* 1907.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
*44*

Not Printed Pursuant to Public Law 100, 100, 100, 100, 100.

*no data*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton County.

Personally appears C. 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 1884; that he enlisted in the military service of the Confederate States, (or of the State of Virginia) during the war between the States, and served as a Private in Company D, of 7th Regiment of Va. Volunteers Va.'s Brigade; that whilst engaged in such military service in the State of Va., on the 21 day of July 1861, he was wounded, injured or diseased as follows:

Disabled by Malaria

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 Fulton County, been allowed an invalid pension of Fifty Dollars, for the year 1905.

Sworn to and subscribed before me, this the

day of JAN 1 1906.

John R. Wilkinson

Post-Office Atlanta

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

State of Georgia,

Fulton County.

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

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

John R. Wilkinson Ordinary Fulton County.

Note.—Fill all blanks and of Company and Regiment.

Note.—All vouchers and affidavits must bear date after January 1st, 1906.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton County.

Personally appears C. 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 1878; that he enlisted in the military service of the Confederate States (or of the State of Va) during the war between the States, and served as a private in Company E, of 7th Regiment of Va Volunteers Va's Brigade; that whilst engaged in such military service in the State of Va, on the 21 day of July 1861, he was wounded, injured or diseased as follows:

Disabled by Malaria

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 Fifty Fulton County, been allowed an invalid pension of Fifty Dollars, for the year 1906.

Sworn to and subscribed before me, this the day of JAN 1 1907.

John R. Wilkinson

Postoffice 19 Highland Ave

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

State of Georgia,

Fulton County.

I, John R. Wilkinson Ordinary of said County,

do certify that I am well acquainted with C. 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.

Given under my official signature and seal this day of JAN 1 1907.

John R. Wilkinson

John R. Wilkinson Ordinary Fulton County.

Note.—Fill all blanks and of Company and Regiment.

Note.—All vouchers and affidavits must bear date after January 1st, 1907.

# APPLICATION FOR PENSION BY A SOLDIER

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

## QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

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 1919 and the Constitutional Amendment of 1920, and submits testimony to support the same and after being duly sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give 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? Appomattox Court House, Appomattox, Va.
7. Were you personally present with your Command when it was surrendered or discharged? No.
8. If you were not actually present, state specifically and clearly where you were Giles 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? 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? On Invalid roll
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

8th day of June, 1925.

Arthur R. Marshall C. C. Ordinary  
of Fulton County

(SEAL OF ORDINARY.)

Applicant.

## Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY.

I, Chas. N. J. Lee, 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 State since January 1st, 1920; that I also know the service; that he is now resident of said County and were duly sworn by him before signing the foregoing affidavits, and he is truthful and trustworthy and these statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 8th day of Oct, 1925.

(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 answers make to each of the questions asked you and the evidence you give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
4. Fill out the back of the application carefully.

SOLDIER'S APPLICATION

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

County Fulton  
Name Chas. N. J. Lee  
Company D  
Regiment 7th Va. Inf.  
Approved John W. Clark  
1925

Commissioner of Pensions

10-30-25-e

## Instructions:

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

Sworn to and subscribed before me, this the

8th day of June, 1925.

Arthur R. Marshall

C. C. Ordinary

of Fulton

County

(SEAL OF ORDINARY.)

Applicant.

B. J. Lee

## WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

IN REPLY

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

11-16-24

November 20, 1924.

\* Honorable William J. Harris,  
United States Senate.

My dear Senator Harris:

Referring to your letter of November 16, 1924, with which you inclosed one, herewith returned, from Mr. W. Sam Ashby, of Atlanta, Ga., relative to obtaining the military record of Charles H. J. Lee, who is said to have served in Company D, 7th Virginia Infantry, Confederate States Army, I have the honor 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, Confederate States Army. He enlisted May 15, 1861, at Giles Court House, Virginia; was wounded in battle of Manassas, July 21, 1861, and was sent home on furlough. The company muster rolls to August 31, 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,

John C. Adams  
Major General,  
The Adjutant General.

1 incl.

Audited May 1<sup>st</sup> 1889.

Wm. R. M. G. L.

Fulton

Maimed Soldiers.

Voucher No. 2110

Amount, \$ 50.

Paid to Chas. J. Lee

For Right leg

disabled

May 1

1889.

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK.

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

Applicant.

No. 2110

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

Atlanta, Ga May 1 1889.

Mr Charles J. Lee of the County  
of Fulton having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Act,  
Dec 24, 1888, and the same having been allowed for  
Right leg disabled He is entitled to receive the sum of Fifty 00/ Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1889

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

By the Governor

M H Harrison

CLERK EXECUTIVE DEPARTMENT.

50

RECEIVED OF STATE TREASURER, R U HARDEMAN,

Fifty 00/ per above voucher, this 1 of May

Dollars,  
1889.

Charles J. Lee

Maimed Soldiers.

Voucher No. 2741

Amount \$ 50

Paid to Chas J. Lee

For Leg disabled.

(Che. 15 1891)

Included in warrant No.

issued to Treasurer

WARRANT-CLERK

W. J. Sample-H. State Printer, Constitution Job Office.

Applicant

1891.

Maimed Soldiers.

Voucher No. 81

Amount \$ 50

Paid to Chas J. Lee

For Leg disabled

July 11, 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT-CLERK

Geo. W. Harrison, State Printer, Atlanta.

Applicant

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

No. *2741*

*Atlanta, Ga., April 15 1890.*

Mr. *Charles J. Lee* of the County  
of *Fulton* having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Act,  
approved, Dec. 24, 1888, and the same having been examined and allowed for

*Leg disabled.*

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

GOVERNOR.

*W. H. Harrison*  
CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

*Fifty 00/1*  
per above voucher, this

Dollars,

*15* of *April* 18*90*

*Chas. J. Lee*

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

1891.

No. *89*

*Atlanta, Ga., July 4 1891.*

Mr. *Chas. J. Lee* of the County  
of *Fulton* having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Acts  
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

*Leg disabled.*

He is entitled to receive the sum of *Fifty 00/1* Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor,

GOVERNOR.

*W. H. Harrison*  
SECY EXECUTIVE DEPARTMENT.

\$ *50.00*

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

*Fifty 00/1*  
per above voucher, this

Dollars,

*4* of *July* 1891

*Chas. J. Lee*

*Fifty 8001*  
per above voucher, this

*15* of *April* 18*90*  
*Chas. J. Lee*

Dollars,

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

*Fifty 8001* Dollars,  
per above voucher, this *11* of *July* 18*91*.  
*Charles J. Lee*

THE END  
**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

FULTON COUNTY

Volume
GCP 197

GCP

Number
2892139-197

2892139

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

*J. P. Surles*  
Operator

15X - V

J. P. SURLES

DATE

1131

**MANN FILM LABORATORIES**

**END**



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

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

## Questions for Witnesses.

STATE OF GEORGIA,

Fulton County.

*John A. Griffin* of said State and County, having been presented as a witness in support of the Application of Mrs. *Matilda E. Sanders* 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? *John A. Griffin*  
*inside 337 Washington St. Atlanta Ga*
2. Are you acquainted with the applicant, Mrs. *Matilda E. Sanders*?
3. If so, how long have you known her? *Nearly forty years*
4. Where does she reside, and how long and since when has she been a resident of this State? *Atlanta Ga. She moved here from Georgia*
5. When and where was she born? *In Hall County Ga. Jan 17 - 1824*
6. Were you ever acquainted with her husband?
7. Where did he reside in 1861? *In Cobb County Ga*
8. When and to whom was he married? *Married in Fulton Ga. April 26 1847.*
9. When and where was he born? *In Perry Co. Ill. May 1828.*
10. How long have you known him? *Forty*
11. When and where did *John A. Sanders* enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? *May 1864, in Co. A. 1st Regt. Ark. State Troops. W. A. Griffin Company*
12. Were you a member of the same Company and Regiment? *I was Captain of his Company*
13. How long did he perform regular military duty? *One year*

14. When and where was his Company and Regiment surrendered and discharged from service? *in Atlanta May 1864*

15. Were you with the command when it surrendered? *Yes*

16. Was *John E. Sanders* the husband of applicant present? *Yes*

17. If not present, where was he? *He was present*

18. When and where did he leave his Command? *Atlanta*

19. By whose authority he left? *War had ended*

20. How do you know all this? (State fully and clearly) *I was his Captain*

21. When and where did *John E. Sanders* die? *In Atlanta*

22. Where did he reside at his death and how long had he been a resident of Georgia at his death? *In Atlanta. All his life*

23. Do you of your own knowledge know that applicant is the lawful widow of *John E. Sanders*? *Yes*

24. Has she remained unmarried since her soldier husband's death, and is now his widow? *Yes*

25. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? *She has nothing whatever*

26. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? *She had nothing & therefore disposed of nothing*

27. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom? *No. She has neither sold nor given away anything*

28. What is applicant's physical condition and her chances and ability to earn a support? *She is not able to work at all. She is nearly blind*

26. Is applicant able to earn a support at labor of any sort, if not why? *She is not. Because she can not do any work at all and is nearly blind*

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? *Nothing*

29. Give a full and complete statement of applicant's physical condition? *She is nearly forty years old and nearly blind*

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

Sworn to and subscribed before me this *4* day of *March* 1901

*John R. Williams* Ordinary.  
*John A. Griffin* County.  
*John A. Griffin* Witnesses.

## Affidavits of Physicians.

STATE OF GEORGIA,

Fulton County.

Personally before me comes *Geo. G. Pierce* and

physicians of said county, who, being severally sworn, say on oath that they have examined carefully Mrs. *Matilda E. Sanders*

applicant for Pension under Act of 1900, and after

such personal examination say that her physical condition is *that applicant is very old and feeble, she is also*

*partially blind. All of which renders*

*her from earning a support for herself*

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this *4* day of *March* 1901

*John R. Williams* Ordinary.  
*John A. Griffin* County.  
*Geo. G. Pierce*

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

I, *John R. Williams* Ordinary in and for said county, hereby

certify that the applicant, Mrs. *Matilda E. Sanders* resides in said

county, and has been a bona fide resident of this State since *1824* day of

*March* and that the witnesses, *John A. Griffin*

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 affidavit was read to the applicant and witnesses before the same

was signed and subscribed.

I further certify that the tax digest of *Fulton* county shows that applicant

returned for taxation in her own name in 1899 *0* dollars, worth

of property, and in 1900 *0* dollars worth of property.

Witness my hand and official seal, this *4* day of *March* 1901

*John R. Williams* Ordinary,  
*John A. Griffin* County.

Notas:- 1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following

words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."

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

3. All affidavits must be made before Ordinary.

4. Only widows who were the wives of the dead husbands while they were soldiers need apply-and are now

widows. Those married since 29th April, 1865, not entitled.

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

21. Has she remained unmarried since her soldier husband's death, and is now his widow?  
*She has never married since Frank died.*
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge?  
*She has nothing whatever.*
23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it?  
*She had nothing & therefore disposed of nothing.*
24. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom?  
*No, she has neither sold nor given any thing away.*
25. What is applicant's physical condition and her chances and ability to earn a support?  
*She is not able to work at present, she is nearly blind.*

are entitled to full faith and credit.

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

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

Witness my hand and official seal, this 1st day of March, 1901.  
John R. Williams Ordinary,  
Fallam County.

{ SEAL }

- Notes—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 29th April, 1865, not entitled.
5. Witnesses and two Physicians are necessary to make out claims.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

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

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1898.

[L. S.]

Executed in presence of

\_\_\_\_\_

Form No. 1197

*Landrum, A. W.*

*Fulton Co*

ACT OF OCT. 1897.

(For Those Already Enrolled.)

No. *39*

INVALID  
SOLDIER'S PENSION.  
1898.

Name *A. W. Landrum*

County *Fulton County*

Disability *of 10 years, 10 months & loss*

Amount, \$ *80.00*

*January 13* 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

*affid*

GEN. IN BUREAU, STATE PRINTING, ATLANTA

*no data*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1898.

[L. S.]

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1899.

[L. S.]

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

May 10 1897

*Landrum, A. W.*

*Landrum, A. W.*

(For These Already Enrolled.)

No. 39

INVALID

SOLDIER'S PENSION.

1898.

Name *A. W. Landrum*

County *Chilton*

Disability *of 7 years & 6 mos. & 6 days*

Amount, \$ *80.00*

*January 13* 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

*appt*

Geo. W. Harrison, State Printer, Atlanta.

*No date*

*Landrum, A. W.*

(For These Already Enrolled.)

No. 1879

INVALID

SOLDIER'S PENSION.

1899.

Name *A. W. Landrum*

County *Chilton*

Disability

Amount, \$ *80*

*2/18* 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

*appt*

Geo. W. Harrison, State Printer, Atlanta.

*No date*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County.

Personally appears *A. W. Anderson* 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 *1843*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *B*, of *88th* Regiment of *Georgia* Volunteers, *Jordan's* Brigade; that whilst engaged in such military service in the State of *Virginia*, on the *13* day of *December* 1862, he was wounded, injured or diseased as follows:

*by gunshot wound in left arm, rendering the arm substantially & essentially useless. Also at the same time had left eye shot out & completely destroyed.*

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 *Forsyth* County been allowed an invalid pension of *Eighty (80)* Dollars, for the year 1897.

Sworn to and subscribed before me, this, *4th* day of *January* 1898. *A. W. Anderson* POST-OFFICE

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

STATE OF GEORGIA,

*Fulton* County.

I, *M. H. Hulsey* Ordinary of said County, do certify that I am well acquainted with *A. W. Anderson* 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* day of *Jan* 1898.

Ordinary *Fulton* County.



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County.

Personally appears *A. W. Anderson* 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 *1843*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *B*, of *88th* Regiment of *Georgia* Volunteers, *Jordan's* Brigade; that whilst engaged in such military service in the State of *Virginia*, on the *13* day of *December* 1862, he was wounded, injured or diseased as follows:

*Gun shot wound in left arm, rendering same useless. Also same time shot in left eye, complete by gunshot out.*

Deponent 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 *Forsyth* County been allowed an invalid pension of *80 (eighty)* Dollars, for the year 1897.

Sworn to and subscribed before me, this, *4th* day of *Jan* 1898. *A. W. Anderson* POST OFFICE

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

STATE OF GEORGIA,

*Fulton* County.

I, *M. H. Hulsey* Ordinary of said County, do certify that I am well acquainted with *A. W. Anderson* 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 *13* day of *Jan* 1898.

Ordinary *Fulton* County.



# POWER OF ATTORNEY.

STATE OF GEORGIA, }

County. }

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1900.

[L. S.]

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

# POWER OF ATTORNEY.

STATE OF GEORGIA, }

County. }

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1901.

[L. S.]

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

CODE SECTION 156.  
(For Those Already Enrolled.)

No. 469

INVALID

SOLDIER'S PENSION.

1900.

Name *A. W. Lindsey*

County *Fulton*

Disability

Amount, \$ *50*

Warrant issued *March 5* 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

*WHL*

Geo. W. Harrison, State Printer, Atlanta.

*No data*

CODE SECTION 156.  
(For Those Already Enrolled.)

No. *248*

DISABLED

SOLDIER'S PENSION.

1901.

Name *A. W. Lindsey*

County *Fulton*

Disability *wound in leg arm*

Amount, \$ *50.00*

*Jan 18* 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

*WHL*

Geo. W. Harrison, State Printer, Atlanta.

*No data*

STATE OF GEORGIA

For Applicants Heretofore Allowed Pensions.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears A. W. Sandrum of Fulton

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the day of 1870; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company B of 38th Regiment of Georgia Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Virginia on the 13th day of December 1862, he was wounded, injured or diseased as follows:

See that wound in left arm  
and during same action

Deponent makes application for the pension to which he is entitled for the year ending October 29th, 1900. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of \$80.00 Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 11 day of March 1900. POST OFFICE Atlanta Ga

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

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this 2 day of March 1900.

Ordinary Fulton County.



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears A. W. Sandrum of Fulton

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 1870; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company B of 38th Regiment of Ga Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Ga, on the 13 day of Dec 1862, he was wounded, injured or diseased as follows:

See that wound in left arm  
and during same action

Deponent makes application for the pension to which he is entitled for year ending October 29th, 1901. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of \$80.00 Dollars, for the year 1900.

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

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

STATE OF GEORGIA,

Fulton County.

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

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

Ordinary Fulton County.



# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 1902.

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

[L. S.]

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 1903.

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

[L. S.]

*Sanderson, A. W.  
Fulton Co.*

(FOR THOSE ALREADY ENROLLED.)

No. 69

DISABLED

**SOLDIER'S PENSION  
1902.**

Name *A. W. Sanderson*  
County *FULTON*  
Co. *B* Regiment *38th Regt*  
Disability *wound left arm*  
Amount, \$ *80.00* *1/16* 1902

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*AW*

(See W. Harrison State Printer, Atlanta.)

*No data*

*Sanderson, A. W.  
Fulton County.*

(FOR THOSE ALREADY ENROLLED.)

No. 136

DISABLED

**SOLDIER'S PENSION  
1903.**

Name *A. W. Sanderson*  
County *Fulton*  
Co. *B* Regiment *38th Regt*  
Disability *wound left arm*  
Amount, \$ *80.00* *1/31* 1903

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*AW*

(See W. Harrison State Printer, Atlanta.)

*No data*

FOR VERIFICATION HEREFORE VITOMED BY...

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears *W W Landrum* of *WILKINSON* 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 *1843*; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *B*, of *38*th Regiment of *1st* 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 arm, under arm*

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 *WILKINSON* County, been allowed an invalid pension of *Eighty* Dollars, for the year 1901.

Sworn to and subscribed before me, this *10* day of *Jan*, 1902, at *Post-office*.

*John P. Wilkinson*  
Notary.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

County.

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

Given under my official signature and seal, this *10* day of *Jan* 1902.

*John P. Wilkinson*  
Ordinary *WILKINSON* County.

Notary.—Fill all blanks and of Company and Regiment.  
Notary.—All vouchers and affidavits must bear date after January 1, 1902.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears *A W Landrum* of *WILKINSON* 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 *1843*; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *B*, of *38*th Regiment of *1st* 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 arm, under arm*

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 *WILKINSON* County, been allowed an invalid pension of *Eighty* Dollars, for the year 1902.

Sworn to and subscribed before me, this *10* day of *Jan*, 1903, at *Post-office*.

*John P. Wilkinson*  
Notary.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

County.

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

Given under my official signature and seal, this *10* day of *Jan* 1903.

*John P. Wilkinson*  
Ordinary *WILKINSON* County.

Notary.—Fill all blanks and of Company and Regiment.  
Notary.—All vouchers and affidavits must bear date after January 1, 1903.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

\_\_\_\_ COUNTY. }

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

\_\_\_\_ of \_\_\_\_\_

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

\_\_\_\_ by \_\_\_\_\_

at \_\_\_\_\_

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

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

—[L. S.]

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

*Landrum A. W. Fulton*

(FOR THOSE ALREADY ENROLLED.)

No. 80

DISABLED

SOLDIER'S PENSION

1904.

Name *A. W. Landrum*

County *Fulton*

Co. *B* Regiment *38<sup>th</sup> Ia*

Disability *Wound & Amputation*

Amount, \$ *80.00*

*131* 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

*aff*

Geo. W. Hartman, State Printer, Atlanta.

*no date*

*Landrum A. W. Fulton*

(FOR THOSE ALREADY ENROLLED.)

No. 99

DISABLED

SOLDIER'S PENSION

1905.

Name *A. W. Landrum*

County *Fulton*

Co. *B* Regiment *38<sup>th</sup> Ia*

Disability *lost eye*

Amount, \$ *80.00*

*119* 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

*C. H. H.*

Geo. W. Hartman, State Printer, Atlanta.

*no date*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

\_\_\_\_ COUNTY. }

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

\_\_\_\_ of \_\_\_\_\_

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

\_\_\_\_ by \_\_\_\_\_

at \_\_\_\_\_

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

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

—[L. S.]

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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. County.

Personally appears

*A. W. Landrum*

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

1843, that he enlisted in the military service of the Con-

federate States (or of the State of *Georgia*) during the war between the

States, and served as a *Private* in Company *B*, of 38th Regiment

of *Georgia* Volunteers *Anderson's* Brigade; that whilst engaged

in such military service in the State of *Georgia*, on the 13 day

of *Dec* 1862, he was wounded, injured or diseased as follows:

*Wounded in left arm - useless*

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

*80* Fulton. County, been allowed an invalid pension of

Dollars, for the year 1903.

Sworn to and subscribed before me, this the

day of *Jan* 1904.

*A. W. Landrum*

Post-office

*John P. Wilkinson* State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Fulton. County.

I, *John R. Wilkinson*, Ordinary of said County, do certify that I am well acquainted with *A. W. Landrum* 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* 1904.

*John P. Wilkinson*  
Fulton. County.

NOTE - Fill all blanks and of Company and Regiment.

NOTE - All vouchers and affidavits must bear date after January 1, 1904.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. COUNTY.

Personally appears

*A. W. Landrum* 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 *his life* 18 that he enlisted in the military service of the Con-

federate States (or of the State of *Georgia*) during the war between the

States, and served as a *Private* in Company *B*, of 38th Regiment

of *Georgia* Volunteers *Anderson's* Brigade; that whilst engaged

in such military service in the State of *Georgia*, on the 13 day

of *Dec* 1862, he was wounded, injured or diseased as follows:

*Leg and lost eye*

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 1904.

Sworn to and subscribed before me, this the

day of *Jan* 2, 1905, 1905.

*A. W. Landrum*

Post-office

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

STATE OF GEORGIA,

Fulton. COUNTY.

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

Given under my official signature and seal, this

day of *Jan* 2, 1905.

*A. W. Landrum*  
Fulton. County.

NOTE - Fill all blanks and of Company and Regiment.

NOTE - All vouchers and affidavits must bear date after January 1, 1905.

# POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1906.

[L. S.]

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1907.

[L. S.]

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

*Sandrum, A. W.*  
*Fulton Co.*

(Your Section 150)  
(FOR THOSE ALREADY ENROLLED)

No. *65*

DISABLED  
SOLDIER'S PENSION  
1906.

Name *A. W. Sandrum*  
County *Fulton*  
Co. *B* Regiment *35 Ga*  
Disability *Leg & foot inj.*  
Amount, \$ *80.00*

*1/8* 1906

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
*C. H.*

This Pensioner's name appears on the W. List, 1906.

*no date*

*Sandrum, A. W.*  
*Fulton Co.*

(Your Section 150)  
(FOR THOSE ALREADY ENROLLED)

No. *62*

DISABLED  
SOLDIER'S PENSION  
1907.

Name *A. W. Sandrum*  
County *Fulton*  
Co. *B* Regiment *35 Ga*  
Disability *Leg & foot inj.*  
Amount, \$ *80.00*

*1/7* 1907.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
*C. H.*

This W. List, 1907, appears on the W. List, 1907.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton County.

Personally appears A. W. Landrum 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 1<sup>st</sup> day of July, 1863; that he enlisted in the military service of the Confederate States, (or of the State of Georgia) during the war between the States, and served as a Private in Company B, of 38<sup>th</sup> Regiment of Volunteers Garland's Brigade; that whilst engaged in such military service in the State of Georgia, on the 13<sup>th</sup> day of Dec., 1864, he was wounded, injured or diseased as follows:

Disabled leg and lost eye.

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 Fulton County, been allowed an invalid pension of Eighty Dollars, for the year 1905.

Sworn to and subscribed before me, this the

day of JAN, 1906.

A. W. Landrum

Post-Office Atlanta

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

State of Georgia,

Fulton County.

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

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

day of JAN, 1906.

John R. Wilkinson

Ordinary Fulton County.

NOTE.—Fill all blanks and of Company and Regiment.

NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton County.

Personally appears A. W. Landrum 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 1<sup>st</sup> day of July, 1863; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company B, of 38<sup>th</sup> Regiment of Volunteers Garland's Brigade; that whilst engaged in such military service in the State of Georgia, on the 13<sup>th</sup> day of Dec., 1864, he was wounded, injured or diseased as follows:

Leg and lost eye

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 Fulton County, been allowed an invalid pension of Eighty Dollars, for the year 1906.

Sworn to and subscribed before me, this the

day of JAN, 1907.

John R. Wilkinson

Postoffice St. Petersburg

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

State of Georgia,

Fulton County.

I, John R. Wilkinson Ordinary of said County, do certify that I am well acquainted with A. W. Landrum 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, 1907.

John R. Wilkinson

Ordinary Fulton County.

NOTE.—Fill all blanks and of Company and Regiment.

NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

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

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

John R. Westwood  
Ordinary Fulton County.

AMS  
your  
seal  
here

NOTE.—Fill all blanks and of Company and Regiment.

NOTE.—All vouchers and affidavits must bear date after January 1st, 1906.

by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

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

John R. Westwood  
Ordinary Fulton County.

AMS  
your  
seal  
here

NOTE.—Fill all blanks and of Company and Regiment.

NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

*Landon, James*  
*Fulton County*

No. \_\_\_\_\_

# INDIGENT PENSION. 1900.

Name *J. L. Landon*

County *Fulton*

*Co 37 ala*

Approved \_\_\_\_\_

1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

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

Geo. W. Harrison, Printer, Atlanta.

*4/15/1901*  
*9/4/1901*

Pension Office -7-8-1901.

Applicant must furnish a witness  
who of his own knowledge can

testify. Hearsay, information &  
belief will not answer the re-  
quirements of positive evidence.  
All witness residing out of  
state must not only be sworn be-  
fore the Judge of the Probate  
Court of witness residence, but  
the Judge must identify the wit-  
ness and certify to the good  
and trustworthy ~~character~~ character  
of the witness under the seal  
of his ~~office~~ Office.

J. W. Lindsey,  
Com. Of Pensions.

STATE OF GEORGIA.

Power of Attorney.

County, }

hereby authorize

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

at \_\_\_\_\_

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

1900.

[L. S.]

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

# Power of Attorney.

STATE OF GEORGIA,

County. }

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

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

Executed in presence of \_\_\_\_\_ [L. 8.]

Pension Office - 7-8-1901.

Applicant must furnish a witness

who of his own knowledge can

testify. Hearsay information & belief will not answer the requirements of positive evidence. A witness rendering out of state must not only be sworn before the Judge of the Probate Court of his residence, but the Judge must identify the witness and certify to the correctness and trustworthiness of the witness under the seal of his office.

J. W. Lindsey,  
Com. of Pensions.

INDIGENT PENSION,

1900.

Name \_\_\_\_\_

County \_\_\_\_\_

Approved \_\_\_\_\_

1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HAND TO

Geo. W. Barr, Sheriff, Albany.

4/15/1901  
9/4/1901

# Questions for Applicant.

STATE OF GEORGIA,

County. }

I, \_\_\_\_\_ of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submit his proofs, and after being duly sworn true answers to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? *James R. Lindsey, Atlanta Ga 220 Houston St*
2. How long and since when have you been a resident of this State? *Since 1898*
3. When and where were you born? *Born in Ga 1854*
4. When and where and in what company and regiment did you enlist or serve? *1st Co 1st Regt Infantry 7 37th Ala Infantry*
5. How long did you remain in such company and regiment? *until the surrender in 1865*
6. When and where was your company and regiment surrendered and discharged? *Near Winchester, Va. April 9th 1865*
7. Were you present with your company and regiment when it was surrendered? *Yes*
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?
9. How much can you earn (gross) per annum by your own exertions or labor? *None*
10. What has been your occupation since 1865? *Farmer, Clerk, Teacher, etc.*
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? *2nd*
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? *second disability long trouble, lost sight in 1894*
13. What property, real or personal, or income, do you possess, and its gross value? *None*
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, by sale or gift, have you made of same? *None*
15. In what County did you reside during those years, and what property did you then return for taxation? *Fulton County, Ga*
16. How were you supported during the years 1898 and 1899? *By relatives*
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? *None*
18. What was your employment during 1898 and 1899? What pay did you receive in each year? *No regular employment, no salary*
19. Have you a family? If so, who compose such family? Give their means of support? Have they a homestead? *No family, none, I am single, but the ex-husband of one of my sisters*
20. Are you receiving any pension? If so, what amount and for what disability? *No pension*
21. Have you ever made an application for pension before? *No*
22. How many applications have you ever made and under what class? *None*

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_ 1901.

*John R. Lindsey*  
of *Shallan* County.

Applicant.

Every Question MUST be Answered.

# QUESTIONS FOR WITNESS.

STATE OF GEORGIA,  
 Alabama  
 (Alabama COUNTY)

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

1. What is your name and where do you reside? C. B. Cunningham
2. Are you acquainted with James A. Sandrum, the applicant; if so, how long have you known him? I have known him since 1858.
3. Where does he reside, and how long and since when has he been a resident of this State? James A. Sandrum resides in 358 North Alabama Street, in the City of Mobile, Alabama.
4. When, where and in what company and regiment did he enlist, and how do you know? James A. Sandrum enlisted in the 60th Ala. in March 1862 & joined Co "H" 37th Ala. Regt. I know this because I was Capt of Co "D" 37th Ala. Regt. I was.
5. Were you a member of the same company and regiment? I was.
6. How long did he perform regular military duty? From the time he enlisted until the completion of the war.
7. When and where was his command surrendered? After Grant's march to the city of Mobile, Ala. April 26, 1865.

8. Were you present when it surrendered? I was not present.
9. Was applicant present? I was not present at the surrender, but I was officially informed that James A. Sandrum was present at the surrender.
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?

I know all I have stated above from the fact I was a member of the same company & was Capt of the same company.

11. What property effects or income has the applicant? (Give your means of knowledge.) I don't know.
12. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? I don't know.

13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? I don't know.

14. What is the applicant's occupation and physical condition? I don't know.

15. Is the applicant unable to support himself by labor of any sort, if so, why? I don't know.

16. How was he supported during the years 1898 and 1899? I don't know.

17. What portion of his support for these two years was derived from his own labor or income? I don't know.

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? I don't know.

19. What interest have you in the recovery of a pension by this applicant? No financial interest.

Sworn to and subscribed before me, this 79 day of May, 1908.  
C. B. Cunningham Witness.

J. B. Canady  
 Judge of Probate

# AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,  
 Fulton COUNTY.

Personally came before me, Prof. Vaughan M.D. and Arch. Arvey M.D., both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully James A. Sandrum, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

He is suffering from a Chronic Attack of Brachitis and Arterio-Calcari. Also he has had (2) two ribs broken on the right side. Which totally disabled him of any kind labor. Sufficiently to prevent him from being able 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 21 day of Febry, 1908.  
John R. Wilkinson Ordinary.

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,  
 Fulton COUNTY.

I, John R. Wilkinson Ordinary in and for said County, hereby certify that the applicant James A. Sandrum resides in said County, and has been a bona fide resident of this State since the 1st day of March, 1898, and that the witnesses, viz: Miner Shirey

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

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

I further certify that the tax digests of Fulton County show that applicant returned for taxation in his name in 1898 0 Dollars of property, and in 1899 0 Dollars of property.

In my opinion the foregoing claim is 1500 made in good faith.

Witness my hand and seal of office, this 15th day of March, 1908.  
John R. Wilkinson Ordinary,  
 of Fulton County.

# NOTE.

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

# QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Fulton COUNTY,

R. Shirley of said State and County, having been presented as a witness in support of the application of Paul Landon 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? Harrell Shirley
2. Are you acquainted with Paul Landon, the applicant; if so, how long have you known him? 10 years
3. Where does he reside, and how long and since when has he been a resident of this State? 22 Butler Ave. a part of the time & 2301 Houston St.
4. When, where and in what company and regiment did he enlist, and how do you know? do not know
5. Were you a member of the same company and regiment?
6. How long did he perform regular military duty?
7. When and where was his command surrendered?
8. Were you present when it surrendered?
9. Was applicant present?
10. If he was not present, where was he? \_\_\_\_\_  
When did he leave his command? \_\_\_\_\_ For what cause? 2  
By what authority he left? \_\_\_\_\_ How do you know all of this?

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

his affairs he has transacted with me & I am familiar with  
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? 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?

None

14. What is the applicant's occupation and physical condition? Grocery Clerk

condition very bad

15. Is the applicant unable to support himself by labor of any sort, if so, why? is unable

of bad health

16. How was he supported during the years 1898 and 1899? by relatives

17. What portion of his support for these two years was derived from his own labor or income?

None

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He is very feeble, has long trouble

has general ribs broken and is not able to

perform manual labor

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

Sworn to and subscribed before me, this Harrell Shirley

the 18th day of March 1900 Witness.

John Wilkinson Ordinary.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

of \_\_\_\_\_

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

at \_\_\_\_\_

by \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1902.

[L. S.]

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

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

hereby authorize \_\_\_\_\_

of \_\_\_\_\_

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

at \_\_\_\_\_

by \_\_\_\_\_

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

[L. S.]

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

CODE SECTION 124

(FOR THOSE ALREADY ENROLLED.)

No. 262

INDIGENT

SOLDIER'S PENSION

1902.

Name J. A. Landrum

County Fulton.

Co. 27th Regiment

WARRANT ISSUED

114

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Geo. W. Landrum, State Printer, Atlanta.

CODE SECTION 124

(FOR THOSE ALREADY ENROLLED.)

No. 264

INDIGENT

SOLDIER'S PENSION

1905.

Name J. A. Landrum

County Fulton.

Co. 27th Regiment

WARRANT ISSUED

118

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Geo. W. Landrum, State Printer, Atlanta.

no data

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears James A. Sandrum of Fulton.

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 1st day of Nov 1867; that he is 67 years old and by occupation a farmer that he enlisted in the military service of the Confederate States (or of the State of Ala) during the war between the States, and served for the term of 3 yrs in Company 7, of 37th Regiment of Ala Vol Inf; that his physical condition is as follows:

General debility

that his property consists of the following items

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1804, 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 1902

Sworn to and subscribed before me, this 1st day of Jan, 1902.

James A. Sandrum

Ordinary.

STATE OF GEORGIA,

County.

I, John R. Wilkinson,

Ordinary of said County,

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

Given under my official signature and seal, this JAN 31 1902.

day of \_\_\_\_\_ 1902.

Ordinary.

County.

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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears James A. Sandrum 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 \_\_\_\_\_ 1844; that he is 60 years old and by occupation a farmer that he enlisted in the military service of the Confederate States (or of the State of Alabama) during the war between the States, and served for the term of 3 yrs in Company 7, of 37th Regiment of Ala Vol Inf; that his physical condition is as follows: Age and poverty

that his property consists of the following items:

of the value of \_\_\_\_\_

Dollars. I am now earning,

by my labor, \_\_\_\_\_

Dollars per month. That by reason of his

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1804, 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 1st day of Jan, 1905.

Ordinary.

STATE OF GEORGIA.

County.

I,

Ordinary of said County,

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

Given under my official signature and seal, this

JAN 2 1905

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

Ordinary.

County.

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

of \_\_\_\_\_

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

by \_\_\_\_\_

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

1903,

[L. S.]

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

CODE SECTION 154

(FOR THOSE ALREADY ENROLLED.)

No. 191

INDIGENT

SOLDIER'S PENSION

1903.

Name *J. A. Landrum*

County \_\_\_\_\_

Co. *A* Regiment *37th*

*Ala. Vol.*

WARRANT ISSUED

*1/20* 1903

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*441*

Geo. Harrison, State Printer, Atlanta

*no data*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

of \_\_\_\_\_

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

by \_\_\_\_\_

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

1904,

[L. S.]

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

CODE SECTION 154

(FOR THOSE ALREADY ENROLLED.)

No. *871*

INDIGENT

SOLDIER'S PENSION

1904.

Name *J. A. Landrum*

County \_\_\_\_\_

Co. *F* Regiment *37th*

*Ala. Vol.*

WARRANT ISSUED

*1/20* 1904

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*441*

Geo. W. Harrison, State Printer, Atlanta

*no data*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.)

Personally appears J A Landrum 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 29 Apr 1868; that he is 68 years old and  
by occupation a Fanner, 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 3 yrs in Company F, of 37th Regiment  
of Ala Vol Infantry; that his physical condition is as  
follows: S & P

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act, approved December 15th,  
1904, and the Acts amendatory thereof, and makes application for the pension to which he  
is entitled for the year 1903. I have heretofore as a resident of \_\_\_\_\_  
County been allowed a pension for the year 1

Sworn to and subscribed before me, this the \_\_\_\_\_ day of JAN 1903.

Ordinary.

STATE OF GEORGIA,

County.)

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

Given under my official signature and seal, this \_\_\_\_\_

day of \_\_\_\_\_ 1903.

Ordinary.

County.

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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.)

Personally appears J A Landrum 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 30 Apr 1873; that he is \_\_\_\_\_ years old and  
by occupation a Fanner, 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 3 yrs in Company F, of 37th Regiment  
of Ala Vol Infantry; that his physical condition is as  
follows: Infirm

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,  
1904, 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 1904.

1904.

Ordinary.

STATE OF GEORGIA,

County.)

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

Given under my official signature and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1904.

Ordinary.

County.

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

TALLADEGA, ALA. *June 28 1891*

**C. PENNINGTON,**  
...COTTON...

BOUGHT OF MR. \_\_\_\_\_

BALE COTTON.

NO.	MARK.	WEIGHT.	PRICE.	AMOUNT.
To whom it May Concern.				
<p><i>James A. Landrum enlisted in the Confederate War in March 1862. He was a member of Co "F" 37th Ala Regt. of which Company I was Captain + I most emphatically state that James A. Landrum made a good a soldier, as we should have an Infanterie rifle. James A. Landrum is a good citizen, a good man + makes a most gallant soldier.</i></p> <p><i>Signature C. Pennington</i></p>				

Georgia Fulton } Personally appeared  
 County } before me S. H. Landrum  
 Who being duly sworn  
 Says that he is personally acquainted  
 with James A. Landrum the applicant  
 for Pension, and further says that he  
 knows of his own knowledge that the  
 said James A. Landrum did surrender  
 near Greensboro N. C. April 26<sup>th</sup> 1865  
 with the army of Jos. E. Johnston. I  
 was present at the said surrender  
 and did accompany the said Jos  
 A. Landrum home from near Greensboro  
 N. C. The defendant further says that  
 he was a member of Co B 23rd  
 Ala Vol. and that he has no  
 interest in the pension.  
 Sworn to and  
 subscribed before  
 me this day of *June* 1891.  
*John R. Wilkinson*  
 Ordinary  
 I certify that ~~S. H.~~ Landrum is a  
 citizen of Fulton Co and his  
 statements worthy of full credit  
 & belief.  
*John R. Wilkinson*  
 Ordinary

NAME Landrum, James A. YEAR 1901 COUNTY Fulton

WHEN AND WHERE BORN? Green Co. Ga. October 30th. 1844.  
Resident of Ga. since 1873

ENLISTED WHEN AND WHERE? March 1863 Pike Co. Alabama.

RANK.

COMPANY AND REGIMENT? Co. F, 37th. Regt. Alabama Infantry

NAME OF CAPTAIN AND COLONEL? Captain C. Pennington

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Near Greensboro, N.C. April 26th. 1865.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. C. Pennington Captain - ~~Mr. H. H. Landrum~~, same command - No 44  
JWS S H Landrum . By personal knowledge.

FORCED.

WITNESSES. C. Pennington Captain - ~~S H Landrum~~, same command - No date  
JWJ S H Landrum . By personal knowledge.

# ORDINARY'S CERTIFICATE

STATE OF GEORGIA

Fulton COUNTY

I, T. H. Jeffries Ordinary of said County, do certify that I

know Mrs. Wendy Landrum 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 4 day of Sept 1919

That I also know W. O. Landrum witness as to marriage and last will

that both 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.

Sworn under my hand and official seal of office this 16 day of Oct 1919  
(SEAL.) W. O. Landrum Ordinary.  
Fulton County.

NOTES: 1. Before any questions are answered the Ordinary shall read applicant and the affidavit in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."  
2. Questions asked by the Ordinary are unimportant.  
3. All affidavits must be made before the Ordinary of the county of residence.  
4. Affidavits must be made before the Ordinary of the county of residence.  
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100. Affidavits must be made before the Ordinary of the county of residence.

## Widow's Application

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

County Fulton  
Name Wendy Landrum  
Widow of W. O. Landrum June 1897  
Company 2  
Regiment 30. Cal  
Approved \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-23-1919

STATE OF GEORGIA,  
FAYETTE COUNTY.

TO ANY MINISTER 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 Miss, Mary, Jane, Bearden,  
According to the rites of your Choueh, provided there be no lawful cause  
to abserust 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 the 6th day of Feb, 1877,

L. B. Griggs. (seal)  
Ordinary.

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

James, M. Palmer, J. P.

Recorded Oct, 24th 1877

L. B. Griggs, Ord., & Ex officio clerk.

GEORGIA FAYETTE COUNTY,

I, J. J. Davis, Ordinary of said State and  
County do hereby certify that the above and foregoing instrument of  
writing contains a true and correct copy of the marriage license of  
W. M. Landrum, and Miss, Mary, Jane, Bearden, Book, 'E' Page, 165  
Now on file in my office.

Given under my hand and Seal of office,

This the 3rd day of Sept 1919.

J. J. Davis.  
& Ex officio clk Court of Ord.

## ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

Fulton County.

I, T. H. [Signature], Ordinary of said County, do certify that I  
know Mrs. Mary Landrum, 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 4 day of Sept 1919

That I also know B. O. Landrum witness as to marriage, and I also know

that both 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.

Sworn under my hand and official seal of office this 11th day of Oct 1919

(SEAL)

Ordinary.

Fulton County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:  
"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence  
you shall give will be the truth. So help you God."  
2. Additional affidavits may be attached if blank spaces are insufficient.  
3. All affidavits must be made before the Ordinary of the county of residence.  
4. Only widows who married prior to first January, 1881, are entitled.  
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general  
reputation.  
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's  
service—because he made no proof of service and was not required to do so.

Mary Landrum, Mary  
Book, 'E' Page, 165  
No. 7 Fulton County

### Widow's Application

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

County Fulton  
Name Mary Landrum  
Widow of W. M. Landrum  
Company  
Regiment 30th  
Approved

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

10-23-1919

STATE OF GEORGIA,  
FAYETTE COUNTY.

TO ANY MINISTER 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 Miss, Mary, Jane, Bearden.  
According to the rites of your Church, provided there be no lawful cause  
to absuere 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 the 6th day of Feb, 1877,

L. B. Griggs. (seal)  
Ordinary.

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

James, M. Palmer, J. P.

Recorded Oct, 24th 1877

L. B. Griggs, Ord., & Ex officio clerk.

GEORGIA FAYETTE COUNTY,

I, J. J. Davis, Ordinary of said State and  
County do hereby certify that the above and foregoing instrument of  
writing contains a true and correct copy of the marriage license of  
W. M. Landrum, and Miss, Mary, Jane, Bearden, Book, 'E' Page, 168  
Now on file in my office.

Given under my hand and Seal of office,

This the 3rd day of Sept 1919.

J. J. Davis.  
Ordinary  
& Ex officio clk Court of Ord.

## WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

Fulton COUNTY.

Personally before me comes Wm Landrum of said County,  
who, after being duly sworn, says that she is the widow of Wm Landrum  
to whom, in the County of Fayette State of Ga she was married on  
the 7 day of Feb 1877 and that she remained his wife, and resided with him to the  
date of his death in Coweta Co 12/14/98 and that she has not since his death remarried. At  
the time of his death he was a resident of Coweta County, in said State  
of Georgia, and he was on the 1877 Pension Roll of the State and paid a pension  
of \$60.00 in Coweta County for 1877 per annum, on account of being a soldier in  
Company G. 30th Ga Regiment (Volunteers of State Militia)

That she is now a bona fide resident citizen of said County of Fulton and she  
has so continuously resided since 1907 day of January

Sworn to and subscribed before me, this the

4 day of Sept 1919  
Arthur R. Walbridge Ordinary  
of Fulton County.  
(SEAL)

her  
Mary X Landrum  
Widow

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

STATE OF GEORGIA,

Fulton COUNTY.

Personally before me comes B. O. Landrum known to be  
responsible and truthful persons, residing in said County, who after having been duly sworn, say: that  
of their own personal knowledge Mrs. Mary Landrum, who made the foregoing  
affidavit, is the lawful widow of Wm Landrum who died in Coweta  
County in said State of Ga on 14 day of Dec 1898  
and that she has not since remarried. ~~That she became the wife of~~  
~~the~~ day of 18 and that she and he had resided together as man and  
wife continuously since to the date of his death day of 18 and that the he was  
the same man who was on the pension roll of said State Coweta from  
County when he died.

Sworn to and subscribed before me, this the

4 day of Sept 1919  
Arthur R. Walbridge Ordinary  
of Fulton County.  
(SEAL)

B. O. Landrum

Sworn to and subscribed before me, this the  
4 day of Sept 1919  
Arthur M. Webster Ordinary  
of Fulton County.  
(SEAL)

BO Landrum

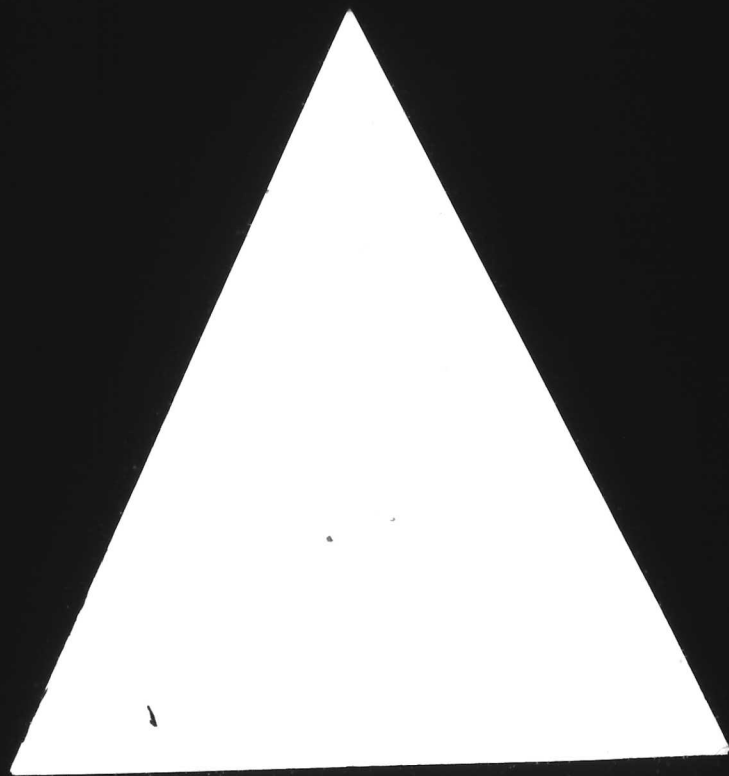
W. M. Landrum

Co. G. 30<sup>th</sup> Ga. Regt.

Died 1896 and his  
first pension, to widow  
Feb. 26, 1897. under Act of  
Dec. 19, 1896

Approved application  
in 1896 File - Coweta  
Co.

Askeew



*Leander N. Lindsey*  
*Fayette Co*  
*G. H. Jan 1861*

No. \_\_\_\_\_

**Confederate  
Soldier's Application.**

✓ UNDER ACT 1810.

County *Fulton*  
Name *Leander N. Lindsey*  
Company *B*  
Regiment *23 Ala*

Approved \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions

CHAS. F. STEVENS, Printer, Atlanta

*1861*

# QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

Spalding County.

R. R. Galloway, of said State and County is hereby presented as a witness in support of the application of H. L. Landon 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? R. R. Galloway, I reside in Tallapoosa, Spalding Co., Ga.
2. How long and since when have you known S. H. Landon the applicant? Since 1861 in 1861.
3. Where does he now reside, and since when has he been a bonafide continuing resident in this State and how do you know? Atlanta Ga. since 1869.
4. When, where and in what Company and Regiment did S. H. Landon enlist during war from 1861 to 1865? (Give date and place) Co. G, 1st Bt. Mass. Heavy Arty, 1861, 1862.
5. How did you obtain your information of this Service? By report only. I was a member of same Company.
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) from 1861 to April 1865.
7. When and where was his Command surrendered or discharged (give date and place) April 26th 1865. 4th Cavalry Regt. NC.
8. Were you personally present at the Surrender? I was present.
9. If not, where were you and how came you there? I was present.
10. Was the applicant personally present with his Command at surrender? He was.
11. If not where was he and how came him there? He was present.
12. When did he leave his Command? April 26th 1865. Where was his Command when he left it? Greensboro NC. for what cause did he leave? Surrender. By whose authority did he leave? Joseph Johnson and how long was he granted leave? Surrendered. How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) I know it personally.
13. In what way was he prevented from returning to his Command? Surrendered. How do you know? By counsel.
14. What effort did he make to return to his Command and how do you know? None at all. We were surrendered.
15. Was applicant captured as a prisoner? Yes. If so, when and where? April 26th 1865 at Greensboro NC. In what prison was he held? Confined at the same place and when released? immediately and returned to same Co. Regt.

Sworn to and subscribed before me, this 1st day of March 1912, at Spalding County.

## AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Tulsa County.

Personally before me comes J. P. Wimbush, J. Smith who on oath says that they are free holders residing in said County and we know S. H. Landon the applicant for pension and we know the property that is now in the use, possession and control of himself and one and of the residence to wit: (Make List of home and lot) 3 lots, Wimbush Co. DeKalb Co. Ga. and one lot, Wimbush Co. Tulsa Co. Okla. Homeholder Kitchen and office for 1865.

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.)

2. When and to whom was it sold or given to? None
3. What was the price paid or stated to be paid? no one
4. What relation is the party to applicant? none
5. What disposition was made of the proceeds of the sale? none
6. Was the disposition of this property made in good faith and full value?

or was it made to obtain a pension?

Sworn to and subscribed before me, this 1st day of Oct. 1911.

J. P. Wimbush, J. Smith  
of Tulsa County.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Tulsa County.

John P. Wimbush Ordinary of said County, certify that I know the applicant H. L. Landon for Pension is the person he represents himself to be and resides in said County. That I also know J. P. Wimbush, J. Smith 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 Tulsa shows that H. L. Landon and wife value for tax is in 1908 \$ none for 1910 \$ 15.00

Sworn under my hand and official seal of office this 1st day of Oct. 1911.

Ordinary.  
of Tulsa County.

### Questions for Applicants to Answer.

County.

1. What is your name and where do you reside? (Give County and Post-office).....  
*Wesley A. Laidburn, I reside in Atlanta, Fulton Co., Ga.*

2. How long and since when have you been a contiguous resident citizen of this State?.....  
*From November, 1869, to present date.*

3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State  
1861 to 1865? *In the Army of the Confederate States*

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) *In 1862. Montgomery, Ala. Co B, 23rd Ala. Inf. Regt.*

5. How long did you remain in the actual Military Service with said Company and Regiment?  
(Give date of discharge) *During the war from time of enlistment*

6. When and where was your Company and Regiment surrendered or discharged from the Service?  
In Galenoboro, N. C., 1865.

7. <sup>5</sup> Were you actually present with your Command when it was surrendered or discharged? *Yes*

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

a. Where was your Command when you left it?

b. When did you leave the Command?

c. For what cause did you leave?

d. By whose authority did you leave?

e. For how long was ~~wildfire~~ ~~the fire~~ ~~in the way~~?

f. Why did you not return to your Command after leave expired?

g. In what way were You prevented?

b. What effort did you make to return?

i. Were you captured during the war? ☐

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

2. Victims miss. at surrender at 1000 hours

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.)

7. Lot 25 x 50 ft. in Montrose, Hefley Co. Ga. value \$4000

2 2046. Saint-Basile, Vaud, Col. 4 1150<sup>00</sup> in wife's name

Household & Kitchen Furn<sup>75.00</sup> Office Furn<sup>50.00</sup> 6/25.00

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

1908. To whom and for what price? *None*

11. What property of any 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).....

Started in answer to question of above

12. What annual or monthly income or earnings of yourself and wife and the source derived has

you? My parasitism as Guiltier of the Peace amounts to about \$250<sup>00</sup> a

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 is

not allowed? No

Sworn to and subscribed before me, this the 1st day of Sept. 1964.

27 Oct 1910. 2000 ft. 2000 ft. 2000 ft.

John A. Crockett, Ordinary

of William County

County.

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Spalding County }  
 Spalding County }

Subscribed before me  
 J. A. Drewry, Ordinary in and for said county, hereby certify that  
 the following is a true and correct copy of the  
 original of the same as the same is on file in my office  
 at Spalding County, Georgia, to-wit: of  
 the same as the same is on file in my office  
 at Spalding County, Georgia, to-wit: of  
 the same as the same is on file in my office  
 at Spalding County, Georgia, to-wit: of

J. A. Drewry  
 O. S. Ct. B. 23rd Ala.  
 C. S. A.

Subscribed before me  
 on the twelfth day of July 1910.

J. A. Drewry  
 Notary Public

My Commission Expires  
 APRIL 12, 1914.

# ORDINARY'S CERTIFICATE.

J. A. DREWRY,  
 Judge Court of Ordinary.

STATE OF GEORGIA, SPALDING COUNTY:—

I, J. A. Drewry, Ordinary in and for said county, hereby certify that R. A. Bellamy of Spalding County, Ga.

sworn by me in support of the  
 claim of S. H. Jordan for personal  
under act of 1910  
 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 2nd day of  
Oct 1910.

J. A. Drewry  
 Ordinary Spalding County, Georgia.

NAME **Landrum Simcoe H.** YEAR **1911** COUNTY **Fulton**

WHEN AND WHERE BORN? **Resident of Georgia since November 1899.**

ENLISTED WHEN AND WHERE? **1898, Montgomery, Alabama.**

NAME

COMPANY AND REGIMENT? **Co. B, 28th Alabama Regiment, Infantry.**

RANK OF CAPTAIN AND COLONEL?

DIED?

CAPTURED, WHEN AND WHERE? **Captured at Vicksburg, Mississippi, paroled for 60 days after that reorganized after we were exchanged.**

RELEASED.

WHEN AND WHERE SURRENDERED? **1865, Greensboro, North Carolina.**

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. **B. F. Galloway - Same Command.**  
**F. O. McMurtry - Co. B, 28th Ala. C. S. A.**

**No date.**

WITNESSES.

B. F. Calloway - Same Command,  
F. G. McMurtry - Co. B, 23rd Ala. C. S. A.

No data.



Pension office 10/23rd. 1910

If applicant was where he says he was, then witness knows nothing of his absence or why absent. If he was on duty with command, Hearsey and belief is not testimony, and such is not an honorable accounting to the and of the war. Must submit a witness that knows of his own knowledge.

J. W. Lindsey, Genl. of Pensions.

*same person*  
*John Lindsey*  
*Oct 20 1911*  
*Page of funds*  
No. *7*

**Confederate  
Soldier's Application.**

UNDER ACT 1910.

County *Salmon*

Name *J. W. Lindsey*

Company *Co*

Regiment *11th Ga. Cav*

Approved \_\_\_\_\_

J. W. LINDSEY,

Commissioner of Pensions.

CHAS. E. BYRD, State Printer, Atlanta.

*4/2 2/10*  
*2/10/11*

Pension office 10/23rd. 1910

If applicant was where he says he was, then witness knows nothing of his absence or why absent, if he was on duty with command, hearsay and belief is not testimony, and such is not an honorable accounting to the end of the war, must submit a witness that knows of his own knowledge.

J. W. Lindsey, Com. Of Pensions.

# Soldier's Application.

UNDER ACT 1910.

Confederate

*Samuel Lindsey*  
*10/23/1910*  
*10/23/1910*  
*10/23/1910*

County *Fulton*  
Name *J. W. Lindsey*  
Company *1st Co*  
Regiment *11th S. Caly*

J. W. LINDSEY,  
Comptroller of Pensions

## APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

### Questions for Applicants to Answer.

STATE OF GEORGIA,

*Fulton* County.

*J. W. Lindsey* 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).  
*Fulton County Hapeville Ga*
2. How long and since when have you been a continuous resident citizen of this State?  
*Sixty four years*
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865?  
*Yes the 11th S. Caly*
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service)  
*11th S. Caly Company K*
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge)  
*Until Summ. 1865*
6. When and where was your Company and Regiment surrendered or discharged from the Service?  
*May 5th 1865 at Hapeville Ga*
7. Were you actually present with your Command when it was surrendered or discharged?  
*No*
8. If you were not actually present, state specifically and clearly where you were  
*Home on Furlow*
9. a. Where was your Command when you left it?  
*Sixty days before Surrender*  
b. When did you leave the Command?  
*Part of February*  
c. For what cause did you leave?  
*Sick*  
d. By whose authority did you leave?  
*on Furlow from Hospital*  
e. For how long was your leave granted? In what way?  
*60 days Furlow*
10. f. Why did you not return to your Command after leave expired?  
*Surrendered to Union*  
g. In what way were you prevented?  
*Believed to be dead*  
h. What effort did you make to return?  
*No*  
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?
11. 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.)  
*House hold & kitchen furniture 2000 dollars*
12. 10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908. To whom and for what price?  
*None*
13. 11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list).  
*House hold & kitchen furniture 2000*
14. 12. What annual or monthly income or earnings of yourself and wife and the source derived have you?  
*on Furlow income*
15. 13. Are you drawing a pension of any amount from this State or the United States?  
*No*
16. 14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?  
*No*

Subscribed and sworn to before me, this the *10th* day of *June* 1910, at *Hapeville* Ordinary,  
of *Fulton* County.

*Joseph L. Lindsey*

# QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

Sulton County.

J. L. Hardie of said State and County is hereby presented as a witness in support of the application of J. L. Hardie 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? J. L. Hardie  
Sulton Co. Ala
2. How long and since when have you known J. L. Hardie the applicant?  
Since 1864
3. Where does he now reside, and since when has he been a bonafide, continuing resident in this State and how do you know? See Sulton Co. Ala 1864
4. When, where and in what Company and Regiment did he enlist during war from 1861 to 1865? (Give date and place). 11th Ga Cavalry Athens Ga
5. How did you obtain your information of this Service? Was present with him
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) one year
7. When and where was his Command surrendered or discharged (give date and place) May 9th 1865 - At Austin Ga
8. Were you personally present at the Surrender? yes
9. If not, where were you and how came you there?
10. Was the applicant personally present with his Command at surrender? yes
11. If not where was he and how came him there? At home on Sulton
12. When did he leave his Command? About May 5, 1865 Where was his Command when he left it? near Augusta Ga for what cause did he leave? Sickness  
By whose authority did he leave? Sulton and how long was he granted leave? 60 days How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)  
I was with him
13. In what way was he prevented from returning to his Command? The Surrender Cause  
How do you know? I was present
14. What effort did he make to return to his Command and how do you know?
15. Was applicant captured as a prisoner. no If so, when and where?  
In what prison was he held? and when released?

Sworn to and subscribed before me, this 10th day of July 1908 at Sulton County.

## AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Sulton County.

Personally before me comes J. L. Hardie who on oath 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 items 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.)

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

or was it made to defraud the applicant?  
Sworn to and subscribed before me, this 10th day of July 1908 at Sulton County.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Sulton County.

Narcissus W. Hardie CC Ordinary of said County, certify that I know the applicant J. L. Hardie for Pension in the person he represents himself to be and resides in said County. That I also know J. L. Hardie the witness swearing to the service and J. L. Hardie 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 80 shows that 80 and wife value for tax is in 1908 80 for 1909 80 for 1910 80  
Sworn to and subscribed before me, this 10th day of July 1908 at Sulton County.

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

Georgia, Fulton County.

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

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

W. B. Lane

Sworn to and subscribed before me,  
This 8th day of March, 1911.

Thos. M. Taylor  
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 sworn, on oath deposes and says, That after he had enlisted and served in the regular army in Company K. Eleventh Georgia Regiment Cavalry, that he was taken sick with typho-malarial fever the latter part of January or about the first of February 1865, near Augusta, Georgia. That affiant was sent to the government hospital at Augusta, Georgia, where he remained until about the middle of March 1865, at which time he was granted a 60 day furlough on account of his illness and was sent to his home near Athens, Georgia, in Madison County, 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 furlough 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.

J. L. Lane

Sworn to and subscribed before me,  
This 8th day of March, 1911.

Thos. M. Taylor  
Notary Public, Fulton County, Georgia.

NAME Lane Joseph L. YEAR 1911 COUNTY Fulton

AGE AND WHERE BORN? Resident of Georgia 64 years.

TESTIMONY WHEN AND WHERE? Witness states; Athens, Georgia.  
Does not state when.

NAME

COMPANY AND REGIMENT? Co. A, 11th Georgia Cavalry.

NAME OF CAPTAIN AND COLONELS

QUEST? Latter part of January or about the first of February 1865,  
near Augusta, Georgia was taken sick with typho-malarial fever,  
sent to The Government Hospital at Augusta, Georgia, where he  
remained until about the middle of March 1865, he was granted  
a 60 day furlough on account of his illness and  
sent home near Athens, Georgia, remained sick at  
home on furlough until after his Co. and Regt.  
had surrendered.

REASON.

NAME AND WHERE SURRENDERED? Command surrendered; May 8th 1865,  
Augusta, Georgia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? At home on sick furlough.

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. J. C. Hardie - Was present with applicant at the surrender.

No data.

WITNESSES. J. C. Hardie - Was present with applicant at the surrender.

No date.

*Lane, Mollie*  
*for 100 (1911-1912)*  
*Fulton Co*

No. \_\_\_\_\_

**Widow's Pension**

UNDER ACT 1910.

County

*Fulton*

Name

*Mrs. Mollie Lane*

Widow of

*Mark D. Lane*

*G. L. Le Roy*

ENTERED ROSTER OFFICE. LINDSEY,  
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

*11/15/11* *11/15-1911*

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 Mark R. Brown  
and Miss Nellie C. Dickson 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<sup>th</sup>

day of July

1867

Thomas J. Little Ordinary

STATE OF GEORGIA,  
Hancock County.

THIS IS TO CERTIFY, THAT Mark R. Brown  
and Miss Nellie C. Dickson were duly joined in Matrimony by Me.

Day of July

Thomas J. Little Ordinary

COPY OF ORDER.

HANCOCK COURT OF ORDINARY,

October Term 1911.

On account of ill health, and acting on the 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 evidence of such absence and is information upon which  
the Judge of the City Court of Sparta may take jurisdiction of such matters  
affecting this office and this court as may 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 Act of 1910.-- Questions  
for Applicant.

STATE OF GEORGIA,  
Fulton County.

Personally before me comes Mrs. Nellie 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 Act  
of 1910, and submit testimony to make out the same, true answers makes to the fol-  
lowing questions to wit:

1. What is your name, and where do you reside? Nellie Paul, Camp Park, Ga.
2. How long and since when have you been a continuing resident in the State of Georgia? Over 9 years.
3. When, where and to whom were you married? Hancock C. Paul, July 6, 1867, Rock D. Paul
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.) Comp. A. 68<sup>th</sup> Ga. Inf. Regt., 1861, Atlanta, Ga.
5. When and where did the Commands of your husband surrender or discharge from the army? Franklin, Tenn. 24<sup>th</sup> Apr. 1865.
6. Was your husband personally present at the time of the surrender or discharge of this Command? Yes
7. If he was not present state clearly where he was? At home on sick leave, disabled
8. Where was his Command when he left? at Richmond, Va.
9. For what cause did he leave his command? Wounds
10. By whose authority did he leave his Command? Commanding Officers
11. For how long was he granted leave of absence? Indefinite
12. What was his physical condition when he left his Command? Discharged, never returned
13. What effort did he make to return to his command? None
14. In what way was he prevented from going back to Command? Wounds for service
15. Was he captured by the enemy at any time? Yes
16. If so, when and where captured and where held as a prisoner, and when and for what cause released? None
17. When and where did your husband die? November 30, 1891
18. Were you residing together when he died? Yes
19. If not, how long had you resided apart? None
20. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.) None

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

11. What property of any description of any value have you now? None
12. Give list and cash value? Nothing
13. What are your annual earnings or income and their value? None
14. Have you heretofore been paid a pension by the State? Yes
15. If so, when and for what cause were you struck from the Roll? None

Sworn to and subscribed before me this the

14<sup>th</sup> day of Nov 1911  
Nellie Paul Ordinary.  
of Fulton County.

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

STATE OF GEORGIA,

Haucock County.

Personally before me comes James H. Rogers who after being duly sworn true answers to me, to the following questions, answers as follows:

1. What is your name and where do you reside? James H. Rogers, Spartanburg, S.C.
2. How long and since when have you known Mrs. Mollie Lane applicant? Her life
3. How long and since when has she continuously resided in this State? (Give date.) All of her life
4. When and to whom was she married? Mark D. Lane How do you know? By reputation
5. How long and since when did you know Mark D. Lane her husband? From 1857 to 1889, when he died
6. When and where did Mark D. Lane the husband of Applicant die? 1890 in Haucock Co. Ga
7. Where the Applicant and her husband living together as husband and wife at the date of his death? Yes
8. If not, how long did they live apart before his death? ✓
- Were they divorced? ✓
9. When, where and in what Company and Regiment did Mark D. Lane enlist? May 27-1861-Atlanta, Ga. Co. A "C" 4th Cal.
10. Were you a member of the same Company? Yes
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? Little over 12 months
12. When, and where did his Command surrender, and was discharged? April 26-86 at Greensboro, N.C.
13. Were you personally present when it was surrendered? Yes If not where were you ✓ and how came you there? ✓

14. Was the husband of applicant personally present at surrender? No If not where was he? At home in Pittsburgh, Pa. when, where and for what cause did he leave Command? (Give date.) May 3-1862 Richmond, Va. By whose authority did he leave his Command? Commanding officer and how long was he granted leave? Indefinitely How do you know all this? In same Company & holding position again of Lane

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

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

Sworn to and subscribed before me this the 26th day of April, 1911 James H. Rogers  
James H. Rogers  
an Acting Ordinary, S.C. we live  
abandon from State County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Fulton County.

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

Personal property	<u>nothing</u>	\$
Notes and accounts due	<u>nothing</u>	\$
Total		\$

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

Personal property	<u>nothing</u>	\$
Money, Notes and accounts	<u>nothing</u>	\$

Schedule (C).  
 We also know what property she has now in her possession, use and control to wit:

Acres of land...worth	<u>nothing</u>	\$
Horses and Mules	<u>nothing</u>	\$
Cows and Hogs	<u>nothing</u>	\$
Other property	<u>nothing</u>	\$
Income and earnings	<u>nothing</u>	\$
Total Value of all property and effects.		\$

Sworn and subscribed before me this the 15th day of April, 1911 Mrs. S. A. Harris  
Marcus W. Harris Ordinary, Mrs. A. L. Lundy  
 of Fulton County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

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

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

That the Tax Returns Fulton Co. Returned for Tax, is for 1908 \$ nothing for 1910 \$ nothing

Sworn under my hand and official seal of office this 15th day of Nov

1911 John R. Williamson Ordinary, Fulton County

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

George, Harriet, Constance  
Martha, William, Joseph  
John, Mary, Elizabeth, as Trustees  
of the County of Fulton

Agent of Bail -

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

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

Sworn to and subscribed before me this the 24th day of Apr 1917 John H. Rogers

Ed Mark  
for Acting Ordinary of C. in his  
abundance of grace & state County.

full faith and credit.

That the Tax Returns Fulton Co Returned for Tax is for 1908 \$ Nothing for 1910 \$ Nothing

Sworn under my hand and official seal of office this 1st day of Nov

1917 E John R. Peterson Ordinary, Fulton County

(SEAL.)

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY. }

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

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

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

Executed in presence of \_\_\_\_\_ [L. S.]

*Lane M. H. Fulton Co.*  
*for 1908*  
*20 9 Jackson*

INDIGENT PENSION.

1907

Name *M. H. Lane*

County *Fulton*

Co. *C. C. Smith's* Regt.

Approved \_\_\_\_\_ 1907

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

*890 148*

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

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

*9/6/07*

12. What is a man except from preaching & selling books  
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?  
No

14. What is the applicant's occupation and physical condition? Preaching & selling books & condition - swelling of feet & legs

15. Is the applicant unable to support himself by labor of any sort; if so, why? Yes - on account of physical condition

16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? Preaching & selling books & other things & on a go

17. What portion of this support for these four years was derived from his own labor or income?  
Very little

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code. His condition is such that he is unable to perform any labor to which to earn a living

19. Who composes family? What property have they? Children's ages and their earning capacity?  
6 Boys & 5 Girls - 3 Girls married - No home or other property except on a go - no other income - children all of age except

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

Sworn to and subscribed before me, this the 22 day of August 1907  
John W. Lindsey Ordinary.

Henry M. Wray Witness

## QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Fulton COUNTY.

Mrs. Lane 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.)  
Mrs. Lane, Atlanta Ga. 130 N. Jackson St. S.W.
2. How long and since when have you been a resident of this State?  
1845, except 2 yrs. (1856-58) -
3. When and where were you born?  
July 9, 1817, Wrentham, Mass.
4. When and where and in what company and regiment did you enlist or serve?  
1863, Washington, D.C. 1st Art. Regt. U.S.A.
5. How long did you remain in such company and regiment? June 1863 to Jan. 1865 at time of surrender
6. When and where was your company and regiment surrendered and discharged?  
Court House, April 1865 - Appointed
7. Were you present with your company and regiment when it was surrendered? Yes
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?  
None
9. How much can you earn (gross) per annum by your own exertions or labor?  
nothing
10. What has been your occupation since 1865?  
Preaching, selling books & minister, since
11. Upon which of the following grounds do you base your application for pension: viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? first -
12. If upon the first ground, state how long you have been in such condition that you could not earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind and when and where you lost your sight.  
Three years, swelling of legs & feet
13. What property, real and personal, or income, do you possess, and its gross value?  
none
14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, by sale or gift, have you made of same?  
none
15. In what County did you reside during those years, and what property did you then return for taxation?  
Fulton County
16. How were you supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? What pay did you receive in each year?  
Preaching & selling books, none for past three years
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?  
very little
18. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907? What pay did you receive in each year?  
Preaching & selling books, none for past three years
19. Have you a family? If so, who composes such family? Give their means of support. Have they a home, and, or other property? Their ages and how employed?  
No home or other property, wife an invalid, expense borne by sons, all of age except one
20. Are you receiving any pension? If so, what amount and for what disability?  
No

21. Have you ever made an application for pension before?  
No
22. How many applications have you ever made and under what class?  
none

Sworn to and subscribed before me this the

22 day of Aug. 1907  
John W. Lindsey Ordinary,  
of Fulton County.

Applicant.

Every Question Must Be Answered

INDIGENT PENSION.

1907

W. H. Lane

Fulton

Ca. 130 N. Jackson St. S.W.

Approved

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

6500 1948

Office with title name of Applicant, County and Postoffice on back as indicated above.

4/6/07

## QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Wheeler COUNTY.

A. A. Barnett of said State and County, having been presented as a witness in support of the application of M. H. Lane for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, depose and answers as follows:

1. What is your name and where do you reside? A. A. Barnett  
Washington, N. C.
2. Are you acquainted with M. H. Lane, the applicant; if so, how long have you known him? For all my life
3. Where does he reside, and how long and since when has he been a resident of this State? Atlanta, Ga. Born in State & since he has all his life
4. When, where and in what company and regiment did he enlist, and by whom? June 18/1863, Washington Ga Co 60 he fought at Ant. Rpt. I was with him
5. Were you a member of the same company and regiment? Yes, was enlisted together
6. How long did he perform regular military duty? Nearly 2 yrs or until Surrender
7. When and where was his command surrendered? Apr 9/1865, Appomattox  
Co. Va.
8. Were you present when it surrendered? Yes
9. Was applicant present? Yes
10. If he was not present, where was he? Present
11. When did he leave his command? Apr 9/1865 For what cause? Surrender  
By what authority he left? Command Officers How do you know all of this?  
We were at same time & went off together  
Remained together till the Surrender
12. What property, effects or income has the applicant? (Give your means of knowledge.)  
None I know personally
13. What property, effects or income has the applicant possessed in 1901, 1902, 1903, 1904, 1905, 1906 and 1907?  
None
14. And what disposition, if any, did he make of same? None
15. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?  
None
16. What is the applicant's occupation and physical condition?  
None
17. Is the applicant unable to support himself by labor of any sort; if so, why?  
None
18. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907?  
None
19. What portion of his support for these four years was derived from his own labor or income?  
None
20. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code.  
None
21. Who composes family? What property have they? Children's ages and their earning capacity?  
None
22. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 19 day of Aug, 1907.  
M. S. Lane Ordinary.  
Wheeler, Ga.

## AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Fulton COUNTY.

Personally came before me C. E. Hall and

both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully

M. H. Lane, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

nothing I know intimates and general weakness  
due to brain accumulation of uric acid

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

Sworn to and subscribed before me, this the 20th day of August, 1907.  
John Breckinridge Ordinary.  
C. E. Hall M.D.  
J. Breckinridge M.D.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton COUNTY.

I, John Breckinridge Ordinary, in and for said County, hereby certify that the applicant M. H. Lane resides in said County, and has

been a bona fide resident of this State since the 1863 day of June, 1863 and that the witnesses, viz. Henry M. Wood

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

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

I further certify that the tax digest of Wheeler County shows that applicant returned for taxation in his name in 1901 None Dollars of property, and in 1902 None Dollars of property; in 1903 None Dollars of property; in 1904 None Dollars of property; in 1905 None Dollars of property; in 1906 None Dollars of property; in 1907 None Dollars of property.

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

Witness my hand and seal of office, this 22nd day of August, 1907.  
John Breckinridge Ordinary.  
Fulton 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 evidence may be attached if blank space are furnished.  
In every case the Ordinary must certify to the character of the witnesses, and as to the execution of the proof as above set out.

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

*None known*

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

Sworn to and subscribed before me, this the

19 day of *Aug* 1902

*W. S. Lane* Ordinary.

*Maids, Ga.*

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

Witness my hand and seal of office, this 22nd day of *August* 1902

*John B. Richardson* Ordinary.

of *Fulton* County.

34 C 223

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

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

3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

*LANE, M.H.*  
*Fulton Co.*

No. \_\_\_\_\_

1913

# Application for Pension Due Deceased Soldier.

UNDER ACT 1891

To be paid his Widow or Dependent Children

BY

Mrs. *Maudine Lasse*

Widow of *M.H. Lane*

of *Fulton* County

Co. \_\_\_\_\_ Regt. \_\_\_\_\_ Vol.

Approved and paid

1913

J. W. LINDSEY,  
Commissioner of Pensions

GEORGE *Fulton* County.

I, \_\_\_\_\_ Ordinary of said county, do certify

that I personally know \_\_\_\_\_ the applicant, and that she

is the lawful widow of \_\_\_\_\_ and was on

the \_\_\_\_\_ Pension Roll of said \_\_\_\_\_ county, and was paid

a Pension from \_\_\_\_\_ day of \_\_\_\_\_ 1913, there was due to

him and unpaid his Pension of \_\_\_\_\_ Dollars from the State

of Georgia, and I know \_\_\_\_\_ the within

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

Given under my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 1913.

Ordinary,  
County.

GEORGIA, \_\_\_\_\_ County.

I hereby authorize and constitute \_\_\_\_\_ of said county, my

lawful attorney to collect and receipt for me in my name the Pension due me for 19 \_\_\_\_\_ through my

deceased husband, \_\_\_\_\_ who was on \_\_\_\_\_

Pension Roll and paid from \_\_\_\_\_ for 19 \_\_\_\_\_

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

Attested before me: \_\_\_\_\_

# Application for Pension Due Deceased Soldier

To be paid to his widow or dependent children.

UNDER ACT APPROVED OCTOBER 9, 1891

STATE OF GEORGIA, Fulton County.

Personally before me comes Mrs. M. Undine Lane of said county, after being duly sworn, on oath says that she is the widow of M. H. Lane who was duly enrolled as a Indigent Pensioner from the county of Fulton and was paid a Pension of Sixty Dollars from Fulton county for 1912 and that the said M. H. Lane died in Atlanta, Fulton county on the 17<sup>th</sup> day of November 1912 and at the time of his death a Pension of Sixty was due him from Fulton county and unpaid for 1913. Applicant further swears that she married the said M. H. Lane on the 6<sup>th</sup> day of Oct 1868 in Hamasack county and State of Georgia and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 24<sup>th</sup> day of March 1913.

John R. Wilkerson Ordinary. M. Undine Lane (L.S.)  
Fulton County.

## AFFIDAVIT OF WITNESS.

GEORGIA, Fulton County.

Personally before me comes W. A. Murray, who on oath says that he knew M. H. Lane while in life and that he knows Mrs. M. Undine Lane the above applicant; that he knows that the said M. H. Lane and M. Undine Lane were in due form of law married in the county of Hamasack in the State of Georgia on the 6<sup>th</sup> day of October 1868 and that they resided together as husband and wife from date of marriage to the day of his death on the 17<sup>th</sup> day of November 1912, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 12<sup>th</sup> day of February 1913.

John R. Wilkerson Ordinary. W. A. Murray  
Fulton County.

Note 1st—This form can be used by guardian or other children when there is no widow.  
2d—Ordinary must send in all state certified copy of marriage license attached.

the ..... day of ..... 1868, and that they resided together  
 as husband and wife from date of marriage to the day of his death on the ..... day  
 of ..... 1913, and I now know that she is his dependent widow.  
 Sworn to and subscribed before me this ..... day of ..... 1913.  
 John P. Little, Ordinary, }  
 Fulton County, } J. A. [Signature]

Note 1st—This form can be used by guardian or minor children where there is no widow.  
 2d—Ordinary must send in all cases certified copy of marriage license attached.

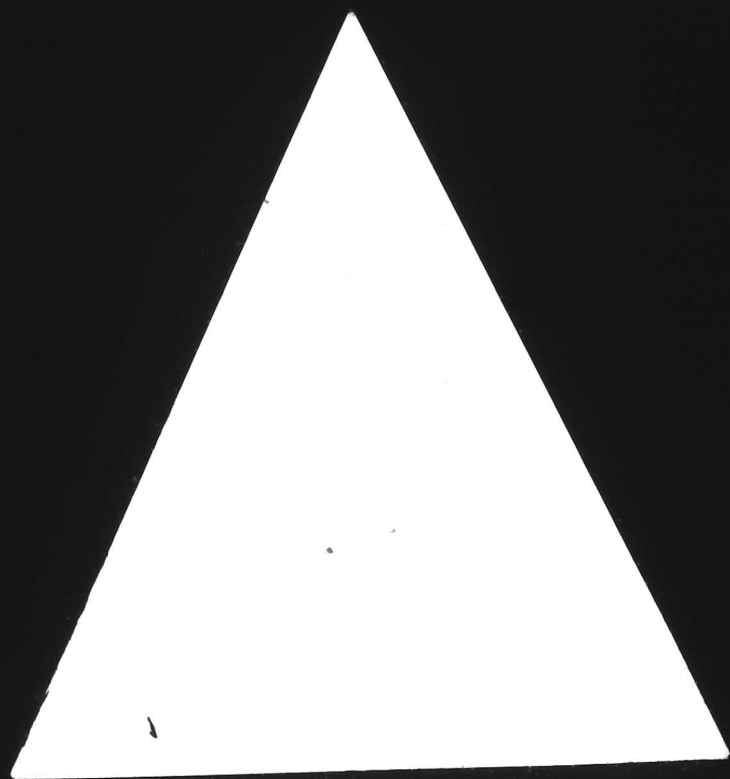
Georgia, Hancock County.

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) October 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.

H. H. Little  
 Ordinary of Hancock Co. Ga.



# 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 Government in making the payments provided, the following suggestions are submitted:
- If an applicant has been honorably discharged, the description of the wound should be carefully and fully set forth by applicant and substantiated 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.
- 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 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."
- 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.
- Every applicant must be certified by the Ordinary of the county of the residence of the applicant. The certificate of a physician 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.
- No payments can be made for any past year.

W. H. HARRISON.  
Clerk Ex. Dep.

*Large Amount*  
*Int'l on A.*  
**1890.**  
*Loans Robert H.*

No. *2798.*

**APPLICATION FOR ALLOWANCE**  
*Haydenator. Loss of*  
*One finger. & Loss of Eye*

Applicant *Robt. R. Lane*  
County *Gretna*  
Amount, *60.*  
Date of Warrant, *April 30*  
Entered on record *April 30. 1890*  
*W. H. HARRISON*  
SECRETARY EXECUTIVE DEPARTMENT  
WARRANT HANDED TO  
*applicant*  
W. J. Campbell, State Printer, Constitution Office, Atlanta.

*Ex. Dep't. Atlanta Ga.*  
*April 29, 1890.*  
The proofs are not as full as desired.  
Cof. H. Magbee is asked to fully answer following questions:  
Where you at his home battle?  
Did you know applicant then?  
Did you see him wounded at the battle? Or soon after his hands were hurt?  
How you at Grant's time?  
Did you see applicant then?  
Do you of your own knowledge know how he lost his left eye? Of your own knowledge state when the eye went out? When did his right eye go out? What caused it to go out?  
Have you indicated him applicant ever since the war?  
The physicians will answer how long they have known applicant? Now do they know what caused loss of right eye?  
*W. H. Harrison*

## NOTES.

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

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or 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,

*Hutton* County.

PERSONALLY appears *Robert R. Lane* of *Hutton* county,

State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been continuously since the *all his life* day of

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

federate States (or of the State of *Georgia*) during the war between the

States, and served as a *Private* in Company *C*, of *1st* Regiment

of *Infantry* Volunteers *Georgia* Brigade; that whilst engaged

in such military service at the battle of *Franklin* in the State

of *Georgia*, on the *30th* day of *Nov.* 1864, he was

wounded as follows: *Two minnie ball wounds on the*

*back hand, the little finger on the right hand*

*was taken off at the 2nd joint, and the 3rd finger*

*on the left hand off at the 2nd joint - the right*

*hand is useless. These wounds were received at*

*the battle of Four Hope -*

*At the battle of Franklin he was wounded by*

*a minnie ball blowing out the left eye was destroyed*

*the right eye would not grow the effect of the*

*wound -*

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 thereunder, ending October 26, 1890.

Sworn to and subscribed before me this the

*29th* day of *April* 1890

*Robert R. Lane*  
Make

NOTE: State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. If claim is based on disease give full and complete history of disease, tracing it directly to the service.

### COMMISSIONED OFFICER'S AFFIDAVIT.

### STATE OF GEORGIA,

*Hutton* County.

PERSONALLY came before me *M. J. Hagbee* of the county of *Hutton* State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company *C*, of *1st* Regiment of *Georgia*

Volunteers, and that deponent knows *Robert R. 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 *Robert R. Lane*

as stated by him in said affidavit. Deponent further states that said

is a bona fide citizen of this State and resides

in *Hutton* county.

Sworn to and subscribed before me this the

*29th* day of *April* 1890.

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

*M. J. Hagbee*  
Ordinary

### APPLICATION FOR ALLOWANCE

*May 2nd 1890*  
*One finger - 1st & 2nd joints*  
*Applicant: Robert R. Lane*  
*County: Hutton*  
*Amount: 60.*  
*Date of Warrant: April 30*  
*Entered on record*  
*1890*  
*APR 30*  
*10-4-4*

VARIABLE HANDLED TO  
APPLICANT  
W. J. Campbell, State Printer, Charleston, S. C.

*On. R. H. McLaughlin*  
*April 29, 1890.*  
*The proofs are not as full*  
*as desired.*  
*Capt. Hagbee is asked to put*  
*answer following question*  
*How you at his Hope (note)*  
*Did you have any complaints then?*  
*Did you see him wounded at*  
*the battle?*  
*Or soon after his*  
*wounds were received?*  
*Did you see applicant then?*  
*Do you of your own knowledge*  
*know that he lost his*  
*left eye?*  
*Of your own knowledge*  
*do you know when the*  
*eye went out?*  
*Wounded*  
*his right eye? Is it out?*  
*Has he used it to go out?*  
*Have you interviewed him*  
*applicant ever since the*  
*war?*  
*The physicians will answer*  
*how long they have known*  
*applicant? How do they know*  
*that caused loss of right eye?*  
*When? Is it the same man?*

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.

NOTE. Above affidavit must be made by three citizens who personally know of the service of applicant and can state of their own knowledge precisely how he is disabled, and what disables him.  
NOTE 2. The attesting officer must see that each witness reads, or has read to him the affidavit he signs.

STATE OF GEORGIA,

County.

PERSONALLY comes before me W. L. Bachman Ordinary of said county, H. B. Parks and L. P. Stephens, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined Robt H. Lane and after such

examination say that the applicant has been injured as follows:  
Both eyes totally blind, one from the effect of a wound and the other from the sympathetic inflammation.  
The right hand totally useless, as the 4th finger is off at the 2nd joint, and the tendons of the fingers are contracted by inflammation.  
The 3rd finger of the left hand is off at the 2nd joint and the 4th finger is useless from permanent contraction of tendons.

Sworn to and subscribed before me, this day of April 1890

W. L. Bachman  
H. B. Parks M.D.  
L. P. Stephens M.D.

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

STATE OF GEORGIA,

Fulton County.

I, W. L. Bachman Ordinary of said county, do certify that I am well acquainted with Robt H. Lane 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 29th day of April 1890.

W. L. Bachman  
Ordinary Fulton County.

## POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I, of county, in said State, do hereby appoint

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 1890.

[L. S.]

Executed in the presence of us:

DIRECTION.

If allowed, send amount by me at and oblige,

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1897.

[L. S.]

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

INVALID

SOLDIER'S PENSION.

1897.

Name *R. P. Laine*

County *Franklin*

Disability *Loss of fingers & hand*

Amount, \$ *60.00*

*2/23*

1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

*copy*

REC. W. HARRISON, STATE PRINTER, AT N.Y.A.

*No later*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1898.

[L. S.]

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

INVALID

SOLDIER'S PENSION.

1898.

Name *Robert L. Laine*

County *Franklin*

Disability *Loss of fingers & hand*

Amount, \$ *60.00*

*1/14*

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

*copy*

REC. W. HARRISON, STATE PRINTER, AT N.Y.A.

*No later*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears R. R. Lane 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 26 day of Feb 1837; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company C, of 15th Regiment of Georgia Volunteers, Jackson's Brigade; that whilst engaged in such military service in the State of Georgia on the June day of June 1864, he was wounded, injured or diseased as follows:

one finger shot off left hand - & on 27 Nov 1864  
in Franklin Tenn - lost eye & right hand disabled  
gun shot wounds -

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

Sworn to and subscribed before me, this, the 27 day of Feb 1897, POST OFFICE Fulton

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

STATE OF GEORGIA,

Fulton County.

I, W. H. Hulsey Ordinary 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 23rd day of Feb 1897.



Ordinary Fulton County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears Robert R. Lane 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 — 1837; that he enlisted in the military service of the Confederate States (or of the State of Confederate) during the war between the States, and served as a Private in Company C, of 15th Regiment of Georgia Volunteers, Jackson's Brigade; that whilst engaged in such military service in the State of Georgia, on the — day of June 1864, he was wounded, injured or diseased as follows:

Detall, disabled & lost one  
finger & hand

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 Georgia county been allowed an invalid pension of \$60.00 Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 14 day of Jan 1898, POST OFFICE Fulton

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

STATE OF GEORGIA,

Fulton County.

I, W. H. Hulsey Ordinary of said County, do certify that I am well acquainted with Robert 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 14th day of Jan 1898.



Ordinary Fulton County.

# POWER OF ATTORNEY.

STATE OF GEORGIA, }

County. }

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1899.

[L. S.]

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

(For Those Already Enrolled.)

No. 517

INVALID  
SOLDIER'S PENSION.  
1899.

Name R. R. Lane  
County Fulton  
Disability \_\_\_\_\_  
Amount, \$ 60  
7/2 1899.

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta

*No data*

*Lane R. R.  
Fulton County*

CODE SECTION 120.  
(For Those Already Enrolled.)

No. 467  
To Rockdale 1901  
INVALID  
SOLDIER'S PENSION.  
1900.

Name R. R. Lane  
County Fulton  
Disability \_\_\_\_\_  
Amount, \$ 60  
Warrant issued March 5 1900.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

*No data*

# POWER OF ATTORNEY.

STATE OF GEORGIA, }

County. }

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1900.

[L. S.]

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

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears R. R. Lane 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 1864; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company C, of 7th Regiment of Volunteers, 1st Brigade; that whilst engaged in such military service in the State of Georgia, on the day of June 1864, he was wounded, injured or diseased as follows:

in the Battle of New Hope Church  
he was wounded in the right hand  
by shooting off one of his fingers  
he is unable to handle his hand materially  
and also lost one eye  
fully at Hospital San Antonio  
and is now at

Deponent makes application for the pension to which he is entitled for the year ending October 31st, 1899. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of

Dollars, for the year 1899.

Sworn to and subscribed before me, this, 12th day of July, 1899. POST OFFICE at

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

STATE OF GEORGIA,

Fulton County.

I, W. H. Hulsey Ordinary 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

day of July, 1899.

Ordinary Fulton County.



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears R. R. Lane of Fulton County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the day of 1864; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company C, of 7th Regiment of Volunteers, 1st Brigade; that whilst engaged in such military service in the State of Georgia, on the day of June 1864, he was wounded, injured or diseased as follows:

left hand wounded and  
lost one eye from shot.

Deponent makes application for the pension to which he is entitled for the year ending October 31st, 1900. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of

\$5.00 Dollars, for the year 1899.

Sworn to and subscribed before me, this, 12th day of March, 1900. POST OFFICE at

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

STATE OF GEORGIA,

Fulton County.

I, W. H. Hulsey Ordinary 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

day of March, 1900.

Ordinary Fulton County.



DR. L. P. STEPHENS,  
OFFICE, 202 1/2 MARKET ST.  
TELEPHONE 301.

*Atlanta, Ga. April 27 1890*

*Dear Mr Harrison -  
(11) Is Sept.*

*you ask for full answer  
in the case of Robt. R. Lane, Applicant  
for Pension -*

*(1st) We never saw him before the  
present examination -*

*(2nd) His affidavit & that of his Rep.  
W. J. Maghee, leads us to believe that  
he received the wound as he states.  
The left eyeball looks as if it had  
been knocked out, as there is only the  
stump left -*

*(3rd) We know that sympathetic  
inflammation of the right eye is  
not only very probable from destruction  
of the other eye, but the eyeball  
remains as positive testimony that  
such was the result -*

*We consider that his case is one of the character  
we ever saw -*

*L. P. Stephens M.D.  
W. J. Maghee M.*

Audited

18

GOVERNMENT - EXHIBIT

*Claimed Soldiers.*

*Voucher No 2798*

*Amount \$ 60*

*Paid to Robt. R. Lane  
for Loss of Left Eye. Loss  
of one finger & Hand & limbs*

*April 30 1890*

*Included in warrant No. 1*

*issued to Treasurer.*

18

WARRANT - CLEK.

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

*Applicant*

DR. L. P. STEPHENS,

OFFICE, 202 1/2 MARKET ST.  
TELEPHONE 807

Atlanta, Ga. April 27 1890

Hon W H Harrison -  
(411 Is Sept.

you ask for full answer  
in the case of Robt. R. Lane, applicant  
for Pension -

(1st) We never saw him before the  
present examination -

(2nd) His affidavit is that of his Capt.  
M. J. Maghee, leads us to believe that  
he received the wounds as he states.  
The left eyeball looks as if it had  
been knocked out, as there is only the  
stump left -

(3rd) We know that sympathetic  
inflammation of the right eye is  
not only very probable from destruction  
of the other eye, but the eyeball  
remains as positive testimony that  
such was the result -

We consider that his case is one of the chronic  
we ever saw -

L. P. Stephens M.D.  
W. H. Harrison

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

No. 2798

Atlanta, Ga. April 30 1890

Mr. Robert R. Lane of the County  
of Fulton having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

approved, Dec. 24, 1888, and the same having been examined and allowed for *Loss of*  
*One finger, Loss of one Eye & Hand disabled*

He is entitled to receive the sum of *Sixty* Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1890

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

By the Governor,

W. H. Harrison  
CLERK EXECUTIVE DEPARTMENT.

GOVERNOR.

\$60.00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

*Sixty & 00/100*

per above voucher, this

*W. H. Harrison*

*Robt R Lane*

Dollars,

*Chas. H. H. H.*

NAME, **Lane, Robert R.**

WHEN AND WHERE BORN? **Georgia Since. All his life.**

ENLISTED WHEN AND WHERE?

COMPANY AND REGIMENT? **Private Co. C, 1st. Regt. Infantry Vols.  
Jackson's Brigade.**

NAME 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 finger on the right hand was taken off at the 2nd. joint,  
third finger on left hand at the 2nd. joint, the right hand is useless.  
these wounds were received at Battle of New Hope.**

CAPTURED, WHEN AND WHERE?

RELEASED,

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES,

P.O.

1890

COUNTY.

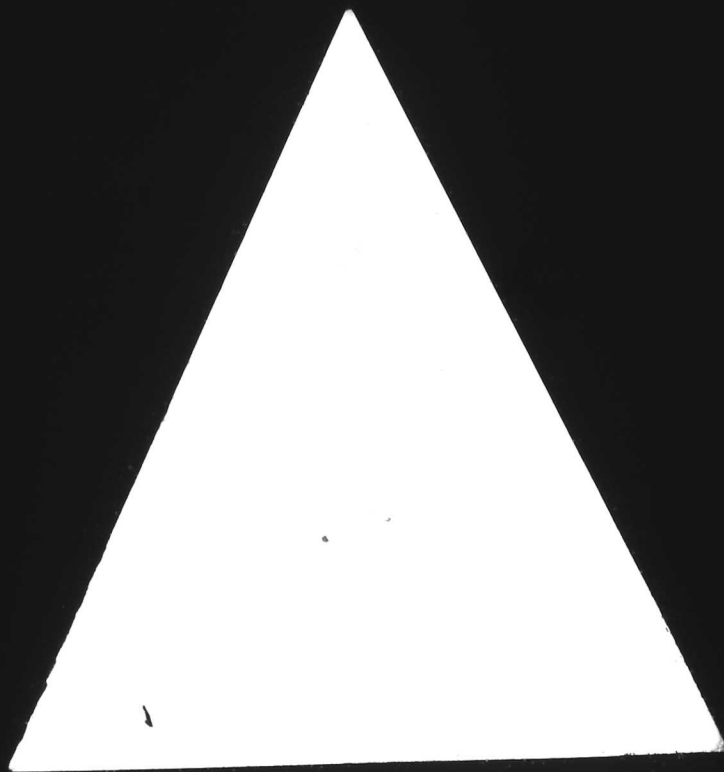
Fulton

P.O.

1890

COUNTY.

Fulton



*Lane, Under the*  
*Tulsa County*  
*Roll No. 693 (1910)*

*on Roll 07/11/14*  
No. \_\_\_\_\_

### Widow's Application

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

County *Tulsa*

Name *John M. Lindsey Lane*

Widow of *M. H. Lane*

Company *Cattle Act Co*

Approved \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions

CHAS. F. BYRD, State Printer, Atlanta.

*8/29/14*

✓

# WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Fulton County.

Personally before me comes Mrs M Undine Lane of said County, who, after being duly sworn, on oath says, that she is the widow of M. H. Lane to whom in the County of Camden State of Georgia she was married on the 6<sup>th</sup> day of October 1868 and that she remained his wife, and resided with him to the date of his death in August 1913 and that she has not since his death remarried. At the time of his death he was a resident of Fulton County, in Atlanta said State of Georgia, and he was on the Georgia Pension Roll of the State and paid a pension of \$60.00 in Fulton County for 19 / 2 per annum, on account of being a soldier in Company South Battalion Army of Virginia Regiment. (Volunteers of State Militia.)

At the death of M. H. Lane he was in the use and possession of the following property none of the cash value of \$ none

What property of any kind and of any value have you in your use, control and possession now, and the cash value, (State fully.) nothing

<input checked="" type="checkbox"/>	Acres land	<u>none</u>	\$
<input checked="" type="checkbox"/>	Horses and Mules	<u>none</u>	\$
<input checked="" type="checkbox"/>	Hogs, Cows, etc.	<u>none</u>	\$
	Total Cash value of all property	<u>11</u>	\$

That she is now a bona fide resident citizen of said County of Fulton and she has so continuously resided since 30<sup>th</sup> day of June 1897

Sworn to and subscribed before me, this the 17<sup>th</sup> day of July 1913 John R. Wilson Ordinary, of Fulton County.

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

STATE OF GEORGIA,

Fulton County.

Personally before me come J. A. Murray known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. M. H. Lane who made the foregoing affidavit, is the lawful widow of M. H. Lane who died in Fulton County in said State of Georgia on 17<sup>th</sup> day of August 1913 and that she has not since remarried. That she became the wife of M. H. Lane on the 6<sup>th</sup> day of October 1868 and that she and he had resided together as man and wife continuously since 6<sup>th</sup> day of Oct 1868 and that the M. H. Lane was the same man who was on the pension roll of said State from Fulton County, 8<sup>th</sup> when he died.

Sworn to and subscribed before me, this the 17<sup>th</sup> day of July 1913 John R. Wilson Ordinary, of Fulton County. W.N.

## Widow's Application

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

County Fulton

Name Mrs M Undine Lane

Widow of M. H. Lane

County Fulton

Approved

J. W. LINDSEY,  
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta

# Application for Pension Due to a Deceased Pensioner

(Under the Act of August 15, 1904)

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

GEORGIA, Fulton County.

Personally before me, the Ordinary of said County, comes

H. M. Patterson

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

that he knew M. Undane Lane of said County, and that said pensioner was on the Widow Pension Roll of Fulton County at the time of death, which occurred in Fulton County, in this State, on the 30 day of October 1921, and that a Pension of \$125.00 Dollars was due pensioner and unpaid at the time of pensioner's death. That he left no widow or dependent children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 506.38 per sworn statement fully and completely itemized, hereto attached.

Sworn to and subscribed before me

this 10 day of Feb 1922

Ordinary.

Fulton County.

## AFFIDAVIT OF ORDINARY

GEORGIA, Fulton County.

I, John R. McKinnon Ordinary of said County, do certify

that I personally know M. Undane Lane, who is a resident citizen of said County, and that said person is of a truthful and trustworthy character, entitled to full faith and credit.

I also knew M. Undane Lane while in life and that this

was the same person whose name appears on the Pension

Roll of Fulton County, and was paid a Pension

of \$125.00 Dollars in said County for 1921, and

I now believe said pensioner to be dead.

Given under my hand and official seal, this 10 day of Feb 1922

(Seal)

Ordinary.

Fulton County.

### INSTRUCTIONS:

- 1st. For use in all cases where pensioner died after January 1st, had not been out of State longer than twelve months, and died without owing sufficient property to pay such expenses. The widow of a soldier, if she is living, has prior claim over these expenses, and must make application on yellow blank.
- 2nd. Require these ordinary expenses of last illness, and expenses of funeral, to make out their account in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Running accounts cannot be paid—only those connected with the last illness, just before death when pensioner grew worse to die.
- 4th. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "Just, true, due, unpaid," etc.)
- 5th. The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of M. Undane Lane, who died without owing sufficient property to pay this bill.
- 6th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and attached thereto to this blank, and this blank, when filled, is filed out.
- 7th. The completed voucher, this blank and the bill, must be sent to the Pension Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 8th. The Ordinary signs pay-roll, as Ordinary, for the pension and then disburses the money himself and takes receipt.
- 9th. Accept no bills for services until you write the Pension Office, stating the circumstances in very great detail.
- 10th. Pensioner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.
- 11th. Return this application, and attached bills, with your final settlement to the Pension Office.
- 12th. Ordinary should see that the back of this blank, when filled, is filed out.
- 13th. Funeral expenses of deceased "new" pensioners covering all or part of both the 1920 and 1921 pensions require two separate sets of this voucher and bill—one set to be filed in the Pension Office with the pension papers of each year.

## AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Fulton County.

Personally before me comes J. A. Murray & Geo. Lawrence who after being sworn on oath says, that they are freeholders of said County, and that they know M. Undane Lane of said County and knew her said husband, M. A. Lane at his death on the 17 day of Nov 1911 that she and he were in the use, possession and control of the following property at his death to wit: Nothing

of the value of \$ Nothing That she is now in the use, possession and control of the following property to wit: Nothing

of the value of \$ Nothing

Sworn to and subscribed before me, this the

10 day of Jan 1913

Ordinary.

Fulton County.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

I, John R. McKinnon Ordinary of said County, do certify, that, I know Mrs. M. Undane Lane the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the

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

That the tax Books of Fulton County shows that M. Undane Lane returned property to the amount of Nothing for 1908 \$ Nothing for 1909 \$ Nothing for 1910 \$ Nothing

Sworn under my hand and official seal of office this 26 day of Sept 1913

(SEAL.)

Ordinary.  
Fulton County.

### NOTES 1.

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

3rd. Running accounts cannot be paid—only those connected with the last illness, just before death when pensioner grew worse to die.  
 4th. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "Just, true, due, unpaid," etc.)  
 The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of...  
 5th. The Ordinary must see to it that each bill is properly legitimate in every respect, and properly sworn to, and attached hereto to this blank after this blank has been properly completed as indicated.  
 6th. The completed voucher, this blank and the bill, must be sent to the Pension Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.  
 7th. The Ordinary signs pay-roll as Ordinary, for the Pensioner and then discharges the money himself and takes receipt.  
 8th. Accept no bills for services until you write the Pension Office, stating the circumstances in very great detail.  
 Pensioner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.  
 9th. Return this application, and attached bills, with your final settlement to the Pension Office.  
 10th. Ordinary should see that the back of this blank when filled, is filled out.  
 11th. Funeral expenses of deceased "new" pensioners covering all or part of both the 1920 and 1921 pensions require two separate sets of this voucher and bill—one set to be filed in the Pension Office with the pension papers of each year.

*Lane, M. Undone*  
*Fulton Co E*

1921

# Application for Pension Due Deceased Pensioner

(UNDER ACT 1904)

(To pay expenses of last illness or funeral)

*Wood Duffin* Ordinary  
 For *M. Undone Lane*  
 of *Fulton* County

Old or New Class: \_\_\_\_\_

Died: 192\_

Amount \$ \_\_\_\_\_

Approved and ordered paid, *25.00*

*5/13 -* 1922  
 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. 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 1866

FRED W. PATTERSON

*M. Undone* with *L*  
**H. M. PATTERSON & SON**  
 FUNERAL DIRECTORS

96 North Forsyth Street  
 Adjacent Carnegie Library

Atlanta, Ga., October 30, 1921.

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

Casket and Box	250		
Transfer to Office	5		
Embalming, bathing, dressing, dressing hair	20		
Dress	69		
Underwear	5		
Hose	1	50	
Two Constitution notices	6	30	
Three Georgian notices	8	18	
Three Journal notices	10	90	
Pillow Set	10		
Truck for Box	3		
Grave and Lining	10	50	
Musicians	25		
Motor Flower Car	5		
Motor Hearse	15		
Five Limousines	62		
(State of Georgia)			506
(County of Fulton)			38

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 February 8th, 1922...

*W. A. Shaw* H. M. Patterson & Son

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) October 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.

*Henry H. Little*  
Ordinary of Hancock Co. Ga.

State of Georgia, Group County.

ORDINARY'S OFFICE—SS.

I, *H. W. Wadsworth* Ordinary and ex officio Clerk of the Court of

Ordinary of said County, do hereby certify that I have compared the foregoing copy of

*Marriage License of Wiley J. Kirk  
and Martha N. Winters*

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

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the Court of Ordinary, this the *23* day of *August* 19*13*

*H. W. Wadsworth*

Ordinary and ex officio C. C. O.

THE LARGEST SIZE FOR PRINT

No. *100*

# Marriage License

State of Georgia, Troup County.

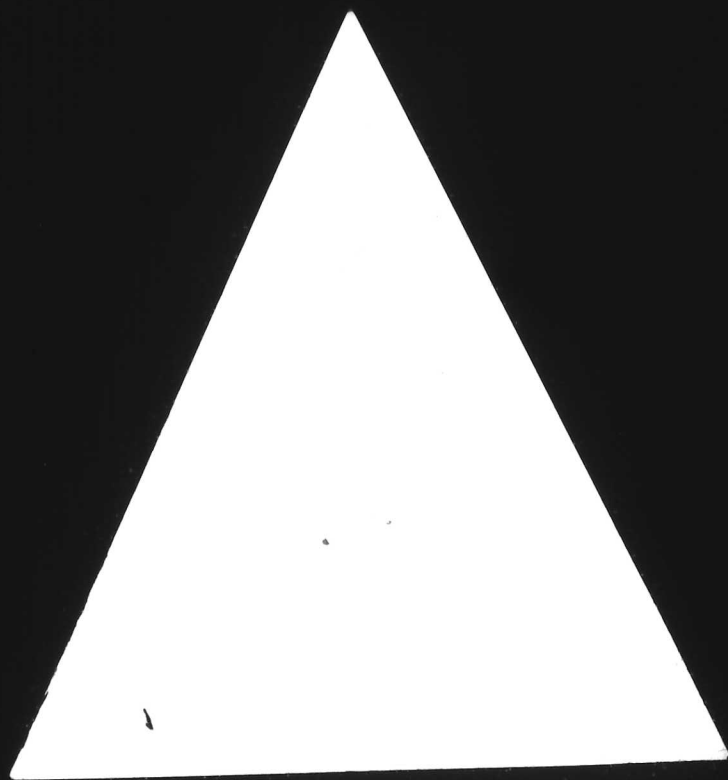
TO ANY JUDGE, JUSTICE OF THE PEACE, OR MINISTER OF THE GOSPEL.

*Wiley J. Kirs* and *Martha W. Shivers*  
 have hereby contracted to join  
 in the Holy State of Matrimony according to the Constitution and  
 Laws of this State and for so doing this shall be your License.  
 And you are hereby required to return this License to me with your  
 Certificate hereon of the fact and date of the Marriage.

Given under my hand and seal this *14* day of *May* 1860  
*Saml Curtright* (L.S.)  
 Ordinary.

STATE OF GEORGIA, TROUP COUNTY.

I Certify that *Wiley J. Kirs* and *Martha W. Shivers*  
 were joined in Matrimony by me this *9th* day of *May* 1860  
 at *Brittain M.G.*  
*Saml Curtright* Ordinary.



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 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, showing the disability by positive proofs to the service.
2. The law makes no allowance for a crippled foot, or a crippled hand, nor 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, &c." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. The application is for a wounded leg; it would seem to be a fair construction of the Act, and the words "substantially and essentially useless," 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 men who are *slightly injured*, but at present law does not reach many worthy, needy cases. It was inaugurated as an experiment. If it does, 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 *offered* 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 in a position to suggest any man from making application unless he is entitled under the law. Hundreds of applicants have been rejected because they were not entitled so as to entitle them under the law. This entails much unnecessary work, and 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 applicant. The certificate of any other will not be received in any case.

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

Lane, William A.  
Lane, William A.  
Fulton Co

No. 887

## Application for Allowance

FOR

Applicant

W. A. Lane

County

Fulton

Amount

25.

Date of Warrant

Apr 9/88

Entered on Record,

Apr 9 1888

M H H

Secretary Executive Department.

# 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 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 a crippled hand, nor for a crippled foot, nor 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.

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

Rev. Military Secy  
Savannah, Ga.  
J. A. McPherson, Jr.  
J. A. McPherson, Jr.  
J. A. McPherson, Jr.

No. 587

Application for Allowance

FOR

Sept. 1888

Applicant: W. A. Lane

County: Fulton

Amount: \$5.00

Date of Warrant: Sept. 9, 1888

Entered on Record: Sept. 9, 1888

Secretary Executive Department

## STATE OF GEORGIA, } Fulton County.

PERSONALLY appears W. A. Lane of Fulton county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the 12<sup>th</sup> day of November 1869, that he enlisted in the military service of the Confederate States (or of the State of Georgia Nov 12, 1862) during the war between the States, and served as a Private in Company D, of 25<sup>th</sup> Regiment of Georgia Volunteers Benning's Brigade; that whilst engaged in such military service, at the battle of Gettysburg in the State of Virginia, on the 30<sup>th</sup> day of June 1863, he was severely wounded in the left arm and is permanently disabled him in that arm from manual labor.

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. W. A. Lane

Sworn to and subscribed before me, this 9<sup>th</sup> day of April 1888

W. D. Leachman

NOTE.—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 \_\_\_\_\_ of \_\_\_\_\_ Regiment of \_\_\_\_\_ Volunteers, and that deponent knows \_\_\_\_\_, and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said \_\_\_\_\_, as stated by him in said affidavit. Deponent further states that said \_\_\_\_\_ is a bona fide citizen of this State, and resides in \_\_\_\_\_ county.

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_ 1888

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:

STATE OF GEORGIA,

*Gulton* County.

PERSONALLY came

*Before Me M. J. Maghee & N. J. J. J.*

*and A. A. Wilson*

citizens of *State of Georgia* *Gulton* county in said State,

who, being duly sworn, say that they are acquainted with *W. A. Lane*

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 *Gulton* county, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this

*9* day of *April* 188*8*  
*W. L. L. L. L.*  
*Ordinary*

*A. A. Wilson*  
*G. J. J. J.*  
*M. J. Maghee*

NOTE: Above affidavit was made by three citizens of the county of applicant's residence.

STATE OF GEORGIA,

*Fulton* County.

PERSONALLY comes before me *W. L. L. L.* Ordinary of said county

*S. A. Wilson* and *H. M. M. M.*

both known to me as reputable physicians of said county, who, being severally sworn say on oath that they have carefully examined *W. A. Lane* and after such examination say that the applicant has been injured as follows

*Left arm arm and hand entirely disabled for any purpose whatever and the same is a permanent disability*

Sworn to and subscribed before me, this

*9* day of *April* 188*8*  
*W. L. L. L.*  
*ORDINARY*

*S. A. Wilson M.D.*  
*H. M. M. M.*

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

STATE OF GEORGIA,

*Fulton* County.

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

do certify that I am well acquainted with *W. A. 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. 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 *9* day of *April* 188*8*

*W. L. L. L.*  
Ordinary *Fulton* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Fulton* County.

Know all men by these presents, That I

of \_\_\_\_\_

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

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

day of \_\_\_\_\_ 188*8*

[L. S.]

Executed in the presence of us:



STATE OF GEORGIA,

*Hall* County.

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

*L. F. Wilson*

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

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

Given under my official signature and seal, this *20* day of *February* 188*9*

Ordinary *Hall* County.

#### POWER OF ATTORNEY,

STATE OF GEORGIA,

*Hall* County.

KNOW ALL MEN BY THESE PRESENTS, That I, *Wm. S. Lane* of

county, in said State, do hereby appoint

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

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

day of

188

(L. S.)

Executed in the presence of us:

#### DIRECTION:

Send money to me as follows, by

to P. O.

County, Georgia.

#### NOTES.

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

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

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

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

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

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

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

STATE OF GEORGIA,

Fulton County.

I, W. L. Lealburn Ordinary of said county, do certify that I am well acquainted with Wm. A. Lane the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

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

Given under my official signature and seal, this 11 day of February 1890

W. L. Lealburn

Ordinary

Fulton

County.

1890.

Lane, W. A.

APPLICATION FOR ALLOWANCE.

FOR THIS YEAR BEING OFFICER IN 1890.

No. 924

Ann D. Lealburn  
Applicant.

Fulton  
County.

50  
Amount.

Feb 11  
Date of warrant.

11  
Entered on record

11  
Feb 11 1890

W. L. Lealburn  
SIGNED BY

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

Applicant

STATE OF GEORGIA,

Fulton County.

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

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

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

W. L. Lealburn

Ordinary

Fulton

County.

1891.

Lane, W. A.

Application for Allowance

FOR THIS YEAR BEING OFFICER IN 1891.

No. 1051

Ann D. Lealburn  
Applicant.

Fulton  
County.

50  
Amount.

Feb 17  
Date of Warrant.

17  
Entered on record

17  
Feb 17 1891

W. L. Lealburn  
SIGNED BY

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

Applicant

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

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fullon* County.

PERSONALLY appears *Wm A. Lane* of *Fullon* county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since *the birth day of*

*18*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *D*, of *20th* Regiment of *Geo* Volunteers *Burnings*'s Brigade; that whilst engaged in such military service, at the battle of *Shenandoah* in the State of *va*, on the *18th* day of *June* 1863, he was wounded as follows: *gun shot wound through*

*the left arm rendering his arm bone*  
*severed substantially and essentially*  
*useless*

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

Sworn to and subscribed before me, this *11th* day of *February* 1890, *Wm A. Lane*

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

## POWER OF ATTORNEY.

STATE OF GEORGIA

*Fullon* County.

KNOW ALL MEN BY THESE PRESENTS, That I, *Wm A. Lane*

county, in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *11th* day of *February* 1890

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fullon* County.

PERSONALLY appears *Melissa A. Lane* of *Fullon* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the *Birth* day of *18*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *D*, of *20th* Regiment of *Geo* Volunteers *Burnings*'s Brigade; that whilst engaged in such military service at the battle of *Shenandoah* in the State of *va*, on the *18th* day of *June* 1863, he was wounded as follows: *gun shot wound of left*

*arm rendering his arm bone*  
*severed substantially and essentially*  
*useless*

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

Sworn to and subscribed before me, this *17th* day of *February* 1891, *Wm A. Lane*

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,

*Fullon* County.

Know all Men by these Presents, That I, *Wm A. Lane*

County, State of Georgia, do hereby appoint

of *Wm A. Lane* 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 *17th* day of *February* 1891.

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

**DIRECTION.**

Send money to me as follows, by

to

County, Georgia.

P. O.

**DIRECTION.**

Send money to me as follows, by

to

County, Georgia.

P. O.

Audited

1889.

COMPTROLLER GENERAL

*Gulter*

Maimed Soldiers.

Voucher No. 762

Amount \$ 50

Paid to W. A. Lane

For Left arm disabled

Feb'y 20 1889

Included in Warrant No.

issued to Treasurer.

1889

WARRANT CLERK

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

*Applicant*

Audited

18

COMPTROLLER GENERAL

Maimed Soldiers.

Voucher No. 924

Amount \$ 50.

Paid to W. A. Lane

For Arm disabled

Dec 11 1890

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK

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

*Applicant*

No. 762

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feby 20 1889

Mr.

W. A. Lane

of the County

of Fulton

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

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

Left arm disabled

He is entitled to receive the sum of Fifty 00/100 Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1889.The Treasurer will pay the same and hold his receipt on this voucher, and return same to  
Executive Department for warrant.

By the Governor

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 00/100

per above voucher, this

20 of Feby  
W. A. Lane

Dollars,

1889.

No. 924

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Atlanta, Ga., Feby 11 1890

Mr.

W. A. Lane

of the County

of Fulton

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

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

Arm disabled

He is entitled to receive the sum of Fifty 00/100 Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1890The Treasurer will pay the same and hold his receipt on this voucher, and return same  
to Executive Department for warrant.

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 00/100

per above voucher, this

11 of Feby  
W. A. Lane

Dollars,

1890

Audited 1891.

COMPTROLLER GENERAL.

Lane, W. A.,  
Tulsa

1891.

Maimed Soldiers.

Voucher No. 1152

Amount \$ 50

Paid to W. A. Lane

For Cash

July 17 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Applicant

1891.

No. 1054

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

*Atlanta, Ga. Feb 17 1891.*

Mr. *William A Lane* of the County  
of *Gulton* having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Acts  
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for  
*Am dis*  
He is entitled to receive the sum of *Eighty 00/100* Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

*W. J. Hardeman*  
GOVERNOR.

By the Governor,

*M H Harrison*

Sec'y EXECUTIVE DEPARTMENT.

\$ *50*

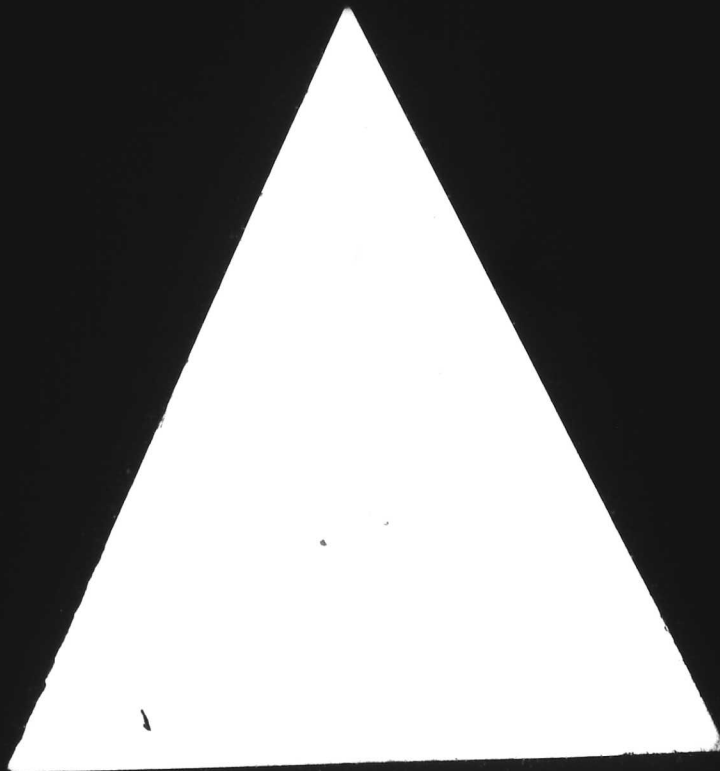
RECEIVED OF R. U. HARDEMAN, Treasurer of State of Georgia.

*Eighty 00/100* Dollars,  
per above voucher, this *17* of *July* 1891.



*W. A. Lane*

TREASURY  
345 8 8 8 Dollars,  
per above voucher, this 17 of July 1891.  
(Mr. C. J. Lane)



POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY }

I,

herby authorize

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

By

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_, 1902.

Executed in presence of

[L.S.]

*Lanford, Elisha P.*  
*Fulton County*

No. \_\_\_\_\_ *OK*

INDIGENT PENSION,  
1902.

Name *Elisha P. Lanford*

County *Fulton*

Co. *A. Sea Battalion* Reg't

Approved \_\_\_\_\_ 1902

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will write Name of Applicant, Company  
and Regiment on back as indicated above.

Geo. W. Harrison, State Printer, Atlanta.

*5/8-1903*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

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

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

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1902.

Executed in presence of

## Questions for Applicant.

STATE OF GEORGIA,

Trulton County.

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

1. What is your name and where do you reside? (give State, County and post office)  
*Elihu R. Lampford, 45- Marcum St Atlanta Ga*
2. How long and since when have you been a resident of this State?  
*since Nov 4 - 1895*
3. When and where were you born?  
*E. C. Nov 15 - 1823*
4. When and where, and in what company and regiment did you enlist or serve?  
*in 1863 - at Atlanta Ga in Co A. 1st Battalion*
5. How long did you remain in such company and regiment?  
*18 months - I was then transferred to Richmond Va - as Recruit*
6. When and where was your company and regiment surrendered and discharged?  
*at Richmond Va I suffered, I had been in Hospital at Petersburg since 7 months, was till Paroled on 10 Feb 1865*
7. Were you present with your company and regiment when it was surrendered?  
*No*
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?  
*at Home on "Fifty Day" Parole - I left the Hospital on 10 Feb 1865 - got home Feb 21 -*
9. How much can you earn (gross) per annum by your own exertions or labor?  
*77 you do \$25.00 I -*
10. What has been your occupation since 1865?  
*working*
11. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"?  
*1st - Age and Poverty*
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?  
*I have not been able to do any manual labor for 5 or 6 years since loss of General Ability -*

13. What property, real or personal, or income, do you possess, and its gross value?  
*Yare Wholam since 1895*
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900 and 1901, and what disposition, if any, by sale or gift, have you made of same?  
*upto 95. had 60 acres of land worth \$400.00 but lost it under debt, against said land - Disability to Redeem the same caused its loss*
15. In what County did you reside during those years, and what property did you then return for taxation?  
*upto 1894 lived in De Kalb Co Ga. The said 60 acres were in -*
16. How were you supported during the years 1899, 1900 and 1901?  
*by Redding - on board & Trunk - and by Aid by my children*
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income?  
*25 or 30 dollars, all of it*
18. What was your employment during 1898, 1899 and 1901? What pay did you receive in each year?  
*Redding & Isaac - hard to say, not over \$5. or \$10.00*
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?  
*Yes - wife and help only - our own labor & some stock, Rent from*

20. Are you receiving any pension? If so, what amount and for what disability?  
*No none whatever*

21. Have you ever made an application for pension before?  
*yes one time*

22. How many applications have you ever made and under what class?  
*one - Indigene Soldier*

Sworn to and subscribed before me this 2nd day of October 1902. *E. C. Lampford* Applicant.  
*John Workman* Ordinary,  
of *Trulton* County.

Every Question MUST be Answered.

No. *1902*

**INDIGENT PENSION, 1902.**

Name *Elihu R. Lampford*

County *Trulton*

Co. *A. 1st Battalion* Reg't *1863*

Approved \_\_\_\_\_

JOHN W. LINDSEY,  
Commissioner of Pensions.

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

Ordinary will write Name of Applicant, Company and Regiment on back as indicated above.

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

*5/6-1902*

*Lampford, Elihu R.,  
Trulton County*

# QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Fulton  
C. A. Carter

COUNTY.

of said State and County, having been presented  
witness in support of the application of Elihu P. Sanford for pension  
under Section 1254, Code, and after being duly sworn true answers to make to the following questions, depose and  
answer as follows:

1. What is your name and where do you reside? C. A. Carter  
No. 22, Todd St Atlanta Ga
2. Are you acquainted with Elihu P. Sanford the applicant; if so, how  
long have you known him? Some 40 years
3. Where does he reside, and how long and since when has he been a resident of this State?  
Mercer St No 45 Atlanta Ga, all his life in this
4. When, where and in what company and regiment did he enlist, and how do you know  
in 1863, in April, at Atlanta Ga in Co. A 1st Regt  
Infantry and served at Atlanta for 15 months when said  
Co. A was ordered to Georgia in 1864 in Co. E 1st Regt
5. Were you a member of the same company and regiment?  
Atlanta Ga for 18 months I do not know
6. How long did he perform regular military duty? We served to within 15  
months and where his command surrendered?
7. Were you present when it surrendered? No
8. Was applicant present?  
No
9. If he was not present, where was he?  
at home in Fulton  
When did he leave his command?  
at Atlanta for 15 months when said  
Co. A was ordered to Georgia in 1864 in Co. E 1st Regt  
By what authority?  
I was his neighbor and visited him  
How do you know all of this?
10. What property, effects or income has the applicant? (Give your means of knowledge?)
11. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900 and 1901, and  
what disposition, if any, did he make of same?
12. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
13. What is the applicant's occupation and physical condition?
14. Is the applicant unable to support himself by labor of any sort, if so, why?
15. How was he supported during the years 1898, 1899, 1900 and 1901?
16. What portion of his support for these four years was derived from his own labor or income?
17. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under  
Section 1254, Code?
18. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this the

8th day of October

1902.

Ordinary.

Witness.

# AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Fulton

COUNTY.

Personally came before me, W. P. Martin M.D. and  
J. H. Vining M.D. both known to me as reputable physicians  
of said County, who, being severally sworn, say on oath that they have examined carefully  
Elihu P. Sanford applicant for pension under Section 1254, Code, and after  
such personal examination say that his precise physical condition is as follows:

Chronic diarrhoea, vertigo, kidney & bladder  
affections, loss of hearing & partially blind  
We think he is on the verge of insanity  
and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the

1st day of October

1902.

John R. Wicks

Ordinary.

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton

COUNTY.

I, John R. Wicks Ordinary in and for said County, hereby certify  
that the applicant, E. P. Sanford resides in said County, and has  
been a bona fide resident of this State since the \_\_\_\_\_ day of \_\_\_\_\_ 189\_\_\_\_  
and that the witnesses, viz.: C. A. Carter and H. Abernethy  
are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of \_\_\_\_\_ County show that applicant  
returned for taxation in his name in 1899 \_\_\_\_\_ Dollars of  
property, and in 1900 \_\_\_\_\_ Dollars of property.

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

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_ 1902.

John R. Wicks

Ordinary.

of Fulton

County.

# NOTE.

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

P. B. McCurdy  
I have since 1890 9+10+19 and I certify that  
his statements are correct & belief.  
W. M. Ragsdale

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

Sworn to and subscribed before me, this the

day of Dec

1902.

Ordinary.

Witness.

W. M. RaggsP. B. McCurdy

P. B. McCurdy  
knows 1890-9 & 10-19 and I certify that  
his statements are worthy of belief.  
W. M. Raggs

## NOTE.

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I,

hereby authorize

of

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

at

by

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

[ L. S. ]

Executed in the presence of

<u>Sanford &amp; Co.</u>		<u>Fulton Co.</u>	
GROSS AMOUNT \$100.00		GROSS AMOUNT \$100.00	
(FOR THOSE ALREADY ENROLLED)		(FOR THOSE ALREADY ENROLLED)	
No.	<u>163</u>	No.	<u>163</u>
INDIGENT		INDIGENT	
SOLDIER'S PENSION		SOLDIER'S PENSION	
1904.		1904.	
Name	<u>E. P. Sanford</u>	Name	<u>E. P. Sanford</u>
County	<u>Fulton</u>	County	<u>Fulton</u>
Co.	<u>1st Regiment</u>	Co.	<u>1st Regiment</u>
WARRANT ISSUED		WARRANT ISSUED	
<u>1/20</u> 1904.		<u>1/20</u> 1904.	
JOHN W. LINDSEY,		JOHN W. LINDSEY,	
Commissioner of Pensions.		Commissioner of Pensions.	
WARRANT HANDED TO		WARRANT HANDED TO	
<u>W. M. Raggs</u>		<u>W. M. Raggs</u>	
W. M. Raggs, State Printer, Atlanta.		W. M. Raggs, State Printer, Atlanta.	

NO DATA

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I,

hereby authorize

of

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

at

by

Witness my hand and seal, this day of 1904.

[L. S.]

Executed in the presence of

Name <i>E. O. Sanford</i>	
County <i>Chilton Co</i>	
No. <i>143</i>	
INDIGENT SOLDIER'S PENSION 1904.	
Name <i>E. O. Sanford</i>	
County <i>Chilton Co</i>	
No. <i>143</i>	
WARRANT ISSUED <i>1/20</i> 1904.	
JOHN W. LINDSEY, Commissioner of Pensions.	
WARRANT HANDED TO <i>Sanford</i>	
JOHN W. LINDSEY, State Printer, Atlanta.	

NO DATA

STATE OF GEORGIA

FOR APPLICATIONS TO THE STATE OF GEORGIA

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

**Fulton** County.

Personally appears E. P. Lauford 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 14 day of Nov 18 35; that he is 78 years old and by occupation a \_\_\_\_\_, that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served for the term of \_\_\_\_\_ in Company A, of \_\_\_\_\_th Regiment of 1st Battalion Va; that his physical condition is as follows: Infirm

that his property consists of the following items: \_\_\_\_\_

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

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

Sworn to and subscribed before me, this the \_\_\_\_\_

Day of JAN 24 1904.

Ordinary.

STATE OF GEORGIA,

County.

I, John D. Williamson Ordinary of said County, do certify that I am well acquainted with E. P. Lauford 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 24 day of \_\_\_\_\_ 1904.



Ordinary.

County.

NOTE.—The blank spaces must be filled.

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY, }

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

of

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

at

by

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

[L. S.]

Executed in the presence of

*Sangford, Elisha*  
*Fulton County*  
YOUR SIGNATURE  
(FOR THOSE ALREADY ENROLLED.)

No. 1886

INDIGENT  
SOLDIER'S PENSION  
1905.

Name *Elisha Sangford*  
County \_\_\_\_\_

Co. *A.* Regiment

*Batt.*

WARRANT ISSUED  
*418* 1905.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

*W*

THE FARMER PRINTING AND PUBLISHING CO., ATLANTA, GA.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY, }

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

of

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

at

by

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

[L. S.]

Executed in the presence of

*Sangford, Elisha*  
*Fulton Co.*  
YOUR SIGNATURE  
(FOR THOSE ALREADY ENROLLED.)

No. 206

INDIGENT  
SOLDIER'S PENSION  
1906.

Name *Elisha Sangford*  
County \_\_\_\_\_

Co. *C.* Regiment

*2nd Batt.*

WARRANT ISSUED  
*417* 1906.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

*W*

THE FARMER PRINTING AND PUBLISHING CO., ATLANTA, GA.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Pearsonally appears Elihu Langford of Fulton

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the \_\_\_\_\_ day of \_\_\_\_\_ 18\_\_\_\_; that he is \_\_\_\_\_ years old and by occupation a \_\_\_\_\_, that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served for the term of 2 yrs in Company A, of \_\_\_\_\_th Regiment of Geo. Batt.; that his physical condition is as follows: Age and poverty

that his property consists of the following items: \_\_\_\_\_

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

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

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 1905.

Ordinary.

STATE OF GEORGIA.

Fulton County.

I, \_\_\_\_\_ Ordinary of said County, do certify that I am well acquainted with Elihu 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 21 1905 day of \_\_\_\_\_ 1905.

Ordinary. Fulton County.

NOTE.—The blank spaces must be filled.

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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton County.

Personally appears Elihu Langford 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 \_\_\_\_\_ 1892; that he is 81 years old and by occupation a None, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 2 yrs in Company A, of \_\_\_\_\_th Regiment of Geo. Batt.; that his physical condition is as follows: Age and poverty

that his property consists of the following items: no property

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

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

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

Ordinary.

State of Georgia,

Fulton County.

I, \_\_\_\_\_ Ordinary of said County, do certify that I am well acquainted with Elihu 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 1 1906 day of \_\_\_\_\_ 1906.

Ordinary. Fulton County.

NOTE.—The blank spaces must be filled.

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

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

of \_\_\_\_\_

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

at \_\_\_\_\_

by \_\_\_\_\_

WITNESS my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1907.

[L. S.]

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

*Langford, Col. Wm  
Hulton &*

Form 1884.  
(FOR THOSE ALREADY ENROLLERS)

No. *283*

INDIGENT  
SOLDIER'S PENSION  
1907.

Name

*William Langford*

County

Co. *4th* Regiment

*1st Batt.*

WARRANT ISSUED

*11* 1907.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

*W. H. Hulton*  
Gen. W. H. Hulton, State Treasurer, Atlanta.

*no data*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton

County,

Personally appears Elihu Langford of Fulton

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 1st of 1832; that he is 82 years old and by occupation time, that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served for the term of 2 1/2 years in Company A, of \_\_\_\_\_th Regiment of Col. Batt. Star; that his physical condition is as follows: weak & poverty

that his property consists of the following items: \_\_\_\_\_

of the value of none 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 18th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of \_\_\_\_\_ County, been allowed a pension for the year 1906.

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

John R. Wilkerson Ordinary.

Elihu Langford

State of Georgia,

County.

I, John R. Wilkerson Ordinary of said County,

do certify that I am well acquainted with Elihu 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 \_\_\_\_\_ day of JAN 1907.

John R. Wilkerson Ordinary \_\_\_\_\_ County.



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



Ordinary

County

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

John R. Wilkerson

Georgie Fulton  
County

Atlanta, Ga., Oct 14 1902

Personally came before me J R  
Wilkerson Ordinary in and for  
said County at Fulton & State of  
Ga - James D. Lohernatty, who being  
duly sworn, deposes and says; that he  
is acquainted with, and personally knows  
and has known, Elihu P. Larkford - for  
a term of Thirteen years, and makes this  
affidavit in answer to questions No 11 &  
19 inclusive - on page 2 "Question for witness"  
at his The said Elihu P. Larkford's application  
for Pension as a Confederate Soldier.

Witness

Question 11. What property, effects or income has the  
applicant - ?

Answer - he has no property - no income

Question 12 - What property, effects or income did  
The applicant possess in 1896 to 1901  
and what disposition, if any, did he  
make of same -

Answer - up to 1898 - he owned a small farm of  
about 840000 value, but lost the same by  
debt against said farm, he being unable  
to redeem the same.

Question 13 - Has he conveyed away any of his  
property in the last four years, if so  
what was it, and to whom?

Answer - none whatever, except as above stated  
said land, conveyed to E. P. Dunningham

Question 14 - What is the applicant's Occupation and  
Physical Condition?

Answer - he has no occupation, was a farmer up to  
1898 - his Physical condition is very feeble  
he is in his dotage - being 77 years old

Question 15 - Is the applicant unable to support  
himself by labor of any sort, if so  
why?

object, and subject for a Indigent Pension under the above cited Section of Code

Question 15- What interest have you in the Securing of a Pension by This applicant

Answer - None whatever  
Jas. L. Abernathy  
Witness  
I don't need subscribed  
before me this 1st day of October 1902  
John C. Robinson

I certify that the above witness Jas. L. Abernathy is personally known to me to be of good charact. and his statements are entitled to full faith & credit

John C. Robinson  
Ordinary  
Full Co. Sec

Answer - He is not able to earn a Living by reason of 77 years of age and General Weakness and Condition -

Question 16- how was he supported during the 1898-1899-1900-1901-2

Answer By his children principally and what little - Inexpensive and Redding he was able to do -

Question 17- What portion of his exp for these years was derived from his own labor or income?

Answer - About one Third.

Question 18- Give a full and complete statement of the applicants physical condition. Has entitled him to a pension under sec. 1254 of Code?

Answer - The applicant has never had normal health since the war - 77 years of age and the infirmity, Condition - accum - tanying it - renders him a worthy

State of Georgia  
Fulton County

Personally came before me W.H. Huley  
Ordinary in and for said County of Fulton  
James C. Harris of said County of Fulton, who being  
duly sworn depaith and says on Oath - that  
he is personally acquainted with Elihu P. Sanford  
and that he has known the said Sanford for  
35 years or more - and that I the said James  
C. Harris served in Company "D" 38th Ga  
Regiment of La Vol, in the Virginia Army of  
the Confederate States in the war of 60 to 65 -  
and was in service in Va, in 1864 - and  
that I saw, and talked with the said  
Sanford while he was in service in Virginia  
in said year 1864 - I aforsaw saw the said  
Sanford at home after the Surrender in 1865  
and know that he was sick and unable  
to do any work for 2, or 3, years after  
the Surrender, he has never been shot and  
able to do full & manuable labor since -  
and that I have no interest in the recovery of said Pension  
Sworn to and subscribed \_\_\_\_\_ witness  
before me, this 17th - J.C. Harris

17th 1899

W.H. Huley  
Ordinary

Note of Explanation

The foregoing affidavit of E. A. Carter a resident of Fulton  
County Georgia was inadvertently witnessed by Wm. Chapdale  
Ordinary of DeKalb County Ga, as he should have only witnessed  
the signature & affidavit of P. B. Chantry a resident of DeKalb  
County Georgia as appears bottom of page; Carter's signature and  
affidavit should have been witnessed by the ordinary of Fulton  
County as he signed in his presence, therefore

I, John W. Ordunion, Ordinary of Fulton County, Ga  
hereby certify that E. A. Carter signed the foregoing affidavit in  
my presence and prove to the correctness of the contents of said  
affidavit on October 1st 1902.

John W. Ordunion, Ordinary  
Fulton County, Ga

This affidavit is submitted as Corrob-  
evidance  
Am Harris is now dead

and that I have no interest in the issuing of said Pension  
Sworn to and subscribed \_\_\_\_\_ witness  
before me, this the 27 day of July 1895  
J. C. Harris  
Notary  
Cory

Lang. B. F. (Mrs)  
Chatham County  
Removal of

No. 3780  
301 Peters Street

Widow's Pension,  
1898.

PAID TO

Mrs. B. F. Lang

OF

Fulton

County

Widow of

J. F. Lang

RICHARD JOHNSON,

Commissioner of Pensions.

Warrant Issued.

4/25

1898

AND HANDED TO

Appt

Geo. W. Harrison, State Printer, Atlanta.

Pension Office 3/4/1898

The witness should be as clear as to convince that the woman caused death. The witnesses should state fully the facts on which they base their opinion as to the cause of death. The exact location & extent of the wound - and its effect upon her mind should be given as well as its physical condition to the time of death - and continued effect on the general health. It will be noticed that the deceased lived an average life time after he was wounded.

Richard Johnson  
Comm of Pensions

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY,

I, hereby authorize

to receive and receipt for the pension allowed and a

request that he remain aware of

by

day of

1898.

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

Executed in the presence of

[ - ]

# POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,  
COUNTY.

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

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

day of 1898.

Executed in the presence of

Pension Office 3/4 1898  
The witness should be so  
clear as to convince that  
the name cannot be death-  
The witnesses should state  
fully the facts on which  
they base their opinion  
as to the cause of death.  
The exact location & extent  
of the wound and its effect  
when received should be given  
as well as its physical  
condition at the time of  
death - and a certificate  
affixed in the general health  
It will be noticed that the  
deceased lived an excep-  
tional time after he was wounded  
Rich Johnson  
Com of Bureau's

PAID TO  
Mrs. B. F. Lang  
OF  
Fullton  
Widow of J. F. Lang  
COUNTY  
RICHARD JOHNSON,  
Commissioner of Pensions

Warrant Issued.  
4/25  
AND HANDLED TO  
OFFICE

301 Peters Street  
No 3780  
Widow's Pension,  
1898.

# Affidavit to be made by the Widow.

Form No. 5.

STATE OF GEORGIA,  
COUNTY OF Fullton

The Instructions as set out in the Notes Must be Observed.

In person came before me, the undersigned Ordinary in and for the County of Fullton  
Mrs. B. F. Lang, who being sworn according to law, says under  
oath that she is the widow of Jephtha A. Lang, who was a soldier in  
the service of the Confederate States, or Georgia State troops, and served as a member of Company L, of  
the 1st Regiment of Georgia Volunteers; that he enlisted in said services on or about the  
25th day of June 1861, and was in the Army  
up to May 1865. That while in the Army, he was on the 4th day  
of 1862. (See Note No. 1).

He was wounded  
Three times in the foot  
once in the leg 1862. He was seriously  
wounded in his head and part of his  
was taken out and left a mark in his  
head which grew larger until his  
death. This was done by  
and well as his body

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 19th day of May  
1852 and that she was born in the State of Georgia and has resided in Georgia continuously  
since the 17th day of May 1834; 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  
to receive the pension granted by said Act.

Sworn to and subscribed before me, this the

15 day of May 1898.  
W. B. F. Lang  
Post Office  
Ordinary

NOTE 1.—State in blank 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, and when and where such disease originated.  
NOTE 2.—The Ordinary will see that ALL blank spaces are filled before the affidavits are signed.

# Amidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA.

COUNTY OF *Fulton*

*John Mulligan* and *J. B. Palmer*

each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally says under oath that, from their own personal knowledge, Mrs. *John Mulligan*, now a resident

of the County of *Fulton* State of Georgia, is the widow of *John Mulligan*

who was a soldier in Company *L* of the *1<sup>st</sup>* Regiment of *Geo. Regt.*

*John Mulligan*. The said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on

or about the *7* day of *January* 1861. That while in said service or by reason of said service in the

Army, he died on the *12* day of *September* 1866 from the following causes: *The said*

*John Mulligan* was wounded in the *arm*

during the *late* war between the States

My opinion is that he died from effects

of a wound in the *arm* as he showed a complaint

of it not being a long time I commenced stating publicly

that he was a soldier and I saw him when he was

living and that he was a soldier and I saw him when he was

living and that he was a soldier and I saw him when he was

living and that he was a soldier and I saw him when he was

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living and that he was a soldier and I saw him when he was

living and that he was a soldier and I saw him when he was

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

Form No. 3.

STATE OF GEORGIA.

COUNTY OF *Fulton*

and for said County of *Fulton*

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

the applicant for a pension in this case, and know from my own knowledge, or from positive proof presented to me

by reputable witnesses, that she resides in this County, and that she has resided in the State of Georgia since the

*12* day of *September* 1866 and has not yet lived out of the State since that date. I

also certify that the witnesses, to-wit: *J. B. Palmer* and *John Mulligan*

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 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 hereunto set my hand and affixed the seal of my office, this, the

*15* day of *July* 1898.

*J. B. Palmer* 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 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.

NOTE 1.—Witnesses must not testify about things they may believe, but confine their statements to such facts as they personally know.

NOTE 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.

NOTE 3.—All blank spaces must be filled when signed.

# POWER OF ATTORNEY.

State of Georgia,

County.

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

of \_\_\_\_\_

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

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1899.

[L. S.]

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

*Lang, B. F. Mrs.*  
*Fulton Co*

For Those Heretofore Paid.

1899.

NO. 836

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO

*Mrs. B. F. Lang*

or

FULTON

County

Widow of *Lang, B. F.*

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

1899.

211

AND HANDLED TO

*Abel*

GEO. W. HARRISON, STATE PRINTER, ATLANTA

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

of \_\_\_\_\_

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

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1900.

[L. S.]

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

*Lang, B. F. Mrs.*  
*Fulton County*  
To Those Heretofore Paid.

1900.

NO. 1416

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO

*Mrs. B. F. Lang*

or

*Fulton*

County,

Widow of \_\_\_\_\_

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1900,

AND HANDLED TO

*Lang*

GEO. W. HARRISON, STATE PRINTER, ATLANTA

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,  
County of FULTON

Personally Comes Mrs.

*B. F. Lang*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

FULTON

continuously ever since

*May 1861*  
*Joseph A. Lang*  
of the

Regiment of

*35* That she is the Widow of  
who was a soldier in Company  
*2nd Ga. Volunteers*  
*2nd Jan'y*

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

1861 and served in the Army up to

*May*

1865 That he lost his

life on the

day of

18

(State here

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

*Shot in foot side and head*  
*later caused his death*

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 a pension as a resident of FULTON County for the year ending February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1899.

Sworn to and subscribed before me, this

*15* day of *July* 1899.  
*W. H. Hulsey* Ordinary.*Mr B F Lang*  
Post-OfficeState of Georgia,  
FULTON County.

I W. H. HULSEY,

Ordinary of said County, certify that I am well acquainted

with Mrs. *Mrs B. F. Lang* 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 *23rd* day of *Dec* 1890

Given under my official signature and seal this the

*15* day of *July* 1899.

Official Seal

Ordinary of

FULTON

County.

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,  
County of *Fulton*

Personally Comes Mrs.

*B. F. Lang*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*Fulton*

continuously ever since

*May 1861*  
*Joseph A. Lang*  
of the *1st* Regiment of *Ga. Volunteers*

1855 That she is the Widow of

who was a soldier in Company

Volunteers, that he enlisted in said regiment on or about the month of *2nd Jan'y*

1861 and served in the Army up to

*May*

1865 That he lost his

life on the

day of

18

(State here

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

*Shot in foot side and*  
*head - later resulting in*  
*his death*

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 a pension as a resident of *Fulton* County for the year ending February 15th, 1899, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this

*15* day of *July* 1900.  
*W. H. Hulsey* Ordinary.*B F Lang*  
Post OfficeState of Georgia,  
*Fulton* County.I *W. H. Hulsey*

Ordinary of said County, certify that I am well acquainted

with Mrs. *B. F. Lang* 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 *13* day of *Dec* 1890

Given under my official signature and seal, this the

*15* day of *July* 1900.

Official Seal

Ordinary of

*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

at \_\_\_\_\_

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

day of, 1901.

[L. S.]

Executed in presence of

## POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

\_\_\_\_\_ hereby authorize

of \_\_\_\_\_

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

at \_\_\_\_\_

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

day of, 1902.

[L. S.]

Executed in presence of

To Those Heretofore Paid.

1901.

No. 181

**WIDOW'S PENSION,**

For year ending February 15th, 1901.

PAID TO

Mrs. B. A. Lang

or

Fulton County.

Widow of J. A. Lang

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

1901,

AND HANDLED TO

181

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

To Those Heretofore Paid.

1902.

No. 46

**WIDOW'S PENSION,**

For year ending Dec. 31, 1902.

PAID TO

Mrs. B. A. Lang

Fulton County.

Widow of J. A. Lang

Co.

Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1902

AND HANDLED TO

181

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

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,  
County of Fulton

Personally Comes Mrs.

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

continuously ever since

That she is the Widow of

who was a soldier in Company

Regiment of

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

1861 and served in the Army up to

1865

That he lost his

life on the

day of

18

(State here

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

Shot in foot Side & head  
later resulting in death

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 a pension as a resident of Fulton County for the year ending February 15th, 1900, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this

10th day of May, 1901.

John R. Wilkinson, Ordinary.

Post Office

Atlanta Ga

State of Georgia,

Fulton

County.

Ordinary of said County, certify that I am well acquainted

with Mrs. B. F. Lang, 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

23

day of

Dec

18

1900.

Given under my official signature and seal, this the

10th

day of

May

1901.

Official

Seal.

Ordinary of

Fulton

County.

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,  
County of Fulton

PERSONALLY COMES MRS.

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

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

continuously ever since

That she is the Widow of

who was a soldier in Company

Regiment of

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

1861 and served in the Army up to

1865

That he lost his

life on the

day of

18

(State here

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

Shot in foot Side & Head resulting in  
death

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 paid a pension as a resident of Fulton County for the year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902

Sworn to and subscribed before me,

this

JAN 13 1902

day of

1902.

John R. Wilkinson, Ordinary.

Post Office

150Pratt St -Atlanta Ga.B. F. Lang

State of Georgia,

Fulton

County.

I

Ordinary of said County, certify that I am well

acquainted with Mrs. B. F. Lang, 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

Dec

18

1900.

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.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

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

of \_\_\_\_\_

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

at \_\_\_\_\_

In Witness Whereof, I have hereunto set my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1903.

[L. S.]

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

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

of \_\_\_\_\_

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

at \_\_\_\_\_

In Witness Whereof, I have hereunto set my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1904.

[L. S.]

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

Lang, B. F. (Mrs.) Fulton Co

To Those Heretofore Paid

1903.

No. 97

WIDOW'S PENSION,

For year ending Dec. 31, 1903

PAID TO

Mrs. B. F. Lang

OF

Fulton

County,

Widow of

J. A.

Co. L

Regiment 1st Yp

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

123 1903.

AND HANDED TO

PLH

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

Lang, B. F. (Mrs.) Fulton County

TO THOSE HERETOFORE PAID.

1904.

No. 148

WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs. B. F. Lang

OF

Fulton

County,

Widow of

J. A.

Co. L

Regiment 1st Yp

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

123 1904.

AND HANDED TO

PLH

W. W. HARRISON, STATE PRINTER, ATLANTA.

HERETOFORE ALLOWED PENSIONS.

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Fulton,

PERSONALLY COMES MRS.

B F Lang

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 1865 That she is the Widow ofJ A Lang who was a soldier in CompanyL of the 1st Regiment of InfVolunteers, that he enlisted in said regiment on or about the month of 2nd Jan186 1, and served in the Army up to May 186 5. That he lost hislife on the 11<sup>th</sup> day of September 18 66 (State here

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

Shot in foot, head, & side resulting in death

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 \_\_\_\_\_ County for the year ending December 31, 1902, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me, this 11<sup>th</sup> day of JAN, 1903. Wm B F Lang Ordinary. Post-Office \_\_\_\_\_

State of Georgia,

I, John R. Wilkinson

County. Ordinary of said County, certify that I am well

acquainted with Mrs. B F Lang, 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 65Given under my official signature and seal, this the 11<sup>th</sup> day of JAN, 1903.

Official Seal.

Ordinary of \_\_\_\_\_ County.

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

## FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Fulton,

PERSONALLY COMES MRS.

B F Lang

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 Statecontinuously ever since 1853 That she is the Widow ofJ A Lang who was a soldier in CompanyL of the 1st Regiment of InfVolunteers, that he enlisted in said regiment on or about the month of 2 Jan186 1, and served in the Army up to May 186 5. That he lost hislife on the 11<sup>th</sup> day of September 186 6, (State here

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

Shot in foot, head, & side resulting in death

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 52

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

Sworn to and subscribed before me, this 11<sup>th</sup> day of JAN 22 1904. Wm B F Lang Ordinary. Post-Office 46 1/2 E 6th St

State of Georgia,

I, John R. Wilkinson

County. Ordinary of said County, certify that I am well

acquainted with Mrs. B F Lang, 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 65Given under my official signature and seal, this the 11<sup>th</sup> day of JAN, 1904.

Official Seal.

Ordinary of Fulton County.

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

## COUNTY.

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

to receive and receipt for the pension paid hereon, and request that he remit same to \_\_\_\_\_ at \_\_\_\_\_.

In Witness Whereof, I have hereunto set my hand and seal, this  
day of \_\_\_\_\_ 1905.

[ L. 2. ]

Executed in presence of

STATE OF GEORGIA.

COUNTY.

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

\_\_\_\_\_ of \_\_\_\_\_  
to receive and receipt for the pension paid hereon, and request that he remit same to  
\_\_\_\_\_ at \_\_\_\_\_

In Witness Whereof, I have hereunto set my hand and seal, this  
day of \_\_\_\_\_ 1908.

—[L. S.]

Executed in presence of

Sangy B. F (ms.)  
Zulston County  
To Those Heretofore Paid.

**1905.**

No. 127

## WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO  
Mrs. B. J. Lang  
OF  
Fulton County,  
Widow of J. A. Lang  
Rec'd 1st Regt.

JOHN W. LINDSEY,

*Commissioner of Pensions.*

WARRANT ISSUED

1905.

AND HANDED TO

For Franklin Printing and Publishing Co. Atlanta,  
Geo. W. Matthews, Manager, 408 State Bldg.

Laird, B. F. (Mrs)  
Fulton, County  
To Those Heretofore Paid

# 1906.

No. 69

# WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO  
Mrs. B. J. Lang  
OF  
Fulton County,  
Widow of J. A. Lang  
Regiment 1st Mo.

JOHN W. LINDSEY,

*Commissioner of Pensions.*

WARRANT ISSUED

5061

AND HANDLED TO

... Station on ...

EOL May

# For Widows Heretofore Allowed Pensions.

Form No. 1

STATE OF GEORGIA,

County of Fulton

PERSONALLY COMES MRS.

B. F. Lang

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

Fulton

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

continuously ever since all her life

That she is the Widow of

J. A. Lang who was a soldier in Company

1st of the 1st Regiment of Georgia

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

1861, and served in the Army up to May 1865. That he lost his

life on the May day of May 1865. (State here

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

Died May 1865. (Wounds)

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 1861.

I have been paid a pension as a resident of Fulton County for the

year ending December 31, 1904, and now apply for the pension provided by law for the year ending

December 31, 1905.

Sworn to and subscribed before me,

this JAN 2 day of 1905.

Mr B F Lang Ordinary.

Post Office Atlanta

State of Georgia, Fulton County.

Ordinary of said County, certify that I am well

acquainted with Mrs. B. F. Lang, 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

day of 18.

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

Mr B F Lang Ordinary of Fulton County.

Official Seal.

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

# For Widows Heretofore Allowed Pensions.

Form No. 1

STATE OF GEORGIA,

County of Fulton

PERSONALLY COMES MRS.

B. F. Lang

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

Fulton

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

continuously ever since 17th November 1838

That she is the Widow of

J. A. Lang who was a soldier in Company

1st of the 1st Regiment of Georgia

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

1861, and served in the Army up to May 1865. That he lost his

life on the May day of May 1865. (State here

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

Died May 1865. (Wounds)

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 1861.

I have been paid a pension as a resident of Fulton County, for the

year ending December 31, 1905, and now apply for the pension provided by law for the year ending

December 31, 1906.

Sworn to and subscribed before me

this JAN 1 day of 1906.

Mr B F Lang Ordinary.

Post Office 32 1/2 E. 1st St

State of Georgia, Fulton County.

Ordinary of said County, certify that I am well

acquainted with Mrs. B. F. Lang, 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

day of 1838.

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

Mr B F Lang Ordinary of Fulton County.

Official Seal.

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

Atlanta Ga 130/98  
Hon. Richard Johnson.  
Comr Pensions.

Dear Sir-

I herewith transmit to you my renewed application for Pension, which was rejected on the 4th inst by you.

I have met your objections and respectfully refer you to the affidavit of Dr E. Griffin of this date, also to the amended affidavits of Dr. Houck, Dr. Parker and Dr. Melms. all attached to the application.

I also refer you to the application and affidavits attached thereto of my deceased husband Jeptha A. Long March 28th 1896, upon which he drew a Pension.

Hoping and believing that I have complied with the rule and the Law and that the application will be immediately approved.

I am yours most Respt.

Mrs B. F. Long

per J. E. Cook.

57 1/2 E. Hunter St.  
City.

## POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

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

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

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1907.

[L. S.]

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

Long, B. F. (Mrs.) Fuller & Co. To Those Heretofore Paid.	1907. No. 39	WIDOW'S PENSION For Year ending Dec. 31, 1907. PAID TO Mrs. B. F. Long OF Fuller County, Widow of J. A. Long Co. 1st Regiment "I" Ga. JOHN W. LANDSEY, Commissioner of Pensions. WARRANT ISSUED AND HANDED TO 1st 1907. C. H. H. One W. Harrison, Mass. Printer, Athens
---	-----------------	--

Atlanta Georgia  
March 24<sup>th</sup> 1898

My reason for giving it as  
my opinion that Stephen A. Lang  
died from gun shot wound received  
on the top of his head in the  
late war was as follows:  
A post mortem examination was  
given and you see the expert  
throbbing all the time.  
2<sup>nd</sup> He had been a fine  
physical man and there  
was no other cause I  
could find that would  
produce such results.

D.M. Kempf  
M.D.

Sworn to & Subscribed  
before me March 26 1898

I fully agree in the belief that  
the fractured skull was the cause  
of his death at last. after many  
years of pain and suffering.  
John R. Mann  
M.D.

Form No. 1

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Fulton,

PERSONALLY COMES MRS.

B. F. Lang

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

Fulton,

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

continuously ever since Birth. That she is the Widow of

L. C. Lang, who was a soldier in Company

1<sup>st</sup> of the 1<sup>st</sup> Regiment of Ca

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

1864, and served in the Army up to 1865. That he lost his

life on the day of May 1865. (State here

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

Died May 1865. Stomach

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 1857.

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

Sworn to and subscribed before me

this day of JAN 2 1907.

John R. Williamson, Ordinary.

Post Office 227 Woodward Ave

State of Georgia,  
Fulton County,

Ordinary of said County, certify that I am well

acquainted with Mrs. B. F. Lang, 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 day of JAN 2 1907.

Official  
Seal

John R. Williamson

Ordinary of Fulton County.

NOTE.—All blanks must be filled.  
Vouchers and Affidavits must bear date after January 1st, 1907.

NOTE—All blanks must be filled.  
Vouchers and Affidavits must bear date after January 1st, 1907.

I C M Parker M D adds the following to his  
affidavit - I know that his mind seemed to be  
affected, and I suppose it was from the wound  
on the head and there was no other  
cause I could find that would have  
caused his death, he had been a well  
developed man physically - My summary  
is that there was a soft place in the  
skull caused by the wound  
Signed To and Subscribed  
before me March 20 - 1898 } C M Parker

W H Kearsley  
Clerk

Georgia Fulton County  
Personally appeared E Griffin who  
on oath says he is a practicing physician  
in said County - that on March 28<sup>th</sup> 1896  
deponent signed an affidavit on the ap-  
plication of Griffith & Lang for pension -  
which affidavit deponent is informed  
is on file in the office of Commissioner  
of pensions - Deponent examined said  
Lang before he made said affidavit  
and found that he had been wounded  
on the top or near the top of his head  
and a portion of his skull bone was  
torn away which produced laceration  
and curvature of the spine, which  
in my opinion finally caused his death.  
I found no other disease or cause  
which was likely to produce death  
Signed To and Subscribed E Griffin  
before me March 30<sup>th</sup> 1898

W H Kearsley  
Clerk

Testify that E Griffin M D is a duly qualified  
physician and credit W H Kearsley Clerk

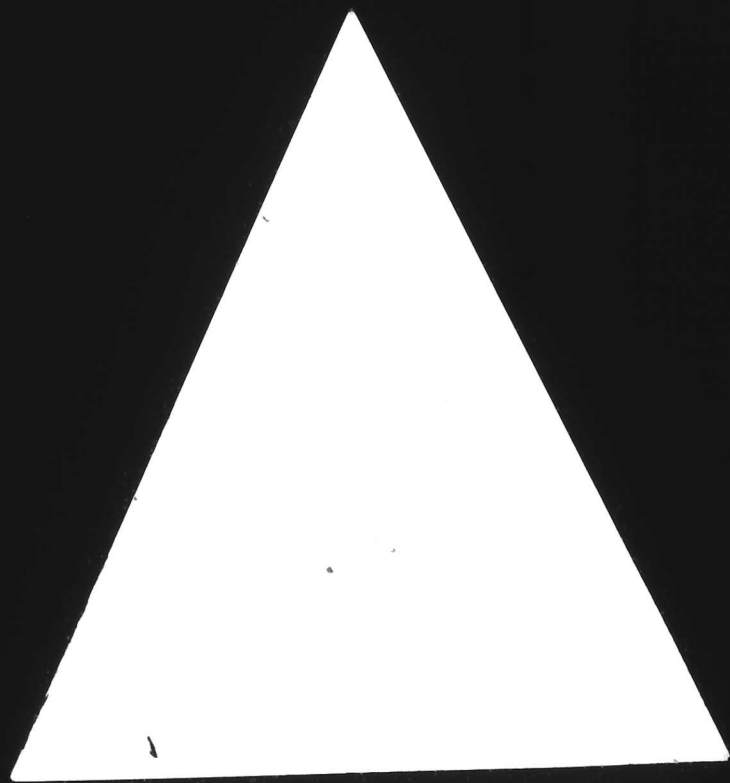
~~(over)~~

J. M. Banks

I Col M Parker M D adds the following to his  
 affidavit - I know that his mind seemed to be  
 affected, and I suppose it was from the wound  
 on the head and there was no other  
 cause I could find that seemed to have  
 caused his death, he had been a well  
 developed man physically - My summary  
 is that there was a soft place in the  
 skull caused by the wound  
 sworn to & subscribed  
 before me March 20 - 1898 - } Col M Parker

W B Kennedy  
 Commissioner

Gering  
 Father is deceased  
 M Burt is a doctor  
 and says that the wound on the  
 head was the cause of the  
 trouble  
 W B Kennedy  
 Commissioner



POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I,

of

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

at

Witness my hand and seal this

day of

by

Executed in presence of

1895.

herely authorize

*Approved by Lang Johnson  
Lang, Sept 10th 95  
Initials 45*

INDIGENT PENSION

1895.

Name

*Jefftha A. Lang*

County

*Fulton*

Granted

*July 11 1896*

1895

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

*affet*

Geo. W. Harrison, State Printer, Atlanta.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I,

hereby authorize

of

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

at

by

Witness my hand and seal this

day of

1895.

Executed in presence of

## QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

County, }

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

1. What is your name and where do you reside? (give State, County and post office) *Joseph A. Lang, North Atlanta Fulton County Ga*
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? *At same place*
3. When and where were you born? *Henry County Ga, January 2, 1832*
4. Did you volunteer in the Confederate Army or in the Georgia Militia? *Confederate Army*
5. When and where did you enlist? *Liberty Co. Mo. 1861*
6. In what company and regiment did you enlist? *Co. 1st Ga. Regular*
7. How long did you remain in that company and regiment? *Three years, then remainder*
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? *None, Co. changed from "L" to "A"*
9. For how long a period did you discharge regular military duty? *Full term of war*
10. When, where and under what circumstances were you discharged from service? *At Sumner*
11. What is your present occupation? *Carpenter*
12. How much can you earn per annum by your own exertions or labor? *None*
13. What has been your occupation since 1865? *Carpenter*
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? *Now no income, but labor, at least 60 dollars*
15. What is your present physical condition and how long have you been in such condition? *Spine which is injured and a good deal lame concerning*
16. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second "infirmary and poverty" or third "blindness and poverty"? *First and second*
17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight? *Spine which is injured by falling from a horse while in Service, which has gradually given rise to a general lameness*
18. What property, effects or income do you possess? *None*
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? *None*
20. In what County did you reside during those years, and what property did you then return for taxation? *Fulton County Ga. No property*
21. How were you supported during the years 1893 and 1894? *Wife & children by work*
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? *Could not contribute anything to it - too much*
23. What was your employment during 1893 and 1894? What pay did you receive in each year? *Carpenter but could not work & receive nothing*
24. Are you married and have you a family? If so, is your wife living and how many children have you? Give age and sex of children and their means of support? *Yes, wife & three children. The boy has gone, my wife is married, girls are single and about 18 & 20 years of age*

Approved by long Joseph A. Lang, Secretary, Department, Jan 11 1896

**INDIGENT PENSION**

**1895.**

Name *Joseph A. Lang*

County *Fulton*

Ground *Age & Poverty*

WARRANT ISSUED TO *app*

Geo. W. Hagson, State Printer, Atlanta.

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

No *Jefferson A. Lang*

Sworn to and subscribed before me this the

27 day of March 1895.

*W. L. Calhoun* Ordinary

Applicant.

of Fulton County.

### QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

*Fulton* County.

*Wm. Myers* of said State and County, having been presented as a witness in support of the application of *Jefferson A. Lang* for pension under the Act approved December 15th, 1891, and after being duly sworn, true answers to make to the following questions, depose and answers as follows:

1. What is your name and where do you reside?

*Wm. Myers*  
*110 450 So. Bay St. Atlanta Ga.*

2. Are you acquainted with *Jefferson A. Lang*, the applicant, if so how long have you known him?

*about 34 years*

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

*South Atlanta*

4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this?

*Yes, he served in "D" 14th Regt. Ala. Inf. as Capt. Co. E. of same Regt.*

5. When, where and in what company and regiment did he enlist?

*on 18 March 1861 in Atlanta Co. D. 14th Regt.*

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

*Same Regt. but after Co.*

7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service?

*He served from the day of his enlistment until the surrender in North Carolina in the month of May 1865.*

8. What property, effects or income has the applicant? (Give your means of knowledge.)

*he has no property or effect. His income is what he receives as pension.*

9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same?

*None.*

10. What is the applicant's occupation and physical condition?

*an amputee*

11. Is the applicant unable to support himself by labor of any sort, if so, why?

*he is not able to support himself by labor of any sort, he is not able to support himself by labor of any sort, he is not able to support himself by labor of any sort.*

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

*by his wife's money.*

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

*None.*

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1891?

*from the injury in applicant's hand his hand is paralyzed and he is unable to do any work.*

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

*None.*

### AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

*Fulton* County.

Personally came before me *Wm. Myers* and

*Arch. Myers*, both known to me as reputable physicians of said County, who being severally sworn, say on oath that they have examined carefully *Jefferson A. Lang*, applicant for pension under the Act of 1891, and after such personal examination, say that his precise physical condition is as follows: *His spine is curved, is afflicted by slight paralysis, in two places producing in limbs & hips; these are believed to be the result of a shell wound received during the war. He believes him to be physically unable to earn 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 earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this

28 day of March 1895.

*W. L. Calhoun* Ordinary

### ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

*Fulton* County.

I, *W. L. Calhoun*, Ordinary in and for said County, hereby certify that the applicant *Jefferson A. Lang* resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, *Frank M. Myers, E. Griffin and Arch. Myers* 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 *Fulton* County show that applicant returned for taxation in his name in 1893, *nothing* dollars of property, and in 1894, *nothing* dollars of property.

Witness my hand and seal of office, this 28 day of March 1895.

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

### NOTE.

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

Fulton  
Brooklyn

dollars

Nothing

dollars

Nothing

dollars of property.

Witness my hand and seal of office, this 28<sup>th</sup> day of March 1895.

ce, this 28<sup>th</sup> day of March

1895.

*M. L. Balchman*, Ordinary

Ordinary

of Franklin County.

### NOTE

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

12. How was he supported during the years 1893 and 1894? *by his wife's mother*

13. What portion of his support for these two years was derived from his own labor or income? *None*

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? *from the injury in applicant's head his head opens an in flesh and evidence that he cannot work I am a Physician I cannot*

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

Sworn to and subscribed before me, this } *Frank M. Hughes late*  
the *28* day of *March* 1895. } *Capt Co E 12th Regt. Cal*  
*W. L. Wachman* *Commissioner*

TO PAY-  
1930. \$70  
Cig. & C. Tax. \$  
TOTAL

*E. Lang, L. E. (Mrs.), do*  
*Fulton Co.*  
For *Fulton* County  
19*33*

**Application for Pension  
Due Deceased Pensioner**  
(UNDER ACT 1904)  
(To pay expenses of last illness and  
funeral)

*Thos H. Jeffries* Ordinary  
For *Mrs. L. E. Lang*  
Date of Death *Jan 18* 19*33*  
Amount \$ *120.00* 19*30*

Approved and ordered paid

*PAID*  
APPROVED FOR PAYMENT  
J. LAWRENCE  
Commissioner of Pensions.  
VETERANS SERVICE OFFICE

PAID TO ORDINARY ON THIS CLAIM:  
TAX 1930 FUND FROM WHICH PAID  
1-6 00 00  
2-25-35 1930 70.00

TOTAL 100.00

*503-440-08*  
MAR 9 1935

Marietta, Georgia.  
September 28th, 1933.

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

Dear sir:-

This is to certify that, I, Roger Williams,  
do hereby and hereon release the claim of Mrs. L. E. Lang,  
to Mrs. L. L. McIntosh, said party having complied with  
all the terms of their contract.

*Roger Williams*

# Application for Pension Due to a Deceased Pensioner

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

(Under Act Approved August 15, 1904)

GEORGIA, Fulton County.

Personally before me, the Ordinary of said County, comes Mrs. Roger Williams of Williams Mortuary,                      of said County, who, after being sworn, on oath says that he knows Mrs. Lillie Elizabeth Lang of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in Fulton County, in this State, on the 18th day of January, 1933, and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$100.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

Arthur R. McCall Ordinary  
Fulton County

(Seal of Ordinary)

Mrs. Roger Williams

Jan. 9, 1934  
Received from Thomas H. Jeffries, Ordinary  
Thirty & no/100                      Dollars  
payment on funeral expenses of Mrs. L. E. Lang  
\$100.00

## A Certificate

STATE OF GEORGIA, County of Fulton

IN RE: Expenses last illness and funeral Mrs. L. E. Lang

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.

This the 10 day of Aug, 1933.

(SEAL)

Thomas H. Jeffries, Ordinary

(Ordinary will please complete and return immediately to A. L. Henson, Director Veterans Service Office, State Capitol, Atlanta, Ga.)

Received of Thomas H. Jeffries, Ordinary, \$70  
for the account of Mrs. L. E. Lang. This amount has  
not previously been paid and is now owing to me.

March 4 1933.

Mrs. M. E. McIntosh

## CERTIFICATE OF ORDINARY

GEORGIA, Fulton County.

I, Thomas H. Jeffries Ordinary of said County, do certify that I personally know Mrs. Roger Williams, who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also know Mrs. L. E. Lang while in life and that this was the same person whose name appears on the Pension Roll of                      County, and was paid a Pension of Thirtty (30.00) Dollars in said County for December and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 13 day of Feb, 1933.

(Seal of Ordinary)

Thomas H. Jeffries Ordinary  
Fulton County

## INSTRUCTIONS

- 1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 2nd. Each account must be sworn to before the Ordinary, and in the following form:  
"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 owing sufficient property to pay this bill.
- 3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.
- 4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 5th. Return this application, and attached bills, properly receipted, to the Pension Department.
- 6th. Ordinary should see that the back of this blank, when folded, is filled out.

November 18th, 1933.

Judge Thomas H. Jeffries,  
Ordinary, Fulton County,  
ATLANTA, Georgia.

Dear Judge:

IN RE: Voucher for expenses of last illness and  
funeral of Mrs. L. E. Lang

If and when this voucher comes up for payment, it  
will doubtless come to your attention that the ordinary  
creditor wishes to assign their interest to another person.

The law requires the Ordinary to disburse these  
funds sent him for expenses of last illness and funeral.  
I think it incumbent upon the Ordinary to determine to whom  
the funds are due, and that this Office cannot do more than  
to require a full showing as to what has been done with the  
funds and demand a legal receipt.

With kindest regards,

Yours very truly,

ALL-4-LE

Director.

Copy to

Mrs. Roger Williams,  
Williams Mortuary,  
Hapeville, Georgia.

MRS. LILLIE ELIZABETH LANG,  
3447 Elkin Street,  
Hapeville, Georgia.

IN ACCOUNT WITH

Mrs. Roger Williams, trading as Williams Mortuary,  
Hapeville, Georgia.

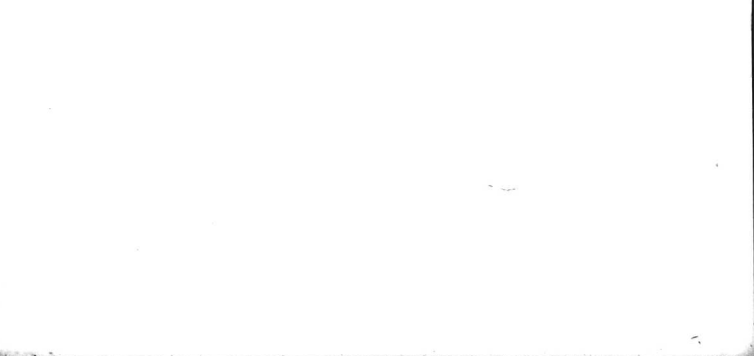
Amount due \$100.00

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 Lang.

Sworn to and subscribed before me,  
this February 13th, 1933.

*My. Roger Williams*  
*Arthur R. Maibut*  
C. C. ORDINARY.





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:

11 Dec  
Saugus River  
Fulton Co  
No. 608  
Application for Allowance  
F.O.S.  
Edward Howard Chase  
Applicant of the Saugus  
County Bridge  
Amount \$50  
Date of Warrant March 20/88  
Entered on Record.  
March 28 1888  
J. H. A.

STATE OF GEORGIA,

County, )

PERSONALLY came G. J. Reid, Newton M. Reid  
and R. H. Barton  
citizens of Harlem County, in said State,  
who, being duly sworn, say that they are acquainted with John Langen

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 Harlem County, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this 19 day of January, 1888  
W. L. Bachman  
Ordinary

STATE OF GEORGIA,

County, )

PERSONALLY comes before me W. L. Bachman Ordinary of said county,  
W. L. Bachman and R. H. Barton, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have carefully examined John Langen and after such examination say that the applicant has been injured as follows: Ball entering, is, & not coming out side of spine

disabling him to perform ordinary labor.  
Sworn to and subscribed before me, this 19 day of January, 1888  
W. L. Bachman  
ORDINARY

NOTE. The physicians will state fully the extent of the wound and the disability resulting therefrom

STATE OF GEORGIA,

Harlem County, }

I, W. L. Bachman Ordinary of said county,  
do certify that I am well acquainted with John Langen 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 19 day of January, 1888  
W. L. Bachman  
Ordinary Harlem County.

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 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 \_\_\_\_\_, 1888

Executed in the presence of us: \_\_\_\_\_

[L. S.]

Fulton, County.

State of *Mississippi*, on the *10th* day of *April*, 186*2*, he was  
wounded as follows: *Ball entering the right*  
*side, near the spine, fracturing*  
*the rib and coming out in front*  
*a little way below the armpit.*

Sworn to and subscribed before me, this  
the 6<sup>th</sup> 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.

County.

[illegible]

Sworn to and subscribed before me, this  
6th day of February 1887

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

## APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 26, 1939.

FOR  
Applicant *Paul D. Lutz*  
County *Dublin*

Amount 20  
Date of Warrant July 6/59  
Entered on Record,

July 6, 1884  
M 1416  
SECRETARY EXECUTIVE DEPARTMENT.

SECRETARY EXECUTIVE DEPARTMENT.

Applications

STATE OF GEORGIA,

*Fulton* County.

I, *W. L. Latham* Ordinary of said county, do certify that I am well acquainted with *John Langen*, 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:

*E. J. Rouch* *J. M. Brum* 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 6<sup>th</sup> day of February 1889

*W. L. Latham*  
Ordinary *Fulton* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Fulton* County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

county, in said State, do hereby appoint

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

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

day of 188

(L. S.)

Executed in the presence of us:

DIRECTION:

Send money to me as follows, by

to

P. O.

County, Georgia.

NOTES.

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

STATE OF GEORGIA,

*Fuller* County.

I, *W. L. Latham* Ordinary of said county, do certify that I am well acquainted with *John 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 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<sup>th</sup>* day of *July*, 189*0*

*W. L. Latham*

Ordinary

*Fuller*

County.

STATE OF GEORGIA,

*Fuller* County.

I, *W. L. Latham* Ordinary of said County, do certify that I am well acquainted with *John 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 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<sup>th</sup>* day of *Feb*, 189*1*.

*W. L. Latham*

Ordinary

*Fuller*

County.

APPLICATION FOR ALLOWANCE.

FOR THIS BEING OFFICER IN 1890.

No. *142*

*Disabled by body menses*

Applicant *John Langan*

County, *Fuller*

Amount, *50*

Date of warrant, *July 4*

Entered on record

*July 14*

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

*Applicant*

1891

*Langan, John*

*PAID 1891, N.C.*

Application for Allowance

FOR THIS BEING OFFICER IN 1891.

No. *133*

*Disabled by body menses*

Applicant *John Langan*

County, *Fuller*

Amount, *50*

Date of Warrant, *Feb 6*

Entered on record

*Feb 6*

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

*to applicant*

## STATE OF GEORGIA.

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

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

## STATE OF GEORGIA

county, in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_, 189\_\_\_\_\_

Executed in the presence of us:

[L. S.]

**DIRECTION.**  
Send money to me as follows, by

Send money to me as follows, by \_\_\_\_\_ to \_\_\_\_\_

County, Georgia.

STATE OF GEORGIA.

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 \_\_\_\_\_

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

## STATE OF GEORGIA.

County )  
Know all Men by these Presents, That I, \_\_\_\_\_  
of \_\_\_\_\_ County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  
day of \_\_\_\_\_ 1891.

Executed in the presence of us

[L. S.]

Send money to me as follows, by.....

to \_\_\_\_\_ P. O.  
County, Georgia.

STATE OF GEORGIA.

*Fuller* County.

I, *W. C. Leatham* Ordinary of said county, do certify that I am well acquainted with *John 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 the individual he represents himself to be, and that he resides in this county.

Given under my official signature and seal, this *2<sup>nd</sup>* day of *March* 1892

Ordinary: *Fuller* County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

*Fuller* County.

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

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

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

Executed in the presence of us:

DIRECTION.

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

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING IN FEBRUARY, 1892.

Name: *John Langan*  
County: *Fuller*

Disability: *Body maimed*

Amount: \$ *50*

Entered on record: *March 2*

1892.

W. H. HARRISON.

Secretary of Agriculture.

AGENT.

*Applicant*

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

*Langan John*  
*Fuller Co*

1892.

*Fuller*

No. *1198*  
Application for Allowance

For the Year Ending October 31, 1892.

*John Langan*

*Fuller*

*Amount, \$50*

Date of Warrant: *3/11/92*

Entered on record: *3/11/92*

1892.

*Applicant*

WARRANT ISSUED TO  
Secretary of Agriculture.

*Applicant*

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

STATE OF GEORGIA.

FOR APPLICANTS HEREFORE ALLOWED PENSIONS.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fuller County.*

PERSONALLY appears *John Langan* of *Fuller* 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 *1865*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *B* of *5th* Regiment of *Georgia* Volunteers *Jackson's* Brigade; that whilst engaged in such military service at the battle of *Shiloh* in the State of *Mississippi*, on the *6th* day of *April*, 1862, he was wounded as follows:

*Wound in right side and spine and was also shot in the right arm at Lexington Mo. - said wounds rendering him incompetent to perform the ordinary manual vocations of life.*

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

*Fifty*

Dollars for *1891*.

Sworn to and subscribed before me this the

*2nd* day of *March* 1892.

*John Langan*  
*Mark*

*M. L. Lockman* Ordinary.

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

*Fuller County.*

Know all Men by these Presents, That I,

of

County, in said State, do hereby appoint

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

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

day of *1892*.

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fuller County.*

PERSONALLY appears *John Langan* of *Fuller* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *1865*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *B*, of *5th* Regiment of *Georgia* Volunteers *Jackson's* Brigade; that whilst engaged in such military service at the battle of *Shiloh* in the State of *Mississippi*, on the *6th* day of *April*, 1862, he was wounded as follows:

*gun shot wound in right side and spine and was also shot in the right arm at Lexington Mo. said wounds rendering him incompetent to perform the ordinary manual 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 26, 1892. I have heretofore been allowed a pension of

*Fifty*

dollars, for *1891*.

Sworn to and subscribed before me, this, the

*16th* day of *March* 1892.

*John Langan*  
*Mark*

*M. L. Lockman* Ordinary.

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

STATE OF GEORGIA,

*Fuller County.*

I, *M. L. Lockman* Ordinary of said County,

do certify that I am well acquainted with *John 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 the individual he represents himself to be, and that he resides in this County.

I further certify that the foregoing affidavit was made and sworn to before me, and that the signature of the applicant is a true and correct copy of the original, and that the said affidavit and signature thereto are genuine.

Given under my official signature and seal, this *16th* day of *March* 1892.

*M. L. Lockman*  
Ordinary *Fuller* County.

STATE OF GEORGIA

БОМЕР ОЕ УЛООВИЕА

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of

County, State of Georgia, do hereby appoint

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

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

day of \_\_\_\_\_ 1894.

[L. S.]

Executed in the presence of us

## DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County, State of Georgia, do hereby appoint

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

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

day of \_\_\_\_\_ 1895.

[L. S.]

Executed in presence of us

## DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

*John Langan*  
(For Those Already Enrolled.)

1894.

Name John Langan  
County Fulton  
Disability 64% wound  
Amount, \$ 50.  
*John*

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

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

(For Those Already Enrolled.)

No. 82

SOLDIER'S PENSION.

1895.

Name John Langan  
County Fulton  
Disability 64% wound  
Amount, \$ 50.  
*John*

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

*No data*

# 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* 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 Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company B, of 5th Regiment of Georgia Volunteers, Jackson's Brigade; that whilst engaged in such military service at the battle of Shiloh in the State of Miss., on the 6th day of April 1862 he was wounded as follows: gun shot wound in right side and spine and was,  
also shot in the right arm at Lexington Mo, said wounds rendering  
him incompetent to perform the ordinary manual 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 26, 1894. I have heretofore been allowed a pension of 25 dollars, for the year 1893

Sworn to and subscribed before me, this, the 10th day of March 1894.  
W. L. Calhoun Ordinary

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

STATE OF GEORGIA, }

Fulton County, }

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

Given under my official signature and seal, this 12th day of March 1894.



W. L. Calhoun  
Ordinary Fulton County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Fulton County, }

PERSONALLY appears John Langan 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 1847; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company B, of 5th Regiment of Georgia Volunteers, Jackson's Brigade; that whilst engaged in such military service at the battle of Shiloh in the State of Miss., on the 6th day of April 1862, he was wounded as follows: gun shot wound in right side and spine and was,  
also shot in the right arm at Lexington Mo, said wounds rendering  
him incompetent to perform the ordinary manual 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 of 25 dollars, for the year 1894

Sworn to and subscribed before me, this, the 10th day of March 1895.  
W. L. Calhoun Ordinary

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

STATE OF GEORGIA, }

Fulton County, }

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

Given under my official signature and seal, this 11th day of March 1895.



W. L. Calhoun  
Ordinary Fulton County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1896.

[L. S.]

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1897.

[L. S.]

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

## SOLDIER'S PENSION. 1896.

No. 987

Name John Langan

County Fulton

Disability Soldier's Pension

Amount, \$ 2/26

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

John W. Hamilton, State Printer, Atlanta.

No data

## INVALID SOLDIER'S PENSION. 1897.

No. 651

Name John Langan

County Fulton

Disability Soldier's Pension

Amount, \$ 2/26

1897.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

John W. Hamilton, State Printer, Atlanta.

No data

# 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* 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 Confederate States (or of the State of ) during the war between the States, and served as a Private in Company B, of 5th Regiment of Georgia Volunteers, Jackson's Brigade; that whilst engaged in such military service in the State of Mississippi, on the 3th day of April 1865, he was wounded, injured or diseased as follows: *gun shot wound in right side and spine and was also shot in the right arm at Lexington, Mo. said wounds rendering him incompetent to perform the ordinary manual 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 pension to which he is entitled for the year ending October 26th, 1890. I have heretofore as a resident of Fulton county been allowed a pension of Fifty dollars, for the year 1895.

Sworn to and subscribed before me, this, the 26th day of Feb'y 1896.

*W. L. Calhoun, Ord'y*  
NOTE—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Fulton

County.

I, W. L. Calhoun

Ordinary of said County,

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

Given under my official signature and seal, this 26th day of Feb'y 1896.



*W. L. Calhoun*  
Ordinary Fulton County.

# 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* 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 Confederate States (or of the State of ) during the war between the States, and served as a Private in Company A, of 5th Regiment of *Missile* Volunteers, Jackson's Brigade; that whilst engaged in such military service in the State of Mississippi, on the 6th day of 1865, he was wounded, injured or diseased as follows:

*Gun shot wound in right side and spine and was also shot in the right arm at Lexington Mo said wounds rendering him incompetent to perform the ordinary manual 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 pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Fulton county been allowed an invalid pension of Eighty Dollars, for the year 1895.

Sworn to and subscribed before me, this, the 26th day of Feb'y 1897.

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

STATE OF GEORGIA,

Fulton

County.

I, W. L. Calhoun

Ordinary of said County,

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

Given under my official signature and seal, this 26th day of Feb'y 1897.



*W. L. Calhoun*  
Ordinary Fulton County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

of \_\_\_\_\_

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

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1898.

[L. S.]

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

of \_\_\_\_\_

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

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1899.

[L. S.]

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

*Langston John*  
*Free on*  
ACT OF 24 OCT. 1897.  
(For Those Already Enrolled.)  
No. *2246*  
**INVALID**  
**SOLDIER'S PENSION.**  
**1898.**  
Name *John Langston*  
County *Fulton*  
Disability *Body injured*  
Amount, \$ *100.00*  
*2/19* 1898.  
RICHARD JOHNSON,  
Commissioner of Pensions.  
WARRANT HANDLED TO  
*off*  
GEO. W. HARRISON, STATE PRINTER, ATLANTA.  
*No data*

*Langston John*  
*Free on*  
CURE SECTION 1898.  
(For Those Already Enrolled.)  
No. *698*  
**INVALID**  
**SOLDIER'S PENSION.**  
**1899.**  
Name *John Langston*  
County *Fulton*  
Disability  
Amount, \$ *50*  
*2/3* 1899.  
RICHARD JOHNSON,  
Commissioner of Pensions.  
WARRANT HANDLED TO  
*off*  
GEO. W. HARRISON, STATE PRINTER, ATLANTA.  
*No data*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears John Langdon 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 Nov 1865; that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served as a private in Company B, of 5th Regiment of Geo. Volunteers, Jackson's Brigade; that whilst engaged in such military service in the State of Mississippi, on the 6th day of April 1865, he was wounded, injured or diseased as follows:

He was wounded in the right side and side, also shot in right arm - said wounds rendering him unfit for manual labor.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 20th, 1889. I have heretofore under said law as a resident of Fulton county been allowed an invalid pension of Eighty Dollars, for the year 1889.

Sworn to and subscribed before me, this, the 10th day of July 1898, W. H. Hulvey POST-OFFICE

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

STATE OF GEORGIA,

Fulton County.

I, W. H. Hulvey, Ordinary of said County, do certify that I am well acquainted with John 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 19 day of July 1898.

W. H. Hulvey  
Ordinary Fulton County.



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears John Langdon 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 \_\_\_\_\_ 1865; that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served as a private in Company B, of 5th Regiment of Geo. Volunteers, \_\_\_\_\_'s Brigade; that whilst engaged in such military service in the State of Mississippi, on the 6th day of April 1865, he was wounded, injured or diseased as follows:

He was wounded in the right side with a bullet and ball and at that time in the right arm so as to be unable to make a support of his body.

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1889. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of Eighty Dollars, for the year 1889.

Sworn to and subscribed before me, this, the 10th day of July 1898, W. H. Hulvey POST OFFICE

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

STATE OF GEORGIA,

Fulton County.

I, W. H. Hulvey, Ordinary of said County, do certify that I am well acquainted with John 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 30 day of July 1898.

W. H. Hulvey  
Ordinary Fulton County.



# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

of

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

by

at

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

day of \_\_\_\_\_ 1900.

[L. S.]

Executed in presence of

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

of

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

by

at

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

day of \_\_\_\_\_ 1901.

[L. S.]

Executed in presence of

CODE SECTION 1206

(For Those Already Enrolled.)

No. 533

INVALID

SOLDIER'S PENSION.

1900.

Name *John Langston*  
County *Fulton*

Disability

Amount, \$ *50.00*

Warrant issued *July 5* 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

*No data*

CODE SECTION 1206

(For Those Already Enrolled.)

No. 336

DISABLED

SOLDIER'S PENSION.

1901.

Name *Jno Langston*  
County *FULTON*

Disability *wound in left side*

Amount, \$ *50.90*

*July 18* 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

*No data*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County.

Personally appears *John Langdon* of *Fulton* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the day of *18 44* That he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *C*, of *5th* Regiment of *Georgia* Volunteers, *1st* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *6th* day of *April* 1861, he was wounded, injured or diseased as follows:

*Wounded in left side*

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of *Fulton* County been allowed an invalid pension of *50.00* Dollars, for the year 1899.

Sworn to and subscribed before me, this, the *2* day of *March* 1900, } *John H. Langdon* POST OFFICE

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

STATE OF GEORGIA,

*Fulton* County.

I, *W. H. Halcom* Ordinary of said County, do certify that I am well acquainted with *John 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 *2* day of *March* 1900.

*W. H. Halcom* Ordinary *Fulton* County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County.

Personally appears *John Langdon* 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 44* That he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *C*, of *5th* Regiment of *Georgia* Volunteers, *1st* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *6th* day of *April* 1861, he was wounded, injured or diseased as follows:

*Wounded in left side*

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of *Fulton* County been allowed an invalid pension of *50.00* Dollars, for the year 1900.

Sworn to and subscribed before me, this, the *18* day of *January* 1901, } *John H. Langdon* POST OFFICE

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

STATE OF GEORGIA,

*Fulton* County.

I, *John R. Ware* Ordinary of said County, do certify that I am well acquainted with *John 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 *18* day of *January* 1901.

*John R. Ware* Ordinary *FULTON* County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1902.

[L. S.]

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1903.

[L. S.]

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

(FOR THOSE ALREADY ENROLLED.)

No. 30

DISABLED

SOLDIER'S PENSION

1902.

Name J. Langdon

County FULTON

Co. B Regiment 5th Regt

Disability Body wound

Amount, \$ 25.00

1902

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Harwood, State Printer, Atlanta.

(FOR THOSE ALREADY ENROLLED.)

No. 82

DISABLED

SOLDIER'S PENSION

1903.

Name J. Langdon

County

Co. B Regiment 5th Regt

Disability Body wound

Amount, \$ 25.00

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Harwood, State Printer, Atlanta.

STATE OF GEORGIA

FOR APPLICATIONS HERETOFORE APPROVED PENSIONS

(NB) *See if name is right*

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
FULTON County.)

Personally appears *J. Langdon* 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 *1845*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *B*, of *5*th Regiment of *Georgia* Volunteers, *Miss*'s Brigade; that whilst engaged in such military service in the State of *Miss*, on the *6* day of *April* 1861, he was wounded, injured or diseased as follows:

*Wounded in left side*

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 *Fifty* County, been allowed an invalid pension of *50* Dollars, for the year 1901.

Sworn to and subscribed before me, this *10* day of *January* 1902, at *Post-office*

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

STATE OF GEORGIA,  
FULTON County.)

I, *John P. Wilkinson* Ordinary of said County, do certify that I am well acquainted with *J. 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 *JAN 13* 1902, 1902.

*John P. Wilkinson* Ordinary *FULTON* County.

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

HOME OF ALLOMBIA

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
County.)

Personally appears *J. Langdon* 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 *1845*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *B*, of *5*th Regiment of *Georgia* Volunteers, *Miss*'s Brigade; that whilst engaged in such military service in the State of *Miss*, on the *6* day of *April* 1861, he was wounded, injured or diseased as follows:

*Wound in left side*

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 *50* County, been allowed an invalid pension of *50* Dollars, for the year 1902.

Sworn to and subscribed before me, this *10* day of *January* 1903, at *Post-office*

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

STATE OF GEORGIA,  
County.)

I, *John P. Wilkinson* Ordinary of said County, do certify that I am well acquainted with *J. 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 *JAN 13* 1903.

*John P. Wilkinson* Ordinary *FULTON* County.

Note.—Fill all blanks and of Company and Regiment.  
Note.—All vouchers and affidavits must bear date after January 1, 1903.

AM  
your  
name  
here

day of 1902

*John A. Williamson*  
Ordinary  
FULTON County.  
Note.—Fill all blanks and of Company and Regiment.  
Note.—All vouchers and affidavits must bear date after January 1, 1902.  
BONER OF ALLOKINEA

AM  
your  
name  
here

day of 1903

*John A. Williamson*  
Ordinary  
County.  
Note.—Fill all blanks and of Company and Regiment.  
Note.—All vouchers and affidavits must bear date after January 1, 1903.

Audited

*Feb. 6<sup>th</sup>* 1889  
*Wm. M. Smith*  
COMPTROLLER GENERAL

*J. L. Lutter*  
Maimed Soldiers.

Voucher No. 110

Amount \$ 50

Paid to *Johu Langer*  
For *Genl. Disability*  
*body maimed,*  
*Feb 6, 1889*

Included in Warrant No.  
issued to Treasurer.

1889.

WARRANT CLERK

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

*Applicant*

Audited

18

COMPTROLLER GENERAL

Maimed Soldiers.

Voucher No. 142

Amount \$ 50

Paid to *Johu Langer*  
For *Disables by*  
*body maimed*  
*Feb 4 1890*

Included in warrant No.  
issued to Treasurer

18

WARRANT CLERK

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

*Applicant*

No. 115

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feby 6 1889

Mr. John Langer of the County  
of Fulton having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

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

General Disability body wounds.

He is entitled to receive the sum of Fifty & 00/100 Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

\$50.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty & 00/100 Dollars,

per above voucher, this 6<sup>th</sup> of Feby 1889.

John Langer  
W. H. Harrison  
W. H. Harrison

No. 142

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feby 4 1890

Mr. John Langer of the County  
of Fulton having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

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

Disabled by body wound

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

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

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

\$50.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty & 00/100 Dollars,

per above voucher, this 4<sup>th</sup> of Feby 1890.

H. J. Rogers, John Langer,  
Witness, His X

Det W. H. Hamlin

W. J. Ryan.  
Witness,

Jan 10 1891  
His X

Audited. 1891.

COMPTROLLER GENERAL

Langen, John

1891.

Maimed Soldiers.

Voucher No. 123.

Amount \$ 50.

Paid to John Langen  
For his body  
maimed  
July 6 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta.

applicant's

1891.

No. 123

STATE OF GEORGIA.  
EXECUTIVE DEPARTMENT. }

Atlanta, Ga. Feb 6 1891.

Mr. John Langer of the County  
of Fulton having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Acts  
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for  
\$2000.00 He is entitled to receive the sum of \$2000.00 Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor,

M. A. Harrison

Sec'y EXECUTIVE DEPARTMENT.

H. J. McDaniel.  
GOVERNOR.

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

\$2000.00 Dollars,  
per above voucher, this 6 of Feb 1891.

John Langer  
per J. A. Wood

Received of R. U. HARDEMAN, Treasurer of the State of Georgia.

*Fifty & 00/100*

Dollars,

per above voucher, this

*6*

of

*Dec*

1891.

*John. Langer*  
*for J. a. Cook*

## 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 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

William Langley deceased, and as such has heretofore been allowed a

pension for the year ending February 15th 1892.

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

30<sup>th</sup>

1893,

day of January, 1893.W. L. Calhoun Ordinary.

## POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA.

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County, in said State, do hereby appoint

of \_\_\_\_\_ my true and lawful attorney in fact, for

me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

1893

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

[L.S.]

Executed in the presence of us:

## DIRECTIONS.

Send amount by \_\_\_\_\_ to \_\_\_\_\_

me at \_\_\_\_\_

, and oblige \_\_\_\_\_

Langley, Emily (mo)  
Fulton County  
FOR THOSE HERETOFORE PAID.1893  
J. P. Richmond Jr 1891  
No. 3157

## Widows' Pension,

for year ending February 15th, 1893.

— PAID TO —

Mrs. Emily Langley

— OF —

FULTON COUNTY.

Wm. Richmond Jr

Warrant Issued

3/2 1893

AND HANDED TO

R. P. Heard

Geo. W. Anderson, State Printer, Atlanta.

Certificate of Ordinary of the County of Applicant's Residence.

Form No. 2.

STATE OF GEORGIA, County of

FULTON

I, W. L. Calhoun Ordinary in and for said County of FULTON State of Georgia, hereby certify that I am acquainted with Mrs. 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 Willis Langley deceased, and as such has heretofore been allowed a pension for the year ending February 15th 1892.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, 20th day of January 1893.

W. L. Calhoun Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County, in said State, do hereby appoint

my true and lawful attorney in fact, for

me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia 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 189 day of

[L.S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by me at

and oblige

FOR THOSE HERETOFORE PAID.

Langley, Emily (Widow)  
Fulton County  
1893  
20. 3157

WIDOW'S PENSION,

for year ending February 15th 1893.

PAID TO—

Emily Langley

OF—

Fulton County.

One Richard Lee  
Warrant Issued

AND HANDLED TO

Applicant  
1893

Certificate of Ordinary of the County of Applicant's Residence.

Form No. 2.

STATE OF GEORGIA, County of

FULTON

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 Willis Langley deceased, and as such has heretofore been allowed a pension for the year ending February 15th 1892.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 1st day of February 1893.

W. L. Calhoun Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of Fulton 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 1895 day of

[L.S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by me at

and oblige

FOR THOSE HERETOFORE PAID.

1895.

No. 586

WIDOW'S PENSION,

for year ending February 15th 1895.

PAID TO—

Emily Langley

OF—

Fulton County.

WARRANT ISSUED

Feb 1 1895

AND HANDLED TO

Applicant

FOR THOSE HERETOFORE PAID.

## For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,  
County of FULTON

Personally comes Mrs.

*Emily Langley*

who being sworn, says on oath, that she is a bona fide resident of said County of

FULTON

State of Georgia, and that she has resided in said State

continuously ever since

*Fifth*

18

That she is the Widow of

*Mills Langley*

who was a Soldier in Company

*76*

of the

*16th*

Regiment of

*Georgia*

Volunteers, that he enlisted in said Regiment on or about the month of

*August*

1862 and served in the Army up to

*August*

1864

That he lost his

life on the

*17th*

day of

*August*

1864

(State here

full particulars of the husband's death, when, where and from what cause.)

*Killed in battle near Fort Royal Va**Applicant drew from Richmond Co in 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 1859, 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, 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<sup>th</sup> day of January, 1893.*W. L. Bachman* Ordinary.*Emily Langley*Post-office *Atlanta Ga*

## For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,  
County of FULTON

Personally comes Mrs.

*Emily Langley*

who being sworn, says on oath, that she is a bona fide resident of said county of

FULTON

State of Georgia, and that she has resided in said State

continuously ever since

birth

18

That she is the Widow of

*Mills Langley*

who was a Soldier in Company

H

of the

16th

Regiment of

Georgia

Volunteers, that he enlisted in said Regiment on or about the month of August

1862 and served in the Army up to

August

1864

That he lost his

life on the

day of August

1864

(State here

full particulars of the husband's death, when, where and from what cause.)

*Killed in battle near Fort Royal Va.**Applicant drew from Richmond Co in 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 1859, 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, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this

1<sup>st</sup> day of Feb'y, 1895.*W. L. Bachman* Ordinary.*Emily Langley*Post-office *Atlanta Ga*

Certificate of Ordinary of the County of Applicant's Residence.

Form No. 2.

STATE OF GEORGIA, County of Fulton  
 I, W. L. Calhoun Ordinary in and for said County of  
Fulton State of Georgia, hereby certify that I am acquainted with Mrs.  
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 wit-  
 nesses), that she resides in this County, and that she resided in the State of Georgia on  
 December 23, 1850, and has not lived out of the State since that date. That she is the  
 widow of Willie 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 18th day of February 1894.

[Seal]

W. L. Calhoun

Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, County.

KNOW ALL MEN BY THESE PRESENTS, That I,  
 of

County in said State, do hereby appoint

of my true and lawful attorney in fact, for  
 me, and in my name, to receive and receipt for whatever amount of money I may be en-  
 titled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the  
 foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any  
 Warrant that may be issued by the Governor, or for any sum of money which may be  
 coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  
 day of 1894.

[L. S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by \_\_\_\_\_ to  
 me at \_\_\_\_\_, and oblige

Emily Langley  
Fulton County  
 FOR THOSE HERETOFORE PAID.  
Richmond and Company  
 1894.

No. 1360

WIDOWS' PENSION,

for year ending February 15th, 1894.

PAID TO—

Emily Langley

OF—

Fulton

COUNTY.

WARRANT ISSUED

1894.

AND HANDED TO

Applicant

ONE OF J. L. LAMBERT, JAMES L. LAMBERT

## For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

Personally comes Mrs.

County of

Fulton

Emily Langley

who being sworn, says on oath, that she is a bona fide resident of said County of

Fulton

State of Georgia, and that she has resided in said State

continuously ever since birth

18 That she is the Widow of

Willis Langley

who was a Soldier in Company

H

of the

15th

Regiment of

Georgia

Volunteers, that he enlisted in said Regiment on or about the month of August

1862 and served in the Army up to

August

1864

That he lost his

life on ~~the~~ or about 17th

day of

August

1864

(State here

full particulars of the husband's death, when, where and from what cause.) (

Killed in battle near Fort Royal Va,

Applicant drew from Richmond Co in 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 1859; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this

1st day of February 1894.

W. L. DeLoach Ordinary.

Post-office

Emily Langley  
 Mrs. Langley  
 Post-office

Certificate of Ordinary of the County of Applicant's Residence.

Form No. 2.

STATE OF GEORGIA, County of Fulton

I, W. L. Delhou 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 Willie Langley 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 5th day of Feb 1896.

W. L. Delhou Ordinary.

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_ of \_\_\_\_\_ to receive and receipt for the pension paid hereon and request that he remit same to \_\_\_\_\_ at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1896.

[L.S.]

Executed in the presence of \_\_\_\_\_

Certificate of Ordinary of the County of Applicant's Residence.

Form No. 2.

STATE OF GEORGIA, County of Fulton

I, M. H. Huley 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 Willie Langley 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 30th day of Feb 1897.

M. H. Huley Ordinary.

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_ of \_\_\_\_\_ to receive and receipt for the pension paid hereon and request that he remit same to \_\_\_\_\_ at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1897.

[L.S.]

Executed in the presence of \_\_\_\_\_

FOR THOSE HERETOFORE PAID

1896.

No. 2399  
Pickens County 1892  
**WIDOW'S PENSION,**

for year ending February 15th, 1896.

PAID TO

Emily Langley

OF

widow of Willie Langley

County.

WARRANT ISSUED

21 1896

AND HANDED TO

apch

Geo. W. Davidson, State Printer.

FOR THOSE HERETOFORE PAID

1897.

No. 1058

**WIDOW'S PENSION,**

for year ending February 15th, 1897.

PAID TO

Emily Langley

OF

widow of Willie Langley

County.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

1/30 1897,

AND HANDED TO

apch

Geo. W. Davidson, State Printer, Augusta.

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of

Fulton

Personally Comes Mrs.

Emily Langley

who being sworn, says on oath, that she is a bona fide resident of said county of  
Fulton State of Georgia, and that she has resided in said State

continuously ever since birth 18 That she is the Widow of

William Langley

who was a Soldier in Company

of the

1st

Regiment of

Georgia

Volunteers, that he enlisted in said regiment on or about the month of

August

1862 and served in the Army up to

August

1864

That he lost his

life on the or about 17th

day of August

1864

(State here

full particulars of the husband's death, when, where and from what cause.)

Killed in battle near Fort Royal V.

Applicant drew from Richmond Co in 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 1859, 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

Fulton

County for the year ending February 15th, 1896, and now apply for

the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this

5th day of Feb'y 1896.

W. L. Bachman Ordinary.

Post-office

Emily Langley  
Mar

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of

Fulton

Personally Comes Mrs.

Emily Langley

who being sworn, says on oath, that she is a bona fide resident of said county of  
Fulton State of Georgia, and that she has resided in said State

continuously ever since Birth

18

That she is the Widow of

William Langley  
H

who was a Soldier in Company

of the

1st

Regiment of

Georgia

Volunteers, that enlisted in said regiment on or about the month of

August

1862 and served in the Army up to

August

1864

That he lost his

life on the or about 17th

day of August

1864

(State here

full particulars of the husband's death, when, where and from what cause.)

Killed in battle near Fort Royal V.

Applicant drew from Richmond Co in 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 1859, 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

Fulton

County for the year ending February 15th, 1896, and now apply for

the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this

20 day of Aug 1897.

W. L. Bachman Ordinary.

Post-office

Emily Langley  
Mar

# POWER OF ATTORNEY.

State of Georgia,

County.

I, hereby authorize

to receive and receipt for the pension paid hereon and request that he remit same to

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of, 1898.

[L. S.]

Executed in presence of

# POWER OF ATTORNEY.

State of Georgia,

Fulton County.

I, Emily Langley hereby authorize J. H. Griggs of Fulton County

to receive and receipt for the pension paid hereon and request that he remit same to

To me at No 11 Means about Tallanta Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10th

day of January 1899

Executed in presence of

D. A. Cook Jr.

[L. S.]

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mr. Emily Langley

OF

Fulton County

Widow of William Langley

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

1898.

AND HANDED TO

apd

GEO. W. HARRISON, STATE PRINTER, ATLANTA

For These Heretofore Paid.

1899.

NO.

837

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO

Mr. Emily Langley

OF

FULTON County

Widow of William Langley

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

1899.

AND HANDED TO

J. H. Griggs

GEO. W. HARRISON, STATE PRINTER, ATLANTA

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *Fulton*

Personally Comes Mrs.

*Emily Langley*

*Fulton* who, being sworn, says on oath, that she is a bona fide resident of said county of *Fulton* State of Georgia, and that she has resided in said State continuously ever since *birth* 18 *That she is the Widow of* *William Langley* who was a Soldier in Company *Georgia* Regiment of *Georgia* Volunteers, that he enlisted in said regiment on or about the month of *August* 186 *and served in the Army up to* *August* 186 *That he lost his* life on the *17th* day of *August* 18 *(State here full particulars of the husband's death, when, where and from what cause.)*

*Killed in battle near Fort-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 1858.

I have been allowed a pension as a resident of *Fulton* 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 *July* 1898.*W H Hulseley* Ordinary.

*Emily Langley*  
Post-Office *11 Meade St. Atlanta, Ga.*

State of Georgia,

*Fulton* County.

Ordinary of said County, certify that I am well acquainted

with Mrs. *Emily 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 herself to be, and that she has continuously resided in this State since the *23rd* day of *Dec* 18 *90*

Given under my official signature and seal this the *2* day of *July* 1898.*W H Hulseley*Ordinary of *Fulton* County.

Official Seal.

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *FULTON*

Personally Comes Mrs.

*Emily Langley**FULTON*

who, being sworn, says on oath, that she is a bona fide resident of said county of *FULTON* State of Georgia, and that she has resided in said State continuously ever since *birth* 18 *That she is the Widow of* *William Langley* who was a soldier in Company *Georgia* Regiment of *Georgia* Volunteers, that he enlisted in said regiment on or about the month of *August* 186 *and served in the Army up to* *August* 186 *That he lost his* life on the *17th* day of *August* 186 *(State here full particulars of the husband's death, when, where and from what cause.)*

*Killed in battle near Fort-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 1858.

I have been allowed a pension as a resident of *FULTON* County for the year ending February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1899.

Sworn to and subscribed before me, this

day of *January* 1899.*W H Hulseley* Ordinary.

*Emily Langley*  
Post-Office *11 Meade St. Atlanta, Ga.*

State of Georgia,

*FULTON* County.

Ordinary of said County, certify that I am well acquainted

with Mrs. *Emily 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 herself to be, and that she has continuously resided in this State since the *23rd* day of *Dec* 18 *90*

Given under my official signature and seal this the *28th* day of *Dec* 1899.*W H Hulseley*Ordinary of *FULTON* County.

Official Seal.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

to receive and receipt for the pension paid hereon and request that he remit same to \_\_\_\_\_

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_

day of \_\_\_\_\_ 1900.

[L. S.]

Executed in presence of \_\_\_\_\_

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

to receive and receipt for the pension paid hereon and request that he remit same to \_\_\_\_\_

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_

day of \_\_\_\_\_ 1901.

[L. S.]

Executed in presence of \_\_\_\_\_

*Langley, Emily*  
*Fulton County*  
*To Those Hereofore Paid*

1900.

NO. *924*

WIDOW'S PENSION,

For year ending February 16th, 1900.

PAID TO

*Mrs Emily Langley*

OF

*Fulton* County,

Widow of \_\_\_\_\_

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1900,

*Feb 13*

AND HANDLED TO

*EM*

By W. Harrison, State Printer, Atlanta.

*Langley, Emily*  
*Fulton County*  
*To Those Hereofore Paid*

To Those Hereofore Paid.

1901.

No. *233*

WIDOW'S PENSION,

For year ending February 16th, 1901.

PAID TO

*Mrs Emily Langley*

OF

*Fulton* County.

Widow of *John W. Lindsey*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1901,

*Jan 17*

AND HANDLED TO

*EM*

By W. Harrison, State Printer, Atlanta, Ga.

STATE OF GEORGIA

FOR WIDOWS HERETOFORE ALLOWED PENSIONS

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Fulton

Personally Comes Mrs.

Emily Langleywho, 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 Statecontinuously ever since Birth

18

That she is the Widow of

William Langley who was a soldier in Company 16th Regiment of GeorgiaVolunteers, that he enlisted in said regiment on or about the month of August186 2 and served in the Army up to August 186 4 That he lost hislife on the 17th day of August 186 4 (State here

particulars of the husband's death, when, where and from what cause)

Killed in battle near Fort 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 58I have been allowed a pension as a resident of Fulton 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

15 day of Aug 1900.

Post Office

State of Georgia,

Fulton County.

Ordinary of said County, certify that I am well acquainted

with Mrs. Emily Langley, who made the above affidavit and am satisfiedthat 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 28th day of Dec 18 90Given under my official signature and seal, this 13 day of Aug 1900.Official  
Seal.Ordinary of Fulton County.

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Fulton

Personally Comes Mrs.

Emily Langleywho, being sworn, says on oath, that she is a bona fide resident of said County of Fulton State of Georgia, and that she has RESIDED in said State continuously ever since Birth

That she is the Widow of

William Langley who was a soldier in Company 16th Regiment of GeorgiaVolunteers, that he enlisted in said regiment on or about the month of August186 2 and served in the Army up to August 186 4 That he lost hislife on the 17th day of August 186 4 (State here

particulars of the husband's death, when, where and from what cause)

Killed in battle near Fort 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 58I have been allowed a pension as a resident of Fulton County for the year ending February 15th, 1 90, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this

15 day of Aug 1901.

Post Office

State of Georgia,

Fulton County.

Ordinary of said County, certify that I am well acquainted

with Mrs. Emily Langley, who made the above affidavit and am satisfiedthat 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 28th day of Dec 18 90Given under my official signature and seal, this 13 day of Aug 1901.Official  
Seal.Ordinary of Fulton County.

STATE OF GEORGIA

BOARD OF VETERANS

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Fulton* County.

I, *Mrs. E. Langley*, hereby authorize  
*Miss E. L. Langley*, of *Atlanta, Ga.*  
 to receive and receipt for the pension paid hereon, and request that he remit same to  
*me* at *23 Means, St. Atlanta Ga.*

In Witness Whereof, I have hereunto set my hand and seal, this *13*  
 day of *Jan'y*, 1902.

*Mrs. E. Langley*, [L. S.]  
*mark*

Executed in presence of

*Russell Shirley*,  
*H. P. + J. P. 467 Dec 2, 1902.*

To Those Heretofore Paid.

1902.

No. *63*

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

*Mrs. E. Langley*

OF *Fulton* County,

Widow of *Wm. Langley*

Co. *Regiment*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1902

*15*  
 AND HANDLED TO  
*E. L. Langley*  
JOHN W. LINDSEY, COMMISSIONER OF PENSIONS, GEORGIA.

To Those Heretofore Paid. 3

1903.

No. *24*

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

*Mrs. E. Langley*

OF *Fulton* County,

Widow of *Wm.*

Co. *16* Regiment *10th*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1903.

*122*  
 AND HANDLED TO  
*E. L. Langley*  
JOHN W. LINDSEY, COMMISSIONER OF PENSIONS, GEORGIA.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, \_\_\_\_\_, hereby authorize

of \_\_\_\_\_

to receive and receipt for the pension paid hereon, and request that he remit same to

at \_\_\_\_\_

In Witness Whereof, I have hereunto set my hand and seal, this  
 day of \_\_\_\_\_, 1903.

[L. S.]

Executed in presence of

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

# For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,

County of **Fulton**

PERSONALLY COMES MRS.

*E. Langley*

who, being sworn, says on oath, that she is a bona fide resident of said County of

**Fulton**

State of Georgia, and that she has RESIDED in said State

continuously ever since

Birth  
*Wm Langley*  
16th

That she is the Widow of

who was a soldier in Company

No. of the

Regiment of

*40th*  
*Aug*

Volunteers, that he enlisted in said regiment on or about the month of

1862, and served in the Army up to

*Aug*

1864. That he lost his

life on the

*17th*

day of

*Aug*

1864

(State here particulars of the husband's death, when, where and from what cause.)

*Killed in Battle near 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 1858

I have been paid a pension as a resident of

**Fulton**

County for the

year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902

Sworn to and subscribed before me, this day of 1902

*Mrs. E. Langley*  
*in my*  
Post Office *23 Meigs St.*  
*Atlanta Georgia*  
*John R. Williamson.*

State of Georgia,

**Fulton**

County.

Ordinary of said County, certify that I am well acquainted with Mrs.

*E. 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 herself to be, and that she has continuously resided in this State since the

*23rd*

day of

*Dec*

1890

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, 1903.

# For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,

County of **Fulton**

PERSONALLY COMES MRS.

*E. Langley*

who, being sworn says on oath, that she is a bona fide resident of said County of

**Fulton**

State of Georgia, and that she has RESIDED in said State

continuously ever since

Birth

That she is the Widow of

who was a soldier in Company

No. of the

*40th*  
*Aug*

Regiment of

Volunteers, that he enlisted in said regiment on or about the month of

1862, and served in the Army up to

*Aug*

1864. That he lost his

life on the

*17th*

day of

*Aug*

1864

(State here particulars of the husband's death, when, where and from what cause.)

*Killed in Battle near 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 1858

I have been paid a pension as a resident of

County for the

year ending December 31, 1902, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me, this day of JAN 1903

*E. Langley*  
*in my*  
Post Office *Meigs*

State of Georgia,

I, *John R. Williamson.*

County.

Ordinary of said County, certify that I am well acquainted with Mrs.

*E. 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 herself to be, and that she has continuously resided in this State since the

day of

*Birth*

18

Given under my official signature and seal, this the

day of

JAN 1903.

(Official Seal)

Ordinary of

County.

NOTE. - All blank spaces must be filled. Voucher and Affidavit must bear date after January 1st, 1903.

acquainted with Mrs. E. 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  
herself to be, and that she has continuously resided in this State since the 23rd  
day of Dec 1890

Given under my official signature and seal, this the \_\_\_\_\_ day of JAN 13 1902

Official  
Seal

Ordinary of

Fulton County.

NOTE.—All blank spaces must be filled.  
Voucher and affidavit must bear date after January 1st, 1902.

County. ) Ordinary of said County, certify that I am well  
acquainted with Mrs. E. 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  
herself to be, and that she has continuously resided in this State since the \_\_\_\_\_  
day of Birth 18\_\_\_\_

Given under my official signature and seal, this the \_\_\_\_\_ day of JAN 1903.

Official  
Seal

Ordinary of

County.

NOTE.—All blank spaces must be filled.  
Voucher and Affidavit must bear date after January 1st, 1903.

# 113 Langley John B.  
April 2nd, 1879  
No. 9 ..... Fulton Co.

APPLICATION FOR

Arm

FOR CONFEDERATE SOLDIER

Applicant..... John B. Langley  
County..... Fulton  
Limb..... Arm above elbow  
Amount \$ 60

Date of Warrant.....  
Page.....

Oct 18<sup>th</sup>, 1879  
E. J. 52

STATE OF GEORGIA.

Sutton County.

Personally appeared before me John B. Langley of the county of Sutton, State of Georgia, who, being duly sworn, deposes and says that he was on the 20th day of September, 1879, a bona fide resident of this State; that he enlisted in the military service of the Confederate States, or of this State, as a Private in Company C. 23rd Regiment of S. S. A. Volunteers that while engaged in such military service, to-wit: at the battle or engagement of Gettysburg, Pa. in the State of Pennsylvania on the 23rd day of July, 1862, he was wounded in the left arm, and that the same was amputated above the elbow that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th, 1879; that he has supplied himself with an artificial or that, not having done so, he prefers to supply himself with an artificial

Sworn to and subscribed before me this 10th day of Oct. 1879 John B. Langley  
G. T. Parnis Notary Public 30760-97  
 Note—The above affidavit must be made before some officer authorized to administer oaths, a Judge of the Superior or County Court, Justice of the Peace, Clerk of the Superior Court, or Ordinary.

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,  
 County.

Personally came before me ..... of the county of ..... State of Georgia, who, being duly sworn, deposes and says that he was ..... in Company ..... Regiment and that ..... the above deponent, was a ..... in said Company, and that this deponent knows that said ..... lost a ..... in the military service as said in the above affidavit. Sworn to and subscribed before me this ..... day of ..... 18.....

Note—If the affidavit of the commissioned officer is not obtainable, the following affidavit of three responsible citizens, must be furnished.

APPLICATION FOR

Arm

For CONFEDERATE SOLDIER.

Applicant John B. Langley  
 County Sutton  
 Limb Arm above elbow  
 Amount \$60

Date of Warrant Oct 25th 1879  
 Page 1

Oct-18 79, 879

# AN ACT

To carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877:

SECTION 1. Be it enacted by the General Assembly of the State of Georgia, That any person now a bona fide resident of this State, who enlisted in the military service of the Confederate States, or of this State, who, while engaged in said military service, lost a limb or limbs, may furnish to the Governor of this State proof that such applicant has supplied himself with such needful artificial limb or limbs, and the Governor, on reception of such proof, is hereby authorized to draw his warrant on the Treasurer of this State in favor of such applicant for either amount hereinafter mentioned, to wit: For a leg extending above the knee, one hundred dollars, for a leg not extending above the knee, seventy five dollars, for an arm extending above the elbow, sixty dollars, for an arm not extending above the elbow, forty dollars: Provided the said amounts of money may be allowed to any one entitled to the benefits of this Act who may prefer to supply himself with the said artificial limb.

Sec. II. Be it further enacted by the said authority, That such application shall contain proof of such applicants being entitled to the benefits of this act, and shall further state whether arm or leg has been supplied. If an arm, whether extending above the elbow or not, if a leg, whether extending above the knee or not, and the Governor shall decide the sufficiency of the proof submitted.

Sec. III. Be it further enacted by the said authority, That no applicant shall receive the sum allowed under this act oftener than once in five years.

Sec. IV. Be it further enacted by the authority aforesaid, That all laws and parts of laws in conflict with this Act be and the same are hereby repealed.

HENRY H. GOUGHEN,  
Secretary House Representatives  
WM. A. HARRIS,  
Secretary Senate  
Approved September 6th, 1879

A. O. BACON,  
Speaker House Representatives  
RUFUS E. LESTER,  
President Senate  
ALFRED H. CONQUITT, Governor

STATE OF GEORGIA,

Fulton County.

Personally came James A. Broadwell

who, being duly sworn, depose and say they are acquainted with John D. Sullivan and know that he lost a leg in the military service during the late war; that said John D. Sullivan was amputated above the elbow; that he is a bona fide citizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.

Sworn to and subscribed before me this 17<sup>th</sup> day of October 1879

J. B. Laughlin  
in P. M. of 8. P. 1026 on 9. m.

STATE OF GEORGIA,

Fulton County,

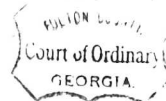
I, Lucius Pittman, Ordinary of Fulton

county, do certify that I am well acquainted with J. B. Laughlin

the applicant for the money, and am well satisfied that the facts stated by him in the foregoing affidavit are true, and that I am well acquainted with James A. Broadwell

the citizen who make this affidavit, that they are respectable citizens of this county, and that the facts stated by them are true.

Given under my hand and official seal, this 17<sup>th</sup> day of October 1879.



Lucius Pittman  
Ordinary

III The same does not require the affidavit of these witnesses. The applicant of money is to furnish proof to satisfy the Governor.

J. Pittman

John B. Langley  
Fulton

No. 605

APPLICATION FOR ALLOWANCE

FOR

John B. Langley

Applicant

Fulton

County

Amount 720

Date of Warrant Feb 6 1889

Entered on Record

Feb 6 1889

SECRETARY TREASURY DEPARTMENT

Applicant

STATE OF GEORGIA,

Fulton County.

PERSONALLY appears John B. Langley of Fulton county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continuously since the 14<sup>th</sup> day of March 1864; 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 6, of 28<sup>th</sup> Regiment of Texas Volunteers Sam Houston's Brigade; that whilst engaged in such military service, at the battle of Mission San Antonio in the State of Texas, on the 22<sup>nd</sup> day of July 1864, he was wounded as follows: Gun shot wound in the left arm causing amputation of the arm just below the shoulder joint.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved Dec. 24, 1888, and makes application for the allowance to which he is entitled for the year ending Oct. 26, 1889.

Sworn to and subscribed before me, this the 6<sup>th</sup> day of February 1889 John B. Langley  
W. L. K. Adams

NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

STATE OF GEORGIA,

Fulton County.

PERSONALLY comes before me Ordinary of said county and , both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined and after such examination say that the applicant has been injured as follows:

Sworn to and subscribed before me, this

day of 188

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,

*Fulton* County.

I, *W. L. Lockman* Ordinary of said county, do certify that I am well acquainted with *John B. Langley*, 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 February, 1889  
*W. L. Lockman*  
Ordinary *Fulton* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Fulton* County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In witness whereof I have hereunto set my hand and seal, this day of 188

(L. S.)

Executed in the presence of us:

DIRECTION:

Send money to me as follows, by to P. O. County, Georgia.

NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of fact showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."
5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.
7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

STATE OF GEORGIA,

*Fulton* County.

I, *W. L. Latham* Ordinary of said county, do certify that I am well acquainted with *John B. Langley* 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 *5<sup>th</sup>* day of *February* 189*0*

*W. L. Latham*

Ordinary

*Fulton*

County.

STATE OF GEORGIA,

*Fulton* County.

I, *W. L. Latham* Ordinary of said County, do certify that I am well acquainted with *John B. Langley* 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 *3<sup>rd</sup>* day of *February* 189*1*

*W. L. Latham*

Ordinary

*Fulton* County

1890.

*Fulton Co.*

*No 250*

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1890.

*Loss cloth Ann*

*Applicant John B. Langley*

*County, Fulton*

*Amount, 100*

*Date of warrant, Feb 5*

*Entered on record, Feb 5*

*1890*

*20th H*

*No data*

*WARRANT HANDED TO*

*Applicant*

*Langley, John B.*

*Fulton Co*

1891.

*No. 250*

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

*Loss cloth Ann*

*Applicant, John B. Langley*

*County, Fulton*

*Amount, 100*

*Date of Warrant, Feb 3*

*Entered on record, Feb 3*

*1891*

*20th H*

*WARRANT HANDED TO*

*Applicant*

*John B. Langley*

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County.

PERSONALLY appears *John B. Langley* of *Fulton* county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the *December* day of *1864*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *6*, of *25*th Regiment of *Texas* Volunteers *Granbury*'s Brigade; that whilst engaged in such military service, at the battle of *July 1864 Atlanta* in the State of *Georgia*, on the *22nd* day of *July* 1864, he was wounded as follows: *Cannon shot struck off the left arm causing amputation of the same above the elbow*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of *One hundred* dollars.

Sworn to and subscribed before me, this the

*5th* day of *February* 1890

*W. L. McCallum*

NOTE. State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

## POWER OF ATTORNEY.

STATE OF GEORGIA

*Fulton* County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

county, in said State, do hereby appoint

of *John B. Langley* 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 *5th* day of *February* 1890

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County.

PERSONALLY appears *John B. Langley* 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 *January* day of *1868*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *6*, of *25*th Regiment of *Texas* Volunteers *Granbury*'s Brigade; that whilst engaged in such military service at the battle of *Atlanta* in the State of *Georgia*, on the *22nd* day of *July* 1864, he was wounded as follows: *Cannon shot struck off the left arm causing amputation of the same just below the shoulder joint*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of *One hundred* dollars, for 1890

Sworn to and subscribed before me, this the

*3rd* day of *February* 1891

*W. L. McCallum*

NOTE. State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

## POWER OF ATTORNEY.

STATE OF GEORGIA,

*Fulton* County.

Know all Men by these Presents, That I,

of *Fulton* County, State of Georgia, do hereby appoint

of *John B. Langley* my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *3rd* day of *February* 1891.

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

POWER OF ATTORNEY.  
STATE OF GEORGIA, }  
County. }

Know all Men by these Presents, That I \_\_\_\_\_  
of \_\_\_\_\_ County, State of Georgia, do hereby appoint

of \_\_\_\_\_ my true and lawful attorney in fact, for  
me and in my name, to receive and receipt for whatever amount of money I may be entitled to  
from the State of Georgia by reason of the injury received as aforesaid in the military service of  
the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing  
my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or  
for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  
\_\_\_\_\_ day of \_\_\_\_\_ 1893.

Executed in the presence of us: \_\_\_\_\_ [L S]

\_\_\_\_\_ }  
DIRECTION.

Send money to me as follows, by \_\_\_\_\_ to \_\_\_\_\_ P. O.  
\_\_\_\_\_ County, Georgia.

*Langley John B.  
Collector*

1893.

No. 1110

Application for Allowance

For the Year Ending October 31, 1892.

Applicant, John B. Langley

County, Fulton

Agent, 1893

Date of Warrant, 3/10

Entered on record, 3/10

1893.

WARRANT HANDED TO

Secretary Executive Department.

Applicant

Don. W. Harrison, State Printer, Albany.

STATE OF GEORGIA  
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Fulton County. }

PERSONALLY appears John B. Langley 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 55; 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 G, of 25th 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 of Georgia, on the said 22nd day of July 1864, he was wounded as follows: Cannon shot wound of the left arm causing amputation of the hand above the elbow

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1893. I have heretofore been allowed a pension of

one hundred dollars, for 1892

Sworn to and subscribed before me, this, the 16th day of March 1893. } John B. Langley

W. L. Calhoun, Ordinary

Note—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA, }

Fulton County. }

I, W. L. Calhoun Ordinary of said County, do certify that I am well acquainted with John B. Langley 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 16th day of March 1893.

W. L. Calhoun Ordinary Fulton County.

W. L. Calhoun

# STATE OF GEORGIA.

*Fulton* County.

I, *W. L. De Cullen* Ordinary of said county,

do certify that I am well acquainted with *John B. Langley*, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

Given under my official signature and seal, this *7<sup>th</sup>* day of *March* 189*2*.

*W. L. De Cullen*

Ordinary.

*Fulton*

County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

of \_\_\_\_\_ my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this.

day of \_\_\_\_\_ 189*4*.

[L. S.]

Executed in the presence of us

# DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

# SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892

Name

*John B. Langley*

County

*Fulton*

Disability

*Loss of arm*

Amount, \$

*100*

Entered on record

*March 7<sup>th</sup> 1892.*

W. H. HARRISON,

Secretary of Executive Department.

APPLICANT.

*Langley*

Geo. W. Harrison, State Printer, Albany, Ga.

# Soldier's Pension.

1894.

Name

*John B. Langley*

County

*Fulton*

Disability

*Loss of arm*

Amount, \$

*100*

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

*Applicant*

Geo. W. Harrison, State Printer, Albany.

*Fulton Co.*  
*Langley*  
(For Those Already Enrolled.)

No. 1199

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County, }  
PERSONALLY appears *John B. Langley*  
of *Fulton* County, State of Georgia, who, being duly sworn, says  
on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously  
since the *1864* day of *March* that he enlisted  
in the military service of the Confederate States (or of the State of  
during the war between the States, and served as a *Private* in Company *D*  
of *25* th Regiment of *Lucas* Volunteers *Granberry*'s  
Brigade; that whilst engaged in such military service at the battle of *Atlanta* on *22nd* day of *July* 1864  
in the State of *Georgia*, on the *22nd* day of *July* 1864

1864, he was wounded as follows: *Cannister shot wound of the left arm causing amputation of the arm above the elbow*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of

*One Hundred* Dollars for *1891*  
Sworn to and subscribed before me this the *7th* day of *March* 1892. } *John B. Langley*  
*W. H. Calhoun* Ordinary.

NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

## POWER OF ATTORNEY.

STATE OF GEORGIA,

*Fulton* County, }

Know all Men by these Presents, That I,  
of

County, in said State, do hereby appoint

of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *7th* day of *March* 1892.

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

*Fulton* County, Georgia.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County, }

PERSONALLY appears *John B. Langley* 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 *1865*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* 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* day of *July* 1864 in the State of *Georgia*, on the *22nd* day of *July* 1864 he was wounded as follows: *Cannister shot wound of the left arm causing amputation of the arm above the elbow*.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of *One Hundred* dollars, for the year 1893.

Sworn to and subscribed before me, this, the *12th* day of *March* 1894. } *John B. Langley*  
*W. H. Calhoun*, Ordinary.

NOTE.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

*Fulton* County, }

I, *W. H. Calhoun* Ordinary of said County, do certify that I am well acquainted with *John B. Langley* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this *12th*

day of *March* 1894.



*W. H. Calhoun*

Ordinary *Fulton* County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

KNOW ALL MEN BY THESE PRESENTS, That I, \_\_\_\_\_  
of \_\_\_\_\_

County, State of Georgia, do hereby appoint  
of \_\_\_\_\_

my true and lawful attorney in fact, for  
me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the  
State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate  
States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt  
in my name for any Warrant that may be issued by the Governor, or for any sum of money which may  
be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  
day of \_\_\_\_\_ 1895.

Executed in presence of us

[L. S.]

## DIRECTIONS.

Send money to me as follows, by \_\_\_\_\_

to \_\_\_\_\_  
County, Georgia.

P. O.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

to receive and receipt for the pension paid hereon and request that he remit same to \_\_\_\_\_

by \_\_\_\_\_

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_

day of \_\_\_\_\_ 1896.

Executed in presence of us

[L. S.]

*Langley John B.  
Feb 20 21 G.*

(For Those Already Enrolled.)

No. 83

## SOLDIER'S PENSION.

1895.

Name \_\_\_\_\_

County \_\_\_\_\_

Disability \_\_\_\_\_

Amount, \$ \_\_\_\_\_

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

*Appel*

Geo. W. Harrison, State Printer, Atlanta.

*Ms data*

*Langley John B.  
Feb 20 21 G.*

(For Those Already Enrolled.)

No. 288

## SOLDIER'S PENSION.

1896.

Name \_\_\_\_\_

County \_\_\_\_\_

Disability \_\_\_\_\_

Amount, \$ \_\_\_\_\_

1896.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

*Appel*

Geo. W. Harrison, State Printer, Atlanta.

*Ms data*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton

County.

Personally appears

John B. Langley

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 1855; 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 C, of 25th Regiment of Texas Volunteers, Strawberry's Brigade; that whilst engaged in such military service at the battle of July 1864 in the State of Georgia, on the 1st day of July 1864, he was wounded as follows: "He received a wound of the left arm resulting in the amputation of the arm above the elbow."

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of \$100.00 dollars, for the year 1894.

Sworn to and subscribed before me, this, the

17 day of Feb 1895.

J. B. Langley

Note—State fully the nature of wound or character of disease which caused the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Fulton

County.

I, M. L. Calhoun, Ordinary of said County, do certify that I am well acquainted with John B. Langley the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 27 day of March 1895.



M. L. Calhoun

Ordinary, Fulton County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton

County.

Personally appears

John B. Langley

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 1855; 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 C, of 25th Regiment of Texas Volunteers, Strawberry's Brigade; that whilst engaged in such military service in the State of Georgia, on the 1st day of July 1864, he was wounded, injured or diseased as follows: "He received a wound of the left arm resulting in the amputation of the arm above the elbow."

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1895. I have heretofore as a resident of Fulton County been allowed a pension of \$100.00 dollars, for the year 1894.

Sworn to and subscribed before me, this, the

26 day of Feb 1895.

J. B. Langley

Note—State fully the nature of wound or character of disease which caused the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Fulton

County.

I, M. L. Calhoun, Ordinary of said County, do certify that I am well acquainted with John B. Langley the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 26 day of Feb 1895.



M. L. Calhoun

Ordinary, Fulton County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I,

hereby authorize

of

to receive and receipt for the pension paid hereon and request that he remit same to

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of

1897.

[L. S.]

Executed in presence of

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I,

hereby authorize

of

to receive and receipt for the pension paid hereon and request that he remit same to

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of

1898.

[L. S.]

Executed in presence of

INVALID

SOLDIER'S PENSION.

1897.

Name

County

Disability

Amount, \$ 100 -

1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

SEC. OF HARRISON, STATE PRINTER, ATLANTA.

INVALID

SOLDIER'S PENSION.

1898.

Name

County

Disability

Amount, \$ 2100 -

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

SEC. OF HARRISON, STATE PRINTER, ATLANTA.

ACT OF MARCH 2ND, 1897.

(For Those Already Enrolled.)

No. 65-2

ACT OF MARCH 2ND, 1898.

(For Those Already Enrolled.)

No.

2240

1898.

WARRANT HANDLED TO

SEC. OF HARRISON, STATE PRINTER, ATLANTA.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears John B Langley 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 1865; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company C, of 25th Regiment of Texas Volunteers, Granville's Brigade; that whilst engaged in such military service in the State of Georgia, on the 22nd day of July, 1864, he was wounded, injured or diseased as follows:

Caused to be shot wound of the left arm causing amputation of the arm above the elbow.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 20th, 1897. I have heretofore under said law as a resident of Fulton county been allowed an invalid pension of one hundred Dollars, for the year 1896.

Sworn to and subscribed before me, this, 17 day of July, 1897. POST OFFICE

Note—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Fulton County.

I, M. H. Huley Ordinary of said County, do certify that I am well acquainted with John B Langley the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 17 day of July, 1897.

Ordinary Fulton County.



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears J. B. Langley 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 1865; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company C, of 25th Regiment of Texas Volunteers, Granville's Brigade; that whilst engaged in such military service in the State of Georgia, on the 22nd day of July, 1864, he was wounded, injured or diseased as follows:

Wounded on left arm causing amputation

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 20th, 1898. I have heretofore under said law as a resident of Fulton county been allowed an invalid pension of one hundred Dollars, for the year 1897.

Sworn to and subscribed before me, this, 17 day of July, 1898. POST OFFICE

Note—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Fulton County.

I, M. H. Huley Ordinary of said County, do certify that I am well acquainted with J. B. Langley the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 17 day of July, 1898.

Ordinary Fulton County.



# POWER OF ATTORNEY.

STATE OF GEORGIA, }

County. }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

to receive and receipt for the pension paid hereon and request that he remit same to

by \_\_\_\_\_

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_

day of \_\_\_\_\_ 1899.

[L. S.]

Executed in presence of \_\_\_\_\_

# POWER OF ATTORNEY.

STATE OF GEORGIA, }

County. }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

to receive and receipt for the pension paid hereon and request that he remit same to

by \_\_\_\_\_

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_

day of \_\_\_\_\_ 1900.

[L. S.]

Executed in presence of \_\_\_\_\_

OVER SECTION 126

(For These Already Enrolled.)

No. 1504

INVALID  
SOLDIER'S PENSION.

1899.

Name *Geo B Langley*  
County *Fulton*

Disability

Amount *\$100*

*2/11*

1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

*Alb*

Geo W. Harrison, State Printer, Atlanta

*No data*

OVER SECTION 126  
(For These Already Enrolled.)

No. 2367

INVALID  
SOLDIER'S PENSION.

1900.

Name *Geo B Langley*  
County *Fulton*

Disability

Amount, \$ *\$100 -*

Warrant issued *Feb 12* 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

*Alb*

Geo W. Harrison, State Printer, Atlanta.

*No data*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears J. B. Langley 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 1865; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company C, of 10th Regiment of Volunteers, Smith's Brigade; that whilst engaged in such military service in the State of Georgia, on the 23 day of July 1864, he was wounded, injured or diseased as follows:

Wound on left arm causing amputation

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of \$1000 Dollars, for the year 1899.

Sworn to and subscribed before me, this, 9th day of June 1899, J. B. Langley POST OFFICE

Note. State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Fulton County.

I, W. H. Hulsey Ordinary of said County, do certify that I am well acquainted with J. B. Langley the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 11th day of July 1899.

Ordinary W. H. Hulsey County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears J. B. Langley of Fulton County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the day of 1865; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company C, of 25th Regiment of Volunteers, Smith's Brigade; that whilst engaged in such military service in the State of Georgia, on the 23 day of July 1864, he was wounded, injured or diseased as follows:

Loss of left arm at battle of Atlanta

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of \$1000 Dollars, for the year 1899.

Sworn to and subscribed before me, this, 9th day of February 1900, J. B. Langley POST OFFICE

Note. State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Fulton County.

I, W. H. Hulsey Ordinary of said County, do certify that I am well acquainted with J. B. Langley 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 9th day of February 1900.

Ordinary W. H. Hulsey County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, \_\_\_\_\_ hereby authorize

of \_\_\_\_\_

to receive and receipt for the pension paid hereon and request that he remit same to

by \_\_\_\_\_

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal this

day of \_\_\_\_\_ 1901,

[L. S.]

Executed in presence of \_\_\_\_\_

COPIES SECTION 100.  
(For Those Already Enrolled.)

No. 364

DISABLED

SOLDIER'S PENSION.

1901.

Name Geo B Langley  
County FULTON

Disability loss of left arm

Amount, \$ 100.00

July 18 1901.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Wm. W. Harrison

Gen. W. Harrison, State Printer, Atlanta.

*No data*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, \_\_\_\_\_ hereby authorize

of \_\_\_\_\_

to receive and receipt for the pension paid hereon and request that he remit same to

by \_\_\_\_\_

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal this

day of \_\_\_\_\_ 1902.

[L. S.]

Executed in presence of \_\_\_\_\_

COPIES SECTION 100.  
(FOR THOSE ALREADY ENROLLED.)

No. 167

DISABLED

SOLDIER'S PENSION

1902.

Name Geo B Langley  
County FULTON

Co. 10 Regiment 35th Reg

Disability loss of left arm

Amount, \$ 100.00

July 1902.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Wm. W. Harrison

Gen. W. Harrison, State Printer, Atlanta.

*No data*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears *John B. Langley* 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 *1865*; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *C*, of *25*th Regiment of *Texas* Volunteers, *Crawling*'s Brigade; that whilst engaged in such military service in the State of *Ga*, on the *13*th day of *July*, 1864, he was wounded, injured or diseased as follows:

*Wounded by left arm at battle of Atlanta*

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of *Fulton* County been allowed an invalid pension of *\$11000* Dollars, for the year 1900.

Sworn to and subscribed before me, this the *18*th day of *July*, 1901. Post-office *Atlanta Ga*

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Fulton County.

I, *John R. Wilkinson* Ordinary of said County, do certify that I am well acquainted with *John B. Langley* 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 *18th*

day of *July*, 1901.

*John R. Wilkinson* Ordinary FULTON County.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears *John B. Langley* 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 *1865*; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *private* in Company *C*, of *25*th Regiment of *Texas* Volunteers, *Crawling*'s Brigade; that whilst engaged in such military service in the State of *Ga*, on the *22*th day of *July*, 1864, he was wounded, injured or diseased as follows:

*Lost left arm at battle of Atlanta*

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of *Fulton* County, been allowed an invalid pension of *One hundred* Dollars, for the year 1901.

Sworn to and subscribed before me, this the *18*th day of *July*, 1902. Post-office *Atlanta Ga*

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Fulton County.

I, *John R. Wilkinson* Ordinary of said County, do certify that I am well acquainted with *John B. Langley* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this

day of *July*, 1902.



*John R. Wilkinson* Ordinary FULTON County.

NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1, 1902.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

to receive and receipt for the pension paid hereon and request that he remit same to

by \_\_\_\_\_

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal this.

day of \_\_\_\_\_ 1903.

[L. S.]

Executed in presence of

CODE SECTION 150.  
(FOR THOSE ALREADY ENROLLED.)

No. 148

DISABLED

SOLDIER'S PENSION

1903.

Name J. B. Langley  
County Fulton  
Co. C Regiment 25 Tex  
Disability lost left arm  
Amount, \$ 100.00

1/20/1 1903.

JOHN W. LINDSEY,

(Commissioner of Pensions)

WARRANT HANDLED TO

1/20/1  
Geo. W. Harrison, State Printer, Atlanta

*no date*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

to receive and receipt for the pension paid hereon, and request that he remit same to

by \_\_\_\_\_

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this.

day of \_\_\_\_\_ 1904.

[L. S.]

Executed in presence of

CODE SECTION 150.  
(FOR THOSE ALREADY ENROLLED.)

No. 371

DISABLED

SOLDIER'S PENSION

1904.

Name J. B. Langley  
County Fulton  
Co. C Regiment 25 Tex  
Disability lost left arm  
Amount, \$ 100.00

1/20/1 1904.

JOHN W. LINDSEY,

(Commissioner of Pensions)

WARRANT HANDLED TO

1/20/1  
Geo. W. Harrison, State Printer, Atlanta

*no date*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.)

Personally appears *J 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 of *1865*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *C*, of *25*th Regiment of *Georgia* Volunteers, *Crawley*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *23* day of *July* 186*4*, he was wounded, injured or diseased as follows:

*Lost left arm at battle of Atlanta*

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

*100* County, been allowed an invalid pension of

Sworn to and subscribed before me, this *100* Dollars, for the year 1902.

day of *January* 1903. Post-office.

*John R. Wilkinson* Statefully 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, *J B Langley* 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 *January* 1903.

Ordinary

County.

NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1, 1904.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton, County.

Personally appears *J 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 of *1865*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *C*, of *25*th Regiment of *Texas* Volunteers, *Crawley*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *23* day of *July* 186*4*, he was wounded, injured or diseased as follows:

*Lost left arm at battle of Atlanta*

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 *100* Fulton, County, been allowed an invalid pension of *100* Dollars, for the year 1903.

Sworn to and subscribed before me, this *100*

day of *JAN 21* 1904. 1904.

Post-office

*John R. Wilkinson* Statefully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Fulton, County.)

I, *John R. Wilkinson*

Ordinary of said County,

do certify that I am well acquainted with *J B Langley* 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 *January* 1904.

Ordinary

Fulton County.

NOTE.—Fill all blanks and of Company and Regiment.

NOTE.—All vouchers and affidavits must bear date after January 1, 1904.

# POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

I,

hereby authorize

of

to receive and receipt for the pension paid hereon, and request that he remit same to

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of 1905.

[L. S.]

Executed in the presence of

# POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

I, hereby authorize

of

to receive and receipt for the pension paid hereon, and request that he remit same to

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of 1906.

[L. S.]

Executed in the presence of

*Langley, John B.*  
*Fulton County*

(FOR THOSE ALREADY ENROLLED.)

No. 47

DISABLED  
SOLDIER'S PENSION  
1905.

Name *John B. Langley*  
County *Fulton*  
Co. *25th Regt*  
Disability *lost arm*  
Amount, \$ *100.00*

1905.

*119*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*(initials)*

Not a valid document without the seal of the Commissioner of Pensions.

*note*

*Langley, John B.*  
*Fulton County*

(FOR THOSE ALREADY ENROLLED.)

No. 126

DISABLED  
SOLDIER'S PENSION  
1906.

Name *John B. Langley*  
County *Fulton*  
Co. *25th Regt*  
Disability *lost arm*  
Amount, \$ *100.00*

1906.

*117*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*(initials)*

Not a valid document without the seal of the Commissioner of Pensions.

*note*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton.

COUNTY.

Personally appears John B. Langley of Fulton County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18 that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company 6, of 25th Regiment of Vol Volunteers Cranberry's's Brigade; that whilst engaged in such military service in the State of Georgia, on the 22 day of July 1864, he was wounded, injured or diseased as follows:

Lost arm 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 One Hundred County, been allowed an invalid pension of One Hundred Dollars, for the year 1904.

Sworn to and subscribed before me, this the 1 day of JAN 2 1906.

John B. Langley  
Post-office

Note.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

COUNTY.

I, John B. Langley Ordinary of said County, do certify that I am well acquainted with John B. Langley 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 1906, day of 1906.

Ordinary

Fulton.

County.

Note.—Fill all blanks and of Company and Regiment.  
Note.—All vouchers and affidavits must bear date after January 1, 1906.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton.

County.

Personally appears John B. Langley 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 22 day of June 1864, that he enlisted in the military service of the Confederate States, (or of the State of Georgia) during the war between the States, and served as a Private in Company 6, of 25th Regiment of Vol Volunteers Cranberry's's Brigade; that whilst engaged in such military service in the State of Georgia, on the 22 day of July 1864, he was wounded, injured or diseased as follows:

Lost arm near Atlanta.

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 One Hundred County, been allowed an invalid pension of One Hundred Dollars, for the year 1905.

Sworn to and subscribed before me, this the 1 day of JAN 1 1906.

John B. Langley  
Post-Office

Note.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

State of Georgia,

Fulton.

County.

I, John B. Langley Ordinary of said County, do certify that I am well acquainted with John B. Langley the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this JAN 1 1906, day of 1906.

Ordinary

Fulton.

County.

Note.—Fill all blanks and of Company and Regiment.  
Note.—All vouchers and affidavits must bear date after January 1st, 1906.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, \_\_\_\_\_, hereby authorize

of \_\_\_\_\_

to receive and receipt for the pension paid hereon, and request that he remit same to

by \_\_\_\_\_

at \_\_\_\_\_

In WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_, 1907.

[L. S.]

Executed in presence of \_\_\_\_\_

*Langley, John B.  
Fulton Co.*

35  
COPIES SECTION 1250  
(FOR THOSE ALREADY ENROLLED)

No. 100

## DISABLED SOLDIER'S PENSION 1907.

Name *John B. Langley*  
County *Fulton*  
Co. *Co. 1st Regt 25th*  
Disability *lost leg*  
Amount, \$ *1140*

47 1907.

JOHN W. LINDSEY,  
Commissioner of Pensions

WARRANT HANDED TO

*Langley*  
See W. H. HARRIS, ATTORNEY, ATLANTA.

*note*

*Langley, John B.  
Fulton Co.*

For \_\_\_\_\_ County \_\_\_\_\_  
1925

## Application for Pension Due Deceased Pensioner (UNDER ACT 1919)

(To pay expense of last illness and funeral)

For *Hos. H. Jeffries* Ordinary

For *John B. Langley*

Date of Death *14th March, 1925*

Amount \$ *1140*

Approved and ordered paid

*MAY 1925*  
N. E. HARRIS,  
Commissioner of Pensions

Ordinary: Fill out above in full and send this blank to Pension Department for approval. Do not pay out the money until the approved blank is in your hands giving you authority to do so. Send back to the Pension Department with the money. Do not pay out the money until you have received the money from the Pension Department. Do not keep the application in your office.

*98*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

17-11

County,

Personally appears John 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 of

1865, when he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the

States and served as a Private in Company E, of 35th Regiment

of Vol Volunteers' Brigade; that whilst engaged

in such military service in the State of Ga, on the 11 day

of July, 1864, he was wounded, injured or diseased as follows:

Left Arm near Atlanta

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

One Hundred County, been allowed an invalid pension of

Dollars, for the year 1906.

Sworn to and subscribed before me, this

day of 1907

John B. Langley

Postoffice

Note.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

State of Georgia,

County.

I, John B. Langley Ordinary of said County,

do certify that I am well acquainted with John B. Langley

the applicant in the foregoing affidavit, and am well satisfied that the statements made

by him in his said affidavit are true, and I know he is the individual he represents himself

to be, and that he resides in this County.

Given under my official signature and seal this

day of 1907

Ordinary John B. Langley County.

Note.—Fill all blanks and of Company and Regiment.

Note.—All vouchers and affidavits must bear date after January 1st, 1907.

## 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 18, 1904)

GEORGIA, Fulton County.

Personally before me, the Ordinary of said County, comes T. 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 Fulton

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 \$412.20

per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me

this 23rd day of April, 1925

T. H. Brandon C.C., Ordinary

Fulton County

(Seal of Ordinary)

## CERTIFICATE OF ORDINARY

GEORGIA, Fulton County.

I, Thomas H. Jefferson, Ordinary of said County, do certify

that I personally know T. H. Brandon, who is a resident

citizen of said County, and that said person is of a truthful and trustworthy character, entitled to full faith

and credit; 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 County, and

was paid a Pension of One Hundred Sixty-Five Dollars (\$165.00) Dollars

in said County for 1925, 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 23rd day of April, 1925.

(Seal or Ordinary)

Fulton County

### INSTRUCTIONS:

1st. For use in all cases where pensioner died after January 1st, had not been out of State longer than twelve months, and did not have sufficient property to pay such expenses. THE WIDOW OF A SOLDIER, IF SHE IS LIVING, HAS PRIOR CLAIM OVER THESE EXPENSES, AND MUST MAKE APPLICATION ON YELLOW BLANK.

2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.

3rd. Barring accounts cannot be paid—only those connected with the last illness, just before death when pensioner grew worse to die.

4th. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "just, true, due, unpaid," etc.)

"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of John B. Langley, who died without leaving sufficient property to pay this bill."

5th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached easily to this blank, after this blank has been properly completed as indicated.

6th. The completed voucher—this blank and the bill—must be sent to the Pension Department for approval and no money shall be paid out until it is returned to you as your authority to make the payment.

7th. The Ordinary does not pay out of his own pocket, for the pension and then disburses the money himself and takes receipt.

8th. Accept no bills for funeral until you write the Pension Department, stating the circumstances in very great detail. Pensioner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.

9th. Secure this application, and attached bill, with your final settlement, to the Pension Department.

10th. Ordinary should see that the back of this blank, when filled, is filled out.

Georgia  
Fulton County } Came in person before me  
W. A. Starnes J. J. Saulsbury  
George P. Thomas E. F. Couch who being  
duly sworn each for himself says on  
oath that they have known John B. Langley  
for several years that they know that he  
is a citizen of Fulton County Georgia  
and they know him to be a man of  
truth 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 }  
before me this 17<sup>th</sup> day }  
of October 1879 }  
G. H. Starnes }  
J. J. Saulsbury }  
E. F. Couch }  
W. A. Starnes }

Georgia  
Fulton County.

I hereby certify that I am personally acquainted with Geo. P. Thomas, J. J. Saulsbury, E. F. Couch, & W. A. Starnes: and that they are each of good character, and worthy of belief.

G. H. Starnes

in P M off. J. J.

u 254 88-22

Audited Feb. 5 1889  
W. J. Campbell

Maimed Soldiers.

Voucher No. 250

Amount \$108.00

Paid to J. B. Langley

For Loss of

Left Arm

July 15 1890

Included in Warrant No.

issued to Treasurer.

18

WARRANT CLERK

W. J. Campbell, State Printer, Constitution Job Office.

Applicant

Audited Feb. 6<sup>th</sup> 1889  
W. J. Campbell  
COMPTROLLER GENERAL

Fulton

Maimed Soldiers.

Voucher No. 65

Amount \$100

Paid to J. B. Langley

For Loss of

Left Arm

July 6 1889

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK

W. J. Campbell, State Printer, Constitution Job Office.

Applicant

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

No. 250

Atlanta, Ga., May 5 1890

Me *J. B. Langley* of the County  
of *Gulton* having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Act,  
approved, Dec. 24, 1888, and the same having been examined and allowed for

*Loss of left arm*  
He is entitled to receive the sum of *One Hundred & 00/100* Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1890

The Treasurer will pay the same and hold his receipt on this voucher, and return same  
to Executive Department for warrant.

By the Governor,

*W. H. Harrison*

CLERK EXECUTIVE DEPARTMENT.

\$ 100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

*One Hundred & 00/100* Dollars,  
per above voucher, this *5* of *Feb* 18 *90*

*John B. Langley*

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

No. 65

Atlanta, Ga. Feb 6 1889

Mr. *John B. Langley* of the County  
of *Gulton* having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

Dec. 24, 1888, and the same having been allowed for *Loss of*  
*Left arm*  
He is entitled to receive the sum of *One Hundred & 00/100* Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1889.

The Treasurer will pay the same and hold his receipt on this voucher, and return same to  
Executive Department for warrant.

By the Governor

*W. H. Harrison*

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

*One Hundred & 00/100* Dollars,  
per above voucher, this *6* of *Feb* 1889.

*John B. Langley*

Audited.

1891.

COMPTROLLER GENERAL.

Langley, John B.  
-Guelton

1891.

Maimed Soldiers.

Voucher No. 13

Amount \$ 100.

Paid to John B. Langley  
For Pass in Arm

July 3. 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, ALABAMA.

Applicant,

1891.

No. 13

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

Atlanta, Ga. July 3 1891.

Mr. John S. Langley of the County  
of DeKalb 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 One Hundred Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1891.

The Treasurer will pay the same and hold his receipt on this voucher and return same to  
Executive Department for warrant.

H. J. McDaniel.

GOVERNOR.

By the Governor,

J. H. Harrison  
Sec'y EXECUTIVE DEPARTMENT.

100<sup>00</sup>

RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.

One Hundred & 00/100 Dollars,  
per above voucher, this 3 of July 1891.

John S. Langley

One Hundred & 00 / Dollars,

per above voucher, this 3 of July 1891.

John B. Langley

M. R. G. L. Wentworth

To THE BARCLAY & BRANDON CO. Dr.

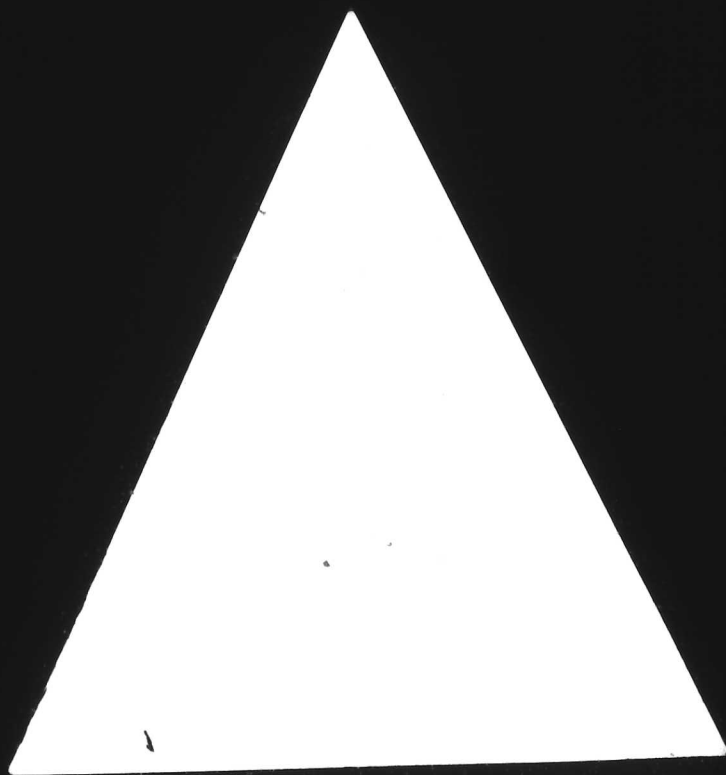
For Mr. John B. Langley.

March 14	Casket 250.00- Embalming 15.00	265.00
	Gloves 3.00-Opening Grave 10.00	13.00
	Concrete Vault 50.00 Hearse 12.00	62.00
	Music 15.00- Limousines 40.00	55.00
	Newspaper notices 7.00	7.00
		<u>\$412.00</u>

Personally appeared before me G. B. Brandon, President of The Barclay & Brandon Co. who upon being duly sworn states that the above account is correct.

Sworn to and subscribed before me this 23 day of April 1915

G. B. Brandon  
G. B. Brandon



*Langley, Joseph M.*  
*Fulton Co*  
No. *611*  
*Jan 1907*

**INDIGENT PENSION.**  
**1907.**

Name *J. M. Langley*  
County *Fulton*  
Co. *See Page* Regt. *1st*  
*New Fulton*  
Approved *1908*

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will write Name of Applicant, Company  
and Regiment on back as indicated above.

Geo. W. Haddon, State Printer, Atlanta.

Pension Office 10/1/08

This is not an aged man, the extent of his infirmities insufficiently proven. By ordinary effort with what he now owns he can earn a support at some kind of labor.

J. W. Lindsey  
Com. Of Pensions.

*See*  
*Amendment*

STATE OF GEORGIA

COUNTY.

**POWER OF ATTORNEY.**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1908.

to receive and receipt for the pension allowed and request that he remit same to \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_, 1908.

Executed in the presence of \_\_\_\_\_

[L.S.]

*9/15/04*  
*2/22-1916*

## QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Gwinnett COUNTY, }  
Edward le Deau of said State and County having been presented  
 as a witness in support of the application of Joseph M. Langley 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? Edward le Deau  
in Town of Norcross in Gwinnett County
2. Are you acquainted with Joseph M. Langley, the applicant; if so, how  
 long have you known him? Forty five years or more
3. Where does he reside, and how long and since when has he been a resident of this State?  
in Robt county, N. C. Raleigh
4. When, where and in what company and regiment did he enlist, and how do you know?  
Company L, 1st Regt. Cavalry
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty? Nineteen months
7. When and where was his command surrendered? Verminboro N. C.
8. Were you present when it surrendered? Yes
9. Was applicant present? no
10. If he was not present, where was he? in the riding a horse  
 When did he leave his command? June 64  
 For what cause? Dis. 90 days  
 By what authority he left? 104 Dr. Johnston How do you know all of this?  
I was present

11. What property, effects or income has the applicant? (Give your means of knowledge.)  
Income none
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? None & lost and sold  
same to J. C. Bonds and lived on money
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?  
none
14. What is the applicant's occupation and physical condition? Can't do anything &  
condition too poor to work
15. Is the applicant unable to support himself by labor of any sort, if so, why? Yes he is unable  
to work on account disease
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? he was supported  
by his children
17. What portion of his support for those four years was derived from his own labor or income? none

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under  
 Section 1254, Code? \_\_\_\_\_

19. Who compose family? What property have they? Children's age and their earning capacity?  
10 children youngest 11 years only 3 under  
Age 2 girls & one boy under age
20. What interest have you in the recovery of a pension by this applicant? none whatever

Sworn to and subscribed before me, this the 22 day of July, 1904, Edward le Deau  
 Witness.

John H. Webb Ordinary.  
 I John H. Webb Ordinary of Gwinnett County, Ga  
 do hereby certify that E. le Deau is a resident of said County  
 and a man of good character who is unable to support himself  
 and his family.

## AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Both COUNTY, }  
 Personally came before me Gilbert Bennett M.D. and  
John H. Webb, both known to me as reputable physicians

of said County, who, being severally sworn, say on oath that they have examined carefully  
Joseph M. Langley, applicant for pension under Section 1254, Code, and after  
 such personal examination say that his precise physical condition is as follows:  
He is 45 years old. has no injury of right  
ship by a war falling on him. The action of heart  
is irregular. And he is unable to earn a support for himself  
to the extent of his infirmities  
 and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the 9th day of September, 1904, Gilbert Bennett M.D.  
John H. Webb Ordinary.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

John H. Webb COUNTY, }  
 I, John H. Webb Ordinary, in and for said County, hereby certify  
 that the applicant Joseph M. Langley resides in said County, and has  
 been a bona fide resident of this State since the 1st of June 1898, and  
 that the witness, viz.: Edward le Deau

are of trustworthy character, and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions the applicant and each witness took the oath  
 hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.

I further certify that the tax digest of Both County show that applicant  
 returned for taxation in his name in 1898 \$5.00 Dollars of  
 property, and in 1900 \$5.00 Dollars of property, in 1901,  
\$5.00 Dollars of property, in 1902  
\$5.00 Dollars of property.

In my opinion the foregoing claim is \_\_\_\_\_ made in good faith.

Witness my hand and seal of office, this 9th day of September, 1904,  
John H. Webb Ordinary,  
 of Both County.

### NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following  
 words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be  
 the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof  
 as above set out.



**POWER OF ATTORNEY.**

STATE OF GEORGIA,

COUNTY.

I, \_\_\_\_\_, hereby authorize

of

to receive and receipt for the pension allowed, and request that he remit same to

21

by [Katherine M. O'Neil](#) [Katherine M. O'Neil](#) is a senior research advisor at the Center for Communications Programs at the University of Michigan. She is also a senior research advisor at the Center for Communications Programs at the University of Michigan. She is also a senior research advisor at the Center for Communications Programs at the University of Michigan.

WITNESS my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1907.

[I. S.]

Executed in presence of

Bangley, Joseph M.  
Hulton Co

Code Section 1204.  
(FOR THOSE ALREADY ENROLLED)

No. 319

**INDIGENT  
SOLDIER'S PENSION  
1907.**

Name \_\_\_\_\_

County

Regiment



WARRANT ISSUED

2002

JOHN W. LINDSEY.

Commissioner of Probation

WARRANT HANDED TO

Оно, W. Ивановъ, Станиславъ Рибичевъ, Александръ,

new data

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Hulton

County.

Personally appears

J. M. Langley

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 \_\_\_\_\_ 1896; that he is 61 years old and by occupation a \_\_\_\_\_ that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 19 months in Company L, of \_\_\_\_\_ th Regiment of U.S. Infantry; that his physical condition is as follows: Infirmity & poverty

that his property consists of the following items:

of the value of \_\_\_\_\_ Dollars. I am now earning by my labor, \_\_\_\_\_ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of \_\_\_\_\_ County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the \_\_\_\_\_

day of \_\_\_\_\_ 1907.

John R. Williams

Ordinary.

State of Georgia,

Hulton

County.

I,

John R. Williams

Ordinary of said County,

do certify that I am well acquainted with J. M. Langley the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal this \_\_\_\_\_

day of \_\_\_\_\_ JAN 2 \_\_\_\_\_ 1907.

J. R. Williams

Ordinary

Hulton County.



NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1907.

# AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Frederick COUNTY.

Personally came before me, A. M. Baskin and

M. T. Brown, both known to me as reputable physicians

of said County, being severally sworn, say on oath that they have examined carefully

J. M. Langley, applicant for pension under Section 1254, Code, and after

such personal examination as that his precise physical condition is as follows:

He is suffering with dilatation of heart  
has had a broken hip causing the  
leg to be almost useless. His disabilities  
are incurable. They are permanent. He is un-  
able to earn a living by any trade or calling  
and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the

22 day of June, 1906

John A. Christensen Ordinary.

A. M. Baskin M.D.

M. T. Brown M.D.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

\_\_\_\_\_ COUNTY.

I, \_\_\_\_\_ Ordinary, in and for said County, hereby certify

that the applicant \_\_\_\_\_ resides in said County, and has

been a bona fide resident of this State since the \_\_\_\_\_ day of \_\_\_\_\_ 189 \_\_\_\_\_

and that the witnesses, viz.: \_\_\_\_\_

are of trustworthy character, and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.

I further certify that the tax digest of \_\_\_\_\_ County shows that applicant

returned for taxation in his name in 1901 \_\_\_\_\_ Dollars of

property, and in 1902 \_\_\_\_\_ Dollars of property; in 1903

\_\_\_\_\_ Dollars of property; in 1904

\_\_\_\_\_ Dollars of property; in 1905

\_\_\_\_\_ Dollars of property.

In my opinion the foregoing claim is \_\_\_\_\_ made in good faith.

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_ 190 \_\_\_\_\_

\_\_\_\_\_ Ordinary.

\_\_\_\_\_ of \_\_\_\_\_ County.

### NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

Georgia, Fulton County.

Personally came before me Joseph M Langley who on oath says he now resides in Fulton County Ga - that he owns no property whatever - has no income - is afflicted and unable to earn a support at any trade or calling - that his children are all of age except one little daughter who is unable to contribute anything to his support - that the horse - wagon and cars mentioned in original application have had to be disposed of - to live on - he is now over sixty years of age -

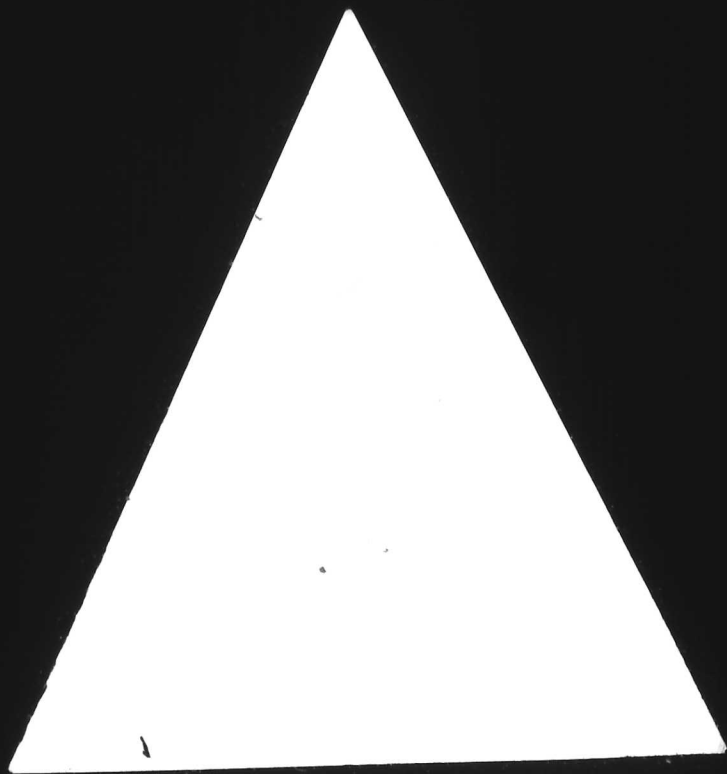
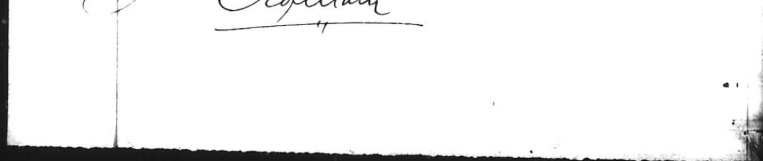
Sworn to and Subscribed before me -

June 22<sup>nd</sup> 1906.

John H. Peterson

Ordinary

} J. M. Langley



*Langley, James, Jr.*  
*Union County*

*#333*  
No. *1192*

# WIDOW'S Indigent Pension. 1901.

Name *Mary D. Langley*  
County *Union*  
Widow of *J. D. Langley*  
*No. 42 Ga*  
Approved *3/9* 1902

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

*J. L. C.*

*A-349-1902.1001.*

Geo. W. Harrison, State Printer, Atlanta, Ga.

*2/10/1901*  
*4/22-1901*

Office Com. Of Pensions.  
4-27-1901.  
Must state and clearly prove the  
time of discharge from the  
husband served in any other  
of state's service must clearly  
state time of enlistment and dis-  
charge, &c. and how he enlisted  
and prove all this to be true by  
witness that knows, not from hearsay  
and belief.

J. W. Lindsey,  
Com. Of Pension

*of state & claim*  
*from the time*  
*of discharge from 42*  
*Ga. of husband*  
*and any other*  
*service or state*  
*and must clearly*  
*state time of enlistment*  
*and how he enlisted*  
*and prove all this to be true*  
*by witness that knows, not from*  
*hearsay and belief.*



## STATE OF GEORGIA.

## POWER OF ATTORNEY.

I, \_\_\_\_\_  
County, \_\_\_\_\_  
do hereby authorize \_\_\_\_\_  
County, \_\_\_\_\_  
to receive and receipt for the pension allowed said that he  
remitt the same to me at \_\_\_\_\_  
by his check or registered mail.  
Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_  
190 \_\_\_\_  
Executed in presence of \_\_\_\_\_  
\_\_\_\_\_  
(Ordinary,  
County, \_\_\_\_\_)

# POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

I, hereby authorize  
County, to receive and receipt for the pension allowed and that he  
remit the same to me at  
by his check or registered mail.

Witness my hand this day of 1901

Executed in presence of

Ordinary.

County

L. S.

## Questions for Applicant.

STATE OF GEORGIA,

Fulton County.

*Mrs. Nancy D. Sangley*  
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 Oct 1900, hereby submits her 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)*  
*Nancy D. Sangley - Atlanta, Ga. - Fulton*
2. How long and since when have you been a resident of this State?  
*Ever since my birth*
3. When and where were you born?  
*Jan - 1840 - Murray Co. - Ga.*
4. When and where was your husband born—state his full name, and when were you and he married?  
*Jan 1834 - Thos. G. Sangley - April 3rd 1842*
5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States?  
*Oct 1861 - Harpers Co. - 42nd Ga. Regiment - Company*
6. How long did your husband serve in said Company and Regiment?  
*18 months - 1861-1862*
7. When and where did your husband's Company and Regiment surrender and was discharged?  
*At Hackburg Miss. - Discharged on account of Rheumatism*
8. Was your husband present at the time and place when his Company and Regiment surrendered?  
*was discharged in 1862 - because of Rheumatism*
9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authority?  
*He was at home by reason of a honorable discharge for Rheumatism - Contracted in the army*
10. When and where did your husband die?  
*April - 1865 in Atlanta Ga.*
11. Which of the following grounds do you base your application for Pension, viz: First: Age and Poverty; Second: Infirmary and Poverty; or Third: Blindness and Poverty?  
*First (Ground)*
12. If upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind, and when and where you lost your sight.  
*I am 60 years old and infirm - Have been unable to support myself for 10 or 12 years, blind in one eye -*
13. What has been your occupation since your husband's death?  
*Look and wash a little for my married son -*
14. How much can you earn gross, by your own exertion or labor?  
*Nothing*
15. What property, real or personal, or income do you have or possess, and its gross value?  
*Nothing*
16. What property, real or personal, did you possess at death of husband or he left you, and of the year 1899, 1900, and what disposition, if any, by sale or gift have you made of the same?  
*nothing - spent a few little home-hold goods - Disposed of them -*
17. In what counties did you reside in 1899 and 1900, and what property did you return for taxation?  
*Atlanta Ga. - Fulton County - Ga.*
18. How have you been supported since death of husband, and especially for 1899 and 1900?  
*By my married son - I little do - Selling papers*
19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income?  
*very little - only what I could do cooking &c*
20. What was your employment during 1899 and 1900—how much did you receive for each year?  
*Keeping house & looking 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?  
*One son - 18 years old - sells papers - lives with me*

22. Have you ever made an application for pension before?  
*No.*

23. How many applications have you made for a Pension, and under what class?  
*Two - under Act of 18 - for indigent widows*

Sworn to and subscribed before me this 6 day of Feb 1901 } *Mrs. Nancy D. Sangley*  
*John R. Wilkinson* Ordinary,  
of Fulton County.

WIDOW'S

Indigent Pension.

1901.

Name *Nancy D. Sangley*  
County *Fulton*

Witness *J. W. Sangley*  
No. *47* *40*

Approved *John W. Lindsey*  
Ordinary of Fulton

Subscribed *J. W. Sangley*  
No. *47* *40*

Witness *J. W. Sangley*  
No. *47* *40*

Witness *J. W. Sangley*  
No. *47* *40*

Witness *J. W. Sangley*  
No. *47* *40*

Office Com. Of Pensions.  
4-27-1901  
Must write and clearly state the time of discharge from said Co. - If husband served in any other Co. - state time of enlistment and discharge. Co. and how he enlisted in and prove all this to be true by witnesses that know, not from hearsay and belief.

J. W. Lindsey.  
Com. of Pensions.

discharge of the following

married

## Questions for Witnesses.

STATE OF GEORGIA,

Fulton County,

William H. Brooks of said State and County, having been presented as a witness in support of the Application of Mrs. Nancy D. Langley for a Pension under the Act of Oct 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? De Kalb Co Ga
2. Are you acquainted with the applicant, Mrs. Nancy D. Langley?
3. If so, how long have you known her? all my life - 50 years
4. Where does she reside, and how long and since when has she been a resident of this State? Atlanta Ga - Resident in Ga since ten last
5. When and where was she born? in Murray Co - in 1840
6. Were you ever acquainted with her husband?
7. Where did he reside in 1861? Harbath Co Ga
8. When and to whom was he married? Nancy D. Langley
9. When and where was he born? In Guilmet Co - 1834
10. How long have you known him? 50 years
11. When and where did Harbath Co Ga enlist in the war between the States, and in what Company and Regiment did he enlist and how long did he serve? about Oct 1861 In 11th Co Ga - Co - Co - 42 - Ga Regiment
12. Were you a member of the same Company and Regiment? I was with him in same Co - until 3 years ago died in 1864
13. How long did he perform regular military duty? 3 years
14. When and where was his Company and Regiment surrendered and discharged from service? at Vicksburg
15. Did you know him and his wife when he was discharged? I know him
16. Was Thos G Langley the husband of applicant present?
17. If not present, where was he? at home in Harbath Co Ga
18. When and where did he leave his Command? He was there I learned
19. For what cause?
20. By whose authority he left?
21. How do you know all this? (State fully and clearly.)
22. I served with him in the same Regiment in 1864 until 3 years ago and I saw him die?
23. When and where did Thos G Langley die?
24. In what year? 1864
25. Where did he reside at his death and how long had he been a resident of Georgia at his death?
26. Do you of your own knowledge know that applicant is the lawful widow of Thos G Langley?
27. I do.
28. Has she remained unmarried since her husband's death, and is now his widow?
29. She has. Is now a widow.
30. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? nothing
31. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? nothing, except little household goods
32. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom? none
33. What is applicant's physical condition and her chances and ability to earn a support?

Physical condition bad - she is feeble old and infirm - unable to do physical labor

26. Is applicant able to earn a support at labor of any sort, if not why? She is not

too old feeble and infirm

27. How was she supported for 1899 and 1900? by aid of my children

28. How much did applicant contribute to her support for last two years? nothing

29. Give a full and complete statement of applicant's physical condition? old - feeble infirm almost blind in one eye

30. What interest have you in the recovery of this pension by the applicant? none

Sworn to and subscribed before me this 8th

day of July 1901

John R. Wilkinson Ordinary,

Fulton County,

W. H. Brooks

Witness.

## Affidavits of Physicians.

STATE OF GEORGIA,

Fulton County,

Personally before me come Dr. Floyd M. Young and Dr. A. Vinson

physicians of said county, who, being severally sworn, say on oath that they have examined carefully Mrs. Nancy D. Langley

applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is she is old

debilitated from age, I suffer from

uterine troubles, I almost blind in

left eye, also suffers from female

troubles,

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 4

day of March 1901

John R. Wilkinson Ordinary,

Fulton County,

Floyd M. Young

A. Vinson

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County,

I, John R. Wilkinson Ordinary in and for said county, hereby

certify that the applicant, Mrs. N. D. Langley resides in said

county, and has been a bona fide resident of this State since 1842 day of

and that the witnesses, Mr. W. H. Brooks

are of trustworthy character, and that their statements

are entitled to full faith and credit.

I do further certify that before answering the foregoing questions, the applicant and said witnesses took the oath herein prescribed, and the full text of the affidavits was read to the applicant and witnesses before the same

was signed and subscribed.

I further certify that the tax digest of Fulton county shows that applicant

returned for taxation in her own name in 1899 0 dollars worth of property,

and in 1900 0 dollars worth of property.

Witness my hand and official seal, this 8th day of March 1901

John R. Wilkinson Ordinary,

Fulton County.

NOTES—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth: So help you God."

2. Additional affidavits may be attached, if blank spaces are insufficient.

3. All affidavits must be made before Ordinary.

4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 26th April, 1865, not entitled.

5. Witnesses and two Physicians are necessary to make out claims.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, \_\_\_\_\_, hereby authorize

of \_\_\_\_\_

to receive and receipt for the pension paid hereon, and request that he remit same to

at \_\_\_\_\_

In Witness Whereof, I have hereunto set my hand and seal, this \_\_\_\_\_

day of \_\_\_\_\_ 1903.

[L. S.]

Executed in the presence of \_\_\_\_\_

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, \_\_\_\_\_, hereby authorize

of \_\_\_\_\_

to receive and receipt for the pension paid hereon, and request that he remit same to

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_

day of \_\_\_\_\_ 1904.

[L. S.]

Executed in presence of \_\_\_\_\_

To Those Heretofore Paid.

*Aug. 21 1903*  
**1903.**

No. 72

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

*Ma Nancy D. Langley*

OF

*Tifton* County.

Widow of *Thos. C.*

*Co. B. 42 - 1st* Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

*1/32* 1903

AND HANDLED TO

*Ma Nancy D. Langley*

Geo. W. HARRISON, STATE PRINTER ALABAMA.

*Langley, Nancy D.*

*Tifton* County

TO THOSE HERETOFORE PAID.

**1904.**

No. 105

INDIGENT

WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO

*Ma N. D. Langley*

OF

*Tifton* County.

Widow of *Thos. C.*

*Co. B. 42 - 1st* Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

*1/32* 1904.

AND HANDLED TO

*Ma Nancy D. Langley*

Geo. W. HARRISON, STATE PRINTER ALABAMA.

## FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Fulton.

PERSONALLY COMES MRS.

Nancy D. 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 1840

That she is the Widow of

Thos C. Langley

who was a soldier in Company

B of the 4thRegiment of InfVolunteers, that he enlisted in said regiment on or about the month of Oct1864, and served in the Army up to 1864 That he diedon the 1st day of Apr 1895A & P

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 1858

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.

Sworn to and subscribed before me,

this JAN day of 1904

Ordinary.

Post-Office 1

State of Georgia,

County.

I, John R. Wilkinson

Ordinary of said County, certify that I am well acquainted with Mrs. Nancy D. 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 herself to be, and that she has continuously resided in this State since the

day of 1840Given under my official signature and seal, this JAN day of 1904

John R. Wilkinson  
Ordinary of \_\_\_\_\_ County.

NOTE.—All blanks must be filled.  
Vouchers and Affidavits must bear date after January 1st, 1903.

## FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Fulton.

PERSONALLY COMES MRS.

Nancy D. 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 1840

That she is the Widow of

Thos C. Langley

who was a soldier in Company

B of the 4th Regiment of InfVolunteers, that he enlisted in said regiment on or about the month of Oct1864, and served in the Army up to 1864 That he diedon the 1st day of Apr 1895A & P

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 1858

I have been allowed an Indigent pension as a resident of Fulton County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me,

this JAN 22 day of 1904

Ordinary.

Post-Office 1

State of Georgia,

County.

I, John R. Wilkinson

Ordinary of said County, certify that I am well acquainted with Mrs. Nancy D. 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 herself to be, and that she has continuously resided in this State since the

day of 1840Given under my official signature and seal, this JAN 22 day of 1904

John R. Wilkinson  
Ordinary of Fulton County.

NOTE.—All blanks must be filled.  
Vouchers and Affidavits must bear date after January 1st, 1904.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, \_\_\_\_\_, hereby authorize

of \_\_\_\_\_

to receive and receipt for the pension paid hereon, and request that he remit same to

at \_\_\_\_\_

In Witness Whereof, I have hereunto set my hand and seal, this \_\_\_\_\_

day of \_\_\_\_\_ 1905.

[L. S.]

Executed in presence of \_\_\_\_\_

*Langley, Nancy D.*  
To Those Hereunto Paid.

1905.

No. 36

INDIGENT  
WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

*Mr. Nancy D. Langley*

Fulton.

OF

County,

Widow of *J. B. Langley*  
Co. D. 4 Ind. Regt.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1905.

AND HANDED TO

*1871*

The Pensioners' Guaranty Fund, Inc., New York, N. Y.

## FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
County of **Fulton**.

PERSONALLY COMES MRS.

} *Nancy D. Langley***Fulton.**

who, being sworn says on oath, that she is a bona fide resident of said County of

State of Georgia, and that she has RESIDED in said State

continuously ever since

That she is the Widow of

*1887*  
*T. B. Langley*

who was a soldier in Company

of the

*42nd*Regiment of *Georgia*Volunteers, that he enlisted in said regiment on or about the month of *Oct*1861, and served in the Army up to *Discharged* 1864. That he died on

the \_\_\_\_\_ day of \_\_\_\_\_ 18\_\_\_\_

*Infirmity poverty and age*

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

Sworn to and subscribed before me,

this \_\_\_\_\_ day of **JAN 2** 1905 1905.

\_\_\_\_\_ Ordinary.

Post Office

*Atlanta*

State of Georgia,

**Fulton**.

County.

I, \_\_\_\_\_ Ordinary of said County, certify that I am well

acquainted with Mrs. *Nancy D. 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 herself to be, and that she has continuously resided in this State since theday of *1887*.Given under my official signature and seal, this \_\_\_\_\_ day of **JAN 2** 1905 1905.{ Official  
Seal }

Ordinary of

**Fulton**.

County.

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1905.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ of \_\_\_\_\_ to receive and receipt for the pension paid hereon, and request that he remit same to \_\_\_\_\_ at \_\_\_\_\_  
*In Witness Whereof*, I have hereunto set my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_, 1906.

[L. S.]

Executed in presence of \_\_\_\_\_

*Langley, Nancy D.*  
*of Fulton County*

To Those Herebefore Paid

1906.

No. 60

**INDIGENT  
 WIDOW'S PENSION,**

For year ending Dec. 31, 1906.

PAID TO \_\_\_\_\_  
 OF \_\_\_\_\_  
 County, \_\_\_\_\_  
 Widow of *J. C. Langley*  
 Co. B. 42<sup>nd</sup> Inf. Regiment.

JOHN W. LINDSEY,  
 Commissioner of Pensions.

WARRANT ISSUED

49 1906.

AND HANDLED TO

(41)  
 THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ of \_\_\_\_\_ to receive and receipt for the pension paid hereon, and request that he remit same to \_\_\_\_\_ at \_\_\_\_\_  
*In Witness Whereof*, I have hereunto set my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_, 1907.

[L. S.]

Executed in presence of \_\_\_\_\_

*Langley, Nancy D.*  
*of Fulton Co.*

To Those Herebefore Paid.

1907.

No. 30

**INDIGENT  
 WIDOW'S PENSION,**

For year ending Dec. 31, 1907.

PAID TO \_\_\_\_\_  
 OF \_\_\_\_\_  
 County, \_\_\_\_\_  
 Widow of *J. C. Langley*  
 Co. B. 42<sup>nd</sup> Inf. Regiment.

JOHN W. LINDSEY,  
 Commissioner of Pensions.

WARRANT ISSUED

48 1907.

AND HANDLED TO

(41)  
 THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

# FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 2.

STATE OF GEORGIA,

County of Fulton.

PERSONALLY COMES Mrs.

Nancy D. Langley

Fulton.

who, being sworn says on oath, that she is a bona fide resident of said County of

State of Georgia, and that she has RESIDED in said State

continuously ever since

That she is the Widow of

who was a soldier in Company

of the

Regiment of

Volunteers, that he enlisted in said regiment on or about the month of

1864, and served in the Army up to

That he died on

the day of 18

Infirmary poverty & Age.

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 31, 1906.

Sworn to and subscribed before me

this day of 1906

Ordinary.

Post Office

State of Georgia,

Fulton

County.

Ordinary of said County, certify that I am well

acquainted with Mrs. Nancy D. 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 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 day of JAN 1 1906 1906.

Official Seal

John R. Wilkinson

Ordinary of

Fulton County.

NOTE.—All blanks must be filled.  
Vouchers and Affidavits must bear date after January 1st, 1906.

# FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 2.

STATE OF GEORGIA,

County of Fulton.

PERSONALLY COMES Mrs.

Nancy D. Langley

who, being sworn says on oath, that she is a bona fide resident of said County of

Fulton

State of Georgia, and that she has RESIDED in said State

continuously ever since

That she is the Widow of

who was a soldier in Company

of the

Regiment of

Volunteers, that he enlisted in said regiment on or about the month of

1864, and served in the Army up to

That he died on

the day of 18

Infirmary poverty & Age.

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 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me

this day of JAN 2 1907.

Ordinary.

Post Office

State of Georgia,

Fulton

County.

Ordinary of said County, certify that I am well

acquainted with Mrs. Nancy D. 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 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 day of JAN 2 1907.

Official Seal

John R. Wilkinson

Ordinary of

Fulton

County.

NOTE.—All blanks must be filled.  
Vouchers and Affidavits must bear date after January 1st, 1907.

OFFICE OF

## Comptroller General,

TAX DEPARTMENT.

Atlanta, Ga., Nov. 22, 1901

State of Georgia } Personally, came before me  
 Fulton County } the undersigned Acting Officer  
 Mr. Nancy D. Langley, applicant for pension who  
 makes oath as follows

My husband L. C. Langley, enlisted in Co. B. 42nd  
 Regt. of Inf. Volunteers in July 1862. He was honorably  
 discharged therefrom August 1863 after the fall of Vicksburg  
 in account of diseases & injuries received while in  
 service. He applied for a pension in 1895, which  
 was refused by Commissioner Johnson for want of proof  
 of his then physical condition. Applicant herewith  
 presents the proof, he then submitted as part of her  
 application, and asks that same be so allowed.  
 The records of his Company, now on file in Adjutant  
 General's Office show he was honorably discharged  
 as stated "August 1863 on account of disability"  
 and to this record applicant respectfully refers in support  
 of her claim.

Subscribed  
 before me Nov. 22, 1901.

John D. Wilkerson, Auditor  
 Nancy D. Langley

as stated "August 1863 on account of disability"  
and to this Record respectfully refer in support  
of her claims.

Approved & subscribed  
before me Nov. 22 1904.

John R. Wilkerson *Notary Public*  
Nancy <sup>my</sup> Langley <sub>monk</sub>

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

before me, authorized

to receive and receipt for the pension allowed and request that he remit same to

at

Witness my hand and seal this

day of

1895.

Executed in presence of

No.

INDIGENT PENSION  
1895.

Name *The Langley*

County *Hall Co*

Ground

1895.

RICHARD JOHNSON,

Secretary, Keeney Department

WARRANT HANDLED TO:

Geo. W. Harrison, State Printer, Atlanta.

*In Dep't 15 July 1896*  
*The proofs as to in-*  
*firmity are not sat-*  
*isfactory -*  
*See the witnesses*  
*answers to 11 + 14 -*  
*the same are not possi-*  
*ble enough -*  
*The physicians do not*  
*submit a sufficient*  
*proof*  
*Richard Johnson*  
*Sec*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

herby 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,

County.

of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office)  
*J. C. Langley Georgia Fulton County, Atlanta Ga.*
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?  
*Atlanta Ga. since 1884*
3. When and where were you born?  
*From Hill County, Oct 1834*
4. Did you volunteer in the Confederate Army or in the Georgia Militia?  
*Yes, in the Georgia Militia*
5. When and where did you enlist?  
*Oct - 1861, in the 4th Georgia Militia*
6. In what company and regiment did you enlist?  
*4th Georgia Militia*
7. How long did you remain in that company and regiment?  
*Eight months, one year*
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.  
*From the 4th to the 3rd Regt. discharged at Rockston on a case of Rheumatism and frost bitten feet*
9. For how long a period did you discharge regular military duty?  
*Three years*
10. When, where and under what circumstances were you discharged from service?  
*At Rockston, discharged on a case of Rheumatism and frost bitten feet*
11. What is your present occupation?  
*Wood Smith and Blacksmith*
12. How much can you earn per annum by your own exertions or labor?  
*150.00 per year*
13. What has been your occupation since 1865?  
*Wagon work and blacksmith*
14. What sum would be necessary for your support for the pension year and how much are you able to contribute thereto either in labor or income?  
*Five hundred dollars*
15. What is your present physical condition and how long have you been in such condition?  
*Frost bitten feet and Rheumatism three years and one half*

16. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second "infirmary and poverty" or third "blindness and poverty"?
17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight?  
*Infirmary and poverty. Rheumatism and frost bitten feet. Was discharged at Rockston*
18. What property, effects or income do you possess?  
*None*
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same?  
*None*
20. In what County did you reside during those years and what property did you then return for taxation?  
*Fulton. No property*
21. How were you supported during the years 1893 and 1894?  
*My live boys*
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?  
*Three hundred dollars 16.00 income nothing*
23. What was your employment during 1893 and 1894? What pay did you receive in each year?  
*Wood Smith and Blacksmith Three hundred*
24. Are you married and have you a family? If so, is your wife living and how many children have you? Give age and sex of children and their means of support.  
*Married and a family five sons, first Child born 10-12-14-16. Last carrying water at the Exposition grounds.*

No.

INDIGENT PENSION

1895.

Name J. C. Langley  
County Fulton

Grants

1895

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT ISSUED TO

Chas. W. Harrison, Deputy Federal Marshal

In Sept. 15 Jan'y 1896  
The proofs as to an infirmity are not satisfactory -  
See the witnesses answer to 11 & 14 - the same are not positive enough -  
The physician's do not submit sufficient evidence  
J. C. Langley  
Fulton

25. Are you receiving a pension under any law of this State, if so what amount and for what disability?

Sworn to and subscribed before me this the

3<sup>rd</sup> day of April 1895.

M. L. Calhoun Ordinary

of Fulton County.

J. C. Brownlee Applicant.

### QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Fulton County.

J. C. Brownlee of said State and County, having been presented as a witness in support of the application of J. C. Langley for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside?  
J. C. Brownlee, son of S. Brownlee, a white man of Atlanta, Ga.
2. Are you acquainted with J. C. Langley, the applicant, if so how long have you known him?  
Yes. I have known him for over 30 years.
3. Where does he reside, and how long has he been a resident of this State?  
In Atlanta, Ga. He has been a resident of Ga. since I first knew him.
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this?  
He served in Confederate Army. I was a member in the same Company - Co. B. 42<sup>nd</sup> Ga. Regt.
5. When, where and in what company and regiment did he enlist?  
In 1862 Co. B. 42<sup>nd</sup> Ga. Regt. Came to the Co. Regt. in 1862 in Powell's Valley Tenn.
6. Were you a member of the same company and regiment?  
I was.
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service?  
He served in the same Co. Regt. with me for about 18 months. I saw nothing about his discharge, as I was a prisoner in Camp Chase.

8. What property, effects or income has the applicant? (Give your means of knowledge.)  
I don't know what he has. as I have not seen him for a good while.

9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same?  
I don't know what he had in 1893 or 1894.

10. What is the applicant's occupation and physical condition?  
I don't know what his occupation is, nor anything about his physical condition. He was admitted as a volunteer in his Regt.

11. Is the applicant unable to support himself by labor of any sort, if so, why?  
I don't think the applicant is able to do much work, on account of the full signs of rheumatism.

12. How was he supported during the years 1893 and 1894?  
I don't know.

13. What portion of his support for these two years was derived from his own labor or income?  
I do not know.

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894?  
The applicant has no property or means of support, except his own labor and I don't think he is physically able to do much better work.

15. What interest have you in the recovery of a pension by this applicant?  
I have none.

Sworn to and subscribed before me, this

the 3<sup>rd</sup> day of April 1895.

J. C. Brownlee

### AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Fulton County.

Personally came before me

M. A. Smith,

County.

M. D. Denham

and

both known to me as reputable physicians

of said county, who being severally sworn, say on oath that they have examined carefully

J. C. Langley

applicant for pension under the Act of 1894, and after

such personal examination, say that his precise physical condition is as follows:

That he is suffering from Chronic Rheumatism in his feet and ankles.

We further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this

the 3<sup>rd</sup> day of April 1895.

M. L. Calhoun

Ordinary

M. A. Smith M.D.

M. D. Denham, M.D.

### ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

I, M. L. Calhoun, Ordinary in and for said County, hereby certify that

the applicant J. C. Langley 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: J. C.

Brownlee, M. A. Smith & M. D. Denham 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 Fulton County show that applicant

returned for taxation in his name in 1893, \$150.00 dollars

of property, and in 1894, nothing dollars of property.

Witness my hand and seal of office, this 3<sup>rd</sup> day of April 1895.

M. L. Calhoun Ordinary

of Oconee County.

### NOTE.

Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."

under the Act of December 19th, 1894. *the applicant has the following answers to the questions asked of him*  
*Capitol, except his own father, and I don't think in physically other*  
*to the but little much*

15. What interest have you in the recovery of a pension by this applicant? *I have none.*

Sworn to and subscribed before me, this

the 3<sup>rd</sup> day of April 1895.

*J. L. Brownlee*  
*Notary*

of *Ordway* County.

NOTE.

Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."

# NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted:

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the *extent of the disability*. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered useless by the disease or wound.
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. Dep't.

Langston, C. W.  
Fulton a.  
1890.  
Langston, C. W.

No. 1076

## APPLICATION FOR ALLOWANCE

FOR *man.*  
*Disability from face & arm.*  
Applicant, *C. W. Langston*  
County, *Fulton*  
Amount, *\$50*  
Date of Warrant, *Feb 20.*

Entered on record  
*Feb. 20*  
*W. H. H.*

SECRETARY EXECUTIVE DEPARTMENT.  
WARRANT HANDED TO  
*Applicant*  
W. A. Campbell, State Printer, Constitution Job Office, Atlanta

Ex Sept Atlanta  
Novy. 18. 1890.  
Applicant is not  
outlet on this  
proof.  
The face wound very  
greatly disfigures the  
applicant - but it does  
not disable him -  
The arm is injured  
but not very much  
so below the elbow.  
The applicant does  
not swear to any  
disability at all, &  
the physicians do not  
by the facts mentioned  
show the arm to be  
fully disabled.  
W. H. Harrison  
Clerk

## NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted:

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the *extent of the disability*. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or 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,

*Fulton* County,  
PERSONALLY appears *E. W. Langston* of *Fulton* county,  
State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and  
resident of said State, and has been continuously since the \_\_\_\_\_ day of  
1847; 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 *Sergeant* in Company *C*, of *21<sup>st</sup>* Regiment  
of *Georgia* Volunteers *Seventh* Brigade; that whilst engaged  
in such military service at the battle of *Seven Days* in the State  
of *Virginia*, on the *27<sup>th</sup>* day of *June*, 1862, he was  
wounded as follows: *He 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 abscess involving the ethmoid, sphenoid and nasal bones, resulting in a partial loss of hearing and also a partial loss of powers of speech. Also a gunshot wound in right shoulder the ball entering the shoulder anteriorly coming out on the right of and near the scapula taking away a portion of the right humerus.*  
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 thereunder, ending October 26, 1890.

Sworn to and subscribed before me this *18<sup>th</sup>* day of *February*, 1890.  
*E. W. Langston*  
Notary Public for the State of Georgia.

### COMMISSIONED OFFICER'S AFFIDAVIT.

#### STATE OF GEORGIA,

PERSONALLY came before me \_\_\_\_\_ of the county  
of \_\_\_\_\_ State of Georgia, who, being duly sworn, says that he was  
a commissioned officer in Company \_\_\_\_\_ of \_\_\_\_\_ Regiment of  
Volunteers, and that deponent knows \_\_\_\_\_, and that he received the  
wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit,  
and that wounds (or disease) permanently disables the said  
as stated by him in said affidavit. Deponent further states that said  
is a *bona fide* citizen of this State and resides  
in \_\_\_\_\_ county.

Sworn to and subscribed before me this \_\_\_\_\_  
day of \_\_\_\_\_, 1890.

The foregoing affidavit, changed to suit the facts, should be made by a commissioned officer of Company or Regiment. If the affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be furnished.

#### APPLICATION FOR ALLOWANCE

FOR "MAY".

Disability from face & body

Applicant, *E. W. Langston*

County, *Fulton*

Amount, *\$30*

Date of Warrant *Feb 20*

Engaged on record *Feb 20*

*W. H. Harrison*

1890

WARRANT RETURNED TO

Applicant

W. H. Harrison, State Printer, Constitution Job Co., Atlanta.

*E. W. Langston, E. W.*  
*Fulton*  
*1890.*  
*Langston, E. W.*  
*No. 18746*  
*FOR "MAY".*  
*Disability from face & body*  
*Applicant, E. W. Langston*  
*County, Fulton*  
*Amount, \$30*  
*Date of Warrant Feb 20.*  
*Engaged on record Feb 20*  
*W. H. Harrison*  
*1890*  
*WARRANT RETURNED TO*  
*Applicant*  
*W. H. Harrison, State Printer, Constitution Job Co., Atlanta.*

STATE OF GEORGIA,

Fuller County.

PERSONALLY came Robert H. Barton J. S. Vaughan  
and Thomas Kent  
citizens of Fuller county, in said State,  
who being duly sworn, say that they are well acquainted with Elgar M.  
Langston 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  
Fuller county, and we are well satisfied that all the  
statements in his affidavit are true.

Sworn to and subscribed before me, this  
18<sup>th</sup> day of Feb: 1890.

R. H. Barton  
J. S. Vaughan  
Thomas Kent

NOTE.—Above affidavit must be made by three citizens who personally know of the service of applicant and can state of their  
own knowledge precisely how he is disabled, and what disables him.  
NOTE 2.—The attesting officer must see that each witness reads, or has read to him the affidavit he signs.

STATE OF GEORGIA,

Fuller County.

PERSONALLY comes before me W. L. Latham Ordinary of said county,  
M. B. Lukens and J. L. Lorch, both known to  
me as reputable physicians of said county, who, being severally sworn, say on oath that  
they have carefully examined E. M. Langston and after such  
examination say that the applicant has been injured as follows:

He 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 abscess involv-  
ing the ethmoid, sphenoid and nasal bones result-  
ing in a partial loss of hearing also a partial loss of  
the power of speech; also a gunshot wound in the right  
shoulder the ball entering the shoulder anteriorly  
coming out to the right of and near the scapula  
taking away a portion of the head of the humerus  
which gunshot wound renders the right arm  
substantially and essentially useless in the performance  
of the ordinary operations of life.

Sworn to and subscribed before me, this

18<sup>th</sup> day of February 1890

W. L. Latham  
Ordinary.

M. B. Lukens, M.D.  
J. L. Lorch, M.D.

NOTE.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability result-  
ing therefrom.  
NOTE 2.—If claim is for disability resulting from disease, state how the disease is known to result from this service as a soldier.  
Also state how long physicians have known and treated applicant.

STATE OF GEORGIA,

Fuller County.

I, W. L. Latham Ordinary of said county,  
do certify that I am well acquainted with Elgar M. Langston 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  
before said county, and the said affidavits and  
signatures thereto are genuine.

Given under my official signature and seal, this 18<sup>th</sup> day of February 1890.

W. L. Latham

Ordinary Fuller County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Fuller County.

Know all Men by these Presents, That I,

of said county, in said State, do hereby appoint  
of my true and lawful attorney in fact, for  
me and in my name, to receive and receipt for whatever amount of money I may be entitled  
to from the State of Georgia by reason of the injury received as aforesaid in the military  
service of the Confederate States (or of this State) as stated in the foregoing affidavit;  
hereby authorizing my said attorney to receipt in my name for any Warrant that may be  
issued by the Governor, or for any sum of money which may be coming to me for the reason  
aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  
day of 1890.

Executed in the presence of us:

[L. S.]

DIRECTION.

If allowed, send amount by  
me at \_\_\_\_\_, and oblige,

POWER OF ATTORNEY.  
STATE OF GEORGIA, }

County, }

Know all Men by these Presents, That I \_\_\_\_\_  
of \_\_\_\_\_ County, State of Georgia, do hereby appoint \_\_\_\_\_

my true and lawful attorney in fact, for  
me and in my name, to receive and receipt for whatever amount of money I may be entitled to  
from the State of Georgia by reason of 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 \_\_\_\_\_ 1893.

Executed in the presence of us: \_\_\_\_\_

DIRECTION.

Send money to me as follows, by \_\_\_\_\_

to \_\_\_\_\_

County, Georgia.

P. O.

STATE OF GEORGIA,

*Fulton* County,

I, *W. B. Balhoun* Ordinary of said county,  
do certify that I am well acquainted with *E. M. Langston* the  
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his  
said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the  
individual he represents himself to be, and that he resides in this county.

Given under my official signature and seal, this, *10<sup>th</sup>* day of *March* 1892.

*W. B. Balhoun*

Ordinary

*Fulton* County,

County,

*Reported as a*  
*disability after*  
*1893.*  
*Being Captain*  
*Fulton Aug 1893*  
*Require new proof*

No. *1195*  
Application for Allowance

For the Year Ending October 30, 1893.

*Disabled After*  
Applicant, *E. M. Langston*  
County, *Fulton*  
Amount, *50*  
Date of Warrant, *3/10*  
Entered on record, *3/10* 1893

WARRANT HANDED TO  
Applicant  
Geo. W. Harrison State Printer, Atlanta.

*Langston, E. M.*  
*Fulton Co*

No. *1448*

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 30, 1891.

Name, *E. M. Langston*  
County, *Fulton*  
Disability, *Body m*  
Amount, \$ *50*

Entered on record  
*met* 1892.

W. H. HARRISON,  
Secretary of Revenue Department

AGENT,  
*Applicant*

Geo. W. Harrison, State Printer, Atlanta, Ga.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Fuller County, }

PERSONALLY appears E. W. Langston of Fuller County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the

day of 1844; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a 2nd Sergeant in Company C, of 21st Regiment of Georgia Volunteers Humble's Brigade; that whilst engaged in such military service at the battle of Coal Harbor in the State of Virginia, on the 21st day of June 1863, he was wounded as follows: gunshot wound of the right shoulder rendering right arm substantially and essentially useless, 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 allowance to which he is entitled for the year ending October 26, 1893. I have heretofore been allowed a pension of

Twenty dollars, for 1892

Sworn to and subscribed before me, this, the

15th day of March 1893.

M. L. Ballman

E. W. Langston

NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA, }

Fuller County, }

I, M. L. Ballman Ordinary of said County, do certify that I am well acquainted with E. W. Langston 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 Justice of the Peace of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 15th day of March 1893.

M. L. Ballman

Ordinary

Fuller

County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Fuller County, }

PERSONALLY appears E. W. Langston of Fuller 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 1844; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a 2nd Sergeant in Company C, of 21st Regiment of Georgia Volunteers Humble's Brigade; that whilst engaged in such military service at the battle of Coal Harbor in the State of Virginia, on the 21st day of June 1863 he was wounded as follows:

gunshot wound of the right shoulder rendering right arm substantially and essentially useless, also wounded in the face

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

Twenty Dollars for 1891

Sworn to and subscribed before me this the

15th day of March 1893.

M. L. Ballman Ordinary.

E. W. Langston

NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

## POWER OF ATTORNEY.

STATE OF GEORGIA, }

Fuller County, }

Know all Men by these Presents, That I, E. W. Langston of

County, in said State, do hereby appoint E. W. Langston my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this day of March 1892.

Executed in the presence of us:

[1-5]

Send money to me as follows, by

DIRECTION.

to

County, Georgia.

P. O.

STATE OF GEORGIA,

*Hulton* County.

I, *W. L. Leachman* Ordinary of said County, do certify that I am well acquainted with *Elyot W. Langston* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this County.

I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a \_\_\_\_\_ of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *3rd* day of *February*, 1891.

*W. L. Leachman*

Ordinary *Hulton* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

Know all Men by these Presents, That I,

\_\_\_\_\_ of \_\_\_\_\_ County, State of Georgia, do hereby appoint \_\_\_\_\_ my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this,

day of \_\_\_\_\_, 1894.

[L. S.]

Executed in the presence of us

DIRECTIONS.

Send money to me as follows, by

to \_\_\_\_\_  
County, Georgia.

P. O.

*Langston E. W.*  
**1891.**  
*Hulton Co.*

**PAID 100.00**

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

*Langston E. W.*  
Applicant, *E. W. Langston*  
County, *Hulton*  
Amount, *50.00*  
Date of Warrant, *July 3*  
Entered on record, *July 3*  
*1891*  
*W. L. Leachman*  
SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO  
*Langston E. W.*  
GEO. W. HARRISON, State Printer, Atlanta, Ga.

*App. 20.8*

*Langston E. W.*  
*Langston E. W.*  
(For Taxes Already Enrolled.)

No. *1198*

Soldier's Pension.

**1894.**

Name *E. W. Langston*  
County *Hulton*  
Disability *Disability*  
Amount, *50.*  
*July 2*  
1894.

W. H. HARRISON,  
Secretary Executive Department.

WARRANT HANDED TO  
*Langston E. W.*  
GEO. W. HARRISON, State Printer, Atlanta.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Mullen County.

PERSONALLY appears E. W. Langston of Mullen 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 18th day of April 1862; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a 1st Sergeant in Company C of 24th Regiment of Georgia Volunteers Tremble's Brigade; that whilst engaged in such military service at the battle of Coal Harbor in the State of Virginia on the 27th day of June 1862 he was wounded as follows: gun shot wound of the right shoulder rendering right arm substantially and essentially useless - also wound of right hand

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of

75 dollars, for 1890

Sworn to and subscribed before me, this, the 27th day of May 1891.

NOTE - State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

## POWER OF ATTORNEY.

STATE OF GEORGIA,

Mullen County.

Know all Men by these Presents, That I,

of Mullen County, State of Georgia, do hereby appoint

of W. L. Calhoun 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 27th day of May 1891.

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

PERSONALLY appears E. W. Langston 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 44; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a 2nd Sergeant in Company C of 24th Regiment of Georgia Volunteers Tremble's Brigade; that whilst engaged in such military service at the battle of Coal Harbor in the State of Virginia on the 27th day of June 1862 he was wounded as follows: gun shot wound of the right shoulder rendering right arm substantially and essentially useless, 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 allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of

50 dollars, for the year 1893

Sworn to and subscribed before me, this, the 27th day of March 1894.

NOTE - State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Fulton County.

I, W. L. Calhoun Ordinary of said County, do certify that I am well acquainted with E. W. Langston the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 12th

day of March 1894.



W. L. Calhoun  
Ordinary Fulton County.

# POWER OF ATTORNEY.

STATE OF GEORGIA;

County, }

KNOW ALL MEN BY THESE PRESENTS, That I, \_\_\_\_\_

of \_\_\_\_\_

County, State of Georgia, do hereby appoint \_\_\_\_\_

of \_\_\_\_\_ my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1895.

Executed in presence of us \_\_\_\_\_

[L. S.]

## DIRECTIONS.

Send money to me as follows, by \_\_\_\_\_

to \_\_\_\_\_

P. O. \_\_\_\_\_

County, Georgia.

(For Those Already Enrolled.)

No. 80

**SOLDIER'S PENSION.**

**1895.**

Name \_\_\_\_\_  
County \_\_\_\_\_  
Disability \_\_\_\_\_  
Amount, \$ 3/4 1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT, HANDLED TO

*AM*

Geo. W. Harrison, State Printer, Atlanta.

*No Letter*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

to receive and receipt for the pension paid hereon and request that he remit same to \_\_\_\_\_

by \_\_\_\_\_

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_

day of \_\_\_\_\_ 1896.

Executed in presence of us \_\_\_\_\_

[L. S.]

**SOLDIER'S PENSION.**

**1896.**

Name \_\_\_\_\_  
County \_\_\_\_\_  
Disability \_\_\_\_\_  
Amount, \$ 2/27 1896.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT, HANDLED TO

*AM*

Geo. W. Harrison, State Printer, Atlanta.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }  
Fulton County.

Personally appears F. W. Langston 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 1844; 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 2nd Sergeant in Company 1, of 21st Regiment of Georgia Volunteers, Triola's Brigade; that whilst engaged in such military service at the battle of Do. J Harcor in the State of Virginia, on the 27th day of June 1863, he was wounded as follows: A bullet wound of the right shoulder rendering right arm substantially and essentially useless, 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 allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of \$100 dollars, for the year 1891

Sworn to and subscribed before me, this, the 26th day of Febry 1895, E. W. Langston

W. L. Calhoun, Clerk

Note—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA, }  
Fulton County.

I, A. I. Calhoun, Ordinary of said County, do certify that I am well acquainted with F. W. Langston the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 26th day of March 1895.



W. L. Calhoun

Ordinary Fulton County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }  
Fulton County.

Personally appears F. W. Langston 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 1844; 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 2nd Sergeant in Company 1, of 21st Regiment of Georgia Volunteers, Triola's Brigade; that whilst engaged in such military service in the State of Virginia, on the 27th day of June 1863, he was wounded, injured or diseased as follows: A bullet wound of the right shoulder rendering right arm substantially and essentially useless, 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, 1890. I have heretofore as a resident of Fulton county been allowed a pension of \$100 dollars, for the year 1887.

Sworn to and subscribed before me, this, the 26th day of Febry 1890, E. W. Langston

W. L. Calhoun, Clerk

Note—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA, }  
Fulton County.

I, A. I. Calhoun, Ordinary of said County, do certify that I am well acquainted with F. W. Langston the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 26th day of Febry 1890.



W. L. Calhoun

Ordinary Fulton County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, \_\_\_\_\_ hereby authorize

\_\_\_\_\_ of

to receive and receipt for the pension paid hereon and request that he remit same to

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of \_\_\_\_\_ 1897.

[L. S.]

Executed in presence of

)  
)

INVALID

SOLDIER'S PENSION.

1897.

Name *E. H. Langston*

County *Fulton*

Disability *Gravely Disabled*

Amount, \$ *50.00*

*2/19* 1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

*apch*

U.S. & NATIONAL STATE PRINTER, ATLANTA.

*no date*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, \_\_\_\_\_ hereby authorize

\_\_\_\_\_ of

to receive and receipt for the pension paid hereon and request that he remit same to

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of \_\_\_\_\_ 1898.

[L. S.]

Executed in presence of

)  
)

INVALID

SOLDIER'S PENSION.

1898.

Name *E. H. Langston*

County *Fulton*

Disability *Gravely Disabled*

Amount, \$ *50.00*

*2/17* 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

*ap ch*

U.S. & NATIONAL STATE PRINTER, ATLANTA.

*no date*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears E. M. Langston 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 1844; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the

States, and served as a 2nd Sergeant in Company C, of 21st Regiment of Georgia Volunteers, Grimes's Brigade; that whilst engaged in such military service in the State of Ma - , on the 27th day of 186, he was wounded, injured or diseased as follows:

*Gun shot, wound of the right shoulder remaining right arm substantially and essentially useless 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 20th, 1897. I have heretofore under said law as a resident of Fulton county been allowed an invalid pension of \$5.00 Dollars, for the year 1897.

Sworn to and subscribed before me, this, 17 day of July, 1897. POST OFFICE

NOTE.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Fulton County.

I, M. H. Bailey Ordinary of said County, do certify that I am well acquainted with E. M. Langston the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 17 day of July, 1897.



Ordinary Fulton County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears E. M. Langston 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 1844; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a 2nd Sergeant in Company C, of 21st Regiment of Georgia Volunteers, Grimes's Brigade; that whilst engaged in such military service in the State of Ma - , on the 27th day of 186, he was wounded, injured or diseased as follows:

*Wounded in right shoulder and 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 20th, 1898. I have heretofore under said law as a resident of Fulton county been allowed an invalid pension of \$5.00 Dollars, for the year 1897.

Sworn to and subscribed before me, this, 17 day of July, 1898. POST OFFICE

NOTE.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Fulton County.

I, M. H. Bailey Ordinary of said County, do certify that I am well acquainted with E. M. Langston the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 17 day of July, 1898.



Ordinary Fulton County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

to receive and receipt for the pension paid hereon and request that he remit same to

by \_\_\_\_\_

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_

day of \_\_\_\_\_ 1899.

[ L. S. ]

Executed in presence of \_\_\_\_\_

*Sanford C. Mc  
Gulley County*

(For These Already Enrolled.)

No. 8768 -

INVALID

SOLDIER'S PENSION.

1899.

Name *E. H. Langston*

County *Fulton*

Disability

Amount, \$ *50*

*24.5*

1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

*Appt.*

Geo. W. Harrison, State Printer, Atlanta.

*No data*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Jackson County.

Personally appears E. W. Kingston of Jackson

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 Confederate States (or of the State of Georgia) during the war between the States and served as a 2nd Lieutenant in Company C, of 24th Regiment of Georgia Volunteers, Whitaker's Brigade; that whilst engaged in such military service in the State of Va., on the 27 day of 1861, he was wounded, injured or diseased as follows:

Wounded in right shoulder  
and face.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of Jackson County been allowed an invalid pension of \$ 50.00 Dollars, for the year 1898.

Sworn to and subscribed before me, this, 1st day of May, 1899, at POST OFFICE Jackson

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,

Jackson County.

I, M. H. Sullivan Ordinary of said County, do certify that I am well acquainted with E. W. Kingston the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 1st day of May, 1899.



Ordinary Sullivan County.



day of July 1890.  
 Ordinary Fuller County.

Audited

18

COMPTROLLER GENERAL

### Maimed Soldiers.

Voucher No. 1546

Amount \$ 50.

Paid to E. W. Livingston

For Disability from  
 Feet & body maimed

July 20 1890

Included in warrant No.  
 issued to Treasurer.

18

WARRANT CLERK.

W. J. Campbell, State Printer, Constitution Job Office.

applicant

Audited

1891.

COMPTROLLER GENERAL

1891.

### Maimed Soldiers.

Voucher No. 35

Amount \$ 50

Paid to E. W. Livingston

For Disability from

Feet & body maimed

July 3, 1891.

Included in warrant No.  
 issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

applicant

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

No. 1546

Atlanta, Ga., July 20 1890.

Mr. E. W. Langston of the County  
of Bulton 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

Disabled by body wounds  
He is entitled to receive the sum of Fifty Dollars  
for such disability, the same being the amount 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,

C. N. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty  
per above voucher, this

20 of July 1890  
E. W. Langston

Dollars,

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

1891.

No. 35

Atlanta, Ga., July 3 1891.

Mr. E. W. Langston of the County  
of Bulton 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

Disabled by body wounds  
He is entitled to receive the sum of Fifty Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1891.

The Treasurer will pay the same and hold his receipt on this voucher and return same to  
Executive Department for warrant.

By the Governor,

C. N. Harrison

Sec'y EXECUTIVE DEPARTMENT.

RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.

Fifty  
per above voucher, this

3 of July 1891  
E. W. Langston

Dollars,

*Twenty*  
per above voucher, this

*20* of *Feb*  
*E. W. Longston*

Dollars,  
*1890*

RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.

*Twenty*  
per above voucher, this

*3* of *Feb*  
*E. W. Longston*  
Dollars,  
*1891.*

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

hereby authorize

to receive and receipt for the pension allowed and request that he remit same to

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 1897.

Executed in presence of

Pension Office Sept 1897  
Physicians limit the in-  
firmity to rheumatism of  
hip & leg which as stated  
is insufficient to show that  
applicant is unable to earn a  
support - Rich. Johnson  
Com. P. Pension

# 8 Jan 1898  
City -

172 172 172 172  
Langston, J. B.  
No. Fulton

INDIGENT PENSION  
1897.

Name J. B. Langston  
County Fulton

Approved \_\_\_\_\_ 1897.

WARRANT HANDED TO

W. W. HARRIS, CLERK, GEORGIA, ATLANTA.

9/10/97  
Langston, J. B.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, \_\_\_\_\_ hereby authorize

of

to receive and receipt for the pension allowed and request that he remit same to

at

by

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 1897.

Executed in presence of

Questions for Applicant.

STATE OF GEORGIA,

County.

Jesse B. Langston 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 the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office) Jesse B. Langston, Fulton Co. S. C. Atlanta Ga.
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? Atlanta Ga. 5-3 years.
3. When and where were you born? Richmond Va. Dec. 30, 1827.
4. When and where and in what company and regiment did you enlist or serve? Volunteer Co. 1st Regt. 1861. 1st Regt. Volunteer
5. How long did you remain in such company and regiment? 15 months

6. For how long a period did you discharge regular military duty? 15 months
7. When, where and under what circumstances were you discharged from service? July 1862. Georgia. 1st Regt. 1861. discharged on being a civil officer for 1 year.
8. What is your present occupation? Nothing at all.
9. How much can you earn (gross) per annum by your own exertions or labor? Nothing
10. What has been your occupation since 1865? Nothing until 1894.
11. Upon which of the following grounds do you base your application for pension, viz: first "age and poverty," second "infirmary and poverty" or third "blindness and poverty"? Age and infirmity.
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight? For the last 3 years. old age & infirmity.

13. What property, effects or income do you possess and its gross value? None what ever
14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? Had not property any for during those years. Therefore I could not dispose of any.
15. In what County did you reside during those years and what property did you then return for taxation? Live in Cobb County, no property.
16. How were you supported during the years 1895 and 1896? By day labor.

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? About 90 dollars only worked a little for my support.
18. What was your employment during 1895 and 1896? What pay did you receive in each year? Working a little on farm, none but a little board.
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Have no family.

20. Are you receiving any pension, if so what amount and for what disability? Receiving no pension or help for any one.
- Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 1897. Jesse B. Langston Applicant.
- \_\_\_\_\_ Ordinary.
- of Fulton County.

Every Question MUST be Answered.

Summi Apr 5/21/1897  
Physician limit the in-  
firmity to pneumonia of  
hip & leg, which as stated  
is sufficient to show that  
applicant cannot earn his  
support - Rich of Geo.  
Comm. of Pensions

# 8 can see only

614  
2  
178 1/2 W. 1st St.  
No. 178 1/2 W. 1st St.  
No. 178 1/2 W. 1st St.  
INDIGENT PENSION  
1897.

Name Jesse B. Langston  
County Fulton

Approved \_\_\_\_\_ 1897.

WARRANT HANDED TO

1611 1/2 W. 1st St.  
July 9/1897

# QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

County.

*William Daniel* of said State and County, having been presented

as a witness in support of the application of *Jesse B. Langston* for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? *William Daniel, Atlanta Ga. 50 yrs.*  
 2. Are you acquainted with *Jesse B. Langston*, the applicant, is of how long have you known him? *50 years.*  
 3. Where does he reside, and how long has he been a resident of this State? *Atlanta Ga. 50 yrs.*

4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? *He was in Confederate Army & was in Army 10th Division.*

5. When, where and in what company and regiment did he enlist? *Cherokee Co. Ga. 6th Feb. 1861. 1st Regiment Ga. Volunteer.*

6. Were you a member of the same company and regiment? *Yes.*

7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? *all the year 1861. he was a good soldier discharged on account of being a Civil officer.*

8. What property, effects or income has the applicant? (Give your means of knowledge.) *Jesse B. Langston has no property.*

9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? *He did not have any property during any of those years.*

10. What is the applicant's occupation and physical condition? *He is a night watchman ever since war for 2 years have not been able to work.*

11. Is the applicant unable to support himself by labor of any sort, if so, why? *He is not able to work on account of age & infirmity.*

12. How was he supported during the years 1895 and 1896? *Lives with his daughter on a rented farm.*

13. What portion of his support for these two years was derived from his own labor or income? *None 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? *Age & infirmity.*

15. What interest have you in the recovery of a pension by this applicant? *None whatever.*

Sworn to and subscribed before me, this *9* day of *Jan* 1897. *William Daniel* Witness.  
*William Daniel* Ordinary.

# AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

County.

Personally came before me *E. Griffin* and *E. L. Wooten*, both known to me as reputable physicians

of said county, who being severally sworn, say on oath that they have examined carefully *Jesse B. Langston* applicant for pension under the Act of 1894, and after each personal examination say that his precise physical condition is as follows:

*That he has, chronic inflammation of the right hip.*

We further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this *9th* day of *Jan* 1897.

*William Daniel* Ordinary.

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

County.

I, *William Daniel*, Ordinary in and for said County, hereby certify that the applicant *Jesse B. Langston* 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: *William Daniel & E. Griffin & E. L. Wooten*

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 *Cherokee* County show that applicant returned for taxation in his name in 1895, *None* dollars of property, and in 1896, *None* dollars of property.

In my opinion the foregoing claim is made in good faith.

Witness my hand and seal of office, this *9th* day of *Jan* 1897.

*William Daniel* Ordinary of *Cherokee* County.

# NOTE.

Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God." Additional affidavits may be attached if blank spaces are insufficient.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, \_\_\_\_\_, hereby authorize

of \_\_\_\_\_

to receive and receipt for the pension allowed, and request that he remit same to

at \_\_\_\_\_

by \_\_\_\_\_

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 1899.

Executed in presence of \_\_\_\_\_

(L. S.)

CODE SEC. 1284.

(For Those Already Enrolled.)

No. 557

INDIGENT

SOLDIER'S PENSION,

1899.

Name *James B. Langston*  
County *FULTON*

WARRANT ISSUED

1899

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO \_\_\_\_\_

Gen. W. H. Harpless, State Printer, Atlanta.

*Langston James B.  
Fulton County*

CODE SEC. 1284.

(For Those Already Enrolled.)

No. 55

INDIGENT

SOLDIER'S PENSION,

1900.

Name *James B. Langston*  
County *FULTON*

WARRANT ISSUED

1900.

JOHN. W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO \_\_\_\_\_

Gen. W. H. Harpless, State Printer, Atlanta.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, \_\_\_\_\_, hereby authorize

of \_\_\_\_\_

to receive and receipt for the pension allowed, and request that he remit same to

at \_\_\_\_\_

by \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1900.

[L. S.]

Executed in presence of \_\_\_\_\_

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
FULTON County.

Personally appears Jesse B. Langston of FULTON County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the \_\_\_\_\_ day of \_\_\_\_\_ 1877; that he is 62 years old and by occupation a \_\_\_\_\_; that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served for the term of 5 Mos in Company E, of 2nd Regiment of \_\_\_\_\_; that his physical condition is as follows:

Chronic Rheumatism.

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 1890. I have heretofore as a resident of \_\_\_\_\_ county been allowed a pension for the year 1890.

Sworn to and subscribed before me, this, \_\_\_\_\_

day of Jan 1890.

Ordinary.

State of Georgia,  
FULTON County.

I, W. H. HULSEY, Ordinary of said County, do certify that I am well acquainted with Jesse B. Langston 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 1890.

Ordinary FULTON County.

Note.—The blank spaces must be filled.

Note.—A affidavit should not be attested before January 1st, 1890.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
FULTON County.

Personally appears Jesse B. Langston of FULTON County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the \_\_\_\_\_ day of \_\_\_\_\_ 1877, that he is 63 years old and by occupation a \_\_\_\_\_; that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served for the term of 15 Mos in Company F, of 2nd Regiment of \_\_\_\_\_; that his physical condition is as follows:

Chronic Rheumatism.

that his property consists of the following items \_\_\_\_\_

of the value of \_\_\_\_\_ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of \_\_\_\_\_ county been allowed a pension for the year 1890.

Sworn to and subscribed before me, this, \_\_\_\_\_

day of Jan 1900.

Ordinary.

State of Georgia,  
FULTON County.

I, W. H. HULSEY, Ordinary of said County, do certify that I am well acquainted with Jesse B. Langston 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 1900.

Ordinary FULTON County.

Note.—The blank spaces must be filled.

Note.—A affidavit should not be attested before January 1st, 1900.

1000  
1000  
1000

NOTE.—The blank spaces must be filled.  
NOTE.—A Affidavit should not be attested before January 1st, 1890.

Ordinary FULTON County.

NOTE.—The blank spaces must be filled.  
NOTE.—A Affidavit should not be attested before January 1st, 1890.

Ordinary FULTON County.

State of Georgia }  
Fulton County } Personally came before me Chas. F.  
Benson and W. S. Wood both known to me as repu-  
table physicians of said County who being severally sworn say  
on oath that they have examined carefully Mr. Jesse B.  
Langston & that Applicant for Pension his present physical  
condition is as follows. We find him suffering  
from Chronic Rheumatism. We find the most prom-  
inent local manifestations of his disease Rheumatism  
in his Hip, knee & ankle of the right side. We find  
also that his disease affects his Kidneys, Bladder &  
Prostate gland thus producing some chronic attacks of Ne-  
phritis, Cystitis, Prostatitis & temporary Incontinence of urine.  
These conditions owing to his advanced age ~~will naturally~~  
(Seventy years) <sup>to have</sup> will naturally be rapidly progressive. We say  
on oath that the physical condition of Applicant renders him  
unable at any work or calling sufficient to earn a support for  
himself & that we have no interest in said Pension being allowed.

Sworn to & subscribed before me this  
10th day of December 1897  
W. S. Wood  
Ordinary Fulton County

W. S. Wood, M. D.  
Chas. F. Benson, M. D.

NAME **Langston, Jesse B.** YEAR **1897** COUNTY **Fulton**

WHEN AND WHERE BORN? **Pickens S.C. December 30th. 1887.**

ENLISTED WHEN AND WHERE? **April 1861 Cherokee Co.**

RANK.

COMPANY AND REGIMENT? **Co. D, 2nd. Ga. Regt.**

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? **July 1862 Chickahomay, Va. account of being  
a civil officer in Cherokee County.**

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

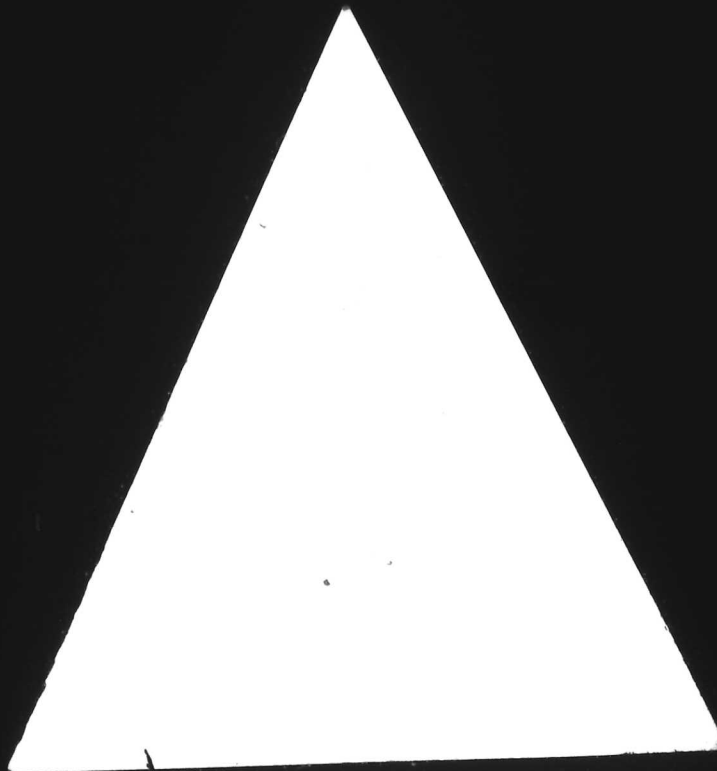
BURIED.

WITNESSES. **William Daniel, same command -- No date.**

**JWT**

WITNESS. William Daniel, same command -- No data.

JWT



*Langston, Martha E.*  
*ms. Fullerton*  
*on Roll OK for 1912*

+ No. 4

### Widow's Application

To Be Put on Roll in Her Own Right When  
Husband Was on the Indigent Roll or  
Put on Under Act of July 11, 1910.

County *Fulton*  
Name *Martha E. Langston*  
Widow of *Wm. J. Langston*  
Company *Jackson Navy*  
Approved *Ref.*

J. W. LINDSEY,  
Commissioner of Pensions

CHAR. P. BYRD, State Printer, Atlanta.

9/20/11

# WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Fulton County.

Personally before me comes Mattie E. Langston of said County, who, after being duly sworn, on oath says, that she is the widow of William J. Langston whom in the County of Whitcomb State of Georgia she was married on the 14 day of July 1864 and that she remained his wife, and resided with him to the date of his death in August 1911 and that she has not since his death remarried. At the time of his death he was a resident of Fulton County, in Atlanta said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$60.00 in Fulton County for 10 11 per annum, on account of being a soldier in Company Chambers' Heavy Regiment Battalion (Volunteers of State Militia) 9

At the death of William J. Langston 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 — \$ —

That she is now a bona fide resident citizen of said County of Fulton and she has so continuously resided since — day of August 1868

Sworn to and subscribed before me, this the 14 day of July 1911 Mattie E. Langston

My commission expires 1911 Ordinary, — of Fulton County.

## Affidavit of Witnesses to Prove Marriage and to Whom--Date of Death of Husband.

STATE OF GEORGIA,

Fulton County.

Personally before me come J. H. Clark known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. Mattie E. Langston made the foregoing affidavit, is the lawful widow of William J. Langston who died in Fulton County in said State of Georgia on 14 day of August 1911 and that she has not since remarried. That she became the wife of William J. Langston on the 14 day of July 1864 and that she and he had resided together as man and wife continuously since July 1864 day of — 1864 and that the Deceased was the same man who was on the pension roll of said State Georgia from Fulton County Georgia when he died.

Sworn to and subscribed before me, this the 14 day of July 1911 J. H. Clark

My commission expires 1911 Ordinary, — of Fulton County.

## Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910.

County Fulton  
Name Mattie E. Langston  
Widow of William J. Langston  
Company Chambers' Heavy  
Approved R. T.

J. W. LINDSEY,  
Commissioner of Pensions

# AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Fulton County.

Personally before me comes J. H. Clark who after being sworn on oath says, that they are freeholders of said County, and that they know Martha E. Langston of said County and knew her said husband Walter E. Langston at his death on the 12 day of August 1917 that she and he were in the use, possession and control of the following property at his death to wit: None

of the value of \$ None That she is now in the use, possession and control of the following property to wit: None

of the value of \$ None

Sworn to and subscribed before me, this the

22nd day of September 1917

J. H. Clark P. A. C.

Ordinary,

of Fulton County.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

I John P. Williamson Ordinary of said County, do certify, that, I know Martha E. Langston 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

That I also know J. H. Clark witness as to marriage and I also know J. H. Clark who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of Fulton County shows that Martha E. Langston returned property to the amount of None for 1908 \$ None for 1909 \$ None for 1910 \$ None

Sworn under my hand and official seal of office this 22nd day of Sept 1917 (SEAL.) John P. Williamson Ordinary.

Fulton County.

- NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary.
4. Only widows who married prior to first January 1870, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by general reputation.

- NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words  
 "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."  
 2. Additional affidavits may be attached if blank spaces are insufficient.  
 3. All affidavits must be made before the Ordinary.  
 4. Only widows who married prior to first January 1870, are entitled.  
 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some, present, or by general reputation.

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** and **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 day of July A.D. 1864

(L. S.) John Johnson. Ordinary.

Georgia, Muscogee County.

I do hereby certify that **William J. Langston** and **Mattie E. Par**

were duly joined in Matrimony by me, this 14th day of July A.D. 1864

(100,000)

H. H. Park, M. G.

No. 771

MARRIAGE LICENSE

AND

Certificate of the Marriage

OF

William J. Langston.

TO

Mattie E. Par.

Recorded in Book of Marriages,

Page 89.

this

day of

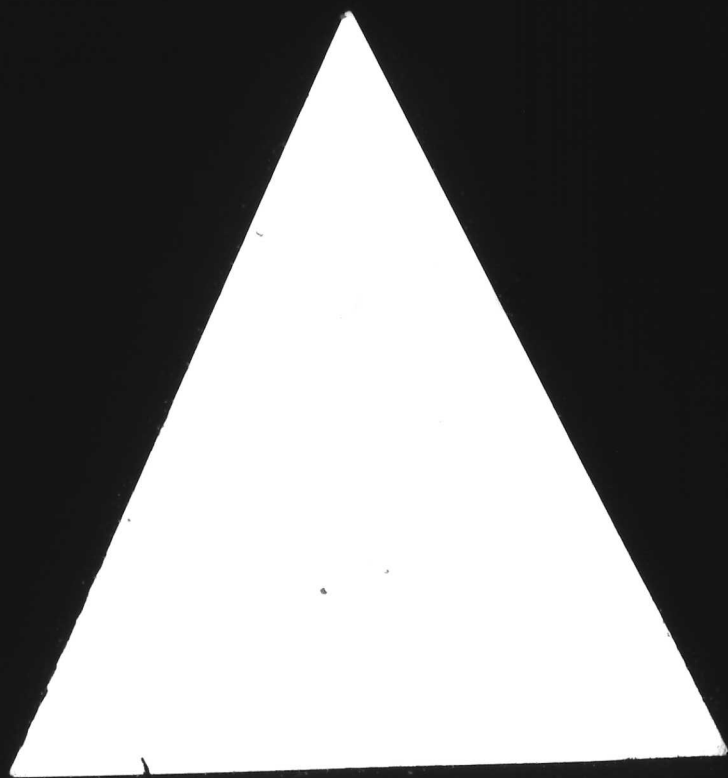
19

State of Georgia, Muscogee County.

I, Wm. Redd, Jr. Ordinary in and for said County,  
do hereby <sup>certify</sup> 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 E. Par.

Given under my hand and seal of office  
this the 29th day of August A.D. 1911.

Wm. Redd, Jr.  
Ordinary



POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, \_\_\_\_\_ hereby authorize

to receive and receipt for the pension allowed and request that he remit same to \_\_\_\_\_

at \_\_\_\_\_ by \_\_\_\_\_

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 1897.

Executed in presence of \_\_\_\_\_

116 MacAfee St. Atlanta, W. S.  
Approved Langston  
Rich Johnson  
No. 1832 Campbell

INDIGENT PENSION  
1897.

Name M. J. Langston

County Fulton

Approved 1/13 1897.

WARRANT HANDED TO

Appch.

SEN. V. R. HARRIS, STATE PRINTER, ATLANTA.

July 12/1897

## County.

I, \_\_\_\_\_ hereby authorize

to receive and receipt for the pension allowed and request that he remit same to \_\_\_\_\_

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 1897.

Executed in presence of

STATE OF GEORGIA.

Filed in \_\_\_\_\_ County

William J. Langston of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office)  
*William C. Campbell State Ga Gresham Co Atlanta Ga*
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?  
*Atlanta Ga, 1876 years, since*
3. When and where were you born?  
*Jan 1833 near Carroll Co Ga*
4. When and where and in what company and regiment did you enlist or serve.  
*The Engineer one detailed during Civil War, & Co.*  
*Transferred to Cavalry & 10th at Col. James H. Brown*
5. How long did you remain in such company and regiment?  
*From Oct. 1862 to May of 1864 about 7 months*  
*with Henry Det - as Engineer. He became a Lieut*
6. For how long a period did you discharge regular military duty?  
*from 18 Oct. 64 to Dec of war*
7. When, where and under what circumstances were you discharged from service?  
*1865 at Columbus Ga General Polk, at the close*  
*of the war*
8. What is your present occupation?  
*Engineer*
9. How much can you earn (gross) per annum by your own exertions or labor?  
*No employment*
10. What has been your occupation since 1865?  
*Engineering*
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 & Family*
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight?  
*About three years at my age, Can not get work at it, business as Engineer*
13. What property, effects or income do you possess and its gross value?  
*None*
14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same?  
*none*
15. In what County did you reside during those years and what property did you then return for taxation?  
*Gresham County Ga*
16. How were you supported during the years 1895 and 1896?  
*Partly by my own labor and help from my family*
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?  
*Three hundred dollars about 1/3 of amt*
18. What was your employment during 1895 and 1896? What pay did you receive in each year?  
*When employed Engineering about one dollar pr day*
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?  
*wife, 4 sons children (4) Sons of wife and her families and business of their own They have been helping me some*
20. Are you receiving any pension, if so what amount and for what disability?  
*None*

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

day of May 1897.

**Applicant.**

of \_\_\_\_\_ County.

Every Question MUST be Answered.

1116 Maple St. Atlantic  
Appona Longston, W. J.  
Fulton Co.  
Richmond  
No. 1532 Camp

# INDIGENT PENSION

1897.

Name M. J. Gargano  
County Tulsa

1113 1897.

## WARRANT HANDED TO

check.

Aug 12/87

## STATE OF GEORGIA.

Sworn to and subscribed before me, this } J. L. Coppedge  
the 9 day of Aug 1897. } Witness.  
J. M. Williams Ordinary.

## STATE OF GEORGIA.

Sworn to and subscribed before me, this }  
the 11 day of May 1897. } L. M. Wright M. D.  
M. H. H. H. H. Ordinary.

STATE OF GEORGIA,

**NOTE.**

Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God." Additional affidavits may be attached if blank spaces are insufficient.

# POWER OF ATTORNEY.

State of Georgia,

County.

I, \_\_\_\_\_ hereby authorize

of \_\_\_\_\_

to receive and receipt for the pension paid hereon and request that he remit same to \_\_\_\_\_ by \_\_\_\_\_

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_

day of \_\_\_\_\_ 1898.

[L. S.]

Executed in presence of \_\_\_\_\_

ART OF 18 DEC., 1891.  
(For Those Already Enrolled.)

NO. 394

INDIGENT

SOLDIER'S PENSION,  
1898.

Name *M. G. Langston*  
County *Fulton*

WARRANT ISSUED

*1/12/1898*

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

*App'd*

Geo. W. Harrison, State Printer, Atlanta.

*No letter*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, \_\_\_\_\_ hereby authorize

of \_\_\_\_\_

to receive and receipt for the pension allowed, and request that he remit same to \_\_\_\_\_

at \_\_\_\_\_

by \_\_\_\_\_

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 1899.

Executed in presence of \_\_\_\_\_

[L. S.]

ART OF 18 DEC., 1891.  
(For Those Already Enrolled.)

NO. 508

INDIGENT

SOLDIER'S PENSION,  
1899.

Name *M. G. Langston*  
County *FULTON*

WARRANT ISSUED

*1/18* 1899

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

*App'd*

Geo. W. Harrison, State Printer, Atlanta.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
Fulton County.

Personally appears Wm. Langston 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 1833 day of Jan; that he is 65 years old and by occupation Engineer; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 1 year in Company —, of — th Regiment of 1st Cal. Van J. K.; that his physical condition is as follows: Rheumatism - General Debility

that his property consists of the following items —

of the value of — Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1898. I have heretofore as a resident of Fulton county been allowed a pension for the year 1897

Sworn to and subscribed before me, this, the 12 day of Jan 1898. } Wm. H. Langston  
W. H. Hulsey Ordinary.

State of Georgia,  
Fulton County.

I, W. H. Hulsey Ordinary of said County, do certify that I am well acquainted with Wm. Langston 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 12 day of Jan 1898.  
W. H. Hulsey  
Ordinary Fulton County.



Note.—The blank spaces must be filled.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
FULTON County.

Personally appears Wm. Langston 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 Engineer; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 1 year in Company —, of — th Regiment of 1st Cal. Van J. K.; that his physical condition is as follows: Rheumatism - General Debility

that his property consists of the following items —

of the value of — Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1898. I have heretofore as a resident of FULTON county been allowed a pension for the year 1897

Sworn to and subscribed before me, this, the 18 day of Jan 1898. } Wm. Langston  
W. H. Hulsey Ordinary.

State of Georgia,  
FULTON County.

I, W. H. HULSEY Ordinary of said County, do certify that I am well acquainted with Wm. Langston the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 18 day of Jan 1898.  
W. H. Hulsey  
Ordinary FULTON County.



Note.—The blank spaces must be filled.  
Note.—Affidavit should not be attested before January 1st, 1899.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, \_\_\_\_\_ hereby authorize

of

to receive and receipt for the pension allowed, and request that he remit same to

at

by \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1900.

[L. S.]

Executed in presence of

CODE SEC. 1284.

(For Those Already Enrolled.)

NO. 139

INDIGENT

SOLDIER'S PENSION,

1900.

Name *Wm. Langston*  
County *FULTON*

WARRANT ISSUED

*Jan 15* 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*Wm. Langston*  
One W. Harrison, State Printer, Atlanta.

*No data*

CODE SECTION 1284.

(For Those Already Enrolled.)

No. 431

INDIGENT

SOLDIER'S PENSION.

1901.

Name *Wm. Langston*  
County *Fulton*

WARRANT ISSUED

*Jan 14* 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*Wm. Langston*  
One W. Harrison, State Printer, Atlanta.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, \_\_\_\_\_ hereby authorize

of

to receive and receipt for the pension allowed and request that he remit same to

at

by \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1901.

[L. S.]

Executed in presence of

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

FULTON

County.

Personally appears

H. J. Langston

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 \_\_\_\_\_ 1832; that he is 67 years old and by occupation a Engineer; that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served for the term of 1 year in Company \_\_\_\_\_ of \_\_\_\_\_ th Regiment of Heavy Bata. Col. Van Ginkbe; that his physical condition is as follows: General debility

that his property consists of the following items \_\_\_\_\_

of the value of \_\_\_\_\_ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of Fulton county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this, the \_\_\_\_\_ day of \_\_\_\_\_ 1900.

H. J. Langston

Ordinary.

State of Georgia,

FULTON

County.

I, W. H. Hulsey,

Ordinary of said County,

do certify that I am well acquainted with H. J. Langston the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1900.

W. H. Hulsey

Ordinary

FULTON

County.



NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1901.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

FULTON

County.

Personally appears

W. J. Langston

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 \_\_\_\_\_ 1832; that he is 68 years old and by occupation a Engineer; that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served for the term of 1 year in Company \_\_\_\_\_ of \_\_\_\_\_ th Regiment of Heavy Bata. Col. Van Ginkbe; 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 1901. I have heretofore as a resident of Fulton county been allowed a pension for the year 1900.

Sworn to and subscribed before me, this, the \_\_\_\_\_ day of \_\_\_\_\_ 1901.

W. J. Langston

Ordinary.

STATE OF GEORGIA,

FULTON

County.

I, W. J. Langston,

Ordinary of said County,

do certify that I am well acquainted with W. J. Langston 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.

W. J. Langston

Ordinary

FULTON

County.



NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1901.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

to receive and receipt for the pension allowed and request that he remit same to

at \_\_\_\_\_

by \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1902.

[L. S.]

Executed in presence of \_\_\_\_\_

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

to receive and receipt for the pension allowed, and request that he remit same to

at \_\_\_\_\_

by \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1907.

[L. S.]

Executed in presence of \_\_\_\_\_

CODE SECTION 124.  
(FOR THOSE ALREADY ENROLLED.)

No. 115

INDIGENT

SOLDIER'S PENSION

1902.

Name *W. G. Langston*

County *Fulton*

Co. \_\_\_\_\_ Regiment \_\_\_\_\_

WARRANT ISSUED

*1/14* 1902

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*[Signature]*

One W. H. Lindsey, State Printer, Atlanta.

*No date*

*Langston, Wm. J.  
Fulton Co*

CODE SECTION 124.  
(FOR THOSE ALREADY ENROLLED.)

No. 128

INDIGENT

SOLDIER'S PENSION

1907.

Name *William J. Langston*

County *Fulton*

Co. \_\_\_\_\_ Regiment \_\_\_\_\_

*Wm. J. Lindsey, State Printer, Atlanta*

WARRANT ISSUED

*1/14* 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*[Signature]*

One W. H. Lindsey, State Printer, Atlanta.

*No date*

NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1907

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, \_\_\_\_\_ hereby authorize

to receive and receipt for the pension allowed and request that he remit same to

by \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1903.

Executed in presence of \_\_\_\_\_

[L. S.]

CODE SECTION 154

(FOR THOSE ALREADY ENROLLED.)

No. 170

INDIGENT

SOLDIER'S PENSION  
1903.

Name

County

Co. Regiment

*W. J. Langston*  
*Mary B. B. Langston*

WARRANT ISSUED

*1/20* 1903

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*W. J.*

Geo. Harrison, State Printer, Atlanta.

*no date*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, \_\_\_\_\_ hereby authorize

to receive and receipt for the pension allowed, and request that he remit same to

by \_\_\_\_\_ at \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1904.

Executed in the presence of \_\_\_\_\_

[L. S.]

CODE SECTION 154

(FOR THOSE ALREADY ENROLLED.)

No. 138

INDIGENT

SOLDIER'S PENSION  
1904.

Name

County

Co. Regiment

*W. J. Langston*  
*Mary B. B. Langston*

WARRANT ISSUED

*1/20* 1904

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*W. J.*

Geo. Harrison, State Printer, Atlanta.

*no date*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.)

Personally appears W J Langston 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 69 years old and  
by occupation a Engineer, 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 yr in Company \_\_\_\_\_, of \_\_\_\_\_th Regiment  
of Navy Bat Con Van Justice; that his physical condition is as  
follows: I + P

that his property consists of the following items: \_\_\_\_\_

of the value of \_\_\_\_\_ Dollars, that by reason of his physical  
condition and poverty he is unable to support himself by his own exertion or labor, and  
that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th,  
1894, and the Acts amendatory thereof, and makes application for the pension to which he  
is entitled for the year 1903. I have heretofore as a resident of \_\_\_\_\_  
county been allowed a pension for the year 1

Sworn to and subscribed before me, this the \_\_\_\_\_

day of JAN 20, \_\_\_\_\_ 1903.

Ordinary.

STATE OF GEORGIA,

County.)

I, \_\_\_\_\_ Ordinary of said County,  
do certify that I am well acquainted with W J Langston  
the applicant in the foregoing affidavit, and am well satisfied that the statements made by  
him in his said affidavit are true, and I know he is the individual he represents himself to  
be and that he resides in this County.

Given under my official signature and seal, this \_\_\_\_\_

day of \_\_\_\_\_ 1903.

Ordinary.

County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1903.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

\_\_\_\_\_ County.)

Personally appears W J Langston 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 Engineer, 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 yr in Company \_\_\_\_\_, of \_\_\_\_\_th Regiment  
of Navy Bat Con Van Justice; that his physical condition is as  
follows: Infirma

that his property consists of the following items: \_\_\_\_\_

of the value of \_\_\_\_\_ Dollars, that by reason of his physical  
condition and poverty he is unable to support himself by his own exertion or labor, and  
that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th,  
1894, and the Acts amendatory thereof, and makes application for the pension to which he  
is entitled for the year 1904. I have heretofore as a resident of \_\_\_\_\_  
County been allowed a pension for the year 1

Sworn to and subscribed before me, this the \_\_\_\_\_

day of JAN 20, \_\_\_\_\_ 1904.

Ordinary.

STATE OF GEORGIA,

\_\_\_\_\_ County.)

I, \_\_\_\_\_ Ordinary of said County,  
do certify that I am well acquainted with W J Langston  
the applicant in the foregoing affidavit, and am well satisfied that the statements made  
by him in his said affidavit are true, and I know he is the individual he represents himself  
to be, and that he resides in this County.

Given under my official signature and seal, this \_\_\_\_\_

day of \_\_\_\_\_ 1904.

Ordinary.

County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1904.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

I, \_\_\_\_\_ hereby authorize

of \_\_\_\_\_

to receive and receipt for the pension allowed, and request that he remit same to

at \_\_\_\_\_

by \_\_\_\_\_

WITNESS my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1905.

[L. S.]

Executed in the presence of \_\_\_\_\_

(FOR THOSE ALREADY ENROLLED.)

No. 117

INDIGENT

SOLDIER'S PENSION  
1905.

Name *William J. Langston*  
County *Fulton*

Co. \_\_\_\_\_ Regiment \_\_\_\_\_

*San Joaquin Army, Calif.*  
WARRANT ISSUED

1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*WHL*  
THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

*no date*

*Langston, William J.*  
*Fulton Co.*

(FOR THOSE ALREADY ENROLLED.)

No. 118

INDIGENT

SOLDIER'S PENSION  
1906.

Name *Wm. J. Langston*  
County \_\_\_\_\_

Co. \_\_\_\_\_ Regiment \_\_\_\_\_

*San Joaquin Army, Calif.*  
WARRANT ISSUED

1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*WHL*  
THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

*no date*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

I, \_\_\_\_\_ hereby authorize

of \_\_\_\_\_

to receive and receipt for the pension allowed, and request that he remit same to

at \_\_\_\_\_

by \_\_\_\_\_

WITNESS my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1906.

[L. S.]

Executed in the presence of \_\_\_\_\_

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Pearsonally appears William J. Langston of Fulton

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of \_\_\_\_\_ 18\_\_\_\_; that he is \_\_\_\_\_ years old and by occupation a \_\_\_\_\_, that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served for the term of 12 mos. in Company \_\_\_\_\_, of \_\_\_\_\_th Regiment of Van Jenkins Heavy Batt; that his physical condition is as follows: Age and poverty

that his property consists of the following items: \_\_\_\_\_

of the value of \_\_\_\_\_ Dollars. I am now earning, by my labor, \_\_\_\_\_ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of \_\_\_\_\_ County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the \_\_\_\_\_ day of JAN 2 1905.

Ordinary.

STATE OF GEORGIA.

Fulton County.

I, \_\_\_\_\_ Ordinary of said County, do certify that I am well acquainted with William J. Langston the applicant in the foregoing affidavit and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this JAN 2 1905, day of \_\_\_\_\_ 1905.

Ordinary Fulton County.

NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1906.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton County.

Personally appears Wm. J. Langston 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 \_\_\_\_\_ 1832; that he is 73 years old and by occupation a \_\_\_\_\_, that he enlisted in the military service of the Confederate States (or of the State of GA) during the war between the States, and served for the term of 12 mos. in Company 88, of \_\_\_\_\_th Regiment of Van Jenkins Heavy Batt; that his physical condition is as follows: \_\_\_\_\_

that his property consists of the following items: \_\_\_\_\_

of the value of \_\_\_\_\_ Dollars. I am now earning, by my labor, \_\_\_\_\_ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of Fulton County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the \_\_\_\_\_ day of JAN 1 1906.

Ordinary.

State of Georgia,

Fulton County.

I, \_\_\_\_\_ Ordinary of said County, do certify that I am well acquainted with Wm. J. Langston the applicant in the foregoing affidavit and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this JAN 1 1906, day of \_\_\_\_\_ 1906.

Ordinary Fulton County.

NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1906.

the applicant in the foregoing affidavit and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this JAN 2 1905  
day of \_\_\_\_\_ 1905.



John P. Wickinson  
Ordinary FULLON County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1906.

the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this JAN 1 1906  
day of \_\_\_\_\_ 1906.



John P. Wickinson  
Ordinary FULLON County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1906.

*Lamier, Isaac H.*  
*87 Cotton Co.*

No. \_\_\_\_\_

**INDIGENT PENSION,  
1900.**

Name *Isaac H. Lamier*

County *Butter*

Approved *for 1901* 1900.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

*8/20-1901*

*Pension office 7/3-1901*  
*This man has coming*  
*copy of property affidavit*  
*for his support. No*  
*property shown - and*  
*no infirmity - affidavit*  
*to prevent him coming*  
*a support*

*I must state when I*  
*collected his affidavit was*  
*examined & that he was*  
*sent it - and that I*  
*was very concerned*  
*about him, by a witness*  
*who was that he was*  
*one of his own family*  
*help him in some*  
*in some - however, upon*  
*motion & being well and*  
*anxious for pension*  
*Proof*

*for*  
*for*  
*Com. of Pension*

Executed in presence of

Witness my hand and seal, this \_\_\_\_\_

day of \_\_\_\_\_

1900.

[L. S.]

Power of Attorney.  
STATE OF GEORGIA,  
County, }  
I, \_\_\_\_\_  
of \_\_\_\_\_  
do hereby authorize

to receive and receipt for the pension allowed, and request that he remit same to \_\_\_\_\_

at \_\_\_\_\_

by \_\_\_\_\_

Power of Attorney

STATE OF GEORGIA,

County.

I, \_\_\_\_\_ hereby authorize

\_\_\_\_\_ of \_\_\_\_\_  
to receive and receipt for the pension allowed, and request that he remit same to \_\_\_\_\_

at \_\_\_\_\_ by \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_, 1900.

[L. H.]

Executed in presence of

Pension Office 13-1900  
This man was coming  
about 40 years ago  
for his 6 months pay  
from the State and  
no money, and  
to his home coming  
a support  
I must state when  
I saw his name as  
Edward J. Latham  
and it was not  
his name - and I must  
state my name  
was then, by the  
man who was with him  
of the 13th regt.  
high school then  
in the - during, in the  
action, which was not  
known for Pension  
Bryd  
D. L. Latham  
Came of Pension

Lamont, Isaac H.  
of Latham Co.

INDIGENT PENSION,  
1900.

Name \_\_\_\_\_

County \_\_\_\_\_

Approved for 1911 1900.

JOHN W. LINDSEY,  
Commissioner of Pensions.

RECEIVED HANDED TO

One of the following: John P. Latham, Latham

420-1900

Questions for Applicant.

STATE OF GEORGIA,

\_\_\_\_\_ County.

I, \_\_\_\_\_ of said State and County, desiring 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 where do you reside? (give State, County and post office).  
*I am Latham 14 Maple St. Atlanta Ga*
2. How long and since when have you been a resident of this State?  
*all my life*
3. When and where were you born?  
*March 1847 Ga*
4. When and where and in what company and regiment did you enlist or serve?  
*Company "C" 42nd Ga at Alpharetta  
Milledale Ga*
5. How long did you remain in such company and regiment?  
*From March 1862 to April 1865*
6. For how long a period did you discharge regular military duty?  
*March 1862 to April 1865*
7. When, where and under what circumstances were you discharged from service? Were you with your command at the time?  
*Discharged at High Point, N.C.  
when Confederate forces surrounded*
8. What is your present occupation?  
*Farming*
9. How much can you earn (gross) per annum by your own exertions or labor?  
*About 25 dollars*
10. What has been your occupation since 1865?  
*Farming*
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 & Poverty*
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?  
*Four years*
13. What property, effects or income do you possess, and its gross value?  
*None*
14. What property, effects or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same?  
*None*
15. In what County did you reside during those years, and what property did you then return for taxation?  
*County of Cobb State of Ga*
16. How were you supported during the years 1898 and 1899?  
*By my children  
working in Cotton Factory*
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 \$250 my own labor \$50*
18. What was your employment during 1898 and 1899? What pay did you receive in each year?
19. Have you a family? If so, who compose such family? Give their means of support? Have they a homestead?  
*Yes wife & eight children support themselves by working in Cotton Mills.  
no homestead*
20. Are you receiving any pension? If so, what amount, and for what disability?  
*Yes*

Sworn to and subscribed before me this the \_\_\_\_\_

day of \_\_\_\_\_, 1900.

*J. C. L. Latham*  
Applicant.

Ordinary,

of \_\_\_\_\_ County.

Every Question. MUST be Answered.

## QUESTIONS FOR WITNESS.

STATE OF GEORGIA,  
Millers COUNTY.

H. H. Kent of said State and County, having been presented as a witness in support of the application of Isaac T. Larnier for pension under Section 1264, 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? H. H. Kent resides near Atlanta Ga
2. Are you acquainted with Isaac T. Larnier, the applicant; if so, how long have you known him? fifty years
3. Where does he reside, and how long and since when has he been a resident of this State? He resides at 14 1/2 West Street Atlanta Ga - Has lived in Ga. all his life
4. When, where and in what company and regiment did he enlist, and how do you know? He enlisted in Co. G 42nd Regt. and belongs to the same Co. now
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 command when discharged? About three years he served as confident soldier. I was in line at the time of the surrender in the South. And was not present when the war closed. I understand the same until the surrender
7. What property, effects or income has the applicant? (Give your means of knowledge.) He has no 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? He had no property nor income
9. Has he conveyed any of his property in the last four years, if so, what was it, and to whom? He has conveyed to Mary
10. What is the applicant's occupation and physical condition? Nothing
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is unable to work and is not to work - His health has been bad ever since the war
12. How was he supported during the years 1898 and 1899? by his children
13. What portion of his support for these two years was derived from his own labor or income? Nothing
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1264, Code? He is disabled and disabled
15. What interest have you in the recovery of a pension by this applicant? None whatever

Sworn to and subscribed before me, this 16 day of August 1900.

Witness.

H. H. Kent Ordinary.

## AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,  
Fulton COUNTY.

Personally came before me George H. Vinson and William Searles, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Isaac T. Larnier, applicant for pension under Section 1264, Code, and after such personal examination say that his precise physical condition is as follows:

He is old and feeble. He is suffering from indigestion. He is not able to support himself at any work or calling.

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 August 1900.

G. H. Vinson M.D.  
W. Searles M.D. Ordinary.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,  
Fulton COUNTY.

I, W. Searles, Ordinary in and for said County, hereby certify that the applicant Isaac T. Larnier resides in said County, and has been a bona fide resident of this State since the 17 day of August 1899 and that the witnesses, viz: Isaac T. Larnier H. H. Kent G. H. Vinson W. Searles are of trustworthy character, and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.

I further certify that the tax digests of Fulton County show that applicant returned for taxation in his name in 1898 no purchase Dollars and in 1899 no purchase Dollars of property.

In my opinion the foregoing claim is made in good faith.

Witness my hand and seal of office, this 18 day of August 1900.

W. Searles Ordinary.  
of Fulton County.

### NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answer make to each of the questions asked of you, and, the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

# POWER OF ATTORNEY.

STATE OF GEORGIA.

County, }

I, \_\_\_\_\_ hereby authorize  
of \_\_\_\_\_  
to receive and receipt for the pension allowed and request that he remit same to  
at \_\_\_\_\_  
by \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1901.

[L. S.]

Executed in presence of \_\_\_\_\_

(For Those Already Enrolled.)

No. 543

**INDIGENT  
SOLDIER'S PENSION.  
1901.**

Name *J. H. Lanier*  
County *Fulton*

WARRANT ISSUED  
*Jan 14* 1901.

JOHN W. LINDSEY,  
*Commissioner of Pensions*

WARRANT HANDED TO  
*J. H. Lanier*  
JOHN W. LINDSEY, *Commissioner of Pensions*

*no date*

*Lanier, Isaac M.  
Fulton County*

(FOR THOSE ALREADY ENROLLED.)

No. *543* *to 1906*

**INDIGENT  
SOLDIER'S PENSION  
1905.**

Name *Isaac M. Lanier*  
County \_\_\_\_\_  
Co. *C* Regiment *42nd*

WARRANT ISSUED  
*4/18* 1905.

JOHN W. LINDSEY,  
*Commissioner of Pensions*

WARRANT HANDED TO  
*J. H. Lanier*

*no date*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, \_\_\_\_\_ hereby authorize  
of \_\_\_\_\_  
to receive and receipt for the pension allowed, and request that he remit same to  
at \_\_\_\_\_  
by \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1905.

[L. S.]

Executed in the presence of \_\_\_\_\_

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County, }  
Personally appears *Isaac H. Lanier* 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 *25* day of *June* 18*63*, that he is *57* years old and  
by occupation a \_\_\_\_\_ that he enlisted in the military service of the Con-  
federate States (or of the State of *Ga*) during the war between the  
States, and served for the term of *3 years* in Company *C*, of *42*th Regiment  
of *Ga*; 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 1901. I have heretofore as a resident of *Fulton*  
county been allowed a pension for the year 1 *first time*

Sworn to and subscribed before me, this the *9th* day of *June* 1901, *Isaac H. Lanier*  
*John R. Wilkinson* Ordinary.

STATE OF GEORGIA,

*Fulton* County, }  
I, *John R. Wilkinson* Ordinary of said County,  
do certify that I am well acquainted with *Isaac H. Lanier* 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 *9th*  
day of *June* 1901, *John R. Wilkinson*  
Ordinary *Fulton* County.

NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1900.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Fulton* County. }

Personally appears *Isaac H. Lanier* of *Fulton*  
County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen  
and resident of said County and State, and has resided in said State continuously ever  
since the \_\_\_\_\_ day of \_\_\_\_\_ 18\_\_\_\_; that he is \_\_\_\_\_ years old and  
by occupation a \_\_\_\_\_, that he enlisted in the military service of the Con-  
federate States (or of the State of *Georgia*) during the war between the  
States, and served for the term of *3 years* in Company *C*, of *42*th Regiment  
of *Ga*, *Milton's Co.*; that his physical condition is as  
follows: *Infirmary and poverty*

that his property consists of the following items: \_\_\_\_\_

of the value of \_\_\_\_\_ Dollars. I am now earning,  
by my labor, \_\_\_\_\_ Dollars per month. That by reason of his  
physical condition and poverty he is unable to support himself by his own exertion or  
labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th,  
1894, and the Acts amendatory thereof, and makes application for the pension to which he  
is entitled for the year 1905. I have heretofore as a resident of \_\_\_\_\_  
County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 1905, *Isaac H. Lanier*  
*John R. Wilkinson* Ordinary.

STATE OF GEORGIA,

*Fulton* County. }

I, \_\_\_\_\_ Ordinary of said County,  
do certify that I am well acquainted with *Isaac H. Lanier*  
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, *John R. Wilkinson*  
Ordinary *Fulton* County.

NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1900.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

to receive and receipt for the pension allowed and request that he remit same to

at \_\_\_\_\_

by \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_, 1902.

[L. S.]

Executed in presence of \_\_\_\_\_

*James, J. C. Jr.*  
*Fulton Co.*

CODE SECTION 124.  
(FOR THOSE ALREADY EMPOLLED.)

No. *142*

**INDIGENT  
SOLDIER'S PENSION  
1902.**

Name *J. C. Jr.*  
County \_\_\_\_\_  
Co. *6* Regiment *42d*

WARRANT ISSUED  
*44* 1902.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT PAID TO  
*44*

Gen. W. Marshall, State Printer, Atlanta.

*no data*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Wilcox County.

Personally appears J. M. Lamer of Wilcox 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 2 day of Jan 1843 that he is 59 years old and by occupation a farmer that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 3 yrs in Company 6, of 42d Regiment of Vol Wilcox Co. 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 1901

Sworn to and subscribed before me, this the 13 day of Jan, 1902.

J. M. Lamer Ordinary.

STATE OF GEORGIA,

Wilcox County.

I, John R. Wilkerson

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                      1902.



Ordinary

County.

NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1902.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I,

hereby authorize

of

to receive and receipt for the pension allowed, and request that he remit same to

at

by

Witness my hand and seal, this day of 1904.

[L. S.]

Executed in the presence of

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I,

hereby authorize

of

to receive and receipt for the pension allowed and request that he remit same to

at

by

Witness my hand and seal, this day of 1903.

[L. S.]

Executed in presence of

Lanier, Isaac N.  
Fulton Co

CODE SECTION 124.

(FOR THOSE ALREADY ENROLLED.)

No.

INDIGENT

SOLDIER'S PENSION

1904.

Name J. N. Lanier

County

Co. 6 Regiment 42nd

WARRANT ISSUED

1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

no data

Lanier, J. N.  
Fulton County

CODE SECTION 124.

(FOR THOSE ALREADY ENROLLED.)

No. 91

INDIGENT

SOLDIER'S PENSION

1903.

Name J. N. Lanier

County

Co. 6 Regiment 42nd

WARRANT ISSUED

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

no data

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. County.

Personally appears *J. H. Lanier* 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 *5* day of *June* 18*43*; that he is \_\_\_\_\_ years old and by occupation a \_\_\_\_\_, that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served for the term of *3 1/2 yrs* in Company *C*, of *42*th Regiment of *1st* *Yankee* Co.; that his physical condition is as follows: *Infirm*

that his property consists of the following items:

of the value of \_\_\_\_\_ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of \_\_\_\_\_ County been allowed a pension for the year 1

Sworn to and subscribed before me, this the \_\_\_\_\_

day of \_\_\_\_\_ 1904.

Ordinary.

STATE OF GEORGIA,

County.

I, \_\_\_\_\_ Ordinary of said County, do certify that I am well acquainted with *J. H. Lanier* 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 \_\_\_\_\_

Ordinary.

County.

Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1904.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton.

County.

Personally appears *J. H. Lanier* 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 *5* day of *Jan* 18*43*; that he is *60* years old and by occupation a \_\_\_\_\_, that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served for the term of *3 1/2 yrs* in Company *C*, of *42*th Regiment of *1st* *Yankee* Co.; that his physical condition is as follows: *I HP*

that his property consists of the following items:

of the value of \_\_\_\_\_ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of \_\_\_\_\_ county been allowed a pension for the year 1

Sworn to and subscribed before me, this the \_\_\_\_\_

day of *JAN 20* 1903 1903.

Ordinary.

STATE OF GEORGIA,

County.

I, *John R. Wilkinson* Ordinary of said County, do certify that I am well acquainted with *J. H. Lanier* 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* 1903.

Ordinary.

County.

Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1903.

State of Georgia }  
Newton County }

Personally appeared before me  
W. W. Mosteller, a <sup>Ordinary</sup> ~~Notary Public~~ in and for

Said State & County G. B. Thomason who being  
duly sworn according to law depose & swear  
that he was a member of Company C. 125th  
Inf. that he was present when said Company  
was mustered out at High Point N. C. that  
Deane N. Lanier was also a member of said  
Company, and was in active service up to  
the time said Company was mustered out.

Doan to and  
Subscribed before me  
this 17<sup>th</sup> day of Sept 1900.

W. W. Mosteller  
Ordinary—

G. B. Thomason, (S.D.)

NAME **Langer, Isaac H.** YEAR **1901** COUNTY **Fulton**

WHEN AND WHERE BORN? **Clark Co. Ga. 1845**  
**RESIDENT OF GA SINCE BIRTH**

ENLISTED WHEN AND WHERE? **Alpharetta, Ga. Milton Co. <sup>Ga</sup> March 1862**

RANK.

COMPANY AND REGIMENT? **Co. C, 42nd. Regt. Ga. Vols.**

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? **Discharged at High Point, N.C.**  
**When confederates surrendered.**

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. **F.M. Kent, G.B. Thompson, same command -- No data.**

BURIED.

WITNESSES. . F.M. Kent, G.D. Thompson, same command -- No date.

JWS

# Ordinary's Certificate

STATE OF GEORGIA.

COUNTY.

I, John G. Spencer

that I know Mrs. N. J. Lamer

Ordinary of said County, do certify the applicant for pension. She

is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1908; that I also know

the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavit and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 26th day of October 1920  
(SEAL) John G. Spencer Ordinary,  
County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You shall give all the truth, so help you God." 2. Additional affidavits may be attached if such space are insufficient. 3. Affidavits must be made before the Ordinary of the person to be sworn and certified by him. 4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by him. 5. Attach certified copies of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.

No. 10-30-1920

## Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Fulton  
Name Mrs. N. J. Lamer  
Widow of Joseph B. Lamer  
Company 10th Cav. Cavalry  
Regiment 10th Cav. Cavalry  
Approved \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions.

Byrd Printing Co. State Printers, Atlanta.

10-30-1920

# Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY.

I, John J. Lanier Ordinary of said County, do certify that I know Mrs. N. J. Lanier the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1908; that I also know the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 26th day of Oct 1920

(SEAL)

Ordinary,

Fulton County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God." 2. Additional affidavits may be attached if blank spaces are insufficient. 3. Only widows who married prior to January 1st, 1901, are entitled. 4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary. 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

## 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., ATLANTA GA
2. How long and since when have you been a continuing resident of the State of Georgia? Since 1884
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.) Atlanta, Ga., Spring of 1862 in Co. "B" 10th Ala. Inf. Cav.
5. When and where did the commands of your husband surrender or discharge from the army? in April 1865 in North Carolina
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?
  - d. What was his physical condition when he left his command?
  - e. What effort did he make to return to his command?
  - f. In what way was he prevented from going back to Command
  - g. Was he captured by the enemy at any time? Yes
  - h. If so, when and where captured and where held as a prisoner, and when and for what cause released? at the close of the war and was released after the war
  - i. When and where did your first husband die? May 1 1909, near Birmingham, Ala.
  - j. Were you residing together when he died? Yes
  - k. If not, how long had you resided apart? Never resided apart
  - l. Are you now a widow? Yes
  9. Have you or your husband heretofore been paid a pension by the State? No

If so, when and for what cause were you or your husband placed on the roll? Never applied

Sworn to and subscribed before me this the

29 day of Oct 1920

M. J. Lanier Ordinary

Fulton County.

(SEAL)

## Widow's Pension

Under Act 1910—as Amended by Act of 1919

County Fulton  
Name Mrs. N. J. Lanier  
Widow of Jos. S. Lanier  
Company 10th Ala. Cavalry  
Regiment 10th Ala. Cavalry  
Approved

J. W. LINDSEY,  
Commissioner of Pensions,  
Byd Printing Co. State Printer, Atlanta.

10-30-1920

Questions for Witnesses as to Service of Husband and Marriage

STATE OF ~~Alabama~~ Alabama

Randolph COUNTY

Personally before me comes G. B. Henderson 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? G. B. Henderson

Prasche, Ala Rt 2

2. How long and since when have you known Mrs. N. J. Lanier applicant?

About fifty years since 1870

3. How long and since when has she continuously resided in this State? (Give date.) Don't know

4. When and to whom was she married? 1888 Joseph S. Lanier How do you know? By reputation

5. How long and since when did you know Joseph S. Lanier her husband?

About fifty years. Was in the Army with him

6. When and where did Joseph S. Lanier

the husband of applicant, die? Don't know

7. Were the applicant and her husband living together as husband and wife at the date of his death?

Don't know

8. If not, how long did they live apart before his death? Don't know

Were they divorced? No

9. When, where and in what Company and Regiment did Joseph S. Lanier enlist?

about

Sixty two Co B 10th Confederate Regiment

10. Were you a member of the same Company? No. I was Co. But same Regt.

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? From sixty two till the surrender

12. When and where did his Command surrender, and was discharged? In April 1865

in North Carolina with Johnson's Army.

13. Were you personally present when it was surrendered? No If not, where

were you On a scout and how came you there? On orders

14. Was the husband of applicant personally present at surrender? Don't know not

where was he? Don't know When, where and for what

cause did he leave Command? (Give date.) Don't know 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 Com-

mand? !!

16. What effort did he make to return to his Command and how do you know this? Of your own

knowledge or how? !!

Sworn to and subscribed before me this the

22 day of October 1922

G. B. Henderson mark

John T. Bellie Judge of Probate,

of Randolph County.

(SEAL)

Sign before Probate Judge

# Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,

County }  
 Person before me comes N. R. Adams on 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? N. R. Adams of La Grange
2. How long and since when have you known Mrs. J. Lamer applicant? c. 2 years or more
3. How long and since when has she continuously resided in this State? (Give date.) Since I first knew her right of temperance residence in Ala
4. When and to whom was she married? Dec 10, 1898 to J. S. Lamer to be, a class  
 How do you know? through others who she married
5. How long and since when did you know Jos. S. Lamer her husband? Since 1898
6. When and where did Jos. S. Lamer the husband of applicant, die? May 1 909 New Birmingham Ala where he was
7. Were the applicant and her husband living together as husband and wife at the date of his death? Yes
8. If not, how long did they live apart before his death? No
9. Were they divorced? No
10. When, where and in what Company and Regiment did Dark there anything about his service he only hears of enlist?
11. Were you a member of the same Company?
12. How long within your personal knowledge did he perform actual military service with his Company and Regiment?
13. When and where did his Command surrender, and was discharged?
14. Were you personally present when it was surrendered? If not, where were you and how came you there?
15. Was the husband of applicant personally present at surrender? If not where was he? When, where and for what cause did he leave Command? (Give date.) By whose authority did he leave his Command? And how long was he granted leave? How do you know all this?
16. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?
17. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?

Sworn to and subscribed before me this 28th day of Oct 1920 } N. R. Adamson  
H. M. Morgan Ordinary  
 of La Grange County }  
 (SEAL)

Sworn to and subscribed before me, this the  
 22<sup>nd</sup> of Oct. 1926 } N. R. Adamson  
 H. B. Merdison }  
 of } Ordinary  
 of }  
 (SEAL) } County.

LANIER, N. J. (Mrs.)

For Fulton County

1926

**Application for Pension  
 Due Deceased Pensioner**  
 (UNDER ACT 1919)

(To pay expenses of last illness and funeral)

Thos. J. Ordinary

For Mrs. N. J. Lanier

Date of Death Oct. 13 1926

Amount \$ 126.50 of

Approved and ordered paid  
John W. Clark  
 16 Dec. 26 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.

Od

**Funeral expenses of Mrs. N. J. Lanier**

IN ACCOUNT WITH  
 HARRY G. POOLE,  
 FUNERAL DIRECTOR  
 96 S. PRYOR STREET  
 ATLANTA, GA.

1896 1926

WALNUT 5555  
 5555

Oct. 13 1926

Casket and box	\$100.00
Embalming and services	18.00
Hearse	5.00
Funeral notices	6.50

\$126.50

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. 13 1926, without sufficient funds to pay her funeral expenses.

Harry G. Poole

Sworn to and subscribed before me this  
 Oct 13-1926

William B. McArthur

cco

**Funeral expenses of Mrs. N. J. Lanier**

1896 1926

IN ACCOUNT WITH  
**HARRY G. POOLE,**  
FUNERAL DIRECTOR  
98 S. PRYOR STREET  
ATLANTA, GA.

WALNUT } 0398  
          } 0399

Oct. 13 1926

Casket and box	\$100.00
Embalming and services	15.00
Hearse	5.00
Funeral notices	6.50
	\$126.50

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 1926, without sufficient funds to pay her funeral expenses.

*Sworn to and subscribed before me this*  
*Oct 13-1926*

*Harry G. Poole*  
*William R. Markbut*  
*cco*

**Application for Pension Due to a Deceased Pensioner**

(To Be Paid to the Ordinary for Expenses of Funeral and Last Illness)

(Under Act Approved August 15, 1904)

GEORGIA, *Fulton* County.

Personally before me, the Ordinary of said County, comes *Harry G. Poole* of said County, who, after being sworn, on oath says that he knew *Mrs. N. J. Lanier* of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in *Fulton* County, in this State, on the *12* day of *Oct* 192*6*, and that a Pension of *(\$ 50.00)* 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 *\$126.50*, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me  
*William R. Markbut* Ordinary  
*Fulton* County

*Harry G. Poole*

(Seal of Ordinary)

**CERTIFICATE OF ORDINARY**

GEORGIA, *Fulton* County.

I, *Thos. H. Jeffries* Ordinary of said County, do certify that I personally know *Harry G. Poole*, who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew *Mrs. N. J. Lanier* while in life and that this was the same person whose name appears on the Pension Roll of *Fulton* County, and was paid a Pension of *Fifty* *(\$50.00)* Dollars in said County for 192*6*, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this *13* day of *Oct*, 192*6*.  
(Seal of Ordinary) *Thos. H. Jeffries* Ordinary  
*Fulton* County

**INSTRUCTIONS:**

1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.

2nd. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "just, true, due, unpaid," etc.)

"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of \_\_\_\_\_ who died without owning sufficient property to pay this bill.

3rd. The Ordinary must see to it that each bill is perfectly (estimate 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 until it is returned to you as your authority to make the payment.

5th. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.

6th. Return this application, and attached bills, with your final settlement, to the Pension Department.

7th. Ordinary should see that the back of this blank, when folded, is filled out.

(Heal or Ordinary)

Ordinary

County

INSTRUCTIONS:

1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.

2nd. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "Just, true, due, unpaid," etc.)

"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of..... who died without owing sufficient property to pay this bill.

3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.

4th. The completed voucher—this blank and the bill—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.

5th. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.

6th. Return this application, and attached bills, with your final settlement, to the Pension Department.

7th. Ordinary should see that the back of this blank, when folded, is filled out.

Power of Attorney.

STATE OF GEORGIA,

County, }

hereby authorize

to receive and receipt for the pension allowed, and request that he receipt same to

Witness my hand and seal, this

day of

1900.

Executed in presence of

[L.S.]

*Pension Office 1/20-1900*  
*Medians residing*  
*out of State, must be*  
*examined before a Judge*  
*of a Court of Record -*  
*of this County, and*  
*certified as to his char-*  
*acter & qualifications, and*  
*of being sworn before him*  
*by said Judge under*  
*the Seal of his Court*  
*J. W. Lindsey*  
*Commissioner of Pensions*

No

1900

INDIGENT PENSION,  
1900.

Name

*N. M. Lanphier*

County

*Fulton*

Approved

1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

*11/30-1900*

# Power of Attorney.

STATE OF GEORGIA,

County.

I, \_\_\_\_\_ hereby authorize

of

to receive and receipt for the pension allowed, and request that he remit same to

at

by

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_, 1900.

[L. 8.]

Executed in presence of

Pension Office 9/10/1900  
 William receiving  
 out of State, member  
 of a Court of Honor  
 of the Georgia Army and  
 Navy, as to his other  
 duties, and  
 I being a member of the  
 same, and  
 the seal of the Court  
 of Honor  
 W. M. Laupheimer  
 Clerk of Court

No. 1900

INDIGENT PENSION,

1900.

Name W. M. Laupheimer

County Fulton

Approved 7 - Tenn

JOHN W. LINDSEY

WARRANT HANDLED TO

# Questions for Applicant.

STATE OF GEORGIA,

Fulton County

William M. Laupheimer of said State and County, desiring 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 where do you reside? (give State, County and post office)  
William M. Laupheimer Atlanta Ga. Fulton County
2. How long and since when have you been a resident of this State?  
Have lived in this State twenty years (20)
3. When and where were you born?  
in Alexandria Va Jan 27<sup>th</sup> 1842
4. When and where and in what company and regiment did you enlist or serve?  
in the 1<sup>st</sup> Tenn. in the year 1863
5. How long did you remain in such company and regiment?  
Remained in the above regiment until May 1865
6. For how long a period did you discharge regular military duty?  
Two years & 6 mos.
7. When, where and under what circumstances were you discharged from service? Were you with your command at the time?  
I remained in the army until the surrender and was with my command when they 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?  
Nothing
10. What has been your occupation since 1865?  
odd jobs, & collecting
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 & poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?  
I have been and am now being supported by my sister

Every Question MUST be Answered.

13. What property, effects or income do you possess, and its gross value?  
With what we have been and am now being supported by my sister
14. What property, effects or income did you possess in 1894, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same?  
Had nothing
15. In what County did you reside during those years, and what property did you then return for taxation?  
Have resided in Fulton County. Had no property
16. How were you supported during the years 1898 and 1899?  
By my sister
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?  
Had or two hundred dollars seemed
18. What was your employment during 1898 and 1899? What pay did you receive in each year?  
Collection twenty five or thirty dollars
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?  
I have no family

20. Are you receiving any pension? If so, what amount, and for what disability?

I receive no pension what was sworn to and subscribed before me this the

25<sup>th</sup> day of August 1900.

W. M. Laupheimer Applicant.

of Fulton County.

# QUESTIONS FOR WITNESS.

STATE OF <sup>Pennington</sup> GEORGIA,  
Tipton COUNTY.

J. J. Stone of said State and County, having been presented as a witness in support of the application of W. M. Lathrop for pension under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? J. J. Stone
2. Are you acquainted with W. M. Lathrop, the applicant; if so, how long have you known him? Since about 1863 to close of the war
3. Where does he reside, and how long and since when has he been a resident of this State? Co. I. 7. Term. Atlanta & Fulton Co. has been a resident for 20 years
4. When, where and in what company and regiment did he enlist, and how do you know? Co. I. 7. Term. served in the same Co. with him
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? Were you present with command when discharged? Discharged at the close of the war. was not present. W. M. Lathrop was present at the discharge
7. What property, effects or income has the applicant? (Give your means of knowledge.) Nothing what ever

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? Had nothing

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 older in firm

11. Is the applicant unable to support himself by labor of any sort, if so, why? Not 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 \$25.00

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 feeble, infirm

15. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this 22 day of May, 1900.  
J. J. Stone Witness.  
John C. King Ordinary.  
Chambers Tipton Co Court

# AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,  
Tipton COUNTY.

Personally came before me, J. J. Gordon and G. E. Roy, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully W. M. Lathrop, applicant for pension under Section 1254, Code, and after

such personal examination say that his precise physical condition is as follows:

After Examination the find after visit say from cold age & general. But all have used able to stand or do any thing at all however supporting him the self's family his was trouble in hemorrhoids & rheumatism & Colic of head & nose

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 5 day of Sept, 1900.  
J. J. Gordon Ordinary.

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,  
Tipton COUNTY.

I, W. M. Lathrop, Ordinary in and for said County, hereby certify that the applicant W. M. Lathrop resides in said County, and has been a bona fide resident of this State since the 20 day of 1892 and that the witnesses, viz: J. J. Stone and G. E. Roy

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 Tipton County show that applicant returned for taxation in his name in 1898 none Dollars of property, and in 1899 none Dollars of property.

In my opinion the foregoing claim is made in good faith.

Witness my hand and seal of office, this 7 day of Sept, 1900.  
W. M. Lathrop Ordinary,  
 of Tipton County.

## NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank space are insufficient.
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

to receive and receipt for the pension allowed and request that he remit same to

at \_\_\_\_\_

by \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1902.

[ L. S. ]

Executed in presence of \_\_\_\_\_

*Lanphier, W.M.  
Fulton County*

COPIES SECTION 124.  
( FOR THOSE ALREADY ENROLLED. )

No. *194*

INDIGENT  
SOLDIER'S PENSION  
1902.

Name *W.M. Lanphier*  
County *Fulton.*

Regiment *2d*  
Co. *1st*

WARRANT ISSUED  
*1/14* 1902.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

*W.M. Lanphier*  
Gen. W. Lanphier, New Prison, Alaska.

NO DATA

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. County.

Personally appears W M Lauphien 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 20<sup>th</sup> Apr 18\_\_\_\_; that he is 60 years old and by occupation a \_\_\_\_\_ that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served for the term of 2 1/2 yrs in Company 2, of 7th Regiment of Term 1862; 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 1902. I have ~~heretofore~~ as a resident of Fult \_\_\_\_\_ county been allowed a pension for the year 1 1902

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_ 1902.

Ordinary.

STATE OF GEORGIA,

Fulton. County.

I, John H. Wilkinson, \_\_\_\_\_ Ordinary of said County,

do certify that I am well acquainted with W M Lauphien the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 14<sup>th</sup> \_\_\_\_\_

1902.

Ordinary

Fulton. County.

NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1902.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

to receive and receipt for the pension allowed and request that he remit same to

at \_\_\_\_\_

by \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1903.

[L. S.]

Executed in presence of \_\_\_\_\_

*Lauphrie, W. M.  
Fulton County*  
CODE SECTION 1284  
(FOR THOSE ALREADY ENROLLED.)

No. 263

INDIGENT

**SOLDIER'S PENSION  
1903.**

Name *W. M. Lauphrie*

County *Fulton*

Co. *G* Regiment *7th*

*June Vale*

WARRANT ISSUED

*1/20* 1903

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*W. M.*

State Printer, Atlanta.

*no data*

*Lauphrie, W. M.  
Fulton Co*  
CODE SECTION 1284  
(FOR THOSE ALREADY ENROLLED.)

No. 297

INDIGENT

**SOLDIER'S PENSION  
1904.**

Name *W. M. Lauphrie*

County *Fulton*

Co. *D* Regiment *7th*

*June Vale*

WARRANT ISSUED

*1/20* 1904

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*W. M.*

State Printer, Atlanta.

*no data*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

to receive and receipt for the pension allowed, and request that he remit same to

at \_\_\_\_\_

by \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1904.

[L. S.]

Executed in the presence of \_\_\_\_\_

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears WM Lanphier of 1884 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 2d day of June 1884; that he is 61 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 2 1/2 yrs in Company F, of 7th Regiment of Tenn Vols; that his physical condition is as follows: axp

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, 1904, 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 WM Lanphier

Sworn to and subscribed before me, this the                      day of JAN 20 1904.

Ordinary.

STATE OF GEORGIA,

County.

I, John D. Williamson Ordinary of said County, do certify that I am well acquainted with WM Lanphier the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this                      day of                      1903.

Ordinary.

County.

NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1906.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears WM Lanphier 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                      1884; that he is                      years old and by occupation a                     , that he enlisted in the military service of the Confederate States (or of the State of                     ) during the war between the States, and served for the term of 2 1/2 yrs in Company F, of 7th Regiment of Tenn Vols; that his physical condition is as follows: Infirm

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, 1904, 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 20 1904.

Ordinary.

STATE OF GEORGIA,

County.

I, John D. Williamson Ordinary of said County, do certify that I am well acquainted with WM Lanphier the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this                      day of                      1904.

Ordinary.

County.

NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1906.

him in his said affidavit are true, and I know 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.

Put  
your  
seal  
here

*John R. Wickström*  
Ordinary \_\_\_\_\_ County.

Note.—The blank spaces must be filled.  
Note.—Affidavit should not be attested before January 1st, 1903.

to be, and that he resides in this County.

Given under my official signature and seal, this \_\_\_\_\_  
day of \_\_\_\_\_ 1904.

Put  
your  
seal  
here

*John R. Wickström*  
Ordinary \_\_\_\_\_ County.

Note.—The blank spaces must be filled.  
Note.—Affidavit should not be attested before January 1st, 1904.

*State of Minnesota*  
*District Court*

*I John Craig*  
*Chairman of the County Board of Tipton*  
*County, Minn., certify that the foregoing*  
*depositions of J. J. Stone and W. H.*  
*Fryer were sworn to before me in*  
*due form, and I further certify*  
*that they are reputable citizens of*  
*Tipton Co. Minn., and their depositions*  
*are entitled to full credit and*  
*belief.*

*John Craig*  
*Chairman of Tipton Co.*

STATE OF TENNESSEE,  
TIPTON COUNTY.

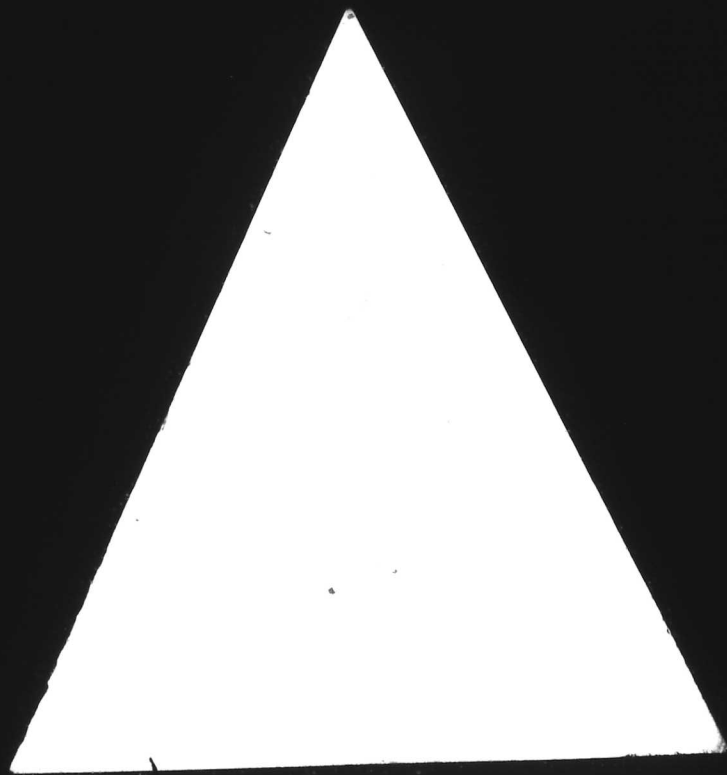
of said County, do certify that Ed Bull Clark whose genuine signature ap-  
pears to me above, John Craig is now, and was, at the time of signing  
the same, the Chairman of the County Court, duly elected, commissioned and qualified in and for said County and  
State, and that all of his official acts, as such, are entitled to full faith and credit.

Witness my hand and seal of office, at office in Covington, Tennessee, this 21<sup>st</sup> day of

November

A.D. 1902.

Ed Bull Clark  
CLERK OF THE COUNTY COURT.



# Ordinary's Certificate

STATE OF GEORGIA,

COUNTY }  
Fulton

I, W. J. Jeffries

Ordinary of said County, certify that I know the applicant Paul Anderson for person he represents himself to be and resides in said county. That I also know Charles A. Hara the witness swearing to the

truth of his being both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under hand and official seal of office this 15 day of Oct 1919

(SEAL) W. J. Jeffries Ordinary  
Fulton County }

NOTES: 1. Before any questions are answered by the applicant and witnesses in the following words: "I do solemnly swear that I am the person named in the foregoing questions and that my answers are true and correct." 2. Additional affidavits may be taken and the answers are insufficient. 3. All affidavits must be made before the Ordinary of the county in which the applicant or witness residing and must be certified by said Ordinary.

No. 10270  
Vol 101420  
Confederate

## Soldier's Application

Under Act 1910—As Amended by Act of 1918.

County Fulton

Name J. G. Laessle

Company D

Regiment 2nd Ga. Res

Approved \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-23-1919

# Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY.  
I, T. H. J. [unclear] Ordinary of said County, certify that I know the applicant John T. [unclear] for pension is the person he represents himself to be and resides in said county. That I also know Edward S. Hauer the witness swearing to the service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 15 day of Oct 1919  
of Fulton County.  
(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words:  
"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence given shall be the whole truth. So help you God."  
2. Additional affidavits may be attached if blank spaces are insufficient.  
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

*Lassiter James T. Co. Fulton County*

No. 1000  
Confederate  
Soldier's Application  
Under Act 1910—As Amended by Act of 1919.  
County Fulton  
Name J. T. Lassiter  
Company D  
Regiment 2nd Va. Res.  
Approved \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions.  
Byrd Printing Co., State Printers, Atlanta.

10-23-1919

# Application for Soldier's Pension Under Act 1910 Amended by Act 1919

## Questions For Applicants to Answer

STATE OF GEORGIA,

Fulton COUNTY.  
I, John T. Lassiter 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) John T. Lassiter  
Hopewell, Fulton Co. Ga
2. How long and since when have you been a continuous resident citizen of this State? all my life
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? Yes
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) April 1864, Sempronis Co. Conf. S. 2nd Va. Reserves
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) until the surrender
6. When and where was your Company and Regiment surrendered or discharged from the Service? May 1865, Mason Ga
7. Were you actually present with your command when it was surrendered or discharged? Yes
8. If you were not actually present, state specifically and clearly where you were \_\_\_\_\_
- a. Where was your command when you left it? \_\_\_\_\_
- b. When did you leave the command? \_\_\_\_\_
- c. For what cause did you leave? \_\_\_\_\_
- d. By whose authority did you leave? \_\_\_\_\_
- e. For how long was your leave granted? In what way? \_\_\_\_\_
- f. Why did you not return to your command after leave expired? \_\_\_\_\_
- g. In what way were you prevented? \_\_\_\_\_
- h. What effort did you make to return? No
- 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? \_\_\_\_\_
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 23 day of May 1919  
John T. Lassiter Ordinary  
of Fulton County.  
(SEAL)

# Questions for Witness as to Service

STATE OF GEORGIA

Fulton COUNTY. }  
Elisha S. Hanes

of said State and County is hereby presented as a witness in support of the application of James T. Russell for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? Elisha S. Hanes, College Park, Fulton Co. Ga.
2. How long and since when have you known James T. Russell the applicant? Since 1861
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? Hogansville, Fulton Co. Ga. Ever since I have known him and I have known him continuously
4. When, where and in what Company and Regiment did James T. Russell enlist during war from 1861 to 1865? (Give date and place.) Apr. 1861, Jonesboro Ga. Co. D, 2nd La. Heavy Arty.
5. How did you obtain your information of this Service? In same Company during service
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date.) Until the surrender
7. When and where was his command surrendered or discharged (give date and place.) May 1865, at Macon Ga.
8. Were you personally present at the surrender? Yes
9. If not, where were you and how came you there? Yes
10. Was the applicant personally present with his command at surrender? Yes
11. If not where was he and how came him there? Yes
12. When did he leave his command? ..... Where was his command when he left it? ..... For what cause did he leave? ..... My 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. Personal knowledge, I was present
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? No If so, when and where? ..... In what prison was he held? ..... and when released .....

Sworn to and subscribed before me, this the

27 day of Aug, 1919  
Thos. J. Griffin  
Fulton

Ordinary

of

County.

(SEAL)

Elisha S. Hanes  
Hanes

NAME **Lassiter, Jas. T.**

YEAR **1920** COUNTY **Fulton.**

WHEN AND WHERE BORN? **Resident of Georgia all his life.**

ENLISTED WHEN AND WHERE? **April 1944 at Fenestere, Ga.**

RANK:

COMPANY AND REGIMENT? **I,  
Co./2nd Co. Reserve**

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED:

WHEN AND WHERE SURRENDERED? **May 1945 at Moon, Ga.**

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

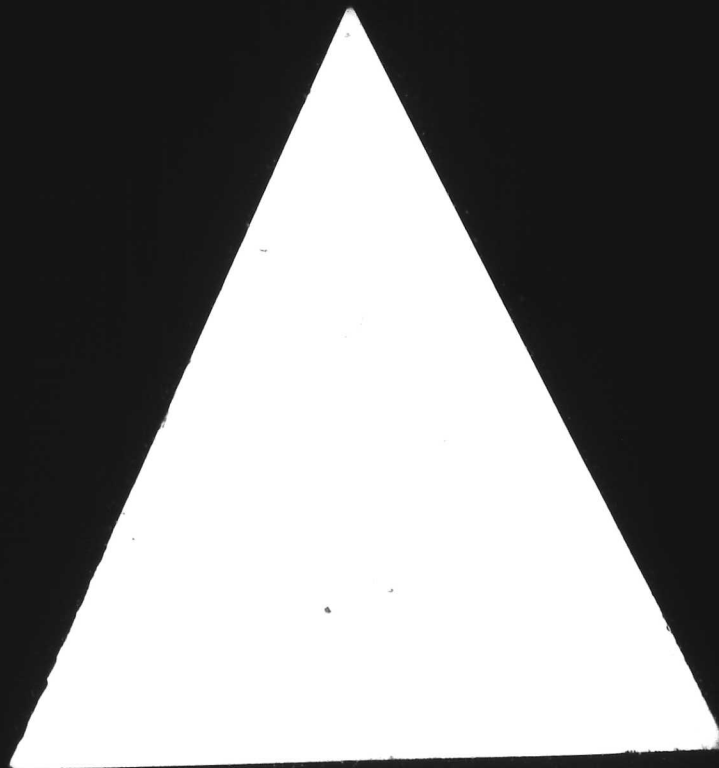
BURIED:

WITNESSES: **William S. Bates-----Same Command-----No data.**

BURIED:

WITNESSES:

Eliza S. Hanes-----same Command-----no date.



*James M. [illegible]*  
*[illegible]*  
*[illegible]*

No. \_\_\_\_\_

### Widow's Application

To Be Put on Roll in Her Own Right When  
Husband Was on the Indigent Roll or  
Put on Under Act of July 11, 1910.

County..

*Fulton*

Name..

*Mary E. Laister*

Widow of

*J. A. Laister*

Company..

*E-37-Ex*

Approved .....

J. W. LINDSEY,  
Commissioner of Pensions

CHAS. F. BYRD, State Printer, Atlanta.

*10/13-1915*

# WIDOW'S AFFIDAVIT.

STATE OF GEORGIA.

Fulton County.

Personally before me comes Mary E. Lasiter of said County, who, after being duly sworn, on oath says, that she is the widow of J. A. Lasiter to whom in the County of Payette State of Ga. she was married on the 10th day of May, 1868 and that she remained his wife, and resided with him to the date of his death Sept. 25, 1914 and that she has not since his death remarried. At the time of his death he was a resident of Campbell County, in the said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$ 60.00 in Campbell County for 14 per annum, on account of being a soldier in Company "E" 27th Ga. Vol. (Volunteers of State Militia).

At the death of J. A. Lasiter he was in the use and possession of the following property: 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 the cash value, (State fully and where situated.)

<u>119</u> Acres land	\$
<u>"</u> Horses and Mules	\$
<u>ONE REFRIG. COOL. BOX</u>	\$ <u>50.00</u>
Total Cash value of all property	\$ <u>50.00</u>

That she is now a bona fide resident citizen of said County of Fulton and she has so continuously resided since 28th day of Dec. 19 11.

Sworn to and subscribed before me, this the 2nd day of July, 1915 } Edla E. Lasiter  
Wm. Robinson Clerk. Ordinary,  
of Fulton County.

## Affidavit of Witnesses to Prove Marriage and to Whom--Date of Death of Husband.

STATE OF GEORGIA,

Fulton County.

Personally before me come Edla Doyle known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. Mary E. Lasiter who made the foregoing affidavit, is the lawful widow of J. A. Lasiter who died in Campbell County in said State of Georgia on 25 day of Sept 1914 and that she has not since remarried. That she became the wife of " on the 10th day of May, 1868 and 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 " from Campbell County Georgia when he died.

Sworn to and subscribed before me, this the 2nd day of July, 1915 } Edla Doyle  
Wm. Robinson Clerk. Ordinary,  
of Fulton County.

This witness knows of her own personal knowledge that they have lived together as man and wife for the last 20 years.

## 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, 1906.

County Fulton  
Name Mary E. Lasiter  
Widow of J. A. Lasiter  
Company A-27-44  
Approved

J. W. LINDSEY,  
Commissioner of Pensions

CHAR. F. BYRD, State Printer, Albany.

1913-11-11

ROBIN

# AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Fulton County.

Personally before me comes J. T. Martin, W. W. Corley who after being sworn on oath says, that they are freeholders of said County, and that they know Mary E. Lasiter of said County and knew her said husband J. A. Lasiter at his death on the 25th day of Sept. 1914 that she and he were in the use, possession and control of the following property at his death to wit: One Cow

of the value of \$ 50.00 That she is now in the use, possession and control of the following property to wit: One Cow

of the value of \$ 50.00.

Sworn to and subscribed before me, this the

2nd day of July 1915

W. Robinson

6.6 Ordinaly,

of FULTON County.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

I, Char. H. Jeffries Ordinary of said County, do certify, that, I know Mrs. Mary E. Lasiter 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 25th day of Sept 1914

That I also know Ellen Royal witness as to marriage and I also know J. T. Martin, W. W. Corley who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of Fulton County shows that M. Lasiter returned property to the amount of \$ 1000 for 1908 \$ 1000 for 1909 \$ 1000 for 1910 \$ 1000 for 1911 \$ 1000 for 1912 \$ 1000 for 1913 \$ 1000 for 1914 \$ 1000 for 1915 \$ 1000 for 1916

Sworn under my hand and official seal of office this 17th day of Oct 1915

(SEAL.)

Char. H. Jeffries Ordinary.

Fulton County.

1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary.
4. Only widows who married prior to first January 1870, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by general reputation.

LASITER, MARY E.  
Fulton Co.  
1922

**Application for Pension Due  
Deceased Pensioner**  
(UNDER ACT 1904)

(To pay expenses of last illness or funeral)

For Wm H Jeffers Ordinary  
For Mary E Lasiter  
of Fulton County  
Old or New Class Old  
Died Apr 14 1922  
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. 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.

*Parry* ✓

**HOLSOMBACK CASKET COMPANY**  
MANUFACTURERS OF

HIGH GRADE CASKETS AND FUNERAL SUPPLIES  
PHONE NO. 40 ON UNION CITY EXCHANGE

UNION CITY, GA. April 14 1922

Mr L. C. Lasiter  
to 1 Casket \$ 100 00  
" Embroidering 20 00  
" Ladies Robe 10 00  
" 1 ps. hose 75  
" 1 ps. gloves 75  
" 1 Cement vault 40 00  
171 50

Enclosed find \$35.00  
of. will send  
balance soon  
L. C. Lasiter

STATE OF GEORGIA.  
County of Fulton.

Personally before the undersigned  
authority now comes M. W. Holsomback who upon oath  
says that the above and foregoing statement of ac-  
count is just, true, due and unpaid.

Sworn to and subscribed before me  
this April 27, 1922

*M. W. Holsomback*

(Under the Act of August 15, 1904)

GEORGIA. Fulton County.

M. W. Holsonback

— of said County, who, after being sworn, on oath says

**down**

Pension Roll of

Fulton

County at the

Fulton

County, in this

14

day of

APR 11

1922

Dollars w

That he left no widow or dependent children surviving, and

these funeral expenses, which amounted to the sum of \$ 171.50

y itemized, hereto attached.

this 27 day of April 1922

Ordinary

Fulton County

County

GEORGIA, Fulton County.

that I personally know Mr. W. Holsomeboer, who is a resident

I also knew Mary G. Kuster while in life and that this

was the same person whose name appears on the \_\_\_\_\_ Pension

Roll of Fuller County, and was paid a Pension

of \$1135 Dollars in said County for 1921, and

I now believe said pensioner to be dead.

Given under my hand and official seal, this 17 day of April, 1922

(SEAL)

**Ordinary.**

County

County.

**INSTRUCTIONS:**

[illegible]

*W. A. Harris*  
*Fulton*

County.

**INSTRUCTIONS:**

1st. For use in all cases where pensioner died after January 1st, had not been out of State longer than twelve months, and died without owning sufficient property to pay such expenses. The widow of a soldier, if she is living, has prior claim over these expenses, and must make application on yellow blank.

2nd. Require those claiming accounts for expenses of last illness, and expenses of funeral, to make out their account in fully itemized form, giving each item and the value of it, and each date.

3rd. Running accounts cannot be paid—only those connected with the last illness, just before death when pensioner grew worse to die.

4th. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "just, true, due, unpaid," etc.)

"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may

b) of ..... who died without owning sufficient property to pay this bill."

5th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.

6th. The completed voucher, this blank and the bills, must be sent to the Pension Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.

5th. Accept no bills for nursing until you write the Pension Office, stating the circumstances in very great detail.

Prisoner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.

10th. Ordinary should see that the back of this blank, when folded, is filled out.

11th. Funeral expenses of deceased "new" pensioners covering all or part of both the 1920 and 1921 pensions require two separate sets of this voucher and bill—one set to be filed in the Pension Office with the pension papers of each year.

separate sets of this voucher and bills—one set to be filed in the Pension Office with the pension papers of each year.

# POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY, }

Know all Men by these Presents, That I,

of

County, State of Georgia, do hereby appoint

of

me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia, by reason of 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 Government, or for any sum of money which may be due to me by the Government, in the premises aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of

1894.

[L. S.]

Executed in the presence of us

## DIRECTIONS.

Send money to me as follows, by

to  
County, Georgia.

P. O.

*Fulton Co.*  
*Leatham, Jesse J.*  
(For Those Already Enrolled)

No. *480*

## Soldier's Pension. 1894.

Name *Jesse J. Leatham*

County *Fulton*

Disability *Formerly Clerk Co. Disabled Leg*

Amount, \$ *50.*

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

*Applicant*

Gen. W. Harrison, State Printer, Atlanta.

*No date*

# POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

Know all Men by these Presents, That I,

of

County, State of Georgia, do hereby appoint

of \_\_\_\_\_ my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of \_\_\_\_\_ 1894.

[L. S.]

Executed in the presence of us

## DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County, State of Georgia, do hereby appoint

of \_\_\_\_\_ my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of \_\_\_\_\_ 1895.

[L. S.]

Executed in presence of us

## DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

*Fulton Co.*  
*For Those Already Enrolled.*  
No. *480*  
**Soldier's Pension.**

**1894.**

Name *Jesse J. Latham*  
County *Fulton*  
Formerly *Grass Co.*  
Disability *Discharged Leg*  
Amount, \$ *50.*

*3/2*  
1894.  
W. H. HARRISON,  
Secretary Executive Department.

WARRANT HANDLED TO

*Applicant*

Geo. W. Harrison, State Printer, Atlanta.

*Latham, Jesse J.*  
*Fulton Co.*  
(For Those Already Enrolled.)  
No. *45*  
**SOLDIER'S PENSION.**

**1895.**

Name *Jesse J. Latham*  
County *Franklin Co.*  
Disability *Fulton*  
Amount, \$ *50*

*3/4*  
1895.  
RICHARD JOHNSON,  
Secretary Executive Department.

WARRANT HANDLED TO

*Applicant*

Geo. W. Harrison, State Printer, Atlanta.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Fulton County. }

PERSONALLY appears Jesse J. Latham 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 24th day of October 18 46; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company D, of 64th Regiment, of Georgia Volunteers, 's Brigade; that whilst engaged in such military service at the battle of Ocean Pond in the State of Fla., on the 1863 day of 1863 he was wounded as follows: By gun shot wound through left leg between the knee and ankle tearing away nearly the entire calf of the left leg breaking and tearing a great deal of both bones and permanently injuring and rendering said leg substantially and essentially useless.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of Fifty dollars, for the year 1893

Sworn to and subscribed before me, this, the 17th day of March 1894. Jesse J. Latham  
W. L. Calhoun Ord.

Note: State fully the nature of wound or character of disease which caused the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA, }

Fulton County. }

I, W. L. Calhoun Ordinary of said County, do certify that I am well acquainted with Jesse J. Latham the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 17th

day of March 1894.



Ordinary Fulton County.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Fulton County. }

PERSONALLY appears Jesse J. Latham 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 24th day of October 18 46; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company D, of 34th Regiment of Georgia Volunteers, 's Brigade; that whilst engaged in such military service at the battle of Ocean Pond in the State of Fla., on the 1863 day of 1863, he was wounded as follows: By gun shot wound through left leg between the knee and ankle tearing away nearly the entire calf of the left leg breaking and tearing a great deal of both bones and permanently injuring and rendering said leg substantially and essentially useless.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of Fifty dollars, for the year 1893

Sworn to and subscribed before me, this, the 8th day of March 1895. Jesse J. Latham  
W. L. Calhoun Ord.

Note: State fully the nature of wound or character of disease which caused the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA, }

Fulton County. }

I, W. L. Calhoun Ordinary of said County, do certify that I am well acquainted with Jesse J. Latham 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 8th day of March 1895.



Ordinary Fulton County.

I, W.L. Calhoun Ordinary of said County.  
do certify that I am well acquainted with Joseph J. Latham the  
applicant in the foregoing affidavit, and am well satisfied that the statements made by him  
in his said affidavit are true, and I know he is the individual he represents himself to be  
and that he resides in this County.

Given under my official signature and seal, this 17th

day of March 1894.



W.L. Calhoun

Ordinary Fulton County.

I, Joseph J. Latham Ordinary of said County,  
do certify that I am well acquainted with Joseph J. Latham 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 18th  
day of March 1895.



Joseph J. Latham

Ordinary Fulton County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY, }

I, \_\_\_\_\_, hereby authorize

to receive and receipt for the pension paid hereon, and request that he remit same to

at \_\_\_\_\_

In Witness Whereof, I have hereunto set my hand and seal, this \_\_\_\_\_

day of \_\_\_\_\_ 1905.

[L. S.]

Executed in presence of \_\_\_\_\_

*Sathern, Nancy B.*  
To Those Herebefore Paid.

**1905.**

No. *2040*

## INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1905,

PAID TO

*Mrs. Nancy B. Sathern*

OF

*Fulton* County,

Widow of *John S. Sathern*

Co. \_\_\_\_\_ Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

*7/31* 1905.

AND HANDED TO

*Applicant*

The Franklin Printing and Publishing Co., Atlanta.  
Geo. W. Thompson, Manager, 105 State Street.

# FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Fulton

PERSONALLY COMES MRS.

Mrs. Nancy B. Latham

who, being sworn, says on oath, that she is a bona fide resident of said County of Fulton State of Georgia, and that she has RESIDED in said State continuously ever since all her life. That she is the Widow of

John A. Latham who was a soldier in Company \_\_\_\_\_ of the \_\_\_\_\_ Regiment of \_\_\_\_\_

Volunteers, that he enlisted in said regiment on or about the month of Commencement of War

1862, and served in the Army up to 1864. That he died on the 28<sup>th</sup> day of Dec. 1865.

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 1854.

I have been allowed an Indigent pension as a resident of Clarke Co. County, under Act 1900, for the year 1904, and now apply for the pension provided by law for the year ending December 31, 1905.

Sworn to and subscribed before me, this 29<sup>th</sup> day of July, 1905.

John A. Wilkinson Ordinary.

Nancy B. Latham  
Post-Office 138 Glenwood Ave.  
Atlanta, Ga.

State of Georgia,

Fulton County.

I, John A. Wilkinson

Ordinary of said County, certify that I am well acquainted with Mrs. Nancy B. Latham, 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 day of \_\_\_\_\_ 18\_\_\_\_.

Given under my official signature and seal, this the 29<sup>th</sup> day of July, 1905.

Official Seal.

John A. Wilkinson  
Ordinary of Fulton County.

NOTE.—All blanks must be filled.  
Vouchers and Affidavits must bear date after January 1st, 1905.

Clarke Co. 701

This is to certify that Mrs. Nancy B. Latham  
has made an Application in this County for a  
pension as Indigent Widow last fall & it was  
sent back for further notice that it was approved  
11/15/1904 — The pension board has since  
not sent back to me — This Jan 6<sup>th</sup> 1905  
J. B. Wingfield Sec. Ordry  
Clarke Co 701

Sworn to and subscribed before me,  
 this 29 day of July, 1905.  
John R. Wilkinson Ordinary.  
 Post-Office 128 Glenwood Ave.  
Atlanta, Ga.  
 State of Georgia, Fulton County, I, John R. Wilkinson  
 Ordinary of said County, certify that I am well  
 acquainted with Mrs. Haney B. Latham, 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  
 day of \_\_\_\_\_ 18\_\_\_\_\_.  
 Given under my official signature and seal, this the 29 day of July, 1905.  
 { Official Seal. } John R. Wilkinson  
 Ordinary of Fulton County.

NOTE.—All blanks must be filled.  
 Vouchers and Affidavits must bear date after January 1st, 1905.

Answer to Reply.  
 You sent in an application for a  
 pension as widow of an Indigent Soldier  
 in 1904— and said application was  
 "approved" and is on record in the Clerk's  
 Office (Room of Pension) No. 1904—  
 The same was sent me as "Newly Approved"  
 under name of Mrs. Haney B. Latham—  
 You moved away to Atlanta & I have

# POWER OF ATTORNEY.

STATE OF GEORGIA

Fulton COUNTY.

I, Jessie Nancy B. Latham, hereby authorize  
P. H. Mc Lendon of Atlanta, Ga.

to receive and receipt for the pension paid hereon, and request that he remit same to  
me at 262 Krumpholtz St.

In Witness Whereof, I have hereunto set my hand and seal, this 18<sup>th</sup>  
day of Jan. 1906.

X Jessie Nancy B. Latham [L. S.]

Executed in presence of

X James T. Hall Clerk

<u>Jessie Nancy B. Latham</u> <u>Fulton County</u>	
To Those Herebefore Paid.	
<u>1906.</u>	<u>24</u>
<u>#247</u>	No. <u>24</u>
INDIGENT	
WIDOW'S PENSION,	
For year ending Dec. 31, 1906.	
PAID TO <u>Jessie Nancy B. Latham</u>	
OF <u>Fulton</u>	
County, <u>Widow of Jess. B. Latham</u>	
Co. <u>D. 15th Inf. Regiment.</u>	
JOHN W. LINDSEY, Commissioner of Pensions.	
WARRANT ISSUED	
<u>1/22</u> 1906,	
AND HANDED TO <u>P. H. Mc Lendon</u>	
THE FISCAL PRINTING AND PUBLISHING CO., ATLANTA, GA.	

## FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
County of Fulton.

PERSONALLY COMES Mrs.

Nancy B. Lathamwho, being sworn says on oath, that she is a bona fide resident of said County of  
Fulton State of Georgia, and that she has RESIDED in said State  
continuously ever since.That she is the Widow of  
John S. Latham who was a soldier in Company  
D of the 50th Regiment of Cal.Volunteers, that he enlisted in said regiment on or about the month of  
1862, and served in the Army up to 1866. That he died on  
the Dec 28 day of 1872.Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a  
soldier, and that she has never married since his death aforesaid, and that she became his wife in  
the year 1862.I have been allowed 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 31, 1906.Sworn to and subscribed before me  
this 1 day of JAN 1906.  
Wm. R. Livingston Ordinary.Nancy B. Latham  
Post Office

State of Georgia,

Fulton County.I, Wm. R. Livingston  
Ordinary of said County, certify that I am well  
acquainted with Mrs. Nancy B. Latham, 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 1862.Given under my official signature and seal, this 1 day of JAN 1906.Official  
SealWm. R. Livingston  
Ordinary of Fulton County.NOTE.—All blanks must be filled.  
Vouchers and Affidavits must bear date after January 1st, 1906.

State of Georgia,

Fulton

County.

I, \_\_\_\_\_ Ordinary of said County, certify that I am well acquainted with Mrs. Harvey B. Latham, 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 \_\_\_\_\_ day of JAN 1 1906, 1906.

Official  
Seal

W. B. West  
Ordinary of Fulton County.

NOTE—All blanks must be filled.  
Vouchers and Affidavits must bear date after January 1st, 1906.

Pension office  
11/26-1918

Disapproval - for  
the reason - that  
no proof of ability  
to work is made.  
But the Pension  
Board has found  
evidence of C. I. &  
C. I. & C. I. &  
C. I. & C. I. &  
Jan 30-1919

W. B. Lindsey  
Commissioner of Pension

*Widow's Pension*  
**Widow's Pension**

UNDER ACT 1910

County Dickinson

Name Ora S. Hartman

Widow of Thos. S. Hartman

A. J. & C. I. & C. I. &

A. J. & C. I. & C. I. &

J. W. LINDSEY,  
Commissioner of Pension.

Index Printing Co. State Printers, Atlanta, Ga.

*14/30-1918*  
*17/14-1919*

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 of 1910, and submit testimony to make out the same, true answers makes to the following questions to-wit:

1. What is your name, and where do you reside? Ora A. Latham, 58 Brown St. Atlanta
2. How long and since when have you been a continuing resident of the State of Georgia?

All my life

3. When, where and to whom were you married? Thos. S. Latham, Dec 13, 1866, near Buchanan in Campbell County, Ga.

- a. Have you married since the death of first and soldier husband? no.

4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army of Georgia Militia? (State the arms and class of service.) April 1861 in 1st Reg. S. Latham Co. served to July 4, 1863 and then in Co. D, 1st Reg. S. Latham Co.

- b. When and where did the Commands of your husband 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 Command? yes

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 and was exchanged

- c. For how long was he granted leave of absence?

- e. What was his physical condition when he left his Command? good

- f. What effort did he make to return to his Command? xx

- 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, Miss

- i. If so, when and where captured and where held as a prisoner, and when and for what cause released? Captured at Vicksburg Miss and was exchanged

- j. When and where did your first husband die? July 1903

- k. Were you residing together when he died? Yes

- l. If not, how long had you resided apart? xx

- 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) None

10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) None

11. What property of any description of any value have you now? None

12. What are your annual earnings or income from any source and their value? None

13. Have you or your husband heretofore been paid a pension by the State? Husband on pension roll Haralson County, Ga.  
If so, when and for what cause were you or your husband placed on the Roll? Indigent Confederate Veteran

Sworn to and subscribed before me this the

6th day of May 1918.

Arthur R. Latham Ordinary.

of Fulton County.

Widow's Pension

UNDER ACT 1910

County Fulton

Name Ora A. Latham

Widow of Thos. S. Latham

A. J. L. Latham  
A. J. L. Latham

J. W. LINDSEY,  
Commissioner of Pension

Ind. 1-1-1918

1918-1919

## Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA, Fulton COUNTY

Personally before me comes J. W. 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? J. W. Riley, 790 Peachtree St. N. E., Atlanta, Ga.
2. How long and since when have you known Oran A. Tarham applicant? 1865
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. 1, 1866 How do you know? best person
5. How long and since when did you know Oran A. Tarham her husband? from 1865 until his death
6. When and where did T. P. Tarham the husband of applicant die? Hannover 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? no
9. Were they divorced? no
10. When, where and in what Company and Regiment did Oran A. Tarham enlist?
11. Were you a member of the same Company?
12. How long within your personal knowledge did he perform actual military service with his Company and Regiment?
13. When and where did his Command surrender, and was discharged?
14. Were you personally present when it was surrendered? no If not where were you no and how came you there?
15. Was the husband of applicant personally present at surrender? no If not where was he? no When, where and for what cause did he leave Command? (Give date.) no By whose authority did he leave his Command? no And how long was he granted leave? no How do you know all this?

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?

Sworn to and subscribed before me this the 6 day of May 1918 } J. W. Riley

Arthur R. Myantice Ordinary,  
Fulton County

## Affidavit of Two Freeholders

STATE OF GEORGIA, \_\_\_\_\_ COUNTY

Personally before me comes \_\_\_\_\_ who on oath swears that they are freeholders of said County and that they know \_\_\_\_\_ of said County and know what property she owned on Nov. 4, 1908, and its cash value to be set out by Schedule (A) as follows:

Personal property \_\_\_\_\_ \$  
Notes and accounts due \_\_\_\_\_ \$  
Total \_\_\_\_\_ \$

### Schedule (B).

We know the property sold or given away since Nov. 4, 1908, its cash value to be as follows:

Personal property \_\_\_\_\_ \$  
Money, Notes and Accounts \_\_\_\_\_ \$

### Schedule (C).

We also know what property she has now in her possession, use and control, to-wit:

Acres of land worth \_\_\_\_\_ \$  
Horses and Mules \_\_\_\_\_ \$  
Cows and Hogs \_\_\_\_\_ \$  
Other Property \_\_\_\_\_ \$  
Income and earnings \_\_\_\_\_ \$  
Total value of all property and effects \_\_\_\_\_ \$

Sworn and subscribed before me this the \_\_\_\_\_

day of \_\_\_\_\_ 1918

Ordinary,

of \_\_\_\_\_ County.

## Ordinary's Certificate

STATE OF GEORGIA, Fulton COUNTY

I, Arthur R. Myantice Ordinary of said County do certify that I know Oran A. Tarham the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th Nov., 1908.

That I also know J. W. Riley the witness who swears to the service of husband, and \_\_\_\_\_ who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns \_\_\_\_\_ Returned for Tax is for  
1908 \$ \_\_\_\_\_ for 1910 \$ \_\_\_\_\_ for 1912 \$ \_\_\_\_\_ for 1913 \$ \_\_\_\_\_ 1914  
Sworn under my hand and official seal of office this 19 day of \_\_\_\_\_  
(SEAL) Arthur R. Myantice Ordinary,  
Fulton County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. Do help you God."  
2. Additional affidavits may be attached if blank spaces are insufficient.  
3. Only widows who married prior to first January, 1870, are entitled.  
4. All affidavits must be made before the Ordinary.  
5. Attach certified copies of marriage licenses if obtainable. If not, prove marriage, by some person, or by general reputation.



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 Sept. 1936.

H. M. Patterson & Son  
J. E. Bowen

Atlanta Ga. MAY 2 - 1936

Received of Thos. H. Jeffries, Ordinary, \$157.00  
to apply on account of Mrs. Ora A. Latham. I certify that this  
account has not been paid and is now owing to me.

H. M. Patterson & Son  
J. E. Bowen

## Application for Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)

(To be disbursed by the Ordinary)

GEORGIA, Fulton County:

Before me, the Ordinary of said County, comes J. E. Bowen, for H. M. Patterson & Son, of said County, who, after being duly sworn, on oath says that he knew Mrs. Ora Riley Latham late of said County, a Confederate pensioner, and that said person is the identical person named and described in the attached certified copy of burial certificate; and that said pensioner LEFT NO ~~WIDOW OR NEXT~~ ESTATE OF ANY KIND OR VALUE sufficient 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 ITEMIZED, hereto attached.

Sworn to and subscribed before me,  
this 24 day of Jan. 1935.  
J. E. Bowen Ordinary.

H. M. Patterson & Son  
J. E. Bowen

## CERTIFICATE OF THE ORDINARY

GEORGIA, Fulton County.

I certify that J. E. Bowen who subscribed to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and credit. I further certify that I knew Mrs. Ora Latham the deceased pensioner referred to in the foregoing affidavit and that said deceased was at the time of death regularly enrolled as a pensioner on the records of file in my office. I further certify that said deceased pensioner is the identical person named and described in the attached certified copy of burial certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expenses of last illness and burial for which claim is made.

Given under my hand and seal of office, this 24 day of Jan. 1935.  
(Seal of Ordinary) J. E. Bowen, Ordinary.

### INSTRUCTIONS:

- 1st. Certified copy of Burial Certificate must accompany this application.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Each account must be sworn to before the Ordinary, and in the following form:  
"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of                     , who died without owning sufficient property to pay this bill.
- 4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.
- 8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.
- 9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

ATLANTA GA

Judge Thos H Coffey  
Federal Trust Co  
Bank Home  
Martha Sa

THIS IS YOUR STATEMENT OF ACCOUNT WITH (SEE OTHER SIDE)  
 KINDLY USE THIS ENVELOPE FOR YOUR REMITTANCE.  
 YOUR CANCELLED CHECK IS A RECEIPT.

FOUR UNLIDDED JARS IN A GROUP.  
 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837.

THIS IS YOUR STATEMENT OF ACCOUNT WITH (SEE OTHER SIDE)

Sworn to and subscribed before me  
this Feb 9 1935. *W. Earl Tucker*

Charles E. Mason & Co.

ATLANTA, GA.

**Notary Public** *Notary Public, State of Louisiana, Acadiana*  
*My Commission Expires June 23, 1936.*

W. EARL QUILLIAN, M. D.

906 MEDICAL ARTS BUILDING

364 PEACHTREE ST N E

ATLANTA GA

*Judge Thos H. Coffey*  
*Atlanta Ga*

*Miss Ora Latham*  
STATEMENT  
PREVIOUS BAL. *10.00*  
1/12/35 *5.00*  
2/12/35 *5.00*  
3/12/35 *5.00*  
4/12/35 *5.00*  
5/12/35 *5.00*  
6/12/35 *5.00*  
7/12/35 *5.00*  
8/12/35 *5.00*  
9/12/35 *5.00*  
10/12/35 *5.00*  
11/12/35 *5.00*  
12/12/35 *5.00*  
TOTAL *50.00*  
THIS IS YOUR STATEMENT OF ACCOUNT WITH (SEE OTHER SIDE)  
YOUR CASHIER'S CHECK IS A RECEIPT  
W. Earl Quillian

*Miss Ora Latham*  
STATEMENT  
PREVIOUS BAL. *320.00*  
1/22/35 *10.00*  
TOTAL *330.00*  
I hereby certify that the above account is just, true due and unpaid. Feb 9 1935.  
Mrs. Ora Latham  
TOTAL *320.00*

THIS IS YOUR STATEMENT OF ACCOUNT WITH (SEE OTHER SIDE)  
YOUR CASHIER'S CHECK IS A RECEIPT  
I have been subscribed before me this Feb 9 1935.  
W. Earl Quillian



CERTIFICATE OF DEATH  
GEORGIA STATE BOARD OF HEALTH  
Bureau of Vital Statistics

Registered No. 316

1. PLACE OF DEATH

County Fulton Militia District (Number and Name) 1061 State of Georgia  
City or Town Atlanta Length of residence in this city or town: Yrs. Mos. De. NON-RESIDENT (Yes or No.)  
Street and Number (No. 262 (Street) Fair St. S.E. Ward 19  
(If death occurred in a hospital, give its name instead of street and number)

2. FULL NAME

Ora Riley Latham  
Residence (City or Town) 262 Fair St. S.E. (Street and Number) (State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE White 5. Single, Married, Widowed, Divorced (write the word) Widowed  
6. DATE OF BIRTH (month, day, year) May 4, 1846  
7. AGE 88 Years Months Days If less than one day Hours Minutes  
(a) Trade, profession or particular kind of work done, or splines, sawyer, bookkeeper, etc. None  
(b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc.  
(c) Date deceased last worked at this occupation (month and year) (d) Total years spent in this occupation

9. BIRTHPLACE Ga. (P. O. Address)

10. NAME Addison Riley

11. BIRTHPLACE Ga. (P. O. Address)

12. MAIDEN NAME Jane Riley

13. BIRTHPLACE Ga. (P. O. Address)

14. INFORMANT Miss Ora A. Latham (Signed) 262 Fair St. S.E. (Address)

15. BURIAL PLACE Oakland (Cemetery) Atlanta (Date) 1/20/35

20. UNDERTAKER H.M. Patterson & Son (Signed) by J.E. BOWEN (Address)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 18, 1935 6:20 A. M. (Month, Day, Year) (Hour)  
17. I HEREBY CERTIFY, That I attended the deceased from 11/12/34 to 1/17/1935  
I last saw him or 1/17/1935 death is said to have occurred on the date and hour stated above.  
The principal cause of death and related causes of importance in the order of onset and duration of each:  
Pulmonary edema - myocarditis

Other contributory causes of importance:  
Senility

What test confirmed diagnosis? (Specify whether autopsy, operation, laboratory, or clinical)

If death was due to external causes (violence) All to also the following:  
Was injury an accident, suicide, or homicide?

Where did injury occur?  
(Specify city or town, if outside of limits, the county, and also the state)

Did injury occur in a home, public place or industry?

Manner of injury:  
Nature of injury:

W. Earl Quillian M. D. (Signed) 906 Med. Arts Bldg. (Address)

18. FILED 1/21/35

(Signed) W. Earl Quillian (Local Registrar)

OFFICE OF THE REGISTRAR OF VITAL STATISTICS

GEORGIA, FULTON COUNTY.

For the City of Atlanta Atlanta, Ga., 1/22/35

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 of Atlanta.

(Signed) W. Earl Quillian

SEAL LOCAL REGISTRAR

|   |        |
|---|--------|
| PREVIOUS BAL.   | 320.00 |
| <i>next to lat</i>  |        |
| <i>As late of</i>   |        |
| <i>Mrs. Ora Latham</i>  |        |
| I hereby certify that the above account is just, true due and unpaid. Feb 9 1935. |        |
| TOTAL   | 320.00 |

THIS IS YOUR STATEMENT OF ACCOUNT WITH (SEE OTHER SIDE).  
 KINDLY USE THIS ENVELOPE FOR YOUR REMITTANCE.  
 YOUR CASHED COPY IS A RECEIPT.

Sworn to and subscribed before me  
 this Feb 9 1935.

*W. E. Earle*

|   |                       |
|---|-----------------------|
| OFFICE OF THE REGISTRAR OF VITAL STATISTICS   |                       |
| For the City of Atlanta   | Atlanta, Ga., 1/22/35 |
| I hereby certify that the foregoing is a true and correct copy of the record of death Number <u>316</u> |                       |
| of the series of <u>1935</u> for <u>Ora Riley Latham</u>  |                       |
| as appears on file in the office of the Registrar of Vital Statistics of the City of Atlanta.           |                       |
| (Signed)  | <i>L. L. Latham</i>   |
| SEAL  | LOCAL REGISTRAR       |

Aug 12, 1861.  
 When on roll for pay,  
 and Feb. 1862 Present.  
 Passed at Appomattox.  
 April 9, 1865.

Latham, T. A. (Mrs.)  
 Fulton Co.

UNO. 1920

~~Salisbury, T. A. (Mrs.)~~  
 Fulton County

# Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Fulton  
 Name Mrs. T. A. Latham  
 Widow of T. A. Latham  
 Company "A"  
 Regiment 35th Ga  
 Approved \_\_\_\_\_

J. W. LINDSEY,  
 Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-31-1919

## Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY

I, T. H. Latham

Ordinary of said County, do certify

that I know Mrs. T. A. Latham the applicant for pension. She

is the person she represents herself to be and she is a bona fide continuing resident citizen of said County

and was on the 4th November 1908, that I also know John Latham the witness who swears to the service of husband, that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trust-

worthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 18 day of Oct 1919

(SEAL) \_\_\_\_\_ Ordinary, County \_\_\_\_\_

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness to the following truths:  
 "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be true and correct."  
 2. Only widows who married prior to January 1st, 1861, are entitled.  
 3. Additional affidavits may be obtained of State Agents are insufficient.  
 4. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by him.  
 5. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by him.  
 6. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by him.  
 7. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by him.  
 8. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by him.  
 9. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by him.  
 10. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by him.

# Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY }

I, T. H. DeFries Ordinary of said County, do certify that I know Mrs. T. A. Latham the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1908; that I also know J. B. Adenhold the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 25 day of Oct 1919.  
(SEAL) T. H. DeFries Ordinary,  
Fulton County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness to the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."  
2. Affidavits may be attached if blank spaces are insufficient.  
3. Only widows who married prior to January 1st, 1861, are entitled.  
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.  
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

County Fulton  
Name Mrs. T. A. Latham  
Widow of T. A. Latham  
Company "E"  
Regiment 35th Ga.  
Approved Det

J. W. LINDSEY,  
Commissioner of Pensions,  
First Building Co. State Prison, Atlanta.

10-31-1919

## Application for Pension by a Widow Under Act of 1910 As Amended by Act of 1919

### Questions for Applicant

STATE OF GEORGIA,

Fulton COUNTY }

Personally before me comes Mrs. T. A. Latham 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. T. A. Latham, 120 E. 11th St., Atlanta
2. How long and since when have you been a continuing resident of the State of Georgia? All my life
3. When, where and to whom were you married? Dec. 2, 1874, Maxineber Co., Ga. to T. A. Latham
- 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.) Campbell Co., Ga., 1861, Co. "E", 35th Ga. Reg., Capt. F. B. Whitley
5. When and where did the commands of your husband surrender or discharge from the army? Apomattox Court House, April 1865
6. Was your husband personally present at the time of the surrender or discharge of this command? Yes
7. If he was not present state clearly where he was? Never left command until after surrender
8. Where was his command when he left?
  - a. For what cause did he leave his command?
  - b. By whose authority did he leave his command?
  - c. For how long was he granted leave of absence?
  - d. What was his physical condition when he left his command?
  - e. What effort did he make to return to his command?
  - f. In what way was he prevented from going back to Command
  - g. Was he captured by the enemy at any time? No
  - h. If so, when and where captured and where held as a prisoner, and when and for what cause released?
- j. When and where did your first husband die? April 4, 1865, Atlanta, Ga.
- k. Were you residing together when he died? Yes
- l. If not, how long had you resided apart? Never resided apart
- m. Are you now a widow? Yes
9. Have you or your husband heretofore been paid a pension by the State? No

If so, when and for what cause were you or your husband placed on the roll? Never applied

Sworn to and subscribed before me this the

21 day of October 1919

Mrs. T. A. Latham Ordinary  
of Fulton County.

(SEAL)

Latham, T. A., Mrs.

Oct 19 1919

Widow's Pension

Under Act 1910 as Amended by Act of 1919.

Aug 12, 1861, shown on roll for pay, and July 1865, present, and July 1865, present, at Apomattox, Va. April 9, 1865.

# Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,

Fuller 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? J. C. Aderholdt, College Park, Ga.

2. How long and since when have you known Mrs. T. W. Latham, applicant?

Don't know her

3. How long and since when has she continuously resided in this State? (Give date.)

4. When and to whom was she married? How do you know?

5. How long and since when did you know T. W. Latham her husband?

All his life

6. When and where did T. W. Latham the husband of applicant, die?

7. Were the applicant and her husband living together as husband and wife at the date of his death?

8. If not, how long did they live apart before his death?

Were they divorced?

9. When, where and in what Company and Regiment did T. W. Latham enlist?

1861, Campbell Co., Ga. Co. "E", 35th Ga. Reg. Inf.

10. Were you a member of the same Company? Yes

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? From 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? No. If not, where were you Newport News, Va. and how came you there? Prisoner. Was captured near Appomattox on April 6, 1865

14. Was the husband of applicant personally present at surrender? Yes. If not where was he? When, where and for what cause did he leave Command? (Give date.) By whose authority did he leave his Command? And how long was he granted leave? How do you know all this?

I was member of same company and saw him 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?

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

25 day of Oct 1919

of Fulton County.

(SEAL)

M. Z. O'NEAL  
ORDINARY MERIWETHER COUNTY  
GREENVILLE, GA.

Georgia.  
Meriwether County {

I Certify that Thomas W. Petham  
and Miss Thelma A. Park were joined in  
the Holy Rites of matrimony by me  
on the - November 1874

F. A. Thimball, M.G.

Georgia Meriwether Co.

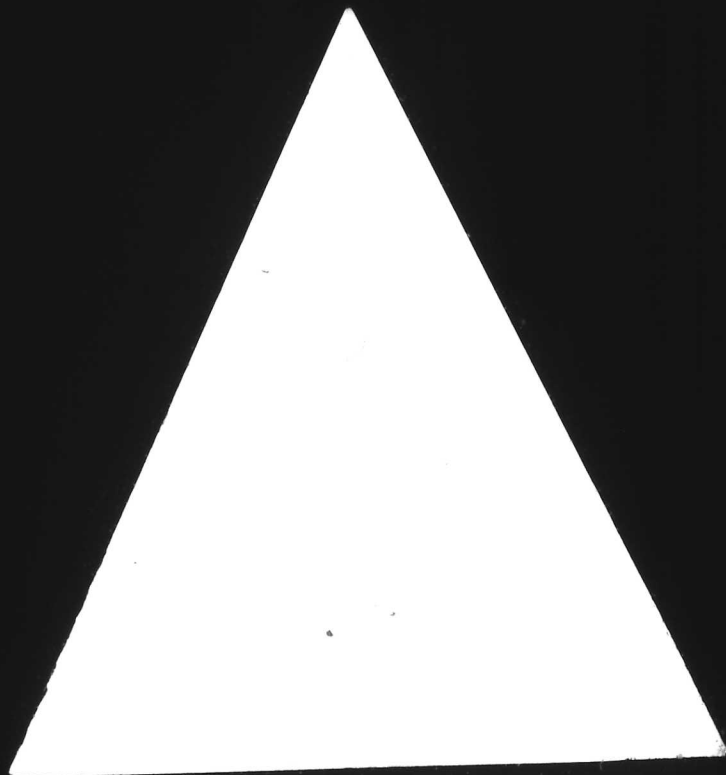
I M. Z. O'Neal Ordinary of said  
County do Certify that the above is a  
true and correct copy of the marriage  
Certificate of Thomas W. Petham and  
Miss Thelma A. Park, as found on  
record in this office and copied  
from same.

Given under my hand and  
Seal. Oct. 22-1919

M. Z. O'Neal, Ordinary  
Meriwether County Ga

Dec. Oct. 22-1919

M. J. O'Neale, Receiver  
Minimethen County Co.



*Lathrop, James A.*  
*Fulton County*

No. *1000*  
*Warrant No. 1000*

INDIGENT PENSION,  
1900.

Name *James A. Lathrop*  
County *Fulton*

Approved

1900.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

*725-1901-848-1902*

Pension Office - 8-22-1901.

Applicant is not an aged man.

Infirmities not proven to be such  
that he cannot earn his support.  
The official record of the Int. B.O.  
shows no record for Sam Lee  
does not contain the name of applic-  
ant nor his witness. Must explain.

J.W. Lindsey,  
Com. of Pensions

*James A. Lathrop*  
*Indigent Pension*  
*Warrant No. 1000*  
*of Fulton County*

STATE OF GEORGIA.

Power of Attorney.

County.

hereby authorize

to receive and receipt for the pension allowed, and request that the same be

Witness my hand and seal, this

day of

1900.

[L.S.]

Executed in presence of

# Power of Attorney.

STATE OF GEORGIA,

County. }

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ of \_\_\_\_\_ County, Georgia, to receive and receipt for the pension allowed, and request that he remit same to \_\_\_\_\_ at \_\_\_\_\_ by \_\_\_\_\_ day of \_\_\_\_\_ 1900.

Executed in presence of \_\_\_\_\_

Pension Office - 9-28-1901.

Applicant is not an aged man.

Infirmitie not proven to be such that he cannot earn his support. The official record of the 1st S.C. Infantry as surrendered by Gen Lee does not contain the name of applicant nor his witness. Must explain.

J. W. Lindsey,  
Com. of Pensioners

INDIGENT PENSION,

1900.

Name

*James A. Lathrop*  
County *Fulton*

Approved

1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, May 1901, Albany, Alaska.

25-1901-8/8-1902

STATE OF GEORGIA,

*Fulton* County.

*J. A. Lathrop* of said State and County, desiring to avail himself of the Pension Act (Section 1251, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (Give State, County and post office)  
*James A. Lathrop, Fulton, Co. Ga. Atlanta*
2. How long and since when have you been a resident of this State?  
*about 21 years*
3. When and where were you born?  
*1843, March 2<sup>nd</sup>, Newberry Co. S.C.*
4. When and where and in what company and regiment did you enlist or serve?  
*11<sup>th</sup> Jan 1861 Co. B. 1<sup>st</sup> S.C. Regt. Newberry S.C.*
5. How long did you remain in such company and regiment?  
*During the entire war*
6. When and where was your company and regiment surrendered and discharged?  
*April 9<sup>th</sup> 1865*
7. Were you present with your company and regiment when it was surrendered? *I was*
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 present and paroled with the Company April 9<sup>th</sup> 1865*
9. How much can you earn (gross) per annum by your own exertions or labor?  
*very little*
10. What has been your occupation since 1865?  
*Repair work, hardware & clock*
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? *age and poverty*
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?  
*I was wounded three times during the war, through hand and thumb and wrist - hand left leg - which gives me much trouble and pain at times*
13. What property, real or personal, or income, do you possess, and its gross value?  
*None*
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, by sale or gift, have you made of same? *None to dispose of*
15. In what County did you reside during those years, and what property did you then return for taxation?  
*Fulton Co. None*
16. How were you supported during the years 1898 and 1899?  
*none - repair work*
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 \$5.00 labor, work performed by self*
18. What was your employment during 1898 and 1899? What pay did you receive in each year?  
*Repair work*
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?  
*No family - no homestead*
20. Are you receiving any pension? If so, what amount and for what disability?  
*No pension*
21. Have you ever made an application for pension before? *Never before*
22. How many applications have you ever made and under what class? *None*

Sworn to and subscribed before me this 1<sup>st</sup> day of June 1901

*Geo. W. Harrison*  
Notary Public,  
County *Fulton*

Applicant,

Every Question MUST be Answered

## STATE OF GEORGIA.

\_\_\_\_\_, COUNTY.)

1. What is your name and where do you reside? 21<sup>st</sup> 13 Dean Rd.

- When did he leave his command? 25 Aug 1965. For what cause? Doc Strained  
By what authority he left? He was ordered to. How do you know all of this?  
He told me with his own mouth

19. What interest have you in the recovery of a pension by this applicant? None
- Sworn <sup>1</sup> and subscribed before me, this } Wm B Franklin  
13<sup>th</sup> day of July, 1904. }  
Witness

the 13<sup>th</sup> day of May 1901  
Geo. C. G. G. G.  
Clerk of Court for  
Newbury County N.H.

## STATE OF GEORGIA.

COUNTY

Personally, some time before Feb. 1904, Jordan and W. A. Childers, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Saif James B. Calhoun, applicant for pension under Section 1254, Code, and after said personal examination say that his precise physical condition is as follows:

On this day have carefully examine said James O. Lathrop & we find him suffering from Diabete & also Rheumatism of his entire Body & Limbs which renders him unable to perform any kind of work <sup>at all</sup> 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.

J. Gordon Aud

Sworn to and subscribed before me, this the)  
27th day of June 1906  
John R. Wickman ordinary.  
Wm. O. Childress M.

## STATE OF GEORGIA

COUNTY

I, John R. Watkins, Ordinary in and for said County, hereby certify  
that the applicant Jas A. Lathrop resides in said County, and has  
been a bona fide resident of this State since the Twenty-one years 1889  
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 herein prescribed, and that the full text of the affidavit was read to the applicant and witness before same was signed.

I further certify that the tax digests of Bullton County show that applicant  
returned for taxation in his name in 1898 \_\_\_\_\_ Dollars  
of property, and in 1899 \_\_\_\_\_ Dollars of property.

In my opinion the foregoing claim is made in good faith.  
Witness my hand and seal of office, this 12th day of July 1909

of John R. [Signature] Ordinary,  
Butler County.

### NOTE

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

# QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Fulton COUNTY.)

J. J. M. Hood of said State and County, having been presented as a witness in support of the application of Jos. A. Lathrop for pension under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? J. J. M. Hood  
674 Motherlode St Atlanta Ga
2. Are you acquainted with yes the applicant; if so, how long have you known him? about 40 years
3. Where does he reside, and how long and since when has he been a resident of this State? 409 Marietta St Atlanta Ga
4. When, where and in what company and regiment did he enlist, and how do you know? Newbury C. H. S. Co. Col's H. Reg't 6. U.
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? 4 years & 4 months
7. When and where was his command surrendered? 9 April 1865  
Appomattox C. G. Va
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? My Brother was present; How do you know all of this?
11. What property, effects or income has the applicant? (Give your means of knowledge.) He only has his repair tools
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 repair tools
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? none to best of my knowledge
14. What is the applicant's occupation and physical condition? he is a repairer of watches, clocks, & sewing machines.
15. Is the applicant unable to support himself by labor of any sort, if so, why? M. by old wounds & disability
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? about 50.00
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? Because of old wounds and physical infirmity
19. What interest have you in the recovery of a pension by this applicant? None whatever

Sworn to and subscribed before me, this 27th day of June 1900,  
John K. Williamson Ordinary, J. J. M. Hood Witness.

19. What interest have you in the recovery of a pension by this applicant? None whatever  
 Sworn to and subscribed before me, this 11th, 16th, 1890  
 the 27th day of June 1900.  
John W. Lindsey Ordinary.  
 Witness.

Bathrop, James A.  
Fulton Co.  
on Jan 1906

**INDIGENT PENSION.**

**1904**  
**1906**

Name J. A. Bathrop  
 County Fulton  
 Co. 18th S.C. Regt.

Approved 100

JOHN W. LINDSEY,  
 Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will write name of Applicant, Company and Regiment on back as indicated above.

Geo. W. Harrison, State Printer, Atlanta, Ga.

109  
9/26/04  
11/26/04  
9/11/05

Pension office 10/1/04.  
 Not an aged man, the extent of infirmity must be shown to be such in its effect upon him earning capacity, that he cannot by ordinary effort earn his support at any kind of labor.

J. W. Lindsey  
 Com. of Pens.

If physicians will heed the suggestion of Commissioner's note of 10/1/04 they will have no trouble what in finding what is wanted. It is not as much as what his infirmities are, but to what extent has his earning capacity by ordinary effort been affected and impaired, not that he cannot do manual labor, but does it impair him from doing anything or any kind of labor.

J. W. Lindsey  
 Com. of Pens.

**POWER OF ATTORNEY.**  
 STATE OF GEORGIA,  
 COUNTY,       

I,       

do hereby authorize and request that the pension allowed and request that be sent same to

Witness my hand and seal, this        day of        190       

Executed in presence of       

[L.S.]

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I,

hereby authorize

to receive and receipt for the pension allowed and request that he remit same to

Witness my hand and seal, this

day of

190

[L S]

Executed in presence of

Pension office 10/1/04  
Not an aged man, the extent of  
infirmary must be shown to be  
such in its effect upon him  
earning capacity, that he cannot  
by ordinary effort earn his sup-  
port at any kind of labor  
J. W. Lindsey  
Com. of Pens.

If physicians will heed the  
suggestion of Commissioner's note  
or 10/1/04 they will have no trouble  
in finding what is  
wanted. It is not as much as what  
this infirmities are, but to what  
extent has his earning capacity  
been impaired, so that he cannot  
do manual labor, but does it impair  
him from doing anything or any  
kind of labor.

J. W. Lindsey  
Com. of Pens.

INDIGENT PENSION.

1904 1906

Name J. A. Lathrop  
Fullton Co. Ga.  
1904-1906

Approved 190

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT MADE TO

Authority will write name of Applicant, Company  
and pension on back as indicated above.

John W. Lindsey, Commissioner of Pensions, Ga.

1904 1906 1907 1908 1909 1910 1911 1912 1913 1914 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965 1966 1967 1968 1969 1970 1971 1972 1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099 2100 2101 2102 2103 2104 2105 2106 2107 2108 2109 2110 2111 2112 2113 2114 2115 2116 2117 2118 2119 2120 2121 2122 2123 2124 2125 2126 2127 2128 2129 2130 2131 2132 2133 2134 2135 2136 2137 2138 2139 2140 2141 2142 2143 2144 2145 2146 2147 2148 2149 2150 2151 2152 2153 2154 2155 2156 2157 2158 2159 2160 2161 2162 2163 2164 2165 2166 2167 2168 2169 2170 2171 2172 2173 2174 2175 2176 2177 2178 2179 2180 2181 2182 2183 2184 2185 2186 2187 2188 2189 2190 2191 2192 2193 2194 2195 2196 2197 2198 2199 2200 2201 2202 2203 2204 2205 2206 2207 2208 2209 2210 2211 2212 2213 2214 2215 2216 2217 2218 2219 2220 2221 2222 2223 2224 2225 2226 2227 2228 2229 2230 2231 2232 2233 2234 2235 2236 2237 2238 2239 2240 2241 2242 2243 2244 2245 2246 2247 2248 2249 2250 2251 2252 2253 2254 2255 2256 2257 2258 2259 2260 2261 2262 2263 2264 2265 2266 2267 2268 2269 2270 2271 2272 2273 2274 2275 2276 2277 2278 2279 2280 2281 2282 2283 2284 2285 2286 2287 2288 2289 2290 2291 2292 2293 2294 2295 2296 2297 2298 2299 2300 2301 2302 2303 2304 2305 2306 2307 2308 2309 2310 2311 2312 2313 2314 2315 2316 2317 2318 2319 2320 2321 2322 2323 2324 2325 2326 2327 2328 2329 2330 2331 2332 2333 2334 2335 2336 2337 2338 2339 2340 2341 2342 2343 2344 2345 2346 2347 2348 2349 2350 2351 2352 2353 2354 2355 2356 2357 2358 2359 2360 2361 2362 2363 2364 2365 2366 2367 2368 2369 2370 2371 2372 2373 2374 2375 2376 2377 2378 2379 2380 2381 2382 2383 2384 2385 2386 2387 2388 2389 2390 2391 2392 2393 2394 2395 2396 2397 2398 2399 2400 2401 2402 2403 2404 2405 2406 2407 2408 2409 2410 2411 2412 2413 2414 2415 2416 2417 2418 2419 2420 2421 2422 2423 2424 2425 2426 2427 2428 2429 2430 2431 2432 2433 2434 2435 2436 2437 2438 2439 2440 2441 2442 2443 2444 2445 2446 2447 2448 2449 2450 2451 2452 2453 2454 2455 2456 2457 2458 2459 2460 2461 2462 2463 2464 2465 2466 2467 2468 2469 2470 2471 2472 2473 2474 2475 2476 2477 2478 2479 2480 2481 2482 2483 2484 2485 2486 2487 2488 2489 2490 2491 2492 2493 2494 2495 2496 2497 2498 2499 2500 2501 2502 2503 2504 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# QUESTIONS FOR WITNESS.

STATE OF <sup>South Carolina</sup> ~~Georgia~~

<sup>Newberry</sup> COUNTY.

<sup>W. B. Franklin</sup> of said State and County, having been presented as a witness in support of the application of <sup>Jas. A. Lathrop</sup> 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? <sup>W. B. Franklin</sup>  
<sup>Newberry County S.C.</sup>
2. Are you acquainted with <sup>Jas. A. Lathrop</sup>, the applicant; if so, how long have you known him? <sup>About fifty years</sup>
3. Where does he reside, and how long and since when has he been a resident of this State? <sup>Newberry Co. S.C. About twenty five years</sup>
4. When, where and in what company and regiment did he enlist, and how do you know? <sup>Company B, 1st S.C. Vol. Jan 1861.</sup>
5. Were you a member of the same company and regiment? <sup>Yes.</sup>
6. How long did he perform regular military duty? <sup>Until close of war, 1865</sup>
7. When and where was his command surrendered? <sup>Appomattox Va</sup>

8. Were you present when it surrendered? <sup>Yes.</sup>
9. Was applicant present? <sup>Yes.</sup>
10. If he was not present, where was he? <sup>10th or 12th Sept 1865</sup>
- When did he leave his command? <sup>For what cause? Surrender</sup>
- By what authority he left? <sup>A. R. Lee</sup> How do you know all of this? <sup>I was there.</sup>

11. What property, effects or income has the applicant? (Give your means of knowledge.) <sup>None that I know of.</sup>
12. What property, effects or income did the applicant possess in 1890, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? <sup>None</sup>
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? <sup>No</sup>

14. What is the applicant's occupation and physical condition? <sup>Repairing watches, not good</sup>

15. Is the applicant unable to support himself by labor of any sort; if so, why? <sup>Is unable to support himself by reason of wound in the right arm, left leg & right</sup>

16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? <sup>Do not know.</sup>
17. What portion of his support for these four years was derived from his own labor or income? <sup>All of it.</sup>

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? <sup>Right arm and wound in arm & leg & disease of urinary organs</sup>

19. Who composes family? What property have they? Children's age and their earning capacity? <sup>None. None. None</sup>

20. What interest have you in the recovery of a pension by this applicant? <sup>None.</sup>

Sworn to and subscribed before me, this the <sup>17th</sup> day of <sup>Sept.</sup> 1904, by <sup>Jos. B. Grogans</sup> Ordinary, <sup>Clerk of Court for Newberry County S.C.</sup>

<sup>W. B. Franklin</sup> Witness.

# AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

<sup>Fulton</sup> COUNTY.

Personally came before me <sup>H. C. Simmons</sup> and <sup>W. A. Childress</sup> both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully <sup>J. A. Lathrop</sup>

applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

<sup>We have carefully examined J. A. Lathrop and find him suffering with Rheumatism caused from gunshot wound received in war at Bright's in case which permanently & essentially disables him and that we have no interest in said pension being allowed.</sup>

Sworn to and subscribed before me, this, the

<sup>26</sup> day of <sup>Sept.</sup> 1904, by <sup>John R. Williams</sup> Ordinary.

<sup>H. C. Simmons M.D.</sup>  
<sup>W. A. Childress M.D.</sup>

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

<sup>Fulton</sup> COUNTY.

I, <sup>John R. Williams</sup> Ordinary, in and for said County, hereby certify that the applicant <sup>J. A. Lathrop</sup> resides in said County, and has been a bona fide resident of this State since the \_\_\_\_\_ day of \_\_\_\_\_ 189\_\_\_\_ and that the witnesses, viz: \_\_\_\_\_

are of trustworthy character, and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions the applicant and each witness took the oath herein prescribed, and that the full text of the affidavit was read to the applicant and witness before same was signed.

I further certify that the tax digest of \_\_\_\_\_ County shows that applicant returned for taxation in his name in 1899 \_\_\_\_\_ Dollars of property, and in 1900 \_\_\_\_\_ Dollars of property; in 1901 \_\_\_\_\_ Dollars of property; in 1902 \_\_\_\_\_ Dollars of property.

In my opinion the foregoing claim is \_\_\_\_\_ made in good faith.

Witness my hand and seal of office, this <sup>26</sup> day of <sup>Sept.</sup> 1904, by <sup>John R. Williams</sup> Ordinary, of <sup>Fulton</sup> County.

# NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, \_\_\_\_\_ hereby authorize

of \_\_\_\_\_

to receive and receipt for the pension allowed, and request that he remit same to

at \_\_\_\_\_

by \_\_\_\_\_

WITNESS my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1906.

[L. S.]

Executed in the presence of

*Sattrop, James A.*

*Zulton Co.*

Cons. Statutes 1254.  
(FOR THOSE ALREADY ENROLLED.)

No. 332

INDICENT  
SOLDIER'S PENSION  
1906.

Name *James A. Sattrop*

County *Fulton*

Co. *B* Regiment *1st*

WARRANT ISSUED

*1/7* 1906.

JOHN W. LINDSEY.

Commissioner of Pensions.

WARRANT HANDED TO

*1/7*

Let Pensions be Paid to the Soldier or his Heirs.

*No data*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton County.

Personally appears Jas. A. Lathrop 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 \_\_\_\_\_ 1868; that he is 68 years old and by occupation a Wagoner, that he enlisted in the military service of the Confederate States (or of the State of S. C.) during the war between the States, and served for the term of 4 yrs in Company B of 1st Regiment of South Carolina (Begg's Regt.); that his physical condition is as follows: Infirmary and poverty.

that his property consists of the following items:

of the value of \_\_\_\_\_ Dollars. I am now earning by my labor, \_\_\_\_\_ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of Fulton County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the \_\_\_\_\_ day of JAN 1906.

Ordinary.

State of Georgia,

Fulton County.

I, \_\_\_\_\_ Ordinary of said County,

do certify that I am well acquainted with Jas. A. Lathrop the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this JAN 1906 day of \_\_\_\_\_ 1906.

Ordinary Fulton County.



Note.—The blank spaces must be filled.  
Note.—Affidavit should not be attested before January 1st, 1906.

The undersigned, residing at 709 Marietta St. Atlanta Ga  
 who is an Ex-Confederate Soldier and a member of Camp No. 536, Camp Atlanta  
 I, C. P. S., hereby, at your request, presents this Certificate of Eligibility for a  
~~Confederate Cross of Honor~~. He entered the service of the Confederate States on  
 the 1<sup>st</sup> day of August 1861, as a private in Company "B"  
 of the 1<sup>st</sup> Regiment of South Carolina Volunteers,  
 Gregg's afterward, 14<sup>th</sup> Maine Brigade C. S. A., and was at that time a resident of  
 Henderson County, State of South Carolina.  
 He was honorably discharged from said service by the terms of Genl.  
 N. E. Lee's Surrender at Appomattox C. A. Va. on the 9<sup>th</sup>  
 day of April 1865, at which time he held the rank of  
 Private in said Regt. & Brigade.

Respectfully,

John A. Lathrop Applicant

We endorse the above certificate.

W. B. Frazier

B. G. Lytle

Members of Co. B, 1<sup>st</sup> S. C. Reg. Infantry, C.S.A.  
 Members Camp No. 536, United Confederate Veterans, New York City

J. H. Gary

Commander Camp No. 536, United Confederate Veterans.

Subscribed before  
 me the 26<sup>th</sup> day of July 1902  
John A. Lathrop  
Atlanta, Ga.

The cert. that W. B. Frazier  
 and B. G. Lytle are members  
 in good standing of Camp No. 536,  
 Camp W. C. V., No. 536.

W. B. Frazier  
 July 18<sup>th</sup> 1902

## POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY, }

I, \_\_\_\_\_, hereby authorize  
 \_\_\_\_\_ of \_\_\_\_\_  
 to receive and receipt for the pension allowed, and request that he remit same to  
 \_\_\_\_\_ at \_\_\_\_\_  
 by \_\_\_\_\_

WITNESS my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_, 1907.

[L. S.]

Executed in presence of

John A. Lathrop  
Gulston Co

John A. Lathrop 1907.

(FOR THOSE ALREADY ENROLLED)

No. 357

INDIGENT

SOLDIER'S PENSION

1907.

Name John A. Lathrop

County B

Regiment 1<sup>st</sup> S. C.

WARRANT ISSUED

1907

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

C. H. H.

Geo. W. Blount, State Printer, Atlanta.

no data

The undersigned, residing at 709 Marietta St. Atlanta Ga  
 who is an Ex-Confederate Soldier and a member of Camp No. 536. Confederate Veterans  
 U. S. Ps., hereby, at your request, presents this Certificate of Eligibility for a  
 Confederate Pension of Honor. He entered the service of the Confederate States on  
 the 1<sup>st</sup> day of August 1861, as a private in Company "B"  
 of the 1<sup>st</sup> Regiment of South Carolina Volunteers,  
 Gregg's afterward, McSwaine Brigade U. S. A., and was at that time a resident of  
 Henderson County, State of South Carolina.  
 He was honorably discharged from said service by the terms of Genl.  
 H. E. Lee's Surrender at Appomattox C. Va. on the 9th  
 day of April 1865, at which time he held the rank of  
 Private in said Regt. & Brigade.

Respectfully,

John A. Lathrop Applicant

We endorse the above certificate.

W. B. Franklin

B. C. Lytle  
 Members of Co. B, 1st S. C. Reg. Infantry, C.S.A.  
 Members Camp No. 536 United Confederate Veterans Meeting S.C.

J. H. Gary

Commander Camp No. 536 United Confederate Veterans.

Adjutant, Sworn to and subscribed before  
 me the 23<sup>rd</sup> day of July 1902  
John B. Long  
Calhoun

The cert. that W. B. Franklin  
 and B. C. Lytle are members  
 in good standing of Camp No. 536  
 Camp U. C. V. No. 536

A. B. Shumper  
July 18<sup>th</sup> 1902

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

## State of Georgia,

Fulton County.

Personally appears John A. Lathrop 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 \_\_\_\_\_ 1861; that he is 62 years old  
 and by occupation a \_\_\_\_\_, that he enlisted in the military service of the Con-  
 federate States (or of the State of S. C.) during the war between the  
 States, and served for the term of 4 yrs in Company A of 1<sup>st</sup>th Regiment  
 of S. C. Gregg's Regt; that his physical condition is as  
 follows: Infirmity & poverty

that his property consists of the following items: \_\_\_\_\_

of the value of \_\_\_\_\_ Dollars. I am now earning  
 by my labor, \_\_\_\_\_ Dollars per month. That by reason of his  
 physical condition and poverty he is unable to support himself by his own exertion or  
 labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th,  
 1894, and the Acts amendatory thereof, and makes application for the pension to which he  
 is entitled for the year 1907. I have heretofore, as a resident of \_\_\_\_\_  
 County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 1907.

John R. Wilkinson Ordinary.

## State of Georgia,

Fulton County.

I, John R. Wilkinson Ordinary of said County,

do certify that I am well acquainted with John A. Lathrop  
 the applicant in the foregoing affidavit, and am well satisfied that the statements made  
 by him in his said affidavit are true, and I know he is the individual he represents himself  
 to be, and that he resides in this County.

Given under my official signature and seal this \_\_\_\_\_ day of \_\_\_\_\_ 1907.

John R. Wilkinson

Ordinary Fulton County.



Note.—The blank spaces must be filled.  
 Note.—Affidavit should not be attested before January 1st, 1907.

M

PRIVATE CHAPEL AND AMBULANCE  
PHONES 780

49 EAST HUNTER STREET

6900

Personally appeared Harry G. Poole 10th after  
being duly sworn as the foregoing, to wit:-  
correct due & lawful  
from to and subscribed  
before me this 26th of Feb 1908 Harry G. Poole

usual arrangements are often made by others than those to whom they are charged, and misunderstandings thereby sometimes occur, we intend to publish this information so that possible errors may be corrected and future misunderstandings avoided.

County

Witness my hand and seal, this

25th day of June 1908

ATTEST BY

ATTEST BY  
Marcellus Anderson } John C. Wickinson  
Chgo } Mayor

NOTE 1.- Use this Blank only when the Pension is wanted to pay funeral expenses

Lathrop, J.A.

Fulton Post

**Application for Pension Due  
Deceased Pensioner,  
Under Act 1904.**

John C. Lathrop  
for  
of Milton County, Regiment.

Approved and Ordered Paid

190

J. W. LINDSEY,  
*Commissioner of Pensions.*



State of Georgia,  
County of Fulton.

Atlanta, Ga.  
Nov., 28, 1904.

FLOYD M. YOUNG, M. D.  
OFFICE: AUSTELL BUILDING,  
ATLANTA, GA.

Personally came before me, Dr. Floyd M. Young,  
and W. F. Auten, M. D., both known to me as reputable  
physicians of said County, who, being severally  
sworn, say on oath that they have examined care-  
fully 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,



also partial paralysis of the bladder, and kidney  
complications, all of which totally dis-able  
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 Nov. 1904.

Floyd M. Young, M.D.  
W. F. Auten, M.D.

John D. Brown, 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.

Georgia, Fulton County.

Personally before me, the Ordinary of said County, comes  
J. M. Raynor of said County, who, after being sworn on  
oath, says that he knew J. A. Lathrop of said County, and  
that he was on the Indigent Pension Roll Fulton  
County at the time of his death which occurred in Fulton County,  
in this State, on the 28th day of February 1908, and  
that a Pension of Sixty Dollars was due him and  
unpaid at the time of his death. That he left no widow or dependent children surviving  
him, and no estate of any value sufficient to pay his funeral expenses, which amounted to  
the sum of Sixty Dollars, as per a sworn statement,  
itemized, hereto attached.

Sworn to and subscribed before me, this

28th day of February 1908

John D. Brown, Ordinary,

Fulton County.

J. M. Raynor

Georgia, Fulton County.

I, John D. Brown, Ordinary of said County, do certify  
that I personally know J. A. Lathrop, 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 J. A. Lathrop while in life;  
that he was the same person whose name appears on the Indigent  
Pension Roll of Fulton County, and was paid a Pension of  
Sixty Dollars in said County for 1908  
and I now believe him to be dead.

Given under my hand and official seal, this 28th day of February 1908

John D. Brown, Ordinary,

Fulton County.



FLOYD M. YOUNG, M. D.  
OFFICES, AURBELL BUILDING,  
ATLANTA, GA.

State of Georgia } Atlanta Ga.  
County of Fulton } Sep. 11<sup>th</sup> 1905

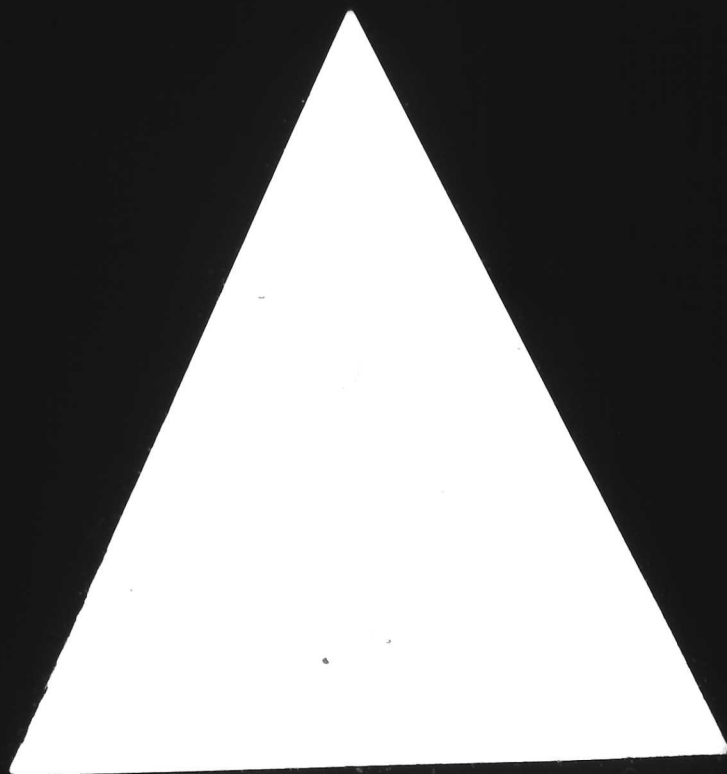
Personally, came before me,  
Dr. Floyd M. Young and W. J. Carter,  
both known to me as reputable  
Physicians of said County and  
State, who being severally  
sworn, say in oath that they  
have carefully examined the Applicant J. A. Battelle  
for service under Section 254, Code, and after  
such personal examination say that his medical  
Physical condition is as follows:-  
Shot in both hands, injuring the left wrist  
so he has almost lost the entire use of his hands  
& badly injured the other. He is also disabled from  
a gunshot wound in the left leg which impairs  
his locomotion & continually suffers from  
Rheumatism, Paralysis of the bladder, and  
kidney complications, all of which disables him  
to the extent from doing any manual labor  
& cannot serve a substitute of any kind of labor  
in calling,

Floyd M. Young M.D.

W. J. Carter, M.D.

Sworn to and subscribed before  
me Sept 11-1905

John R. Wilkinson  
Ordinary



Latimer, E. W. (m)  
Fulton County

No. 3742

**Widow's Pension,  
 1897.**

PAID TO

Mrs. E. W. Latimer

OF  
Fulton County.

Widow of Richard Johnson

RICHARD JOHNSON,  
 Commissioner of Pensions.

Warrant Issued,

1897

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

9/28/97 2/4/98

Pension Office 11/18/97  
 Witnesses are requested to say  
 under oath when & where they  
 first noticed any symptoms  
 of the disease with which they  
 say they deceased died - and  
 whether they know he was free  
 of the disease at that time -  
 Was he sent to any hospital  
 for said disease if so to how  
 & how long did he remain in  
 such hospital - Was he dis-  
 charged from the service as  
 the result of such disease -  
 What was the his physical  
 condition for the years fol-  
 lowing the war - What phy-  
 sician or physicians treated  
 him during those years -  
 Do the witnesses know what  
 he was was well after the  
 war?  
 Witnesses must speak from  
 their personal knowledge

Richard Johnson  
Comm. of Pensions

E. W. Latimer  
Chairman, Pension  
Committee, Ga.

STATE OF GEORGIA.  
Fulton COUNTY.  
 I, E. W. Latimer hereby authorize  
Wm. C. Smith, Jr. to receive and receipt for the pension allowed and  
 by Smith. (Latimer Bank) at Atlanta  
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  
day of January 1897.  
E. W. Latimer [L.S.]

Pension Office 11/11/1897  
Whitman has requested to say  
under oath when & where they  
first noticed any symptoms  
of the disease with which they  
say the deceased died - and  
whether they know the man from  
any other person or that time -  
of the disease with which they  
say he died to any hospital  
for said disease, if so to him,  
and how long said he or man in  
said hospital - Was he dis-  
charged from the service as  
the result of such disease -  
What was the highest rank  
awarded him for the service fol-  
lowing the war - What phy-  
sician or physicians treated  
him during those years -  
Do the witnesses know that  
he was was well after the  
war -  
Witness must sign from  
this personal knowledge  
Richard Johnson  
Ordinary of Pulaski

Satimer, E. W. (Mrs)  
Fulton County

No. 3742

Widow's Pension,  
1897.

PAID TO

Mrs. E. W. Satimer  
OF  
Fulton County.

Widow of Thomas J. Satimer

RICHARD JOHNSON,  
Commissioner of Pensions.

Warrant Issued,

1897

AND HANDED TO

Geo. W. Anderson, State Printer, Atlanta.

9/28/97 2/4/98

# POWER OF ATTORNEY.

Form No. 6.

STATE OF GEORGIA,  
Fulton COUNTY.

I, E. H. Satimer, hereby authorize A. J. Heinicke  
of Brunswick, Ga. to receive and receipt for the pension allowed and  
request that he remit same to  
by Check. (College Park) 9/25  
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  
day of January 1897.

E. H. Satimer [L. 8.]

Executed in the presence of

A. J. Heinicke  
Ordinary, Pulaski  
County, Ga.

# Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,  
COUNTY OF Fulton

In person came before me, the undersigned Ordinary in and for the County of  
Mrs. Elizabeth J. Satimer, who being sworn according to law, says under  
oath that she is the widow of Thomas J. Satimer, who was a soldier in  
the service of the Confederate States, and served as a member of Company "C"  
of the 1st Regiment of "A" Cavalry, Volunteers; that he enlisted in said  
services on or about the 1st day of August 1862, and was in the  
Confederate Army up to the 1st of November 1864. That while in the  
Army, he was on the 1st day of 1864, (See Note No. 1)  
Contracted a cold and cough. He came home  
with a cough which continued until he  
died. Being affected with lung trouble since  
from said cough and disease contracted  
while in the Confederate service, He  
died from said lung trouble July 1st 1891.

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and  
that she has never married since his death; that she became his wife on the 1st day of March 1862, and that she was born in Fulton County, Ga.  
and has resided in Georgia continuously since the 1st day of October 1864.  
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.

Sworn to and subscribed before me, this the 22nd day of September 1897.  
W. H. Robinson, Ordinary.

Not a 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 so the  
Army and not from any other cause.  
Not a 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 so the  
Army and not from any other cause.

## Affidavit for Three Witnesses.

STATE OF GEORGIA. In person came before me, the undersigned Ordinary in

COUNTY OF Meriwether and for said County, witness J. H. Humphreys.and J. W. Walker & B. F. McLaughlin (each known to said Attesting Officer as truthful,

reliable and reputable citizens), who severally, under oath, that, FROM THEIR OWN PERSONAL KNOWLEDGE,

Mrs. Elizabeth W. Walker, now a resident of the County of FultonState of Georgia, is the widow of James J. Walker who was a soldier inCompany A of the 1st Regiment of Georgia State Volunteers Drury

That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the

day of Aug 1863. That while in said service or byreason of said service in the Army, he died on the 10 day of Jan1891 from the following causes: Wrote in the service of the ConfederateArmy and came home with severe woundswhich changed his life, and hecould from living horrible wounds by saidwounds to come and during the service inor about 1st Jan 1891 and after the

Our opportunity for knowing the facts stated in reference to death of applicant's husband were

He was with him in Sayre Company andwas present until he died after the war, andhe was present with him in Sayre Co. as theyyet in the army which he actually knewuntil he died and he was on theMarch 1891, and so remained to his death, since then she has not again

married, and that she resided in said State of Georgia on the 23d of December, 1890, and that she has so continued

to reside up to this date.

We further swear that we have no personal interest in the pension asked for.

Sworn to and subscribed before, this the

6th day of Sept 1897.A. J. Reinton

Ordinary.

J. H. HumphreysB. F. McLaughlin

NOTE 1.—Witnesses must not testify about things they may believe, but confine their statements to such facts as they personally know.

NOTE 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.

NOTE 3.—All blank spaces must be filled when signed.

I, A. J. Reinton, Ordinary in Meriwether Co. Ga. herebycertify that J. H. Humphreys, J. W. Walker & B. F. McLaughlinreside in Georgia County & are of good character andentitled to full faith & credit 6th 1891A. J. Reinton Ordinary

## Certificate of Ordinary of the County of Applicant's Residence.

STATE OF GEORGIA. I, J. H. Humphreys OrdinaryCOUNTY OF Fulton in and for said County of FultonState of Georgia, hereby certify that I am acquainted with Mrs. Elizabeth W. Walker

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:

Antiquary to a number of witnessesand whose testimony she presents to sustain her claim, areknown to me to be truthful witnesses, entitled to full faith and credit as such, and that the full text of the affidavitwas read to and understood by them before same was signed. I am fully satisfied that this claim is made in goodfaith, 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

22d day of Sept 1897.{ REAL } J. H. Humphreys

Ordinary.

## 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 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 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 answer 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 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.

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 than Georgia Commands are not entitled to pensions unless they were born in Georgia and can make proof of that fact.

By order of the Governor.

RICH'D JOHNSON,  
Commissioner of Pensions.

# POWER OF ATTORNEY.

State of Georgia,

Fulton County.

I, E. W. Latimer hereby authorize R. Z. Latimer  
of Fulton County

to receive and receipt for the pension paid hereon and request that he remit same to

me at my home

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of 20th 1899. Mrs. E. W. Latimer [L. S.]

Executed in presence of  
R. F. Thompson

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Fulton County.

I, E. W. Latimer hereby authorize R. Z. Latimer  
of Fulton

to receive and receipt for the pension paid hereon and request that he remit same to

me at my home

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of February 1900. E. W. Latimer [L. S.]

Executed in presence of  
R. F. Thompson  
Fulton County Ga

For Those Heretofore Paid.

1899.

NO. 838

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO  
Mrs. E. W. Latimer

OF  
FULTON County

Widow of Thomas J.

RICHARD JOHNSON,

Commissioner of Pensions

WARRANT ISSUED

2/24 1899.

AND HANDED TO

R. Z. Latimer

Geo. W. Harrison, State Printer, Atlanta

1900.

NO. 2935-

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO  
Mrs. E. W. Latimer

OF  
FULTON County

Widow of

JNO. W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

2/21 1900,

AND HANDED TO

Wright

Geo. W. Harrison, State Printer, Atlanta

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,  
County of FULTON

Personally Comes Mrs.

*E. M. Latimer*

who, being sworn, says on oath, that she is a bona fide resident of said county of

FULTON

State of Georgia, and that she has resided in said State

continuously ever since

18 14 That she is the Widow of

*E. M. Latimer*  
of the *First* Regiment of *La State Lin Col*

Regiment of

*Aug.*

Volunteers, that he enlisted in said regiment on or about the month of

1863 and served in the Army up to

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 cause.)

*Contracted lung trouble while in the army - from which he died in Jan'y 1891.*

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 35

I have been allowed a pension as a resident of

FULTON

County for the year ending

February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this  
20 day of Feb 1899.*R. F. Thompson* Ordinary.

Post-Office

*E. M. Latimer*  
*College Park Ga**W. H. Hulsey*  
*Fulton Co. Ga*

State of Georgia,

FULTON

County.

W. H. HULSEY,

Ordinary of said County, certify that I am well acquainted

with Mrs. *Elizabeth M. Latimer*, 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 23 day of Dec 18 90

Given under my official signature and seal this the 20 day of Feb 1899.

Official  
Seal

Ordinary of

FULTON

County.

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,  
County of *Fulton*

Personally Comes Mrs.

*E. M. Latimer*

who, being sworn, says on oath, that she is a bona fide resident of said county of

*Fulton*

State of Georgia, and that she has resided in said State

continuously ever since

18 19 That she is the Widow of

*Octob*  
*Shas. J. Latimer*  
*A.* of the *First* Regiment of *La State Lin Col*

Regiment of

Volunteers, that he enlisted in said regiment on or about the month of

*August*

1869 and served in the Army up to

1865 That he lost his

life on the 5<sup>th</sup> day of January 18 91 (State here)

(Full particulars of the husband's death, when, where and from what cause.)

*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 she has never married since his death aforesaid, and that she became his wife in the year 18 30

I have been allowed a pension as a resident of

*Fulton*

County for the year ending

February 15th, 1899, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this

20 day of February 1900.

*R. F. Thompson* Ordinary.

Post-Office

*E. M. Latimer*  
*College Park Ga*

State of Georgia,

*Fulton*

County.

Ordinary of said County, certify that I am well acquainted

with Mrs. *Elizabeth M. Latimer*, 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 shehas continuously resided in this State since the 23<sup>rd</sup> day of Dec 18 90

Given under my official signature and seal, this the 20 day of Feb 1900.

Official  
Seal

Ordinary of

*W. H. Hulsey*  
*Fulton*

County.

State of Georgia

Meriwether County

Personally known before me  
of said County, J. H. Kempf, J. W. Walker and B. F. McLaughlin  
each known to me as truth, fair  
reliable and reputable Citizens  
who severally say, under oath  
that from their own personal  
knowledge that in addition to  
the oath already made by them  
and as Supplement to same, say  
that they first noticed any sym-  
ptoms of the Cough and Lung trouble  
which resulted in the death of  
Thomas J. Latimer was in the  
Winter of 1863. While in the Con-  
federate Service in North Georgia  
(near Fort Jones) where said  
Thos J. Latimer contracted  
a form of Small Pox and Cancer  
near La Grange, Pneumonia,  
prior to that time he was  
 hale and hearty and appar-  
ently free from any disease  
certainly free from the Lung  
trouble. He was not sent to any Hos-  
pital, but shortly afterwards  
some time in July 1864) discharged  
from the Service and came  
home, and was ever after troubled  
with the Cough and Lung trouble

Georgia } In person before me Dr J.  
Meriwether County } J. Latimer, a prac-  
ticing Physician of said County,  
who is trustworthy & reputable  
man, who on oath says, he  
treated Thomas J. Latimer from  
the close of the war for Cough  
and Lung trouble, until about  
1880 or until said Thomas J.  
Latimer move from said County  
to the County of Fulton, where  
he died; And deponent says  
further that after ~~he~~ he decid-  
went to Fulton County he  
(deponent) made frequent visits  
to see the afflicted old man  
until he died of said disease,  
contracted in the service.  
And that said disease was Chron-  
ic Bronchitis.

J. T. Latimer M.D.

Subscribed to & Subscribed before  
me, this June 27<sup>th</sup> 1898.

A. J. Keinton Ordinary

I certify that B. F. McLaughlin, J. H.  
Kempf, J. W. Walker & Dr J. T. Latimer  
whose genuine signatures appear hereto  
are entirely worthy of belief. A. J. Keinton  
this June 27<sup>th</sup> 1898. Ordinary.

to Cancer which grew worse  
 continuously until his death.  
 Dr. J. J. Latimer, son of Lane,  
 of the Meriwether County at-  
 tended him and treated him  
 for several years after the War.  
 Affiants say he was never well  
 of the Cough, and being hoarse  
 after the War. Which is of their  
 personal knowledge.

From a card subscribed B. F. McLaughlin  
 before me this January } Jas. W. Humphries  
 27<sup>th</sup> 1898. } J. W. <sup>his</sup> Walker

A. J. Hinton

Ordinary.

2nd Point to Go

2000 Com. & May, Concord, Sept 23, 1897

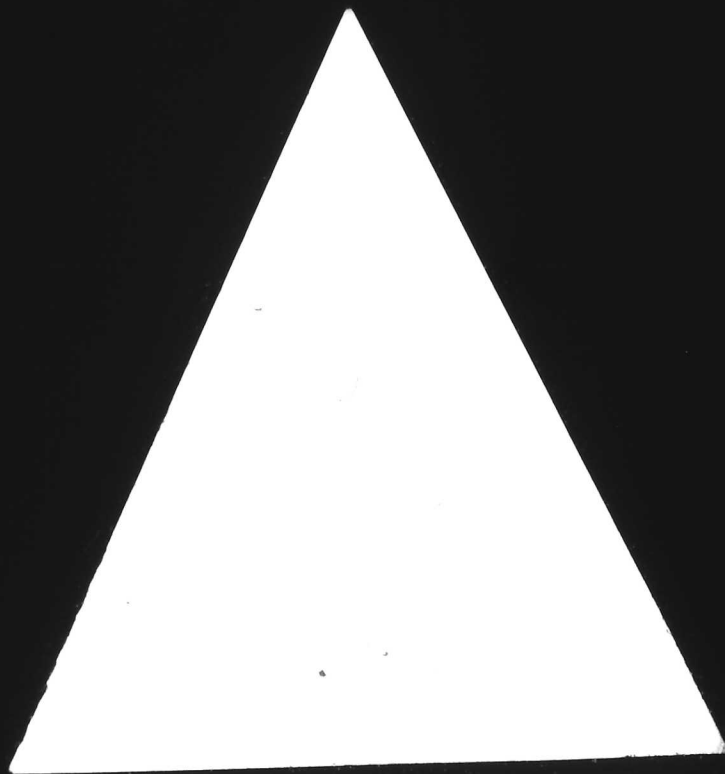
This certifies that I was Physician  
 to Hon. J. Latimer and family for a  
 few years preceding his death.  
 During my acquaintance with him  
 he was troubled with Chronic Bronchitis  
 and died with that disease on  
 1st Day of January 1891.

From a card sub. S. Weston Taylor M.D.,  
 as a fact before me.

7-10-23-1897

W. B. Hinton

Ordinary



*Latimer, Geo. Wm.*  
*OK 1914*  
*Tilton County*

No. \_\_\_\_\_

**Widow's Pension**

UNDER ACT 1910

County *Tilton*

Name *Mrs. G. W. Latimer*

Widow of *Geo. W. Latimer*

*OK 1914*

J. W. LINDSEY  
Commissioner of Pensions.

Chas. F. Byrd, State Printer

*11/8-1912*

Application for Pension by a Widow Under Act of 1910.--Questions for Applicant.

STATE OF GEORGIA,

Fulton County.

Personally before me comes Mrs Geo I Latimer of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of 1910, and submit testimony to make out the same, true answers makes to the following questions to-wit:

1. What is your name, and where do you reside? Mrs Geo I Latimer  
2. How long and since when have you been a continuing resident of the State of Georgia? All my life

3. When were and to whom were you married? 1869 (3/18) Atlanta Ga  
Mrs Geo I Latimer

4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) 1864  
at Albany, Ga. Co. 2nd Reg. Cavalry

5. When and where did the Commands of your husband surrender or discharge from the army? at Gretna, Va. Apr 26-1865 by Gen J. Johnston

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? ✓

d. What was his physical condition when he left his Command? ✓

e. What effort did he make to return to his Command? ✓

f. In what way was he prevented from going back to Command? ✓

g. Was he captured by the enemy at any time? ✓

h. If so, when and where captured and where held as a prisoner, and when and for what cause released? ✓

j. When and where did your husband die? Atlanta, Ga. April 22<sup>nd</sup> 1909

k. Were you residing together when he died? Yes

l. If not, how long had you resided apart? ✓

m. What property of any description did you own, hold or control for your use and its cash value, Nov. 1, 1908? (State same by items.) None

10. What property of any kind have you sold or given away since Nov. 1, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) None

11. What property of any description of any value have you now? None

12. What are your annual earnings or income and their value? nothing

13. Have you heretofore been paid a pension by the State? No  
If so, when and for what cause were you struck from the Roll? ✓

Sworn to and subscribed before me this 20<sup>th</sup> day of Nov, 1912, at Atlanta County.

John R. Wickham Ordinary.

Widow's Pension

UNDER ACT 1910

County

Name

Widow of

J. W. LINDSEY,  
Commissioner of Pensions

Act P. 1910, 2nd Sec. 10

Testimony taken  
at Fulton County  
Georgia  
April 1914

#312-1914

**Questions for the Witnesses as to Service of Husband and Marriage.**  
STATE OF GEORGIA.

County Clarke Personally before me comes Robert C. Latimer 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? Robert C. Latimer Athens Ga
2. How long and since when have you known Robert C. Latimer applicant? 47 years - since 1868
3. How long and since when has she continuously resided in this State? (Give date.) 47 years to my personal knowledge - since 1865
4. When and to whom was she married? Robert C. Latimer How do you know from Record, & they were at my home for 4 or 5 years
5. How long and since when did you know George J. Latimer her husband? For more than 60 years - he being my younger brother
6. When and where did Robert C. Latimer the husband of Applicant die? March 29 - 1895 - in his home
7. Were the applicant and her husband living together as husband and wife at the date of his death? Yes - most decidedly
8. When, how long did they live apart before his death? Never
9. Were they divorced? No
10. When, where and in what Company and Regiment did Robert C. Latimer enlist? Nov. 1864 in Co B Phillips's Legion Cavalry (Georgia Brigade at time of surrender)
11. Were you a member of the same Company? Yes
12. How long within your personal knowledge did he perform actual military service with his Company and Regiment? From June 1864 to April 25 or 26 - 1865
13. When and where did his Company surrender, and was discharged? April 26/65 at Greensboro N.C. by G. Johnson
14. Were you personally present when it was surrendered? Yes If not where were you? Not present and how came you there? With Company
15. Was the husband of applicant personally present at surrender? Yes If not where was he? Not present when, where and for what cause did he leave Command? (Give date) By whose authority did he leave his Command? How do you know all this? He was the Commanding & assisted U.S. Officer in writing Parole for my Co & the Legion
16. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? None
17. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? None

Sworn to and subscribed before me this the 25th day of April 1912 Robert C. Latimer Ordinary.

of Clarke County.

**AFFIDAVIT OF TWO FREEHOLDERS.**

STATE OF GEORGIA,

Fulton County.

Personally before me comes John R. West who on oath says that they are freeholders of said County and that they know of said County and know what property she owned on 11th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows.

Personal property Nothing \$  
Notes and accounts due Nothing \$  
Total Nothing \$

Schedule (B). We know the property sold or given away since Nov. 11th 1908, its cash value to be as follows:

Personal property Nothing \$  
Money, Notes and Accounts Nothing \$

Schedule (C). We also know what property she has now in her possession, use and control to wit:

Acres of land worth Nothing \$  
Horses and Mules Nothing \$  
Cows and Hogs Nothing \$  
Other Property Nothing \$  
Income and Earnings Nothing \$  
Total Value of all property and effects Nothing \$

Sworn and subscribed before me this the

6th day of Apr 1912 John R. West Ordinary.  
of Fulton County.

**ORDINARY'S CERTIFICATE.**

STATE OF GEORGIA,

Fulton County.

I, John R. West Ordinary of said County do certify that, I know Robert C. Latimer the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th Nov., 1908.

That I also know A. P. Stewart the witness who swears to the service of husband, and A. P. Stewart who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns Nothing Returned for Tax is for 1908 \$ Nothing for 1910 \$ Nothing

Sworn under my hand and official seal of office this 7th day of Apr 1912

(SEAL)

(SEAL)

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God?"  
2. Additional affidavits may be attached if blank space are insufficient.  
3. All affidavits must be made before the Ordinary.  
4. Only widows who married prior to first January 1870, are entitled.  
5. Attach certified copies of marriage license if obtainable. If not prove marriage by some person, or by general reputation.

Sworn to and subscribed before me this the

25<sup>th</sup>day of October

1922

Robert L. LatimerSpringfield

Ordinary.

of

Clarks

County.

(SEAL.)

John R. West Ordinary.Fulton

County.

(SEAL.)

- NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God?"
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary.
4. Only widows who married prior to first January 1870, are entitled.
5. Attach certified copies of marriage license if obtainable. If not prove marriage by some person, or by general reputation.

Latimer, G.T. (Mrs.)  
Fulton County  
**1921**

**Application for Pension Due  
 Deceased Pensioner  
 Under Act 1904**

(To pay expenses of last illness or funeral)

Thos H Jeffries Ordinary  
 For Mrs G.T. Latimer

of Fulton County  
 of Co. \_\_\_\_\_ Regiment

Died Aug 10 - 1921

Amount \$ \_\_\_\_\_

Approved and ordered paid.

1921.

**J. W. LINDSEY,**  
 Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Office for approval before you pay out the money.

Atlanta Printing Co. Atlanta, Ga.

Paid ✓

H. M. PATTERSON

ESTABLISHED 1886

FRED W. PATTERSON

**H. M. PATTERSON & SON**  
**FUNERAL DIRECTORS**

96 North Forsyth Street

Adjoining Carnegie Library

Atlanta, Ga., August 10, 1921.

Sold to Funeral Expenses of Mrs. G.T. Latimer:

|                           |     |    |
|---------------------------|-----|----|
| Casket and Box            | 175 |    |
| Transfer to Office        | 5   |    |
| Embalming, dressing, etc. | 15  |    |
| Dress                     | 60  |    |
| Two Constitution notices  | 6   | 84 |
| Georgian notice           | 2   | 88 |
| Journal notice            | 3   | 06 |
| Truck for Box             | 3   |    |
| Grave and Lining          | 10  | 50 |
| Motor Flower Car          | 5   |    |
| Motor Hearse              | 15  |    |
| Palbearers Motor Coach    | 12  |    |
| Four Limousines           | 40  |    |

GEORGIA. FULTON COUNTY.

Personally before the undersigned authority 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.

Arthur R. H. H. H. Patterson  
 C C Ordinary.

353 28

# Application for Pension Due to a Deceased Pensioner

Under the Act of August 15, 1904

To Be Paid to the Ordinary for Funeral Expenses and Expenses of Last Illness

GEORGIA, Fulton County.

Personally before me, the Ordinary of said County, comes  
H. M. Patterson of said County, who, after being sworn, on oath says  
that he knew Mrs. G. T. Latimer of said County, and that he was on  
the Widows Pension Roll Fulton County at the  
time of his death, which occurred in Fulton County, in this  
State, on the 10 day of August, 1921, and that  
a Pension of \$125.00 Dollars was due him and  
unpaid at the time of his death. That he left no widow or dependent children surviving him, and  
no estate of any value sufficient to pay his funeral expenses, which amounted to the sum of \$353.28  
Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me

this 19 day of December, 1921

Arthur R. Mearns Ordinary.  
Fulton County.

## AFFIDAVIT OF ORDINARY

GEORGIA, Fulton County.

I, Thos. H. Jeffries Ordinary of said County, do certify  
that I personally know H. M. Patterson, 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 know Mrs. G. T. Latimer while in life; that he  
was the same person whose name appears on the Widows Pension  
Roll of Fulton County, and was paid a Pension  
of \$125.00 Dollars in said County for 1921, and  
I now believe him to be dead.

Given under my hand and official seal, this 19 day of December, 1921

(SEAL)

Thos. H. Jeffries Ordinary.  
Fulton County.

NOTE.—For use in all cases where pensioner died after Jan. 1st, had not been out of State longer than twelve months and died without  
owing sufficient property to pay such expenses. Require these claimants accounts for expenses of last illness and for funeral expenses, to  
make out the account in itemized form, giving value for each item and for what. Requiring accounts, other than those connected with last  
illness before death, cannot be paid. All accounts must be made out and sworn to before the Ordinary, in the following form:

"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of

Parties who pay such bills must see to it that they are itemized and sworn to as above directed before presenting them for payment  
by the State.

The Ordinary must see that an affidavit has been made on the face or back of each bill submitted for payment and must then attach  
such bills to this voucher and send to the Pension Office so that his account may be given credit for the money thus paid out. If you  
have any doubt about a claim, write to this Office for instructions. Do not pay out any money in these cases until the completed voucher,  
this blank and the bills attached hereto have first been sent to the Pension Office and approved and sent back to you as your  
authority to pay out the money.

H. M. PATTERSON

ESTABLISHED 1886

FRED W. PATTERSON

## H. M. PATTERSON & SON FUNERAL DIRECTORS

66 North Forsyth Street  
Adjoining Carnegie Library

Atlanta, Ga., August 10, 1921.

Sold to Funeral Expenses of Mrs. G. T. Latimer:

|                           |       |
|---------------------------|-------|
| Casket and Box            | 175   |
| Transfer to Office        | 5     |
| Embalming, dressing, etc. | 15    |
| Dress                     | 50    |
| Two Constitution notices  | 6 84  |
| Georgian notice           | 2 88  |
| Journal notice            | 3 06  |
| Truck for Box             | 3     |
| Grave and Lining          | 10 50 |
| Motor Flower Car          | 5     |
| Motor Hearse              | 15    |
| Palbearers Motor Coach    | 12    |
| Four Limousines           | 40    |

GEORGIA, FULTON COUNTY.  
Personally before the undersigned authority 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.  
Arthur R. Mearns  
C C Ordinary.

353 28

I now believe him to be dead.

Given under my hand and official seal, this

9 day of January, 1922

(SEAL)

Ordinary.

Fulton

County.

NOTE.—For use in all cases where pensioner died after Jan. 1st, had not been out of State longer than twelve months and died without owning sufficient property to pay such expenses. Require those claiming accounts for expenses of last illness and for funeral expenses, to make out the account in blanked form, giving value for each item and for what. Remaining accounts, other than those connected with last illness before death, cannot be paid. All accounts must be made out and sworn to before the Ordinary, in the following form:

"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of

who died without owning sufficient property to pay this bill."

Parties who pay such bills must see to it that they are itemized and sworn to as above directed before presenting them for payment by the State.

The Ordinary must see that an affidavit has been made on the face or back of each bill submitted for payment, and must then attach such bills to this voucher and send to the Pension Office so that his account may be given credit for the money thus paid out. If you have any doubt about a claim, write to this Office for instructions. Do not pay out any money in these cases until the completed voucher—this blank and the bills attached hereto have first been sent to the Pension Office and approved and sent back to you as your authority to pay out the money.

Prison. Office  
Nov 1 - 1910

Tails & Tails  
a term of 6  
as required  
by law - Davis  
orig. this Prison  
D. W. Lindsey  
Carr. of Prison

Lanham, John W.  
Lanham, John W.  
disappeared 11/1/1910

**Confederate  
Soldier's Application.**

✓ UNDER ACT 1910.

County Fulton  
Name J. W. Lanham  
Company McCawley's  
Regiment  
Approved

J. W. LINDSEY,  
Commissioner of Prisons

CHAS. F. BYRD, State Printer, Atlanta.

9/2/10

# APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

## Questions for Applicants to Answer.

STATE OF GEORGIA,

Fulton County.

J. W. Lawhon of said State and County, hereby applies for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit:

1. What is your name and where do you reside? (Give County and Post-office).....
- J. W. Lawhon, Atlanta, Ga., R. F. D. No. 72, Fulton County.
2. How long and since when have you been a continuous resident citizen of this State?.....
- 75 years.
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? In the Army of the Confederate States.
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) 1861, Paris, Texas. Co. G. McMullen's Escort.
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) Something over 12 months.
6. When and where was your Company and Regiment surrendered or discharged from the Service? April 1865, near Atlanta, Ga.
7. Were you actually present with your Command when it was surrendered or discharged? No.
8. If you were not actually present, state specifically and clearly where you were Had been discharged and sent home on account of sickness.
- a. Where was your Command when you left it? Elkhorn, Arkansas.
- b. When did you leave the Command? Feb'y 1862
- c. For what cause did you leave? Discharged
- d. By whose authority did you leave? All the officers in command
- e. For how long was your leave granted? In what way? Was discharged
- f. Why did you not return to your Command after leave expired?
- g. In what way were you prevented?
- h. What effort did you make to return?
- i. Were you captured during the war? No
- j. If so, when, and where? In what prison were you held and when were you released?
9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) None.
10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price? Disposed of none. Had none.
11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list) None.
12. What annual or monthly income or earnings of yourself and wife and the source derived have you? Nothing whatever, am unable to do any work.
13. Are you drawing a pension of any amount from this State or the United States? No.
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No.

Sworn to and subscribed before me, this the

day of Feb'y 1910  
J. W. Lawhon  
Ordinary,  
Fulton County.

Confederate  
Soldier's Application.

UNDER ACT 1910.

County Fulton  
Name J. W. Lawhon  
Company G.  
Regiment McMullen's Escort  
Approved

J. W. LINDSEY,

Comptroller of Pensions

CHARTERED BY THE STATE OF GEORGIA, ATLANTA

Original Office  
March 2-1910  
Felt, Atch  
discharged 17/1910  
by law - sent  
home - in  
Fulton County  
Lawhon's  
own office

# QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

DeKalb County.

Robert E. Jones of said State and County is hereby presented as a witness in support of the application of J. W. Lawhon 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? Robert E. Jones, Decatur, DeKalb County, Georgia.
2. How long and since when have you known J. W. Lawhon the applicant? Fifty years.
3. Where does he now reside, and since when has he been a bonafide, continuing resident in this State and how do you know? Atlanta, Ga. Ever since the War.
4. When, where and in what Company and Regiment did J. W. Lawhon enlist during war from 1861 to 1865? (Give date and place). 1861, Paris, Texas, Co. C, Capt. Bennett's Company, General Macdonough's Regiment.
5. How did you obtain your information of this? I was in the same Co. and Regiment. He was in my mess.
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date). About 15 months.
7. When and where was his Command surrendered or discharged (give date and place). Elkhorn Tavern, Ark. in 1862.
8. Were you personally present at the Surrender? Yes.
9. If not, where were you and how came you there?
10. Was the applicant personally present with his Command at surrender? Yes.
11. If not where was he and how came him there?
12. When did he leave his Command? 1862. Where was his Command when he left it? Elkhorn Tavern, Ark. for what cause did he leave? Too sick to do duty. By whose authority did he leave? The General in command. and how long was he granted leave? Was discharged. How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically). I was present and know that he was discharged because he was unable to do military duty.
13. In what way was he prevented from returning to his Command? Sickness. How do you know? Because I was there and knew that he was unable.
14. What effort did he make to return to his Command and how do you know? None.
15. Was applicant captured as a prisoner. No. If so, when and where? In what prison was he held? and when released?

Sworn to and subscribed before me, this 27 day of April 1910

James R. George Ordinary of DeKalb County.

## AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Personally before me comes E. J. Stanley and J. W. Lawhon who are free holders residing in said County and who 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 items and value).

1. What property, if any, has been sold or given away by the applicant or his wife since 3 Nov.

1906? (State in full by items)

3. When and to whom was it sold or given to?
4. What was the price paid or stated to be paid?
5. What relation is the party to applicant?
6. What disposition was made of the proceeds of the sale?
7. Was the disposition of this property made in good faith and full value?

or was it made to obtain a pension?

Sworn to and subscribed before me, this 27 day of April 1910

James R. George Ordinary of DeKalb County.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb County.

I, James R. George, Ordinary of said County, certify that I know the applicant J. W. Lawhon for Pension is the person he represents himself to be and resides in said County. The J. W. Lawhon the witness swearing 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 Fulton shows that and wife value for tax is in 1906 \$ 1000 for 1909 \$ 1000 for 1910 \$ 1000

Sworn under my hand and official seal of office this 20th day of April 1910

James R. George Ordinary of Fulton County.

- NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words: "You do solemnly swear that you will true answer make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
  3. All affidavits must be made before the Ordinary and certified by him.
  4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of Free holders unnecessary.

*Joshua R. George* Ordinary  
of *Dick* County.

**AFFIDAVIT OF TWO FREEHOLDERS.**

STATE OF GEORGIA.

*John*

County.

*E. J. Stanley*

Personally before me comes *John* who of oath  
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: *Geo. Parker*  
(Make list by items and value.)  
*John*

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov.

Mr. A. Wright-Campbell, Ind. is hereby authorized  
to receipt for executive warrant for amt. due  
me on within application.

R. E. Lawhon

10<sup>th</sup> Nov 1879

Lawhon, R. E.  
# 377  
Lawhon, R. E.  
Fulton Co.  
No. 171 ✓

APPLICATION FOR

Leg

FOR CONFEDERATE SOLDIER.

Applicant... R. E. Lawhon

County... Fulton

Limb... Leg. below knee

Amount... \$7.50

Date of Warrant... Nov 12<sup>th</sup> 79

Page...

Co. H, 23d Regt. Inf.  
Ind.

E 1952

# STATE OF GEORGIA.

*Fulton* County.

Personally appeared before me *R. E. Lawhorn* of the county of *Fulton* State of Georgia, who, being duly sworn, deposes and says that he was on the 20th day of September, 1879, a bona fide resident of this State; that he enlisted in the military service of the Confederate States, or of this State, as a *private* in Company *No. 23rd* *Georgia* Regiment of *Volunteers* that while engaged in such military service, to-wit: at the battle or engagement of *Battle of Wagner* in the State of *South Carolina* on the *thirtieth* day of *August* 1863, he was wounded in the *left leg* and that the *leg* was amputated *below the knee* and that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th, 1879; that he has *leg* supplied himself with an artificial *leg*; or that, not having done so, he prefers to supply himself with an artificial *leg*.

Sworn to and subscribed before me this *6th* day of *October* 1879, *R. E. Lawhorn* *Notary Public* *for Fulton County, Georgia*

NOTE: The above affidavit may be used before a Justice of the Peace to administer oaths, a Judge of the Superior or County Court, Justice of the Peace, or a Notary Public, or a Justice of the Peace.

## COMMISSIONED OFFICER'S AFFIDAVIT

# STATE OF GEORGIA,

*Cobb* County.

Personally came before me *R. M. Mitchee* of the county of *Cobb* State of Georgia, who, being duly sworn, deposes and says that he was *Captain* in Company *No. 23rd* *Georgia* Regiment and that *R. E. Lawhorn* the above deponent, was *Quartermaster* in said Company, and that this deponent knows that said *R. E. Lawhorn* lost a *leg* in the military service as said in the above affidavit.

Sworn to and subscribed before me this *6th* day of *November* 1879, *R. M. Mitchee* *Notary Public* *for Cobb County, Georgia*

NOTE: If the affidavit of the commissioned officer is not obtainable, the following affidavit of three responsible citizens, must be furnished.

*W. A. Wright - Comptroller Genl. is hereby authorized to receipt for executive warrant for amt. due me on within application*

*R. E. Lawhorn*

## APPLICATION FOR

For Compensation Service

Applicant: *R. E. Lawhorn*

County: *Fulton*

Limb: *leg below knee*

Amount: *\$78*

Date of Warrant: *Nov. 12 1879*

Page: *1*

*C. H. 23d Regt. Inf.*

*1955*

# AN ACT

To carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877:

SECTION 1. Be it enacted by the General Assembly of the State of Georgia, That any person now a bona fide resident of this State, who enlisted in the military service of the Confederate States, or of this State, who, while engaged in said military service, lost a limb or limbs, may furnish to the Governor of this State proof that such applicant has supplied himself with such needful artificial limb or limbs, and the Governor, on reception of such proof, is hereby authorized to draw his warrant on the Treasurer of this State in favor of such applicant for either amount hereinafter mentioned, to wit: For a leg extending above the knee, one hundred dollars; for a leg not extending above the knee, seventy-five dollars; for an arm extending above the elbow, sixty dollars; for an arm not extending above the elbow, forty dollars. Provided the said amounts of money may be allowed to any one entitled to the benefits of this Act who may prefer to supply himself with the said artificial limb.

SEC. 2. Be it further enacted by the said authority, That such application shall contain proof of such applicants being entitled to the benefits of this act, and shall further state whether arm or leg has been supplied. If an arm, whether extending above the elbow or not, if a leg, whether extending above the knee or not, and the Governor shall decide the sufficiency of the proof submitted.

SEC. 3. Be it further enacted by the said authority, That no applicant shall receive the sum allowed under this act oftener than once in five years.

SEC. 4. Be it further enacted by the authority aforesaid, That all laws and parts of laws in conflict with this Act be and the same are hereby repealed.

HENRY R. GOETCHIE,  
Secretary House Representatives  
WM. A. HARRIS,  
Secretary Senate

Approved, September 10th, 1879

A. O. BACON,  
Speaker House Representatives.  
RUFUS E. LUTHER,  
President Senate.  
ALFRED H. CHILQUITT, Governor

## STATE OF GEORGIA,

*Fulton* County,

Personally came.....

*M. G. Whitlock*  
*Volney Dunning* *J. H. Peterson*  
who, being duly sworn, depose and say they are acquainted with.....*R. E. Law*  
.....and ~~that~~ he lost a *leg*.....in the military service during the late war;  
that said *leg*.....was amputated *below the knee*.....; that he is a bona fide  
citizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.

Sworn to and subscribed before me this *10<sup>th</sup>*.....

*Volney Dunning*  
*J. H. Peterson*  
*M. G. Whitlock*  
*Notary Public*  
*Fulton County*

## STATE OF GEORGIA,

*Fulton* County,

I, *Daniel Peterson*....., Ordinary of *Fulton*.....

county, do certify that I am well acquainted with.....*Robert E. Law*.....

the applicant for a *leg*....., and am well satisfied that the facts stated by him in the foregoing

affidavit are true, and that I am well acquainted with.....*M. G. Whitlock*.....*Volney*

*Dunning* & *J. H. Peterson*.....*M. G. Whitlock*.....*Volney*  
the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts  
stated by them are true *and* *very* *believe*

Given under my hand and official seal, this *10<sup>th</sup>*.....

day of *November*.....1879.

*Daniel Peterson*  
*Ordinary F.C.*

NAME, Lawhon, R E

YEAR 1879 COUNTY Fulton

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK. Private

COMPANY AND REGIMENT? Co F 23rd Regt. Ga. Vols

NAME OF CAPTAIN OR COLONEL? Captain R M Mitchell

WOUNDED Battery Wagner, South Carolina - August 30, 1863 -  
Left leg, necessitating amputation below the knee.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE CAPTURED?

IF NOT PRESENT AT CAPTURE, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. M G Whitlock, Valney Dunning and J H Ketner

No data

No data



POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

to receive and receipt for the pension paid hereon and request that he remit same to \_\_\_\_\_

by \_\_\_\_\_

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_

day of \_\_\_\_\_ 1896.

[L. S.]

Executed in presence of us \_\_\_\_\_

*Yminett H 45*  
*Lawson, W. R.*  
Act of March 1st, 1896.  
(For Those Already Enrolled.)  
*Fulton Co.*  
No. *509*

SOLDIER'S PENSION.  
1896.

Name *W. R. Lawson*  
County *Fulton*  
Disability *Hand*  
Amount, \$ *20.00*  
*2/26* 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

*appet*

Geo. W. Harrison, State Printer, Atlanta.

*No later*

# POWER OF ATTORNEY.

STATE OF GEORGIA;

County.

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

to receive and receipt for the pension paid hereon and request that he remit same to

by \_\_\_\_\_

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_

day of \_\_\_\_\_ 1896.

[L. S.]

Executed in presence of \_\_\_\_\_

**SOLDIER'S PENSION.**

**1896.**

Name *W. R. Landon*

County *Fulton*

Disability *Am d*

Amount, \$ *25.00*

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

*App'd*

Geo. W. Harrison, State Printer, Atlanta.

*No later*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

to receive and receipt for the pension paid hereon and request that he remit same to

by \_\_\_\_\_

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_

day of \_\_\_\_\_ 1897.

[L. S.]

Executed in presence of \_\_\_\_\_

**INVALID**

**SOLDIER'S PENSION.**

**1897.**

Name *W. R. Landon*

County *Fulton*

Disability *Man d*

Amount, \$ *25.00*

1897.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

*App'd*

Geo. W. Harrison, State Printer, Atlanta.

*No later*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears W. R. Lankford 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 1844;

that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as Private in Company E, of 7th Regiment of Volunteers, Barton's Brigade; that whilst engaged in such military service in the State of Georgia, on the 21 day of July, 1861, he was wounded, injured or diseased as follows:

Shot through hand disabling hand

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1890. I have heretofore as a resident of Guinnett county been allowed a pension of Twenty five dollars, for the year 1889.

Sworn to and subscribed before me, this, 26 day of July, 1890.

W. L. Galloway Ordinary

Note.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Fulton County.

I, W. R. Lankford Ordinary of said County, do certify that I am well acquainted with W. R. Lankford 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 July, 1890.



Ordinary Fulton County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears W. R. Lankford 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 1844;

that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company E, of 7th Regiment of Volunteers, Barton's Brigade; that whilst engaged in such military service in the State of Georgia, on the 21 day of July, 1861, he was wounded, injured or diseased as follows:

Shot through hand disabling hand

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 Guinnett county been allowed an invalid pension of Twenty five Dollars, for the year 1889.

Sworn to and subscribed before me, this, 26 day of July, 1897.

W. L. Galloway POST OFFICE

Note.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Fulton County.

I, W. L. Galloway Ordinary of said County, do certify that I am well acquainted with W. R. Lankford 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 July, 1897.



Ordinary Fulton County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

to receive and receipt for the pension paid hereon and request that he remit same to

by \_\_\_\_\_

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of \_\_\_\_\_ 1898.

[L. S.]

Executed in presence of \_\_\_\_\_

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

to receive and receipt for the pension paid hereon and request that he remit same to

by \_\_\_\_\_

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of \_\_\_\_\_ 1899.

[L. S.]

Executed in presence of \_\_\_\_\_

ACT OF 24 OCT. 1887.

(For These Already Enrolled.)

No. 2248

INVALID

SOLDIER'S PENSION.

1898.

Name *W. R. Lawton*

County *Fulton*

Disability *Sickbed*

Amount, \$ *25.00*

*2/17* 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

*Apper*

W. H. HARRISON, STATE PRINTER, ATLANTA.

*No date*

CODE SETTING 1894

(For These Already Enrolled.)

No. 1866

INVALID

SOLDIER'S PENSION.

1899.

Name *W. R. Lawton*

County *Fulton*

Disability

Amount, \$ *25*

*2/16* 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

*Apper*

W. H. HARRISON, STATE PRINTER, ATLANTA.

*No date*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears W. R. Lawhorn 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 1844; 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 E, of 7th Regiment of Ga Volunteers, Bartow's Brigade; that whilst engaged in such military service in the State of Ga, on the 21 day of July, 1861, he was wounded, injured or diseased as follows:

Shot through hand, disabling it.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of

Twenty five Dollars, for the year 1898.

Sworn to and subscribed before me, this, the

17 day of July, 1898. POST-OFFICE

NOTE—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Fulton County.

I, M. H. Halsey Ordinary of said County, do certify that I am well acquainted with W. R. Lawhorn the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 17 day of July, 1898.

Ordinary Fulton County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears W. R. Lawhorn 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 1844; 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 E, of 7th Regiment of Ga Volunteers, Bartow's Brigade; that whilst engaged in such military service in the State of Ga, on the 21 day of July, 1861, he was wounded, injured or diseased as follows:

Shot through hand, disabling it.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of

\$ 75.00 Dollars, for the year 1898.

Sworn to and subscribed before me, this, the

16 day of July, 1898. POST OFFICE

NOTE—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Fulton County.

I, M. H. Halsey Ordinary of said County, do certify that I am well acquainted with W. R. Lawhorn 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 16 day of July, 1898.

Ordinary Fulton County.

do certify that I am well acquainted with M. R. Rawdon the  
applicant in the foregoing affidavit, and am well satisfied that the statements made by him  
in his said affidavit are true, and I know he is the individual he represents himself to be  
and that he resides in this County.

Given under my official signature and seal, this 17  
day of July 1898.



Ordinary Fuller County.

do certify that I am well acquainted with M. R. Rawdon 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 16  
day of July 1899.



Ordinary Fuller County.

*Sawhom, L. C. Mrs.*  
*Fulton County*  
*#561*  
**189** *1900*

**APPLICATION FOR PENSION**

**DUE DECEASED SOLDIER**

**UNDER ACT 1891.**

— BY —

*Mrs. L. C. Sawhom*  
Widow of *W. L. Sawhom*  
County *Fulton*

Approved and Paid *\$250*

*May 5 1900* 189

*[Signature]*  
Sec. Executive Department.

# APPLICATIONS FOR PENSIONS DUE DECEASED SOLDIERS.

Under Act Approved October 9, 1891.

STATE OF GEORGIA,

COUNTY OF Fulton

Personally appears before me Mrs. L. C. Lawhorn  
of said County of Fulton State of Georgia, who, being duly  
sworn, says on oath that she is the widow of W. R. Lawhorn  
who was a disabled Confederate soldier, and whose name had been duly enrolled as entitled to a pension  
of Twenty five Dollars annually from  
the State of Georgia. That said W. R. Lawhorn  
died on the 11 day of January 1900, in  
Fulton County and that at his death, his right to said pension for  
the year ending October 26, 189 had accrued, but had not been paid to him for the said pension year.  
Applicant, as his widow, applies for the amount which would have been paid him had he lived to this time.

Sworn to and subscribed before me, this 26 day of July 1900 } Mrs L C Lawhorn  
M. R. Lawhorn Ordinary.

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 the deceased soldier who dies and leaves no widow, by altering the same to suit the facts.

STATE OF GEORGIA,

Fulton COUNTY.

I, M. R. Lawhorn, Ordinary of said County, do certify  
that I am personally acquainted with Mrs. L. C. Lawhorn  
that I know personally, or from sworn testimony of witnesses before me, that she is the widow of  
W. R. Lawhorn, a deceased Confederate soldier, who has 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 had not been paid for the current pension year.

Given under my official signature and seal, this 26 day of

July 1900

SEAL

M. R. Lawhorn  
Ordinary.

Application for Pension by a Widow Under Act of 1910.--Questions for Applicant.

STATE OF GEORGIA,

County, Julian

Personally before me comes Mrs. L. C. Lawson of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of 1910, and submit testimony to make out the same, true answers makes to the following questions to wit:

1. What is your name, and where do you reside? Mrs. L. C. Lawson Atlanta Ga
2. How long and since when have you been a continuing resident in the State of Georgia? Since 1847 - about 65 years
3. When, where and to whom were you married? Dec 3, 41, 1847, Daniel C. Lawson
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) May 24th 1861 - Atlanta Ga Co 6 74th Ga Infantry - Private
5. When and where did the Commands of your husband surrender or discharge from the army? April 9th 1865 - Appomattox Cx
6. Was your husband personally present at the time of the surrender or discharge of this Command? He was not but served from May 24th 1861 to Dec 18th 1864
7. If he was not present state clearly where he was? at General Sherman's camp at Savannah
8. Where was his Command when he left? He was Commanded at Jacksonville
- a. For what cause did he leave his Command? Discharged on account of wounds
- b. By whose authority did he leave his Command? Commissioner of the War
- c. For how long was he granted leave of absence? Permanently
- e. What was his physical condition when he left his Command? Left with hand mutilated
- f. What effort did he make to return to his Command? He did not want to go to hospital
- g. In what way was he prevented from going back to Command? He was not allowed to
- h. Was he captured by the enemy at any time? No
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released? No
- j. When and where did your husband die? Jan 14th 1899 - Atlanta Ga
- k. Were you residing together when he died? Yes
- l. If not, how long had you resided apart? No
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.) None
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) None
11. What property of any description of any value have you now? Give list and cash value. None
12. What are your annual earnings or income and their value? None
13. Have you heretofore been paid a pension by the State? No  
If so, when and for what cause were you struck from the Roll? No

Sworn to and subscribed before me this the 1st day of Jan 1910 at Atlanta Ga County, Julian

May 29 - 11  
Laws July 21, 1861  
Under Act 1910  
- 11

Widow's Pension  
UNDER ACT 1910.

Name Mrs. L. C. Lawson  
County Julian  
Widow of Daniel C. Lawson

J. W. LINDSEY,  
Commissioner of Pensions.

Class. 7. Legal State Printer.

**Questions for the Witnesses as to Service of Husband and Marriage.**

STATE OF GEORGIA,

County,

Personally before me comes W. A. Wilson who after

being duly sworn true answers to make, to the following questions, answers as follows:

1. What is your name and where do you reside? W. A. Wilson, East Point Ga
2. How long and since when have you known W. R. Latham applicant?
3. How long and since when has she continuously resided in this State? (Give date.) all of her life
4. When and to whom was she married? W. R. Latham How do you know?
5. How long and since when did you know W. R. Latham her husband? Since I was a large child going to school.
6. When and where did W. R. Latham the husband of Applicant die? He died on Wiley St. Atlanta Ga
7. Where the Applicant and her husband living together as husband and wife at the date of his death? They were living next door to Wilsons
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 W. R. Latham enlist?

June 10th 1862 Co. Infantry

10. Were you a member of the same Company? I was

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? from 22nd March 1862 to 28th Dec 1864

12. When, and where did his Command surrender, and was discharged?

A. Information 1862

13. Were you personally present when it was surrendered? I was not If not where were you I was captured at Farm on the 1st of Jan 1865 and how came you there? I was a private in Kilpatrick's Cavalry.

14. Was the husband of applicant personally present at surrender? he was If not where was he? I was in government work when, where and for what cause did he leave Command? (Give date.) he was severely wounded by whose authority did he leave his Command? He left by order and how long was he granted leave? during the war How do you know all this? I was in correspondence with W. R. Latham till the end of the war.

15. For what cause, if you know of your own knowledge was he prevented from returning to his Command? From June that wound was hard bearing

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? As soon as he was able he entered work

Sworn to and subscribed before me this the 12 day of Jan 1911 W. A. Wilson

Macellum Anderson Ordinary,

County.

**AFFIDAVIT OF TWO FREEHOLDERS.**

STATE OF GEORGIA,

County,

Personally before me comes E. J. Stanley who on oath says that they are freeholders of said County and that they know W. R. Latham of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows.

Personal property None \$  
Notes and accounts due None \$  
Total None \$

Schedule (B). We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:

Personal property None \$  
Money, Notes and accounts None \$

Schedule (C). We also know what property she has now in her possession, use and control to wit:

Acres of land worth None \$  
Horses and Mules None \$  
Cows and Hogs None \$  
Other property None \$  
Income and earnings None \$  
Total Value of all property and effects None \$

Sworn and subscribed before me this the 12 day of Jan 1911 E. J. Stanley Ordinary, County.

**ORDINARY'S CERTIFICATE.**

STATE OF GEORGIA,

County,

I, E. J. Stanley Ordinary of said County do certify that, I know W. R. Latham the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was in the 4th Nov., 1908.

That I also know W. A. Wilson the witness who swears to the service of husband, and Macellum Anderson who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns None Returned for Tax is for 1908 \$ None for 1910 \$ None

Sworn under my hand and official seal of office this 12 day of Jan 1911

SEAL. Macellum Anderson Ordinary, County.

(SEAL.) NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God." 2. Additional affidavits may be attached if blank spaces are insufficient. 3. Only widows who married prior to first January 1870, are entitled. 4. All affidavits must be made before the Ordinary. 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Pension Office, 11/21/10.

Husband'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 out on pale blue widow's blank and fill out as required by that class of widows.

J.W. Lindsey, Com. of Pensions.

# Widow's Application

To Be Put on Roll in Her Own Right, when Husband Was on Roll at Death.

County Fullton  
Name L. B. Lawhorn  
Widow of M. L. Lawhorn

Approved

J. W. LINDSEY  
Commissioner of Pensions

## STATE OF GEORGIA.

### WIDOW'S AFFIDAVIT.

Personally before me come Mrs. L. B. Lawhorn of said County, who, after being duly sworn, on oath says, that she is the widow of L. B. Lawhorn to whom in the County of Fullton State of Ga she was married on the 31st day of Dec 1867 and that she remained his wife, and resided with him to the date of his death in Jan 4/10 1899 and that she has not since his death remarried. At the time of his death he was a resident of Fullton County, in Atlanta said State of Georgia, and he was on the Swatish Pension Roll of the State and paid a pension of \$25.00 in Fullton County for 1899 per annum, on account of being a soldier in Company 7th Ga Regiment (Volunteers of State Militia).

At the death of L. B. Lawhorn 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 \$ one  
Horses and Mules \$ 1  
Hogs, Cows, etc \$ 1  
Total Cash value of all property \$ 1

That she is now a bona fide resident citizen of said County of Fullton and she has so continuously resided since 1896 day of Oct

Sworn to and subscribed before me, this the 6th day of Oct 1910 M. L. B. Lawhorn Marcellus W. Anderson 6th Ordinary, of Fullton County.

### Affidavit of Witnesses to Prove Marriage and to Whom--Date of Death of Husband.

## STATE OF GEORGIA.

Personally before me come M. L. B. Lawhorn known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge M. L. B. Lawhorn who made the foregoing affidavit, is the lawful widow of L. B. Lawhorn who died in Fullton County in said State of Ga on 11th day of Jan 1899 and that she has not since remarried. That she became the wife of L. B. Lawhorn on the 31st day of Dec 1867 and that she and he had resided together as man and wife continuously since 1867 day of Dec 1867 and that the L. B. Lawhorn was the same man who was on the pension roll of said State Ga from Fullton County when he died.

Sworn to and subscribed before me, this the 6th day of Oct 1910 M. L. B. Lawhorn Marcellus W. Anderson 6th Ordinary, of Fullton County.

# AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Fulton County.

Personally before me comes E. J. Stanley, who after being sworn on oath says, that they are freeholders of said County, and that they know his Marcellus Wilson of said County and knew her said husband at his death on the 7 day of Jan 1894 that she and he were in the use, possession and control of the following property at his death to wit: None

of the value of \$ None That she is now in the use, possession and control of the following property to wit: None

of the value of \$ None

Sworn to and subscribed before me, this the 10th day of Oct 1910 E. J. Stanley  
Marcellus Wilson  
of Fulton County.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

I, John R. Wrenn Ordinary of said County, do certify, that, I know Mrs. Marcellus Wilson 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

that I also know Marcellus Wilson witness as to marriage and I also know E. J. Stanley who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of Fulton County shows that Marcellus Wilson returned property to the amount of None for 1908 \$ None for 1909 \$ None for 1910 \$ None

Sworn under my hand and official seal of office this 14th day of Oct 1910  
(SEAL) John R. Wrenn Ordinary.  
Fulton County.

- NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. No help you find."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary.
4. Only widows who married prior to first January 1870, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by general reputation.

LAWHON, L. C. (Mrs.)

For Fulton County

1924

**Application for Pension  
Due Deceased Pensioner**  
(UNDER ACT 1904)

(To pay expenses of last illness and funeral)

Thos H Jeffries Ordinary

For Mrs L C Lawhon

Date of Death Apr 25 1924

Amount \$

Approved and ordered paid

APR 29 1924

W. H. REGOR,  
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 pay-rolls to be permanently filed with them. Do not keep this application in your office.

Pd ✓  
Entered

ATLANTA, GA. April 26, 1924 192

M. For funeral Mrs. Levicie C. Lawhon, Apr. 5, 1924

14 Selwin Ave,

TO Hunter, Blanchard, Cartrell Co. DR.

FUNERAL DIRECTORS

AMBULANCE SERVICE

PHONES IVY 0858-0859

235 IVY STREET

|                 |                 |
|-----------------|-----------------|
| Casket          | \$150.00        |
| Embalming       | 15.00           |
| Hearse          | 10.00           |
| Cause Lining    | 2.00            |
| Robe            | 15.00           |
| Funeral Notices | 7.20            |
|                 | <u>\$199.20</u> |

GEORGIA  
FULTON COUNTY.

Personally appeared before the undersigned, Foster Hunter, who on oath says that the above bill is due and unpaid. and was for funeral expenses of Mrs L C Lawhon Sworn to and subscribed before me, Foster Hunter  
This April 26, 1924.

Arthur B. Macburt  
C. C. Ordinary.

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 Celebrate: You are hereby authorized and permitted to join in the honorable state of matrimony W. Riley Lawhorn and Miss L. C. Prophitt according to the rites of your Church provided there be no lawful cause to obstruct the same according to the Constitution and Laws of this State, and for so doing this shall be your sufficient license.

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 31<sup>st</sup> day of December 1867 by me.

W. R. Pendley, J. P.

Georgia, DeKalb County.

I, James R. George, Ordinary in and for said county, do hereby certify that the above and foregoing copy of marriage license and the certificate of marriage of W. Riley Lawhorn and Miss L. C. Prophitt are true, correct and complete copies of the same as appears of record in my office in Book B. Record of Marriages, Page 218.

Witness my hand and the seal of said court of Ordinary, this the 24th day of September, 1910.

James R. George  
Ordinary, DeKalb County, Georgia.

## Application for Pension Due to a Deceased Pensioner.

(To Be Paid to the Ordinary for Expenses of Funeral and Last Illness)  
(Under Act Approved August 15, 1904)

GEORGIA, Fulton County.

Personally before me, the Ordinary of said County, comes Foster L. Hunter of Hunter, Blanchard, Gathree & Co. of said County, who, after being sworn, on oath says that he knew Mrs. L. C. Lawhorn of said County, and that said Pensioner was on the Fulton Pension Roll of Fulton County at the time of death, which occurred in Fulton County, in this State, on the 5 day of April, 1924, and that a Pension of One Hundred (\$100.00) Dollars was due pensioner and unpaid at the time of pensioner's death, and that pensioner left no ~~widow~~ dependent children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$199.20, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me

this 16 day of Apr, 1924  
Arthur R. Vincent, Ordinary  
Fulton County  
(Seal of Ordinary)

Foster L. Hunter

## CERTIFICATE OF ORDINARY

GEORGIA, Fulton County.

I, Thos. H. Jeffries, Ordinary of said County, do certify that I personally know Foster L. Hunter, who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also know Mrs. L. C. Lawhorn while in life and that this was the same person whose name appears on the us dow Pension Roll of Fulton County, and was paid a Pension of One Hundred (\$100.00) Dollars in said County for 1923, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 16 day of Apr, 1924.

(Seal of Ordinary)

Thos. H. Jeffries Ordinary  
Fulton County

### INSTRUCTIONS:

- 1st. For use in all cases where pensioner died after January 1st, had not been out of State longer than twelve months, and died without leaving sufficient property to pay such expenses. THE WIDOW OF A SOLDIER IF SHE IS LIVING, HAS PRIOR CLAIM OVER THESE EXPENSES, AND MUST MAKE APPLICATION ON YELLOW BLANK.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Burial accounts cannot be paid—only those connected with the last illness, just before death when pensioner grew worse to die.
- 4th. Such account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "just, true, God, paid," etc.)  
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of \_\_\_\_\_ who died without leaving sufficient property to pay said bill."
- 5th. The Ordinary must see to it that each bill is properly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.
- 6th. The completed voucher—this blank and the bill—must be sent to the Pension Department for approval and no money must be paid until it is returned to you as your authority to make the payment.
- 7th. The Ordinary signs per roll, as Ordinary, for the pensioner and then subscribes the money blank and bills receipts.
- 8th. Amount no bills for services until you write the Pension Department, stating the circumstances in very great detail. Pensioner's children, or children-in-law, must not charge the State for doing only what the law and common sense demand of them.
- 9th. Before this application, and attached bills, with your final settlement to the Pension Department.
- 10th. Ordinary should see that the back of this blank, when filled, is filled out.

(Seal of Ordinary)

Ordinary

County

INSTRUCTIONS:

- 1st. For use in all cases where pensioner died after January 1st, had not been out of State longer than twelve months, and died without leaving sufficient property to pay such expenses. THE WIDOW OF A SOLDIER, IF SHE IS LIVING, HAS PRIOR CLAIM OVER THESE EXPENSES, AND MUST MAKE APPLICATION ON YELLOW BLANK.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Burialing accounts cannot be paid—only those connected with the last illness, just before death when pensioner grew worse to die.
- 4th. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "last, true, due, unpaid," etc.)  
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of \_\_\_\_\_ who died without leaving sufficient property to pay this bill."
- 5th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached thereto to this blank, after this blank has been properly completed as indicated.
- 6th. 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.
- 7th. The Ordinary signs your rolls, as Ordinary, for the pension and then disburses the money himself and takes receipts.
- 8th. Accept no bills for paying until you write the Pension Department, stating the circumstances in very great detail. Pensioner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.
- 9th. Return this application, and attached bills, with your final settlement to the Pension Department.
- 10th. Ordinary should see that the back of this blank, when folded, is filled out.

*James (Mrs)*  
*Age 73 (Mrs)*  
*Fulton County*

No. ....

# **Widow's Application**

To Be Put on Roll in Her Own Right When  
Husband Was on the Indigent Roll or  
Put on Under Act of July 11, 1910.

County *Fulton*  
Name *Elsie Lawless*  
Widow of *W. W. Lawless*  
Company *C. 41. 72*

Approved .....

J. W. LINDSEY,  
Commissioner of Pensions

CHAR. F. BYRD, State Printer, Atlanta.

*10/18-1912*

# WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Fulton County.

Personally before me comes Mrs Susan Lawless of said County, who, after being duly sworn, on oath says, that she is the widow of W. W. Lawless to whom in the County of Bartow State of Ga. she was married on the 21st day of Feb 1886 and that she remained his wife, and resided with him to the date of his death on July 1912 and that she has not since his death remarried. At the time of his death he was a resident of Fulton County, in        said State of Georgia, and he was on the        Pension Roll of the State and paid a pension of \$60.00 in Fulton County for 1912 per annum, on account of being a soldier in Company Co. C - 41st Ga Regiment        (Volunteers of State Militia.)

At the death of W. W. Lawless he was in the use and possession of the following property none

of the cash value of \$ none What property of any kind and of any value have you in your use, control and possession now, and the cash value, (State fully.) none

Acres land none \$  
Horses and Mules none \$  
Hogs, Cows, etc. none \$  
Total Cash value of all property none \$

That she is now a bona fide resident citizen of said County of Fulton and she has so continuously resided since about 30 years of       

Sworn to and subscribed before me, this the 5th day of Sept 1912 Mrs Susan Lawless her husband  
John R. Whetstone Ordinary,  
of Fulton County.

## Affidavit of Witnesses to Prove Marriage and to Whom--Date of Death of Husband.

STATE OF GEORGIA,

       County.

Personally before me come        known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs.        who made the foregoing affidavit, is the lawful widow of        who died in        County in said State of        on        day of        19        and that she has not since remarried. That she became the wife of        on the        day of 18        and 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        from        County        when he died.

Sworn to and subscribed before me, this the       

day of        1911

Ordinary,

of        County.

## Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910.

County Bartow  
Name Susan Lawless  
Widow of W. W. Lawless  
Company Co. C - 41st Ga  
Approved       

For funeral expenses of Mrs. Susan Lawless

1896

IN ACCOUNT WITH  
HARRY G. POOLE.  
FUNERAL DIRECTOR  
96 S. PRYOR STREET  
ATLANTA, GA.

1927

WALNUT 6350  
6350

Nov. 9, 1927.

Casket and Box  
Embalming and services  
Dress  
Paper Notices  
Funeral expenses  
Box to Cemetery  
Hearse

\$185.00  
15.00  
30.00  
5.00  
1.50  
1.50  
13.00  
-----  
\$250.00

Personally appeared before me Harry G. Poole Jr. who after being sworn says that the above account is correct, just, true and unpaid and was for the burial of Susan Lawless who died without sufficient funds to pay for funeral expenses.  
Fulton County,  
Georgia.

Notary Public  
Fulton Co

Nov. 10, 1927.

# AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Fulton County.

Personally before me come J. P. Mathis & W. D. Kinison who after being sworn on oath says, that they are freeholders of said County, and that they know Mrs. Susan Lawless of said County and knew her said husband W. D. Lawless at his death on the July day of 1912 that she and he were in the use, possession and control of the following property at his death to wit: Nothing

of the value of \$ None That she is now in the use, possession and control of the following property to wit: None

of the value of \$ None

Sworn to and subscribed before me, this the 5 day of Sept 1912 J. P. Mathis W. D. Kinison John R. Wilkenson Ordinary, of Fulton County.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

John R. Wilkenson Ordinary of said County, do certify, that, I know Mrs. Susan Lawless 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 1912

That I also know J. P. Mathis & W. D. Kinison witness as to marriage and I also know J. P. Mathis & W. D. Kinison who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of Fulton County shows that W. D. Lawless returned property to the amount of None for 1908 \$ None for 1909 \$ None for 1910 \$ None

Sworn under my hand and official seal of office on the 16 day of Oct 1912 John R. Wilkenson Ordinary, of Fulton County.

- NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary.
4. Only widows who married prior to first January 1870, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by general reputation.

LAWLESS, SUSAN (Mrs.)

Code  
For Fulton County

1927

**Application for Pension  
Due Deceased Pensioner**

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

This H. J. J. J. J. Ordinary

For Susan Lawless

Date of Death Nov 9 1927

Amount \$ 100.00

Approved and ordered paid

John W. Clark  
30 Nov 27 JOHN W. CLARK,  
Commissioner of Pensions

Recd. check 11/28/27

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.

02/

OFFICE OF  
COURT OF ORDINARY  
BARTOW COUNTY  
G. W. HENDRICKS, ORDINARY



CARTERSVILLE, GA. Aug 27 1912

Proved - Bartow County  
I, G. W. Hendricks, as Ordinary and Ex. Sec. Clerk of  
the Court of Ordinary of said County, there being no other  
Clerk of said Court, do hereby Certify that the  
within is a true and correct copy of the marriage  
of William Lovelock and Susan Stegall as the  
same appears of record in this office, on page 318  
of Book E of marriage Records.  
Witness my hand and seal of the Court of Ordinary  
of said County G. W. Hendricks Ordinary Bartow Co.

FILED Please permit to file.  
G. W. Hendricks W. H.

Georgia, Barton County -  
I hereby certify the above named Persons  
were duly formed in matrimony by me  
this 23<sup>rd</sup> day of July 1866  
J. D. Hayton J. P.  
Recorded this 25<sup>th</sup> Aug 1868  
J. A. Howard Clerk

## Application for Pension Due to a Deceased Pensioner

(To Be Paid to the Ordinary for Expenses of Funeral and Last Illness)

(Under Act Approved August 15, 1904)

GEORGIA Fulton County

Personally before me, the Ordinary of said County, comes Harry D Poole  
Harry D Poole Jr of said County, who, after being sworn, on oath  
says that he knew Susan Sawyers of said County, and that said Pensioner  
was on the Pension Roll of said County at the time of death, which occurred in Fulton  
County, in this State, on the 9 day of Nov 1927, and that  
a Pension of 1 (\$       ) 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 \$95.50, per  
sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me

Sworn to and subscribed before me  
*William B. Marbut* Ordinary  
*Fulton* County

(Seal of Ordinary)

## CERTIFICATE OF ORDINARY

GEORGIA, Fulton County

I, Thos H Jeffers, Ordinary of said County, do certify that I personally know Harry G Poole, who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also know Susan Lawless while in life and that this was the same person whose name appears on the Pension Roll of Full On County, and was paid a Pension of Fifty Dollars (50) in said County for 1927, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 19 day of Nov, 1927  
(Real or Ordinary) 1927 Nov 19 Ordinary

### INSTRUCTIONS

1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.

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 .....

3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.

4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid until it is returned to you as your authority to make the payment.

18th. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.

2b. Ordinary should see that the back of this blank, when folded, is filled out.

7b. Ordinary should see that the back of this blank, when folded, is filled out.

Recorded this 30<sup>th</sup> Apr 1888  
J. A. Howard Ordinary

INSTRUCTIONS:

1st. 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 it, and each date.

2nd. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "Just, true, due, unpaid," etc.)

"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of.....

..... who died without owning sufficient property to pay this bill.

3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.

4th. The completed voucher—this blank and the bill—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.

5th. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.

6th. Return this application, and attached bills, with your final settlement, to the Pension Department.

7th. Ordinary should see that the back of this blank, when folded, is filled out.

Power of Attorney.

STATE OF GEORGIA.

County, }  
}

I, \_\_\_\_\_, hereby authorize

to receive and receipt for the pension allowed, and request that he remit same to \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_, 1900.

[L. S.]

Executed in presence of \_\_\_\_\_

INDIGENT PENSION  
1900.

Name W. M. Lawless

County Fulton

Approved \_\_\_\_\_ 1900.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

LAWLESS William W.  
6000 Fulton County

47 Curran St.  
No. 91 for 1905

County Fulton  
Geo. W. Harrison

67958  
WARRANT HANDED TO

1/21/07

# Power of Attorney.

STATE OF GEORGIA,

County, }

hereby authorize

to receive and receipt for the pension allowed, and request that he remit same to

Witness my hand and seal, this

day of

1900.

[L. S.]

Executed in presence of

# Questions for Applicant.

STATE OF GEORGIA,

County, }

of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? *Woodward, P. d. Brooks District Fulton County (Atlanta for pensions)*
2. How long and since when have you been a resident of this State? *Since the year I was born in the year 1841*
3. When and where were you born? *Hall County Georgia*
4. When and where and in what company and regiment did you enlist or serve? *in the 41st Georgia Regiment Company C*
5. How long did you remain in such company and regiment? *To the end of the war April 1865*

6. When and where was your company and regiment surrendered and discharged? *in April 1865 at Greenbrier North Carolina*

7. Were you present with your company and regiment when it was surrendered? *Yes*

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? *I was at the distance as aforesaid*

9. How much can you earn (gross) per annum by your own exertions or labor? *about \$30. dollars*

10. What has been your occupation since 1865? *Laboring at any kind of work*

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty?"

12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?

13. What property, real or personal, or income, do you possess, and its gross value? *nothing*

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*

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 work of my wife & children, my children are grown*

17. How much did your support cost for each of those years, and what portion did you contribute thereof by your own labor or income? *about fifty dollars more or less*

18. What was your employment during 1898 and 1899? What pay did you receive in each year? *I was a laborer and about fifty dollars*

19. Have you a family? If so, who compose such family? Give their means of support? Have they a homestead? *Wife, child 13 years old, girl, no support only wife works, child goes to school. Have no homestead, my child is working*

20. Are you receiving any pension? If so, what amount and for what disability? *No*

21. Have you ever made an application for pension before? *Yes 25¢ on Dec*

22. How many applications have you ever made and under what class? *25¢ on Dec*

Sworn to and subscribed before me this the *25th* day of *Sept*, 1900, at *Fulton* County.

John R. Lindsey, Ordinary, Applicant.

Every Question MUST be Answered.

INDIGENT PENSION

1900.

Name *J. M. Lawless*

County *Fulton*

Approved *E. H. Lawless*

JOHN W. LINDSEY,

Commissioner of Pensions.

LIBRARY HANDLED TO

47058

47107

Chas. W. Manning, State Printer, Atlanta.

AMERICAN WILLIAM W. 1000 Fulton County

47107

No. 47107

INDIGENT PENSION

1900.

Name *J. M. Lawless*

County *Fulton*

Approved *E. H. Lawless*

JOHN W. LINDSEY,

Commissioner of Pensions.

LIBRARY HANDLED TO

47058

47107

Chas. W. Manning, State Printer, Atlanta.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Fulton COUNTY

Robert Stegall, of said State and County, having been presented as a witness in support of the application of H. H. Lawless 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? *Robert Steggall  
Albion Ga*
2. Are you acquainted with *Wm. Lawless*, the applicant; if so, how long have you known him? *since 1858*
3. Where does he reside, and how long and since when has he been a resident of this State? *since 1858, since I have known him*
4. When, where and in what company and regiment did he enlist, and how do you know? *41st  
Georgia Regiment Company C*
5. Were you a member of the same company and regiment? *Yes*
6. How long did he perform regular military duty? *is once for the war*
7. When and where was his command surrendered? *at Greensboro*
8. Were you present when it surrendered? *Yes*
9. Was applicant present? *Yes*
10. If he was not present, where was he? *he was present*
- When did he leave his command? *at Appomattox* For what cause? *end of war*
- By what authority he left? *Union man* How do you know all of this?  
*I was present myself*

1. What property, effects or income has the applicant? (Give your means of knowledge.)  
~~nothing~~ *None*
2. 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? *Nothing*
3. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?  
*Nothing*
4. What is the applicant's occupation and physical condition? *is Deaf  
has been Deaf since 2 fingers off of right hand  
shot off in battle at Franklin Tenn*
5. Is the applicant unable to support himself by labor of any sort, if so, why?  
*he cannot support himself because  
of Deafness and Physical disability*
6. How was he supported during the years 1898 and 1899? *by his wife &  
children, and a little work of himself*
7. What portion of his support for these two years was derived from his own labor or income?  
*won't know*
8. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Cole? *OK is Deaf since and is  
feeble and old & 2 fingers off of right hand*
9. What interest have you in the recovery of a pension by this applicant? *None*

Sworn to and subscribed before me, this 2nd day of Sept, 1900,  
 the John R. Harrison } Robert L. Segall  
John R. Harrison } Witness.  
 Ordinary.

### AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

Hulton COUNTY.

Personally came before me W. J. McLaughlin and

of said County, who, being severally sworn, say on oath that they have examined carefully William B. Fowler, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows: He is 77

Florida in right imperial manner, led by ~~Don~~  
Pangloss on the right bank; also Robt. a  
General Abomination and Spurnment. He  
is religiously sworn to never support  
any kind of vote or business institution.

They further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

day of September 1908  
John W. Wilson

Ordinary.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Fulton COUNTY.

I, John W. Krehbaum, Ordinary in and for said County, hereby certify that the applicant W. C. Lavelle resides in said County, and has been a bona fide resident of this State since the \_\_\_\_\_ day of \_\_\_\_\_ 189\_\_\_\_ and that the witnesses, viz: Kobus, St. Gall

are of trustworthy character, and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.

I further certify that the tax digests of \_\_\_\_\_ County show that applicant  
returned for taxation in his name in 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 20th day of September 1900.

John W. Richardson, Ordinary,  
Col. Dutton County.

**NOTE.**

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."

2. Additional affidavits may be attached if blank spaces are insufficient.

3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

the day of 1900  
John H. Wilkinson

Ordinary.

Witness.

Additional affidavits may be attached if blank spaces are insufficient.  
In every case the Ordinary must certify to the character of the witness, and as to the station of the proof as above set out.

NAME **Lewis, W.H.** YEAR **1900** COUNTY **Fulton**

WHEN AND WHERE BORN? **1861, Hall County, Georgia.**

ENLISTED WHEN AND WHERE? **Does not state**

RANK.

COMPANY AND REGIMENT? **Co. D, 41st. Ga. Regt.**

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? **April 1865, Greensboro, North Carolina.**

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

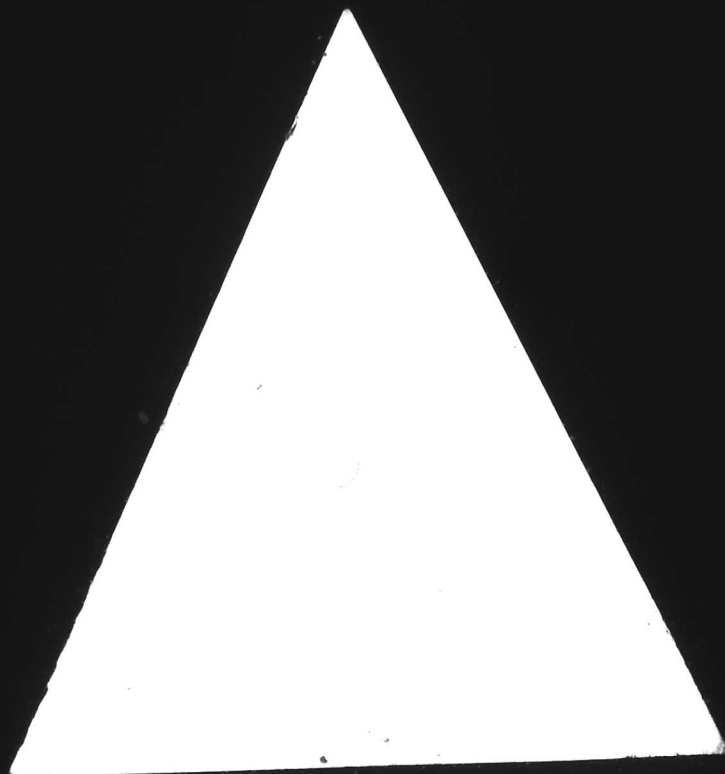
BURIED,

WITNESSES. **Robert Stegall, - Same Command -** No date.

etc.

REPORTED,  
WITNESSES. Robert Stegall, - Same Command - No date.

aka



POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

I, \_\_\_\_\_ hereby authorize

to receive and receipt for the pension allowed, and request that he remit same to

at \_\_\_\_\_

by \_\_\_\_\_ day of \_\_\_\_\_ 1904.

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1904.

Executed in the presence of \_\_\_\_\_ [L. S.]

*Lawrence James M.*  
*in*  
*Lawrence Fulton Co*  
1864 SECTION 1264.  
(FOR THOSE ALREADY ENROLLED.)

No. *267*

INDIGENT  
SOLDIER'S PENSION  
1904.

Name *James M. Lawrence*  
County *Fulton*  
Co. *B. 40 N. C.* Regiment

WARRANT ISSUED

*1/20* 1904.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

*W. H. Harrison, State Printer, Atlanta.*

*modata*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. County.

Personally appears Jac M Lawrence

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 25 yrs of 18; that he is 60 years old and by occupation a       , that he enlisted in the military service of the Confederate States (or of the State of       ) during the war between the States, and served for the term of 3 yrs in Company B, of 42 th Regiment of M.C. Vols; that his physical condition is as follows:

that his property consists of the following items:       

of the value of        Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of Fulton. County been allowed a pension for the year 1       

Sworn to and subscribed before me, this the       

day of JAN 20 1904.

John R. Wilkinson Ordinary.

STATE OF GEORGIA,

Fulton. County.

I, John R. Wilkinson Ordinary of said County, do certify that I am well acquainted with Jac M 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 20 day of JAN 1904.

John R. Wilkinson Ordinary Fulton. County.



Note.—The blank spaces must be filled.  
Note.—Affidavit should not be attested before January 1st, 1904.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

I, \_\_\_\_\_ hereby authorize

of \_\_\_\_\_

to receive and receipt for the pension allowed, and request that he remit same to

at \_\_\_\_\_

by \_\_\_\_\_

WITNESS my hand and seal, this \_\_\_\_\_

day of \_\_\_\_\_

1905.

[L. S.]

Executed in the presence of \_\_\_\_\_

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

I, \_\_\_\_\_ hereby authorize

of \_\_\_\_\_

to receive and receipt for the pension allowed, and request that he remit same to

at \_\_\_\_\_

by \_\_\_\_\_

WITNESS my hand and seal, this \_\_\_\_\_

day of \_\_\_\_\_

1906.

[L. S.]

Executed in the presence of \_\_\_\_\_

*Lawrence & M.  
Fulton County*

(FOR THOSE ALREADY ENROLLED.)

No. *3344*

INDIGENT

**SOLDIER'S PENSION  
1905.**

Name *J. M. Lawrence*

County \_\_\_\_\_

Co. *B* Regiment *42nd*

WARRANT ISSUED

*1/18* 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*c 8/14*

*no date*

*Sawyer, J. M.*

*Fulton Co.*

(FOR THOSE ALREADY ENROLLED.)

No. *602*

INDIGENT

**SOLDIER'S PENSION  
1906.**

Name *J. M. Lawrence*

County \_\_\_\_\_

Co. *B* Regiment *42nd*

WARRANT ISSUED

*1/17* 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*c 8/14*

*no date*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears J. M. Lawrence 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 22<sup>nd</sup> Apr 1862; that he is 62 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of Fla. Co.) during the war between the States, and served for the term of 3 yrs in Company D, of 4<sup>th</sup> Regt Regiment of W. C. Vol; that his physical condition is as follows: Infirmary poverty and Age

that his property consists of the following items:

of the value of \_\_\_\_\_ Dollars. I am now earning, by my labor, \_\_\_\_\_ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of \_\_\_\_\_ County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this 1<sup>st</sup> day of Jan 1905.

Ordinary.

STATE OF GEORGIA,

Fulton County.

I, \_\_\_\_\_ Ordinary of said County, do certify that I am well acquainted with J. M. 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 \_\_\_\_\_ 1905.

Ordinary \_\_\_\_\_ County.

NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1906.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton County.

Personally appears J. M. Lawrence 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 \_\_\_\_\_ 1862; that he is 62 years old and by occupation a \_\_\_\_\_, that he enlisted in the military service of the Confederate States (or of the State of South Carolina) during the war between the States, and served for the term of 3 yrs in Company D, of 4<sup>th</sup> Regt Regiment of W. C. Vol; that his physical condition is as follows: Infirmary poverty and Age

that his property consists of the following items:

of the value of \_\_\_\_\_ Dollars. I am now earning by my labor, \_\_\_\_\_ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of \_\_\_\_\_ County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this 1<sup>st</sup> day of Jan 1906.

Ordinary.

State of Georgia,

Fulton County.

I, \_\_\_\_\_ Ordinary of said County, do certify that I am well acquainted with J. M. 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 \_\_\_\_\_ 1906.

Ordinary \_\_\_\_\_ County.

NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1906.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, \_\_\_\_\_, hereby authorize

of \_\_\_\_\_

to receive and receipt for the pension allowed, and request that he remit same to

at \_\_\_\_\_

by \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1907.

[L. S.]

Executed in presence of \_\_\_\_\_

*Lawrence, J. M.*  
*Gulton Co.*

Great Seal of U.S.  
(FOR THOSE ALREADY ENROLLED)

No. *308*

INDIGENT  
SOLDIER'S PENSION  
1907.

Name *J. M. Lawrence*

County *W.B.*

Co. *43rd A.C.*

WARRANT ISSUED

*46* 1907.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

*[Signature]*

*no date*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Platton. } County.  
Personally appears, H. Lawrence 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 \_\_\_\_\_ 1892; that he is 63 years old  
and by occupation a Farmer that he enlisted in the military service of the Con-  
federate States (or of the State of Georgia) during the war between the  
States, and served for the term of 3 yrs in Company B, of 42 th Regiment  
of the 1st Georgia; that his physical condition is as  
follows: Infirmity poverty & Age

that his property consists of the following items: No property  
except horse and wagon

of the value of Fifty Dollars. I am now earning  
by my labor, \_\_\_\_\_ Dollars per month. That by reason of his  
physical condition and poverty he is unable to support himself by his own exertion or  
labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th,  
1894, and the Acts amendatory thereof, and makes application for the pension to which he  
is entitled for the year 1907. I have heretofore, as a resident of \_\_\_\_\_  
County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 1907. } J. H. L. Lawrence  
John R. Williamson Ordinary.

State of Georgia,

Platton. } County.  
I, John R. Williamson Ordinary of said County,  
do certify that I am well acquainted with H. 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 \_\_\_\_\_ 1907.

John R. Williamson  
Ordinary. Platton County.



Note.—The blank spaces must be filled.  
Note.—A Affidavit should not be attested before January 1st, 1907.

the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal this \_\_\_\_\_ day of \_\_\_\_\_ 1907.



Ordinary. *John H. Patton* County.

Notes.—The blank spaces must be filled.  
Notes.—Affidavit should not be attested before January 1st, 1907.

# WIDOW'S APPLICATION

Under Act of 1910—As Amended by Act of 1919, and Constitutional Amendment of 1920.

County Fulton  
 Name Mrs Louis C Lawrence  
 Widow of Louis C Lawrence  
 Date of Marriage 1905 1872  
 Company \_\_\_\_\_  
 Regiment \_\_\_\_\_  
 Approved \_\_\_\_\_

C. E. MCGREGOR,  
 Commissioner of Pensions.

10-31-1924

*Disallowed, for lack of proof to establish service, as the bond was not clearly and fully designated by applicant.*

*Wm. H. G. [unclear]  
 Commissioner of Pensions*

STATE OF GEORGIA.

Fulton COUNTY.

## Ordinary's Certificate

I, Louis C Lawrence, Ordinary of said County, do certify that I know Mrs Louis C Lawrence the applicant for pension; that

she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that any time

~~the witnesses who came to the service of husband~~; that ~~both of them~~ she is are now residents of said County and were duly sworn by me before signing the foregoing affidavit, and that they are true.

Full and trustworthy, and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 29 day of Oct 1924.

(SEAL OF ORDINARY)

Louis C Lawrence Ordinary.  
 of Fulton County

### Instructions:

1. Before any questions are answered the Ordinary shall read the applicant and the witness in the following words: "You shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached to the application, but each affidavit must be sworn to by a witness who is a resident citizen of said State since January 1st, 1920, and is entitled to full faith and credit.
3. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by the Ordinary of the County in which the applicant or witness resides.
4. Each affidavit must be made before the Ordinary of the County in which the applicant or witness resides.
5. Each affidavit must be made before the Ordinary of the County in which the applicant or witness resides.
6. Each affidavit must be made before the Ordinary of the County in which the applicant or witness resides.
7. Each affidavit must be made before the Ordinary of the County in which the applicant or witness resides.
8. Each affidavit must be made before the Ordinary of the County in which the applicant or witness resides.
9. Each affidavit must be made before the Ordinary of the County in which the applicant or witness resides.
10. Each affidavit must be made before the Ordinary of the County in which the applicant or witness resides.

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1921, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

**Instructions:**

(SEAL OF ORDINARY)  
 Given under my hand and official seal of office this 19 day of Oct 1921  
 Full and trustworthy and their statements are entitled to full faith and credit.  
 County and were duly sworn by me before signing the foregoing affidavits and that they are truth-  
 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-  
 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 bona fide resi-  
 dent citizen of said State since January 1st, 1920; that I also know  
 that I know Mrs. J. E. McGehee  
 the applicant for pension; that  
 Ordinary of said County, do certify

COUNTY

STATE OF GEORGIA

**Ordinary's Certificate**

**WIDOW'S APPLICATION**

Under Act of 1910—As Amended by Act of 1919, and Constitutional Amendment of 1920.

County Wilson  
 Name Mrs. J. E. McGehee  
 Widow of J. E. McGehee  
 Date of Marriage 1898  
 Company  
 Regiment  
 Approved

C. E. McGEHEE,  
 Commissioner of Pensions.

10-31-1924

The War but Pension Department  
 Mar. 6, 1925

Disapproved, for lack of proof of husband's service, and the command is not clearly and fully designated by applicant.

A. E. Haring  
 Commissioner of Pensions.

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 and nothing but the truth, so help you God."

Original affidavits may be attached if blank spaces are sufficient.

Only widows who married prior to January 31, 1881, are entitled.

4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.

5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

6. Fill out the back of the application carefully.

7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier.

# MONARCH BRICK COMPANY

ROCKMART, GA. Aug. 2nd, 1927.

Dear Uncle John:-

I guess you will think that Jessie neglected to ask Mr. Whitehead if he knew the Mr. Lawrence you gave her a memorandum of with names of Captain and Colonel he serves under. Mr. Whitehead took the name and was a little time in investigating the party. He did not get anything of this man's record, but found that the Captain, Mathew Ware was not a very savory character and was as much feared by the people of the south as by the Yankees. He plundered and pillaged and to have belonged to his company did not speak well for the private. The lady lying no doubt is a fine lady, and was I am told a Miss Devitt, and it is possible that her husband had a good record, but was unable to get such a record here.

Have been on the go a good deal of late trying to get rid of some of the surplus brick we have in stock. It is a hard matter as things are very dull and competition quite keen.

No doubt you keep interested in the doings of the legislature or better the lack of anything done on their part which will be beneficial to the State.

Father wrote last week that he would spend the week-end to say see and return to Augusta today. Did not want to go, but Miss Fanny said she that settled it. John may bring Virginia up this way latter, but has not definitely decided where he will spend 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. Clench

State of Georgia - Bartow County  
For any Judge, Justice of the Peace or Minister  
of the Gospel: you are hereby authorized  
to join Lewis Lawrence and Miss E. Madden  
in the Holy State of matrimony according to the  
Constitution and Laws of this State and for so  
this shall be your sufficient license.  
Given under my hand and Seal this 11th day  
of December 1872.  
J. A. Howard  
R.B.

Georgia - Bartow County.  
I Certify that Lewis Lawrence and Miss E.  
Madden were joined in matrimony by me, this  
12th day of Decr 1872. Wm. Berghen M. G.

Records made 18th 1872.  
J. G. Howard  
Ordinary R.B.

Georgia - Bartow County.  
I, J. A. Howard, Ordinary of said County, do  
hereby Certify that the above and foregoing is a  
correct copy of the record of the marriage of the  
parties therein named.  
J. A. Howard  
Ordinary Bartow Co. Ga.

Dec 2, 1872  
Shoreland

are having. All join me in love to you.

Your nephew,

Frank R. Clark

correct copy of the record of the marriage of the  
parties therein named Page 224 Book 11  
J. H. Anderson, Ordinary  
Ordinary District No. 10  
Fee \$2.50  
Shoreland



# STATE OF GEORGIA,

## FLOYD COUNTY.

ORDINARY'S OFFICE, ROME, GA. Aug. 10<sup>th</sup> 1905

I, JOHN P. DAVIS, Ordinary of said County, certify that

R. C. Lawrence is

a citizen of said County, has come before me and taken the oath prescribed by law  
regimental or Confederate. Soldiers to engage in business or peddle  
and is, therefore authorized to

peddle  
in any County or municipality in this State, without procuring a license or  
being subject to any tax therefor, provided he does not peddle or deal in adulterated or intoxicating drinks, or run a billiard,  
pool or other table of like character, or deal in futures, or peddle clocks, or clocks, or carry on the business of pawn  
broker, or auctioneer, or deal in high games, and provided further, the privilege hereby granted shall not be trans-  
ferred to or

Given under my official signature and seal of office the day and year above  
written

Ordinary

C. D. McChesley Mayor

C. J. Lott, Secretary & Treasurer

C. B. Grier, Jr., Finance Committee

Office of City Government  
 Aldermen: J. D. Starnes,

J. S. Starnes,

J. D. Witherspoon,

J. S. Cheney,

J. S. B. B. B. B.

Witnessed this March 5<sup>th</sup> 1907

To whom it may concern

I certify, Mr. R. C. Lawrence, is a citizen  
of good standing and an old Confederate  
Soldier, having served in the Georgia  
State troops and is a worthy man, therefore  
entitled to license to peddle, free of charge  
E. B. W. Collier  
Mayor City of Peachtree

GEORGIA, FULTON COUNTY.

Personally appeared Mrs. L. C. Lawrence, who swears that she has made diligent search and has been unable to find any witness to her husband's (L. C. Lawrence) service in the Confederate Army.

Mrs. L. C. Lawrence

Sworn to and subscribed before me,  
this 29th day of October, 1924.

Arthur R. Mabut

C. C. Ordinary.

March 6th, 1925.

Fulton County.

Mrs. Louisa C. Lawrence.

DIDATTESTED, for lack of proof  
of service of husband, and the command is not clearly  
and fully designated by applicant.

H. H. Harris,

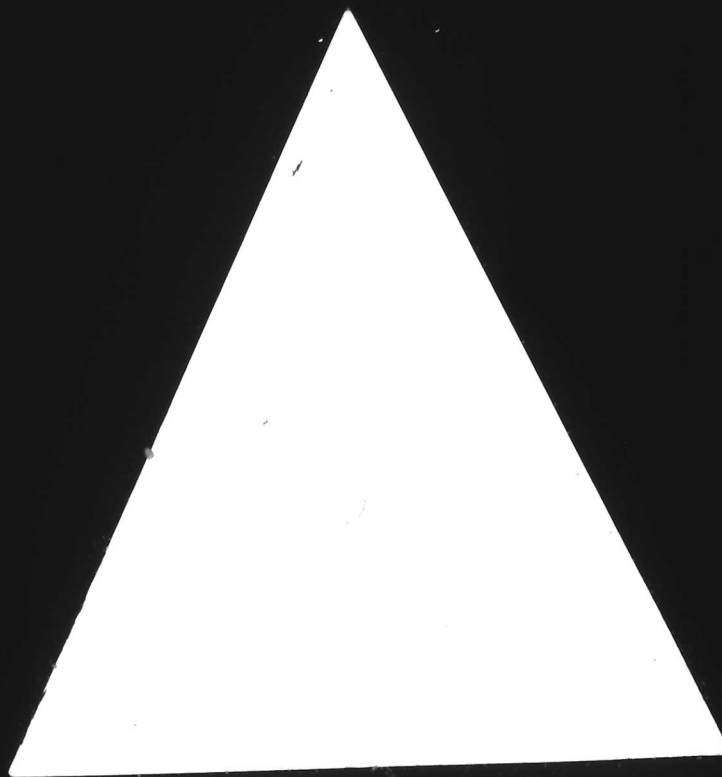
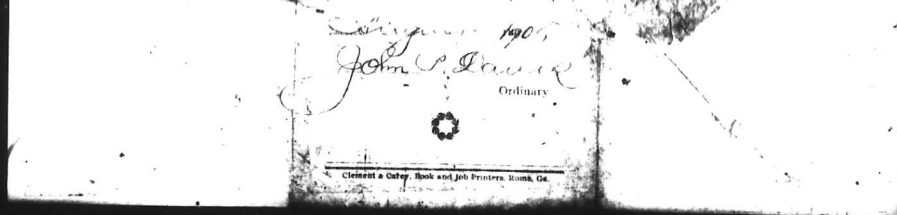
COMMISSIONER OF PRISONS.

...AFFIDAVIT OF...

*A. C. Lawrence*  
CONFEDERATE SOLDIER.

Filed in office 10

*John P. Davis*  
Ordinary



*Lawrence, Mary*  
*1911*  
*Madam J. J. Withers*  
*1911*

# **Widow's Application**

UNDER ACT 1910.

Who Lost a Husband During War as a  
Soldier, Remarried and is Now  
a Widow.

County *Tullahoma*

Name *Mrs. Mary C. Lawrence*

Soldier Husband's Name

*J. J. Withers*

Company *A*

Regiment *15th*

Name of Last Husband

*James C. Lawrence*  
*1911*

Approved **ENTERED ROSTER OFFICE**

J. W. LINDSEY,  
Commissioner of Pensions.

Chas. F. Byrd, State Printer, Atlanta.

*#236*  
*4/25/11*  
*Stanton Ga*

**Widow's Affidavit--Who Lost Husband--Killed During War and Afterwards Married, now a Widow.**

STATE OF GEORGIA,

Upson County,

Personally before me comes Mary C. Lawrence of said county who after being sworn on oath says that she became the lawful wife of J. H. Williamson on the day of Oct 5 1876 and that he did on the 8 day of July 1861 enlist in Company A 13th Regiment and was on the 16 day of July 1861 killed or died as the result of an injury received while in line of duty on the 7 day of July 1862 leaving this applicant, his widow. That on the 21 day of May 1871 she was married to James H. Lawrence of Upson County, and that on the 12 day of Aug 1908 in the county of Upson State of Ga the said Lawrence died and that this deponent is now a widow.

That she was on the 4th day of November, 1908 or at the death of her last husband left in the use possession and control of the property. Stated in schedule (A)

acres of land cash value of None  
Horses or mules 4  
Hogs and cows and other stock 4  
money, notes, etc 6  
actual income and savings 1

Total XXX

**SCHEDULE B.**

That since the 4 of November, 1908 or the death of her husband, she has sold or given away the following property of the cash value as follows

Total value

and that the proceeds were disposed of

**SCHEDULE C.**

That she is now in the use, possession and control of the following property at the cash value attached

acres of land of the cash value  
Horses and cows of the cash value  
Hogs and other stock  
Cotton and other farm Products, worth

Total value of all property

and that the valuation of all of said property, is stated at its true cash value.

Subscribed to by me this 101 day of Nov 1908

John B. Lawrence Ordinary. Mary C. Lawrence  
Upson County

**Affidavit of the Witness to the Service and Death of Soldier Husband and Her Marriage.**

STATE OF GEORGIA,

Upson County.

Personally before me comes J. H. Lawrence who after being duly sworn on oath says that he knew J. H. Williamson that he enlisted in Company A 13th Regiment of Conf veterans on the 8 day of July 1861 and that on the 16 day of July 1861 he was killed or died as a result of the injury received while in line of duty as a soldier, in the Confederate army, and that he knows Mrs.

**Widow's Application**

UNDER ACT 1910.

Who Lost a Husband During War as a Soldier, Remarried and is Now a Widow.

County

Name Mrs. Mary C. Lawrence

Soldier Husband's Name

J. H. Williamson

Company A

Regiment 13th

Name of Last Husband

James H. Lawrence

Approved Oct 3 to Nov

ENTERED POSTAL OFFICE

J. W. LINDSEY,

Commissioner of Pensions.

Chas. F. Byrd, State Printer, Atlanta.

#236 Lawrence

729111 Upson Ga

May C. Lawrence the applicant. She and her said soldier husband were married on the 5th day of Oct. 1886 and that she was his widow at his death, that he knows that the said James H. Lawrence married again on the 7th day of Jan. 1890 to one Mary C. Newman and that her said husband James H. Lawrence died on the 1st day of May 1911 and that the applicant is now a widow.

Sworn to and subscribed before me this 12th day of Dec. 1910  
of Upson County Ordinary J. E. F. Matthews

### Affidavit of the Witness to the Property and its Value.

STATE OF GEORGIA,

County.

Personally before me \_\_\_\_\_ who after being sworn on oath says that they are Free Holders of said County of \_\_\_\_\_ and that they know Mrs. \_\_\_\_\_ and that she was on the 4th day of November or at the death of her last husband, on the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_ and that he left her in the use, possession and control of property at its true cash value, as follows.

#### SCHEDULE A.

Lands \_\_\_\_\_ whose cash value \_\_\_\_\_  
Horses \_\_\_\_\_ mules \_\_\_\_\_  
Cows hogs and other stock \_\_\_\_\_  
Money, notes and accounts \_\_\_\_\_  
All other property \_\_\_\_\_

Total cash value of all property \_\_\_\_\_

#### SCHEDULE B.

We know that since the 4th November, 1908 or since the death of her last husband she has sold or given away property of the cash value of to-wit:

land worth \_\_\_\_\_  
Horses and mules \_\_\_\_\_  
Cows, hogs and stock of all kind \_\_\_\_\_  
any and all other property \_\_\_\_\_

Total cash value \_\_\_\_\_  
and we know that the proceeds of this property were \_\_\_\_\_ its full cash value and was disposed of (State fully.) \_\_\_\_\_

#### SCHEDULE C.

We know that the applicant is now in the use, possession and control of property of the actual cash value as follows, to-wit:

Land of the cash value of \_\_\_\_\_  
Horses and mules, cash value of \_\_\_\_\_  
Cows hogs, and other stock \_\_\_\_\_  
Wagon and Buggy \_\_\_\_\_  
Other personal property \_\_\_\_\_  
Money notes and accounts \_\_\_\_\_  
Actual income and savings \_\_\_\_\_  
Total cash value of all property \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_  
of \_\_\_\_\_ County \_\_\_\_\_ Ordinary \_\_\_\_\_

### ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

I \_\_\_\_\_ an ordinary of said County and do certify that I know Mrs. \_\_\_\_\_ the applicant for Pension and that I know that she is the person that she represents herself to be, and that she is a bona fide continuing resident of said county, and was on the 4th day of November, 1908.

That I also know \_\_\_\_\_ witness to the service, of Husband's marriage, and the death of Husband, and I also know \_\_\_\_\_ whom I know to be resident and free-holder of said county, that all of said persons were duly sworn by me before signing their respective affidavits and that they are truthful and trustworthy persons and their statements are entitled to full faith and credit.

That the Tax Books of \_\_\_\_\_ County, shows \_\_\_\_\_ returned property to the amount of 1908 \_\_\_\_\_ for 1909 \_\_\_\_\_ for 190 \_\_\_\_\_ for 190 \_\_\_\_\_

Given under my hand and official seal of office, this the \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_

Ordinary \_\_\_\_\_  
County \_\_\_\_\_

Read this note.  
1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."  
2. Additional affidavits may be attached if blank spaces are insufficient.  
3. All affidavits must be made before the ordinary of the County of the residence of the person to be sworn.  
4. Only widows whose husbands died from wounds or injuries, received in line of duty before 26 April 1865, since married and is now a widow are entitled to this Pension.  
5. Attach copies of marriage license of both marriages or prove marriage, by some who know it, or by general reputation.

1856

#698 Thomas J. Wilkerson & Mary C. Newman Oct. 4th.  
Georgia, upson County.

I certify that Thomas J. Wilkerson & Mary C. Newman were duly joined in Matrimony by me this 5th day of October, 1856.

Thos. S. Sharnan, J. I. C.

I certify the above to be a true copy of the marriage certificate of Thomas J. Wilkerson & Mary C. Newman from the records in my office.

Given under my hand and seal of office, this 12th day of December, 1910.

J. E. F. Matthews  
Ordinary of Upson County, Georgia.

No 1703

James H. Lawrence & Mrs. Mary C. Wilkerson Jan. 20, 1875.  
Georgia, Upson County.

I certify that James H. Lawrence and Mary C. Wilkerson were joined in Matrimony by me this 21st day of January, 1875. Irby H. Traylor, N.P. & ex officio J.P.

I certify the above to be a true copy of the marriage certificate of James H. Lawrence & Mary C. Wilkerson from the records in my office.

Given under my hand and seal of office, this 12th day of December, 1910.  
J. E. F. Matthews, Ordinary of Upson County, Georgia.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

Ordinary

of \_\_\_\_\_ County

Given under my hand and seal of office, this 12th day of December, 1910.  
*J. E. Matthews*, Ordinary of Upson County, Georgia.



COUNTY OFFICERS.  
J. E. MATTHEWS, Ordinary.  
C. E. BETHEL, Clerk, Superior Court.  
C. L. HOWELL, Sheriff.  
R. D. SHUPTRINE, County School Commissioner.  
C. S. VINING, Tax Collector.  
L. M. GORDY, Tax Receiver.  
W. T. DANIEL, Treasurer.



BOARD COUNTY COMMISSIONERS.  
ROADS AND REVENUES.  
SESSIONS FIRST TUESDAY EACH MONTH.  
F. H. GARNER, Chairman.  
J. A. FARMILIN, Commissioner.  
J. H. WEAVER, Commissioner.  
H. H. SANDWICH, Clerk, Board Commissioners.

*Thomaston, Ga.* September 25, 1911.

Mrs. J. H. Lawrence,

236 Sunset Ave.,

Atlanta, Ga.

Dear Madam:-

Your first husband's name, T. J. Wilkerson, appears on the roll of company D, 13 Georgia regiment of Volunteers, infantry. And as you requested, I have seen about a dozen of the survivors of that company and regiment, and most of them remember that he was a member of the company but do not remember what became of him. I have talked with Lieutenant E. B. Thompson, Orderly Sergeant F. J. Reeves, J. B. Reeves, R. B. Reeves, P. G. Britt, G. D. Wilmot, W. L. Gordy, Geo. W. Mann, Alfonso Howard, and it may be that as he was wounded in the early part of the battle July 5, 1862 and died two days afterwards, July 7, ~~1862~~ 1862, it is possible that in that way he was lost sight of.

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. P. C. Kinsworth, 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,

*J. E. Matthews*

your first husband, Mr. T. J. Wilkerson.

Very respectfully,

*J. E. Matthews*



Lawrence, Porter B.

Fulton Co.

10th April 1912

White John P. R. R.

**Confederate**

**Soldier's Application.**

**UNDER ACT 1910.**

County Fulton

Porter B. Lawrence

Company 4

Regiment 10th Va. Cavalry

Approved \_\_\_\_\_

ENTERED ROSTER 10th Va. Cavalry

CHAS. F. BERRY, CLERK, FULTON, ALABAMA

10th Va. Cavalry

# 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, answers as follows, to wit:

1. What is your name and where do you reside? (Give County and Post-office).  
Proctor B. Lawrence, 101 E. 1st St., Macon, Ga.
2. How long and since when have you been a continuous resident citizen of this State?  
Since 1861.
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865?  
Yes, in 1861.
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service).  
1861, February 1st, at Macon, Ga., in the 1st Ga. Cavalry, Co. B.
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge).  
Until 1865, April 1st.
6. When and where was your Company and Regiment surrendered or discharged from the Service?  
At Appomattox, Va., April 9, 1865.
7. Were you actually present with your Command when it was surrendered or discharged?  
Yes.
8. If you were not actually present, state specifically and clearly where you were.  
At Appomattox, Va., April 9, 1865.
- a. Where was your Command when you left it?  
At Appomattox, Va., April 9, 1865.
- b. When did you leave the Command?  
April 9, 1865.
- c. For what cause did you leave?  
Discharged.
- d. By whose authority did you leave?  
The commanding officer.
- e. For how long was your leave granted? In what way?  
Until 1865, April 1st.
- f. Why did you not return to your Command after leave expired?  
The war had ended.
- g. In what way were you prevented?  
The war had ended.
- h. What effort did you make to return?  
None.
- i. Were you captured during the war?  
No.
- j. If so, when, and where? In what prison were you held and when were you released?  
No.
- k. 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 lot of land in Macon, Ga., valued at \$2000.00.
- l. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price?  
None.
- m. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list).  
A lot of land in Macon, Ga., valued at \$2000.00.
- n. What annual or monthly income or earnings of yourself and wife and the source derived have you?  
None.
- o. Are you drawing a pension of any amount from this State or the United States?  
No.
- p. 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

29 day of April, 1910.

John R. Lawrence, Ordinary,

of Macon County.

Proctor B. Lawrence

Ordinary,

County.

Confederate

Soldier's Application.

UNDER ACT 1910.

County

Macon

Name

Proctor B. Lawrence

Company

B.

Regiment

1st Ga. Cavalry

Approved

ENTERED ROSTER OFFICE

W. LINDSEY.

CLARK F. WHITE, STATE PRINTER, ALBANY.

# QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

Fulton County.

R. H. Caldwell of said State and County is hereby presented as a witness in support of the application of Proctor B. Lawrence 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?  
R. H. Caldwell  
146 Gordon St Atlanta Ga
2. How long and since when have you known Proctor B. Lawrence the applicant?  
Ever since 1863
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?  
I have at different times in Atlanta  
since the War ended. About 1865
4. When, where and in what Company and Regiment did Proctor B. Lawrence enlist during war from 1861 to 1865? (Give date and place) I met him after he did
5. How did you obtain your information of this Service? He was in some Company  
of the 4th Georgia
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) up to the time he was taken prisoner
7. When and where was his Command surrendered or discharged (give date and place) near Berry R. C. Lawrence in April 1865
8. Were you personally present at the Surrender? Yes
9. If not, where were you and how came you there?
10. Was the applicant personally present with his Command at surrender? No
11. If not where was he and how came him there? he had been taken prisoner
12. When did he leave his Command? about 1865 Where was his Command when he left it? near Johnston Ga for what cause did he leave? Prisoner of War  
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) he was in 4  
th of our company was captured near Johnston Ga. I saw him in the hands of the  
Union soldiers after the War ended
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? Yes If so, when and where? near Johnston Ga.  
In what prison was he held? and when released?  
I never saw him any more after he was captured and taken  
Sworn to and subscribed before me, this the 29 day of April 1910  
John P. Williamson Ordinary,  
of Fulton County.

# AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Fulton County.

Personally before me comes R. H. Caldwell who on oath says that they are freeholders residing in said County and we know Proctor B. Lawrence the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.) Applicant owns no property in his name; I am informed that he owns a 1/2 interest in a piece of land in South Carolina, not worth over \$2000

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.) None

2. When and to whom was it sold or given to? None
3. What was the price paid or stated to be paid? None
4. What relation is the party to applicant? None
5. What disposition was made of the proceeds of the sale? None
6. Was the disposition of this property made in good faith and full value? Yes  
or was it made to obtain a pension? The had none to dispose of which his undivided  
son, Proctor B. Lawrence, in the hands of the Union  
Sworn to and subscribed before me, this the 29 day of April 1910  
John P. Williamson Ordinary,  
of Fulton County.

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

John P. Williamson Ordinary of said County, certify that I know the applicant, Proctor B. Lawrence for Pension is the person he represents himself to be and resides in said County. That I also know R. H. Caldwell the witness swearing to the service and Amos Fox who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of Fulton County shows that P. B. Lawrence and wife value for tax is in 1908 \$ None for 1909 \$ None for 1910 \$ None  
Sworn under my hand and official seal of office this 29 day of April 1910  
John P. Williamson Ordinary,  
of Fulton County.

- NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words: "You do solemnly swear that you will true answers make to each question asked you and the evidence you give shall be to the whole truth; so help you God."
2. Affidavit affidavits may be executed if such answers are furnished.
  3. All affidavits must be made before the Ordinary and certified by him.
  4. If applicant has the property at all in his possession, use or control of self and wife, affidavits of freeholders unnecessary.

Ordinary,  
of Fulton County.

1. The oath to the witness shall be made by the witness.  
2. Additional affidavits may be obtained if such person are interested.  
3. All affidavits must be made before the Ordinary and verified by him.  
4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of freeholders unnecessary.

NAME **Laurence, Proctor B.** YEAR **1912** COUNTY **Fulton**

WHEN AND WHERE BORN? **Resident of Georgia since 1845.**

ENLISTED WHEN AND WHERE? **1861, Palmyra, Liberty County, Georgia.**

RANK

COMPANY AND REGIMENT **"Liberty Troop; afterwards Co. G, 8th Co. Cavalry"**

NAME OF COMMANDER

WHERE

WHERE TAKEN AND WHERE? **Captured 1864, near Jonesboro, Georgia.  
Imprisoned in Point Lookout, Md.**

RELEASED **From Point Lookout, 1865, applicant does not remember the month.**

WHEN AND WHERE SURRENDERED? **Command surrendered, April 9, 1865,  
Greensboro, North Carolina.**

IF NOT CAPTURED OR SURRENDERED, WHERE WERE YOU? **In prison, Point Lookout, Md.**

DIED, WHEN AND WHERE

BURIED,

WITNESSES **R. E. Caldwell - Same Company**

**No data.**

WITNESSES

R. H. Caldwell - Same Company

No date.





## Application for Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)  
(To be disbursed by the Ordinary)

GEORGIA, FULTON County:

Before me, the Ordinary of said County, comes West Side Funeral Home, By R.W. Ellington, of said County, who, after being duly sworn, on oath says that he knew Martha Lawson late of said County, a Confederate pensioner, and that said person is the identical person named and described in the attached certified copy of burial certificate; and that said pensioner LEFT NO WIDOW and NO ESTATE of ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted to the sum of \$ 125.00, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me,  
this the 4th day of Jan, 193 5.  
David D. Brown C.C., Ordinary.

West Side Funeral Home  
By R.W. Ellington

### CERTIFICATE OF THE ORDINARY

GEORGIA, FULTON County.

I certify that West Side Funeral Home, By R.W. Ellington who subscribed to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and credit. I further certify that I knew Martha Lawson the deceased pensioner referred to in the foregoing affidavit and that said deceased was at the time of death regularly enrolled as a pensioner on the records of file in my office. I further certify that said deceased pensioner is the identical person named and described in the attached certified copy of burial certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expenses of last illness and burial for which claim is made.

Given under my hand and seal of office, this the 4th day of Jan, 193 5.  
(Seal of Ordinary) David D. Brown Ordinary.

#### INSTRUCTIONS:

- 1st. Certified copy of Burial Certificate must accompany this application.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Each account must be sworn to before the Ordinary, and in the following form:  
"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of \_\_\_\_\_, who died without owning sufficient property to pay this bill.
- 4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.
- 8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.
- 9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

## Application for Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)  
(To be disbursed by the Ordinary)

GEORGIA, DuPont County:

Before me, the Ordinary of said County, comes O.W. Lawson, of said County, who, after being duly sworn, on oath says that he knew Mrs. Martha Lawson late of said County, a Confederate pensioner, and that said person is the identical person named and described in the attached certified copy of burial certificate; and that said pensioner LEFT NO WIDOW and NO ESTATE of ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted to the sum of \$ 175.00, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me,  
this the 7th day of Feb, 193 5.  
David D. Brown C.C., Ordinary.

O.W. Lawson  
703 Melburn NW  
25.00  
22.00  
75.00  
195.00  
317.00

### CERTIFICATE OF THE ORDINARY

GEORGIA, DuPont County.

I certify that O.W. Lawson who subscribed to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and credit. I further certify that I knew Mrs. Martha Lawson the deceased pensioner referred to in the foregoing affidavit and that said deceased was at the time of death regularly enrolled as a pensioner on the records of file in my office. I further certify that said deceased pensioner is the identical person named and described in the attached certified copy of burial certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expenses of last illness and burial for which claim is made.

Given under my hand and seal of office, this the 7th day of Feb, 193 5.  
(Seal of Ordinary) David D. Brown Ordinary.

#### INSTRUCTIONS:

- 1st. Certified copy of Burial Certificate must accompany this application.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Each account must be sworn to before the Ordinary, and in the following form:  
"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of \_\_\_\_\_, who died without owning sufficient property to pay this bill.
- 4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.
- 8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.
- 9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

Atlanta, Ga., Feb 16 1935  
 Mr. Ellie Lawson  
 next of kin  
 IN ACCOUNT WITH  
 W. T. ROGERS M. D.  
 756 Marietta Street, N.W.  
 Atlanta, Georgia  
 OFFICE HOURS 9 A. M. TO 1 P. M. 5 TO 7 P. M. PHONE MAIN 4178

Operation on Mother  
 Hospital Bill, Amth. Oper Room  
 Dr. Rogers's acct

50.00  
 25.00  
 75.00

State of Georgia, Fulton County:

Personally appeared before the undersigned an officer authorized by law to administer oaths Dr. W. T. Rogers, who being sworn says that the above and foregoing is a true itemized statement of the Hospital Bill and Doctors Bill owed by Mrs. Martha A. Lawson.

GIVEN to and subscribed before me this 16th day of Feb. 1935.

*Notary Public at Large*

ATLANTA, GA. 12 26 1934  
 Mr. Ellie Lawson  
 IN ACCOUNT WITH  
 WEST SIDE FUNERAL HOME  
 AMBULANCE SERVICE  
 902 BANKHEAD AVENUE HEMLOCK 4086

10 22 Funeral expenses  
 for Mrs. <sup>(Martha)</sup> Mary E  
 Lawson  
 Complete \$195.00

Personally appeared before the undersigned officer  
 Woodrow Pruitt who on his  
 oath swears that the above  
 bill is paid due and unpaid  
*Woodrow Pruitt*  
 Clerk

GIVEN to before me this 26 day of  
 December, 1934

*Notary Public*  
 at S. S. P. 1934 Dist.

ATLANTA, GA. November 3 1934  
 Mr. O. W. Lawson  
 IN ACCOUNT WITH  
 WEST SIDE FUNERAL HOME  
 AMBULANCE SERVICE  
 902 BANKHEAD AVENUE HEMLOCK 4086

Casket  
 Embalming  
 Home Phone  
 150.00  
 15.00  
 30.00  
 Total 195.00

State of Georgia  
 Fulton County

Personally appeared before the undersigned an officer authorized by law to administer oaths J. Woodrow Pruitt who being sworn says that the above and foregoing is a true itemized statement of account owed for Mrs. Martha A. Lawson's funeral.  
*Loas*

Received of Thomas E. Jeffries, Ordinary, \$187.<sup>00</sup>  
 for the account of Martha Lawson. This amount has  
 not previously been paid and is now owing to me.  
 March 2 1935.

*West Side funeral home*  
*Mrs. W. E. Pruitt*

Received of Thomas E. Jeffries, Ordinary, \$98.00  
 to apply on account of Martha Lawson  
 I certify that this account has not been paid and is now owing to me.  
 This 1 day of Sept 1935. *O. W. Lawson*

Received of Thomas H. Jeffries, Ordinary, \$ 187<sup>00</sup>  
for the account of Martha Lawson This amount has  
not previously been paid and is now owing to me.  
March 7 1935.

*West Side funeral home  
Mrs W. S. Pruitt*

Received of Thomas H. Jeffries, Ordinary, \$ 98.00  
to apply on account of Martha Lawson  
I certify that this account has not been paid and is now owing to me.  
This 1 day of Sept 1935. O. W. Lawson

Came to and  
subscribed before  
me this 1<sup>st</sup> day of Feb. 1935  
W. E. Christie  
Notary Public  
State of Georgia

Jan 30 1935  
Mrs Martha Lawson (deaf)

A. R. Watkins, M. D.  
To Chamblee, Ga Br.

TERMS:

|       |            |       |
|-------|------------|-------|
| Oct 4 | To 1 visit | 2.00  |
| 5     | " "        | 2.00  |
| 6     | " "        | 2.00  |
| 7     | " "        | 2.00  |
| 8     | " "        | 2.00  |
| 9     | " "        | 2.00  |
| 11    | " "        | 2.00  |
| 16    | " "        | 2.00  |
| 17    | " "        | 2.00  |
| 18    | " "        | 2.00  |
| 19    | " "        | 2.00  |
|       |            | 22.00 |

State of Georgia  
DeKalb County  
Personally appeared  
before the undersigned

M \_\_\_\_\_ 19  
A. R. Watkins, M. D.  
To Chamblee, Ga Br.

TERMS:

an officer authorized  
by law to administer oaths  
Dr. A. R. Watkins M.D.  
who being sworn  
says that the above  
is a true itemized  
statement of account  
owed him for service  
for Mrs Martha Lawson  
deceased

A. R. Watkins M.D.

Came to and  
subscribed before  
me this 1<sup>st</sup> day  
of Feb. 1935  
W. E. Christie  
Notary Public State of Georgia

Sworn to and  
 subscribed before  
 me this 1<sup>st</sup> day of Feb. 1935  
 W. H. Christie  
 Notary Public,  
 State of Georgia

Jan 30 1935  
 Mrs Martha Lawson (deaf)

A. R. Watkins, M. D.  
 To Chamber, Ga Br.

TERMS:

|       |          |       |  |
|-------|----------|-------|--|
| Oct 4 | To visit | 2.00  |  |
| 5     | " "      | 2.00  |  |
| 6     | " "      | 2.00  |  |
| 7     | " "      | 2.00  |  |
| 8     | " "      | 2.00  |  |
| 9     | " "      | 2.00  |  |
| 11    | " "      | 2.00  |  |
| 16    | " "      | 2.00  |  |
| 17    | " "      | 2.00  |  |
| 18    | " "      | 2.00  |  |
| 19    | " "      | 2.00  |  |
|       |          | 22.00 |  |

State of Georgia  
 DeKalb County  
 Personally appeared  
 before the undersigned

M

A. R. Watkins, M. D.  
 To Chamber, Ga Br.

TERMS:

an officer authorized  
 by law to administer oaths  
 A. R. Watkins M.D.  
 who being sworn  
 says that the above  
 is a true itemized  
 statement of account  
 owed him for service  
 for Mrs Martha Lawson  
 deceased

Sworn to and  
 subscribed before  
 me this 1<sup>st</sup> day  
 of Feb. 1935  
 W. H. Christie  
 Notary Public, State of Georgia

Received of Thomas H. Jeffries, Ordinary, \$ 22.00

to apply on account of Martha Lawson

I certify that this account has not been paid and is now owing to me.

This 18 day of Sept. 1936. A. R. Watkins M.D.

to apply on account of Martha Lawson.

I certify that this account has not been paid and is now owing to me.

This 18 day of Sept. 1935. A.R. Watkins M.D.

FULTON COUNTY.



GEORGIA



March 21, 1935

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 October 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,

Claud C. Mason  
C.C. ORDINARY

**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 \$42.00 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 very truly,

P. E. Glenn  
P. E. Glenn

G:C

Atlanta, Georgia  
March 14, 1935.

I hereby certify that on October 22, 1934, that I borrowed One Hundred Dollars (\$100.00) from P. E. Glenn of Atlanta, Georgia, for the purpose of paying \$50.00 each on the Hospital Bill and Medical Bill of Dr. W. T. Rogers of 786 Marietta Street, Atlanta, Georgia, and on the funeral bill of the West Side Funeral Home of 786 Bankhead Avenue, Atlanta, Georgia, for the last illness and burial of my mother, Mrs. Martha Lawson.

I further certify that this amount is due and unpaid and that I could make no other arrangements at the time of the death of my mother.

*O.W. Lawson*

Witnessed this

14th Day of March 1935

*P. E. Glenn*  
N. P. GLENN  
STATE AT LAW

*I certify the foregoing is  
true and correct*  
*P. E. Glenn*

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 22, 1934:

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.

*O.W. Lawson*

Sworn to and subscribed before me  
this 21, day of March 1935.

*Charles C. Ordinary*  
C.C. ORDINARY



CERTIFICATE OF DEATH  
GEORGIA STATE BOARD OF HEALTH  
Bureau of Vital Statistics

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH   |   | Registered No. 4520   |  |
| County <u>Fulton</u> Militia District (Number and Name) _____ State of Georgia _____  |   |   |  |
| City or Town <u>Atlanta</u> Length of residence in this city or town: Yrs. _____ Mos. _____ Ds. _____ NON-RESIDENT (Yes or No.) _____   |   |   |  |
| Street and Number (No. _____ (Street) <u>West Side Hosp.</u> Ward _____   |   | (If death occurred in a hospital, give its name instead of street and number) |  |
| 2. FULL NAME <u>Martha E. Lawson</u>  |   |   |  |
| Residence (City or Town) <u>Chamblee, Ga.,</u> (Street and Number) _____ (State) _____  |   |   |  |
| PERSONAL AND STATISTICAL PARTICULARS  |   |   |  |
| 3. SEX <u>female</u>  | 4. COLOR & RACE <u>white</u>  | 5. MARRIAGE <u>widowed</u>  | 6. DATE OF BIRTH (month, day, year) <u>10/2/1854</u> |
| 7. AGE <u>80</u> Years <u>20</u> Months <u>20</u> Days <u>00</u> Hours <u>00</u> Minutes  | (a) Trade, profession or particular kind of work done, or vocation, avocation, bookkeeper, etc. <u>Domestic</u> |   |  |
| (b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc. _____  |   |   |  |
| (c) Date deceased last worked at this occupation (month and year) _____ (d) Total years spent in this occupation _____  |   |   |  |
| 8. BIRTHPLACE <u>Ga.,</u> (P. O. Address) _____   |   |   |  |
| 9. NAME <u>unknown</u>  |   |   |  |
| 10. BIRTHPLACE <u>unknown</u> (P. O. Address) _____   |   |   |  |
| 11. MAIDEN NAME <u>unknown</u>  |   |   |  |
| 12. BIRTHPLACE <u>unknown,</u> (P. O. Address) _____  |   |   |  |
| 13. INFORMANT <u>O. W. Lawson,</u> (Signed) <u>Doraville, Ga. Route #1</u> (Address) _____  |   |   |  |
| 14. BURIAL PLACE <u>Warsaw M. E. Ch. Yd.</u> (Cemetery) <u>Warsaw, Ga.</u> (Date) <u>10/22/34</u> (Funeral Home) <u>West Side Funeral Home,</u> (Address) <u>Atlanta, Ga.,</u>                              |   |   |  |
| 15. MEDICAL CERTIFICATE OF DEATH  |   |   |  |
| 16. DATE OF DEATH <u>10/22/34</u> at <u>4 A.</u> M. (Month, Day, Year) (Hour)   |   |   |  |
| 17. I HEREBY CERTIFY, That I attended the deceased from <u>10/19/34</u> to <u>10/22/34</u> I last saw him <u>alive</u> on <u>10/22/34</u> death is said to have occurred on the date and hour stated above. |   |   |  |
| The principal cause of death and related causes of importance in the order of onset and duration of each: <u>Intestinal obstruction,</u>  |   |   |  |
| Other contributory causes of importance: _____  |   |   |  |
| What test confirmed diagnosis? <u>Surgery</u> (Specify whether autopsy, operation, laboratory, or clinical)   |   |   |  |
| If death was due to external causes (violence) fill in also the following: _____  |   |   |  |
| Was injury an accident, suicide, or homicide? _____   |   |   |  |
| Where did injury occur? _____ (Specify city or town, if outside of limits, the county, and also the state)  |   |   |  |
| Did injury occur in a home, public place or industry? _____   |   |   |  |
| Manner of injury: _____   |   |   |  |
| Nature of injury: _____   |   |   |  |
| (Signed) <u>W. T. Rogers,</u> M. D. (Address) <u>756 Marietta St.,</u>  |   |   |  |
| 18. FILED <u>10/22/34</u> (Signed) <u>[Signature]</u> (Local Registrar)   |   |   |  |

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 4520

of the series of 1934 for Martha E. Lawson  
as appears on file in the office of the Registrar of Vital Statistics of the City of Atlanta.

(Signed)

SEAL

[Signature]  
LOCAL REGISTRAR.

I hereby certify that the foregoing is a true and correct copy of the record of death Number \_\_\_\_\_  
of the series of 1934 for Martha E. Lawson  
as appears on file in the office of the Registrar of Vital Statistics of the City of Atlanta.  
(Signed) L. H. Hunter  
SEAL LOCAL REGISTRAR

*Widow Nancy S. Lawson*  
*Fulton County*  
*Oct 1911*

No. *Indigent*

**Widow's Application**

To Be Put on Roll in Her Own Right, when  
Husband Was on Roll at Death.

County... *Fulton*

Name *Nancy S. Lawson*

Widow of *W.A. Lawson*

Approved .....

J. W. LINDSEY,  
Commissioner of Pensions

Chas. P. Byrd, State Printer, Atlanta.

*10/15/11*

# WIDOW'S AFFIDAVIT.

STATE OF GEORGIA.

*Fulton* County.

Personally before me comes *Mrs Nancy S. Dawson* of said County, who, after being duly sworn, on oath says, that she is the widow of *W. A. Dawson* whom in the County of *Cametta* State of *Ga* she was married on the *28th* day of *May* 1899 and that she remained his wife, and resided with him to the date of his death in *May* 1899 and that she has not since his death remarried. At the time of his death he was a resident of *Cametta* County, in *Cametta* State of Georgia, and he was on the *Indigent* Pension Roll of the State and paid a pension of \$ *60.* in *Cametta* County for 1898 per annum, on account of being a soldier in Company *See application from Cametta* (Volunteers of State Militia) files 1897. *Widow does not remember correct.*

At the death of *W. A. Dawson* he was in the use and possession of the following property *none*

of the cash value of \$ *none*

What property of any kind and of any value have you in your use, control and possession now, and the cash value (State fully.)

|                                  |  |    |
|----------------------------------|--|----|
| Acres land                       |  | \$ |
| Horses and Mules                 |  | \$ |
| Hogs, Cows, etc.                 |  | \$ |
| Total Cash value of all property |  | \$ |

That she is now a bonafide resident citizen of said County of *Fulton* and she has so continuously resided since *1906* day of *1906*

Sworn to and subscribed before me, this the *10th* day of *Oct* 1910 *Nancy S. Dawson* Ordinary. *John W. Dawson* of *Fulton* County.

## Affidavit of Witnesses to Prove Marriage and to Whom--Date of Death of Husband.

STATE OF GEORGIA.

*Cametta* County.

Personally before me come *J. M. Carpenter* known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. *Nancy S. Dawson* who made the foregoing affidavit, is the lawful widow of *W. A. Dawson* who died in *Cametta* County in said State of *Ga* on *6* day of *May* 1899, and that she has not since remarried. That she became the wife of *W. A. Dawson* on the *28* day of *May* 1899 and that she and he had resided together as man and wife continuously since that time were both present at the death of *W. A. Dawson* on the *28* day of *May* 1899 and that the said *W. A. Dawson* was the same man who was on the pension roll of said State *Ga* from *Cametta* County when he died.

Sworn to and subscribed before me, this the *12th* day of *Sept* 1910 *J. M. Carpenter* Ordinary. *J. M. Carpenter* of *Cametta* County.

## Widow's Application

To Be Put on Roll in Her Own Right, when Husband Was on Roll at Death.

County *Fulton*  
Name *Nancy S. Dawson*  
Widow of *W. A. Dawson*

Approved

J. W. LINSEY,  
Commissioner of Pensions

FORM P. 1907 STATE PRINTING, ATLANTA.

# AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,

*Carroll* County.

Personally before me comes *J. C. Drake* who after being sworn on oath, says, that they are freeholders of said County and that they know *Nancy S. Dawson* of said County and knew her said husband *W. Dawson* at his death on the *6* day of *May* 1899 that she and he were in the use, possession and control of the following property at his death to wit: *no property*

of the value of *\$20.00* That she is now in the use, possession and control of the following property to wit: *no property*

of the value of \$.

Sworn to and subscribed before me, this the

*23rd* day of *Sept.* 1910

*L. C. Drake* Ordinary.

of *Carroll* County.

Ordinary.

*J. L. Drake*  
*J. J. Addy*  
County.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

*Fulton* County.

*John R. Harrison* Ordinary of said County, do certify, that, I know *Nancy S. Dawson* 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

~~who I know to be a resident freeholder of said County, that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.~~

That the tax Books of *Fulton* County shows that *Nancy S. Dawson* returned property to the amount of for 1908 \$ *none* for 1909 \$ *none* for 1910 \$ *none*

Sworn under my hand and official seal of this *23rd* day of *Sept.* 1910

(SEAL.)

*John R. Harrison* Ordinary.

*Fulton* County.

- NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary.
4. Only widows who married prior to first January 1870, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by general reputation.

*Georgia, Carroll County: J. L. G. Pender, ordinary of said County, hereby certify that J. M. Emertkin, J. C. Drake and J. J. Addy, whose names are attached to the foregoing affidavits, are reputable citizens of said County; whose statements are worthy of belief.*

*I certify further that the records in the office of Ordinary of said County - do not disclose the fact of the marriage of W. Dawson to Mrs. Nancy S. Dawson.*

*I remain under my hand and seal, This Oct. 4<sup>th</sup> 1910. L. C. Pender, ordinary of Fulton County.*

...S. Larsson, J. C. ... whose  
names are attached to the foregoing affidavits,  
are reputable citizens of said County; whose  
statements are worthy of belief.

I certify further that the records in the J.  
Court of said County - do not disclose  
the fact of the marriage of W. Larsson to  
Mrs. Nancy S. Larsson.

Given under my hand and seal,  
this Oct. 4<sup>th</sup> 1910.

L. A. Presler, County  
Treas. of Ch. Co. Cal.

Lawson, William

Fulton Co.

No. 76

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 24, 1888.

FOR

Right Arm Scales  
Applicant W. Lawson

County Fulton

Amount \$50.

Date of Warrant July 6/89

Entered on Record,

July 6 1889  
W. H. K.

SECRETARY EXECUTIVE DEPARTMENT.

# STATE OF GEORGIA,

*Fuller* County.

PERSONALLY appears *Wm Lawson* of *Fuller* county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continuously since the *18<sup>th</sup>* day of *July*, 1833; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *E*, of 22<sup>nd</sup> Regiment of *Georgia* Volunteers *Wright's* Brigade; that whilst engaged in such military service, at the battle of *Seven Pines* in the State of *Virginia*, on the *26<sup>th</sup>* day of *June*, 1862, he was wounded as follows: *right arm disabled by gun shot wound in the ball entering the forearm just below the elbow joint, close to the bone, both bones and passing up through the elbow joint and coming out of the arm near the middle on the anterior side of the arm & rendering it substantially & permanently useless.*  
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved Dec. 24, 1888, and makes application for the allowance to which he is entitled for the year ending Oct. 26, 1889.

Sworn to and subscribed before me, this, *6<sup>th</sup>* day of *February*, 1889, *Wm L. Calhoun* Clerk.

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,

*Fuller* County.

PERSONALLY comes before me *W. L. Calhoun* Ordinary of said county, *Isaac L. Bond* and *Franklin D. Martin*, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *Wm Lawson* and after such examination say that the applicant has been injured as follows: *right arm disabled from the effects of a gun shot wound. The ball entering the forearm just below the elbow joint and fracturing both bones (radius and ulna) and passing up through elbow joint and coming out of the arm near the middle on the anterior side of the arm. It is above stated injuries depriving him from using his arm to any advantage and the same is substantially & permanently useless.*

Sworn to and subscribed before me, this, *6<sup>th</sup>* day of *February*, 1889, *W. L. Calhoun* Ordinary, *Isaac L. Bond* and *Franklin D. Martin*.

NOTE.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.

## APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 26, 1889.

FOR *Right Arm Disabled*  
Applicant *Wm Lawson*  
County *Fuller*

Amount *\$50.*

Date of Warrant *Feb 6/89*

Entered on Record *July 6 1889*

SECRETARY EXECUTIVE DEPARTMENT.

STATE OF GEORGIA.

I, W. L. Loeckheim, Ordinary of said county, do certify that I am well acquainted with William Lawson; 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: George L. Loeckheim and  
Asa Loeckheim A. Loeckheim

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 person of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 6th day of February 1889  
W. L. Loeckheim

Ordinary Frederick 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 Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In witness whereof I have hereunto set my hand and seal, this

day of 188

(L. S.)

Executed in the presence of us:

DIRECTION:

Send money to me as follows, by to 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 rendered *substantially and essentially useless*.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."
5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made *under oath* before an officer, and the proofs must show that the amendments have been duly sworn to.
7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

STATE OF GEORGIA,

*Fulton* County.

I, *W. L. Latham* Ordinary of said county, do certify that I am well acquainted with *Wm Lawson* 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 *5<sup>th</sup>* day of *February* 1890

*W. L. Latham*

Ordinary

*Fulton*

County.

STATE OF GEORGIA,

*Fulton* County.

I, *W. L. Latham* Ordinary of said County, do certify that I am well acquainted with *William Lawson* 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 *5<sup>th</sup>* day of *February* 1891.

*W. L. Latham*

Ordinary

*Fulton*

County.

*Lawson, William*  
**1890.**  
*Fulton Co.*

No. *2444*  
APPLICATION FOR ALLOWANCE.  
FOR THIS OFFICE OFFICER IN 1891.

*Right Arm disabled*  
Applicant *Wm Lawson*  
County, *Fulton*

Amount, *50*  
Date of warrant, *Feb 5*

Entered on record  
*Feb 5 1890*

*W. L. Latham*  
SHERIFF EXECUTIVE DEPARTMENT

WARRANT HANDLED TO  
*applicant*

*Lawson, William*  
**1891.**  
*Lawson, William*

No. *2444*  
APPLICATION FOR ALLOWANCE  
FOR THIS OFFICE OFFICER IN 1891.

*Right Arm disabled*  
Applicant *Wm Lawson*  
County, *Fulton*

Amount, *50*  
Date of Warrant, *Feb 5*

Entered on record  
*Feb 5 1891*

*W. L. Latham*  
SHERIFF EXECUTIVE DEPARTMENT

WARRANT HANDLED TO  
*applicant*

*Lawson, William*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fullon* County.

PERSONALLY appears *William Lawson* of *Fullon* 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 *18th* day of *1862*; that he enlisted in the military service of the Confederate States (~~as of the State of~~) during the war between the States, and served as a *Private* in Company *E*, of *22nd* Regiment of *Georgia* Volunteers *Wright's* Brigade; that whilst engaged in such military service, at the battle of *Seven Days*, *Richmond* in the State of *Virginia*, on the *26th* day of *June*, 1862, he was wounded as follows: *from shot wound of right arm reaching below the elbow rendering the same essentially and substantially useless*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of *Five* dollars.

Sworn to and subscribed before me, this *15th* day of *February*, 1890, *Wm. Lawson* *Private*  
*W. L. Coleman*

NOTE: State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

## POWER OF ATTORNEY.

STATE OF GEORGIA,

*Fullon* 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 *15th* day of *February*, 1890

Executed in the presence of us:

[L. S.]

### DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fullon* County.

PERSONALLY appears *William Lawson* of *Fullon* 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 *18th* day of *1862*; that he enlisted in the military service of the Confederate States (~~as of the State of~~) during the war between the States, and served as a *Private* in Company *E*, of *22nd* Regiment of *Georgia* Volunteers *Wright's* Brigade; that whilst engaged in such military service at the battle of *Seven Days*, *Richmond* in the State of *Virginia*, on the *26th* day of *June*, 1862, he was wounded as follows: *from shot wound of right arm reaching below the elbow rendering the same essentially and substantially useless*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of *Five* dollars, for *1870 to 1890*

Sworn to and subscribed before me, this *15th* day of *February*, 1891, *Wm. Lawson* *Private*  
*W. L. Coleman*

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,

*Fullon* County.

Know all Men by these Presents, That I,

of *Fullon* 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 *15th* day of *February*, 1891.

[L. S.]

Executed in the presence of us:

### DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

POWER OF ATTORNEY.  
STATE OF GEORGIA, }  
County, }

Know all Men by these Presents, That I \_\_\_\_\_  
of \_\_\_\_\_ County, State of Georgia, do hereby appoint

\_\_\_\_\_ my true and lawful attorney in fact, for  
me and in my name, to receive and receipt for whatever amount of money I may be entitled to  
from the State of Georgia by reason of 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 \_\_\_\_\_ 1893.

Executed in the presence of us: \_\_\_\_\_

DIRECTION.

Send money to me as follows, by - \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_  
County, Georgia.

P. O.

1893.

No. 1197.

Application for Allowance

For the Year Ending October 24, 1892.

FOR

*Dr. E. W. L.*

Applicant, William Lawrence

County, Fulton

Amount, \$50

Date of Warrant, 3/17

Entered on record, 3/17

1893.

WARRANT

Secretary Executive Department

WARRANT RETURNED TO

Applicant

Geo. W. Harrison, State Printer, Atlanta.

*Lawson, William*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Fulton County. }

PERSONALLY appears William Lawson 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 1882; that he enlisted in the military service of the Con-

federate States (or of the State of Georgia) during the war between the States, and served as a Private in Company E, of 22nd 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 day of June, 1862, he was 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, 1893. I have heretofore been allowed a pension of Eighty dollars, for 1892

Sworn to and subscribed before me, this, the 17th day of March, 1893.

Wm. Lawson  
Subscribed

W. L. Calhoun Ordinary

STATE OF GEORGIA, }

Fulton County. }

I, W. L. Calhoun Ordinary of said County, do certify that I am well acquainted with William Lawson 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 Notary Public of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 17th day of March, 1893.

W. L. Calhoun  
Ordinary Fulton County.

STATE OF GEORGIA  
BOARDS OF PENSIONERS

STATE OF GEORGIA.

*Fulton* County.

I, *Wm. L. Lawson* Ordinary of said county,

do certify that I am well acquainted with *William Lawson* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

Given under my official signature and seal, this *3rd* day of *March* 1892.

*Wm. L. Lawson*  
Ordinary. *Fulton* County.

*Lawson, William*  
*Fulton Co*  
*No 426*

**SOLDIERS PENSION.**  
**1892.**

FOR THE YEAR ENDING OCTOBER 26, 1892.

|   |                   |
|---|-------------------|
| Name  | <i>Wm. Lawson</i> |
| County  | <i>Fulton</i>     |
| Disability  | <i>Disabled</i>   |
| Amount, \$  | <i>50</i>         |
| Entered on record                                   | <i>Met 3</i>      |
| 1892.   |                   |
| W. H. HARRISON,                                     |                   |
| Secretary of Executive Department.                  |                   |
| AGENT,  |                   |
| <i>Applicant</i>                                    |                   |
| <i>Wm. W. Harrison, State Printer, Atlanta, Ga.</i> |                   |

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

of \_\_\_\_\_ my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this,

day of \_\_\_\_\_ 1894.

[L. S.]

Executed in the presence of us

DIRECTIONS.

Send money to me as follows, by

to \_\_\_\_\_

P. O.

County, Georgia.

*Fulton Co.*  
*Wm. L. Lawson*  
*(For Those Already Enrolled.)*  
*No 1261*

**Soldier's Pension.**  
**1894.**

|  |                       |
|--|-----------------------|
| Name   | <i>William Lawson</i> |
| County   | <i>Fulton</i>         |
| Disability                                     | <i>Disabled Arm</i>   |
| Amount, \$                                     | <i>50</i>             |
| 1894.  |                       |
| W. H. HARRISON,                                |                       |
| Secretary Executive Department.                |                       |
| <i>Applicant</i>                               |                       |
| <i>Wm. W. Harrison, State Printer, Atlanta</i> |                       |

WARRANT HANDLED TO

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County, }  
 PERSONALLY appears *William Lawson*  
 of *Fulton* County, State of Georgia, who, being duly sworn, says  
 on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously  
 since the day of 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 *Private* in Company *E*,  
 of 12th 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 day of *June*

1863 he was wounded as follows: *gun shot*  
*wound through entire length of right arm*  
*rendering the arm substantially and essentially useless*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and  
 the acts amendatory thereof, and makes application for the allowance to which he is entitled for  
 the year ending October 26, 1892. I have heretofore been allowed a pension of

*Fifty* Dollars for 1891  
 Sworn to and subscribed before me this *10th* day of *March*, 1892, *W. L. Lawson*  
*Ordinary*

Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the  
 extent of the disability.

## POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

Know all Men by these Presents, That I,

of  
 County, in said State, do hereby appoint

my true and lawful attorney in fact, for  
 me and in my name, to receive and receipt for whatever amount of money I may be entitled to  
 from the State of Georgia by reason of the injury received as aforesaid in the military service of  
 the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing  
 my said attorney to receipt in my name for any Warrant that may be issued by the Governor,  
 or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this  
 day of 1892.

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County, }

PERSONALLY appears *William Lawson* 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 1833; 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 *E*, of *12th* 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 day of *June* 1863 he was  
 wounded as follows: *gun shot wound through entire length of right arm*  
*rendering the arm substantially and essentially useless*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,  
 and the acts amendatory thereof, and makes application for the allowance to which he is  
 entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of  
*Fifty* dollars, for the year 1893

Sworn to and subscribed before me, this, *12th* day of *March*, 1894, *W. L. Lawson*  
*Ordinary*

Note.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent  
 of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

*Fulton* County, }

I, *W. L. Calhoun* Ordinary of said County,  
 do certify that I am well acquainted with *William 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 *12th*

day of *March*, 1894.



*W. L. Calhoun*

Ordinary *Fulton* County.

# POWER OF ATTORNEY.

STATE OF GEORGIA;

County. }

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County, State of Georgia, do hereby appoint

of

my true and lawful attorney in fact, for

me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of 1895.

Executed in presence of us

[L. S.]

## DIRECTIONS.

Send money to me as follows, by,

to

P. O.

County, Georgia.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, hereby authorize

of

to receive and receipt for the pension paid hereon and request that he remit same to

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of 1896.

[L. S.]

Executed in presence of us

*Jawson, William*  
*Hilton Co.*

(For Those Already Enrolled.)

No. 86

**SOLDIER'S PENSION.**

**1895.**

Name William Lawson

County Walton

Disability Total

Amount, \$ 34

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

Geo. W. Harbison, State Printer, Atlanta.

*No date*

*Jawson, William*  
*Hilton Co.*

(For Those Already Enrolled.)

No. 990

**SOLDIER'S PENSION.**

**1896.**

Name William Lawson

County Walton

Disability Discharged

Amount, \$ 22.60

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

Geo. W. Harbison, State Printer, Atlanta.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
Fulton County.

Personally appears William Lawson 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 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 Private in Company F, of 22nd Regiment of Volunteers, 1st Brigade; that whilst engaged in such military service at the battle of Seven Days Fight Richmond in the State of Virginia, on the 1st day of June 1863, he was wounded as follows: 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 26th, 1895. I have heretofore been allowed a pension of \$44 dollars, for the year 1891.

Sworn to and subscribed before me, this, the 9th day of April, 1895. *W. L. Lawson*  
*W. L. Calhoun Ordinary* Mark

NOTE.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,  
Fulton County.

I, W. L. Calhoun Ordinary of said County, do certify that I am well acquainted with William 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 9th day of March, 1895.



*W. L. Calhoun*  
Ordinary Fulton County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
Fulton County.

Personally appears William Lawson 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 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 Private in Company F, of 22nd Regiment of Georgia Volunteers, 1st Brigade; that whilst engaged in such military service in the State of Virginia, on the 1st day of June 1863, he was wounded, injured or diseased 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 pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of Fulton county been allowed a pension of \$55 dollars, for the year 1891.

Sworn to and subscribed before me, this, the 26th day of February, 1896. *W. L. Lawson*  
*W. L. Calhoun Ordinary* Mark

NOTE.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,  
Fulton County.

I, W. L. Calhoun Ordinary of said County, do certify that I am well acquainted with William 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 26th day of February, 1896.



*W. L. Calhoun*  
Ordinary Fulton County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I,

hereby authorize

of

to receive and receipt for the pension paid hereon and request that he remit same to

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of

1897.

[L. S.]

Executed in presence of

)

*Larson, William*  
*Fuller*

ACT OF OCT. 1897.  
(For Those Already Enrolled.)

No. 11

INVALID  
SOLDIER'S PENSION.

1897.

Name *William Larson*  
County *Fuller*  
Disability *Discharged*  
Amount, \$ *50.00*

1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

*appt*

W. H. HARRISON, STATE PRINTER, ATLANTA.

*W. H. Harrison*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I,

hereby authorize

of

to receive and receipt for the pension paid hereon and request that he remit same to

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of

1898.

[L. S.]

Executed in presence of

)

*Larson, William*  
*Fuller*

ACT OF OCT. 1897.  
(For Those Already Enrolled.)

No. 2253

INVALID  
SOLDIER'S PENSION.

1898.

Name *William Larson*  
County *Fuller*  
Disability *Discharged*  
Amount, \$ *50.00*

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

*appt*

W. H. HARRISON, STATE PRINTER, ATLANTA.

*W. H. Harrison*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County.

Personally appears *William Lawson* 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 *1832*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *C*, of *122*th Regiment of *Georgia* Volunteers, *Thight*'s Brigade; that whilst engaged in such military service in the State of *Virginia*, on the *26*th day of *June* *1863*, he was wounded, injured or diseased as follows:

*Gun shot wound through entire length of right arm rendering the same substantially 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, 1897. I have heretofore under said law as a resident of *Fulton* county been allowed an invalid pension of *Fifty* Dollars, for the year *189*.

Sworn to and subscribed before me, this, *William Lawson* day of *July* *1897*. POST OFFICE

Note.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

*Fulton* County.

I, *M. H. Hulsey* Ordinary of said County, do certify that I am well acquainted with *William 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 *18* day of *July* *1897*.



Ordinary *Fulton* County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County.

Personally appears *William Lawson* 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 *1832*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *E*, of *122*th Regiment of *Georgia* Volunteers, *Thight*'s Brigade; that whilst engaged in such military service in the State of *Virginia*, on the *26*th day of *June* *1863*, he was wounded, injured or diseased as follows:

*Gun shot wound in right arm rendering it 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, 1898. I have heretofore under said law as a resident of *Fulton* county been allowed an invalid pension of *Fifty* Dollars, for the year *1897*.

Sworn to and subscribed before me, this, *William Lawson* day of *July* *1898*. POST OFFICE

Note.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

*Fulton* County.

I, *M. H. Hulsey* Ordinary of said County, do certify that I am well acquainted with *William 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 *17* day of *July* *1898*.



Ordinary *Fulton* County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

to receive and receipt for the pension paid hereon and request that he remit same to

by \_\_\_\_\_

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_

day of \_\_\_\_\_ 1800.

[L. S.]

Executed in presence of \_\_\_\_\_

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

to receive and receipt for the pension paid hereon and request that he remit same to

by \_\_\_\_\_

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_

day of \_\_\_\_\_ 1800.

[L. S.]

Executed in presence of \_\_\_\_\_

ONE HUNDRED AND SEVENTY-ONE  
(For These Already Enrolled.)

No. 1871

INVALID

SOLDIER'S PENSION.

1899.

Name *Wm. Lindsey*

County *Fullton*

Disability

Amount, \$ *20*

1899.

*2/15*

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

*Wm. Lindsey*

Geo. W. Lindsey, State Printer, Atlanta

*Wm. Lindsey*

ONE HUNDRED AND SEVENTY-ONE  
(For These Already Enrolled.)

No. 1874

INVALID

SOLDIER'S PENSION.

1900.

Name *Wm. Lindsey*

County *Fullton*

Disability

Amount, \$ *51.50*

1900.

Warrant issued *Mar 5*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

*Wm. Lindsey*

Geo. W. Lindsey, State Printer, Atlanta

*No data*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears Samuel Lawrence 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 1873; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company E, of 24th Regiment of Georgia Volunteers, Wright's Brigade; that whilst engaged in such military service in the State of Georgia, on the 26 day of June 1863, he was wounded, injured or diseased as follows:

Sam was wounded in right arm - rendering it useless.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1890. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of 50 Dollars, for the year 1889.

Sworn to and subscribed before me, this, 2nd day of May 1890, Wm. H. Hulsey POST OFFICE

Note. State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Fulton County.

I, W. H. Hulsey Ordinary of said County, do certify that I am well acquainted with Sam 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 15th day of May 1890.

Ordinary Fulton County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears Sam Lawrence of Fulton County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the day of 1873; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company E, of 24th Regiment of Georgia Volunteers, Wright's Brigade; that whilst engaged in such military service in the State of Georgia, on the 26 day of June 1863, he was wounded, injured or diseased as follows:

Sam shot wound right arm - rendering useless.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of 50 Dollars, for the year 1889.

Sworn to and subscribed before me, this, 5th day of March 1900, Wm. H. Hulsey POST OFFICE

Note. State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Fulton County.

I, W. H. Hulsey Ordinary of said County, do certify that I am well acquainted with Sam 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 5th day of March 1900.

Ordinary Fulton County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

to receive and receipt for the pension paid hereon and request that he remit same to

by \_\_\_\_\_

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal this

day of \_\_\_\_\_ 1901.

[L. S.]

Executed in presence of \_\_\_\_\_

For Those Already Enrolled.)

CODE SECTION 121

No. 207

DISABLED

**SOLDIER'S PENSION.  
1901.**

Name *Wm. Lawson*

County *Fulton*

Disability *found correct in right arm*

Amount, \$ *50.00*

1901.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

*Wm. Lawson*

Wm. W. Harrison, State Printer, Atlanta.

*no extra*

*Lawson, William  
of Fulton G.*

( FOR THOSE ALREADY ENROLLED. )

CODE SECTION 120

No. 62

DISABLED

**SOLDIER'S PENSION.  
1902.**

Name *Wm. Lawson*

County *FULTON*

Co. *E* Regiment *2nd Ga*

Disability *found right arm*

Amount, \$ *50.00*

1902.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

*Wm. Lawson*

Wm. W. Harrison, State Printer, Atlanta.

*no extra*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

to receive and receipt for the pension paid hereon and request that he remit same to

by \_\_\_\_\_

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal this

day of \_\_\_\_\_ 1902.

[L. S.]

Executed in presence of \_\_\_\_\_

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Tullon* County, }  
Personally appears *Wm Lawson* of *Tullon*  
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 Con-  
federate States (or of the State of *Ga*) during the war between the  
States, and served as a *private* in Company *E*, of *22*th Regiment  
of *Ga* Volunteers, *Wright*'s Brigade; that whilst engaged  
in such military service in the State of *Ga*, on the *26* day  
of *June* 1863, he was wounded, injured or diseased as follows:

*Gun shot wound right arm  
rendering useless*

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  
*Tullon* County been allowed an invalid pension of  
*50* Dollars, for the year 1900.

Sworn to and subscribed before me, this the *Wm Lawson*  
*14th* day of *July* 1901. Postoffice *Atlanta Ga*  
*John R. Wilkinson*

Note.—State fully the nature of the wound or character of disease which causes the disability, and explain partic-  
ularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

*Tullon* County, }  
I, *John R. Wilkinson* Ordinary of said County,  
do certify that I am well acquainted with *Wm 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 *14th*  
day of *July* 1901.  
*John R. Wilkinson*  
Ordinary *Tullon* County.



# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Tullon* County, }  
Personally appears *Wm Lawson* of *Tullon*  
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 Con-  
federate States (or of the State of *Ga*) during the war between the  
States, and served as a *private* in Company *E*, of *22*th Regiment  
of *Ga* Volunteers, *Wright*'s Brigade; that whilst engaged  
in such military service in the State of *Ga*, on the *26* day  
of *June* 1863, he was wounded, injured or diseased as follows:

*Wounded in right arm*

Deponent makes application for the pension to which he is entitled for the year  
ending October 26th, 1901. I have heretofore, under said law, as a resident of  
*Tullon* County, been allowed an invalid pension of  
*50* Dollars, for the year 1901.

Sworn to and subscribed before me, this the *Wm Lawson*  
day of *JAN 13* 1902. Post-office *Atlanta*  
*John R. Wilkinson*

Note.—State fully the nature of the wound or character of disease which causes the disability, and explain  
particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

*Tullon* County, }  
I, *John R. Wilkinson* Ordinary of said County,  
do certify that I am well acquainted with *Wm 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  
day of *JAN 13* 1902.  
*John R. Wilkinson*  
Ordinary *Tullon* County.



Note.—Fill in blanks and of Company and Regiment.  
Note.—All vouchers and affidavits must bear date after January 1, 1902.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

to receive and receipt for the pension paid hereon and request that he remit same to

by \_\_\_\_\_

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal this \_\_\_\_\_

day of \_\_\_\_\_ 1903.

[L. S.]

Executed in presence of \_\_\_\_\_

(CODE SECTION 1903.  
(FOR THOSE ALREADY ENROLLED.)

No. 42

DISABLED

SOLDIER'S PENSION

1903.

Name Wm. Lawrence  
County \_\_\_\_\_  
Co. C Regiment 22 Ga  
Disability arm and right arm  
Amount, \$ 50.00

424 1903.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

W. H. H.  
Geo. W. Harrison State Printer, Atlanta

no date

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

to receive and receipt for the pension paid hereon, and request that he remit same to

by \_\_\_\_\_

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_

day of \_\_\_\_\_ 1904.

[L. S.]

Executed in presence of \_\_\_\_\_

(CODE SECTION 1904.  
(FOR THOSE ALREADY ENROLLED.)

No. 34

DISABLED

SOLDIER'S PENSION

1904.

Name Wm. Lawrence  
County Fulton  
Co. C Regiment 22 Ga  
Disability arm and right arm  
Amount, \$ fifty

W. H. H. 1904.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

W. H. H.  
Geo. W. Harrison State Printer, Atlanta

no date

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears Wm Lawson 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 \_\_\_\_\_ 1883; that he enlisted in the military service of the Con-  
federate States (or of the State of Ga) during the war between the  
States, and served as a Private in Company E, of 22-th Regiment  
of 4a Volunteers, Wright's Brigade; that whilst engaged  
in such military service in the State of Ga, on the 26 day  
of June 1863 he was wounded, injured or diseased as follows:

Wound in right arm

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  
50 Dollars, for the year 1902.

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 1903. Post-office.

John R. Wilkinson  
Notary Public, State of Georgia, do hereby certify the nature of the wound or character of disease which causes the disability, and explain  
fully the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

County.

I, \_\_\_\_\_ Ordinary of said County,  
do certify that I am well acquainted with Wm 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 \_\_\_\_\_ day of \_\_\_\_\_ 1903.

Ordinary

County.

NOTE.—Fill all blanks and of Company and Regiment  
NOTE.—All vouchers and affidavits must bear date after January 1, 1903.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. County.

Personally appears Wm Lawson 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 \_\_\_\_\_ 1883, that he enlisted in the military service of the Con-  
federate States (or of the State of Ga) during the war between the  
States, and served as a Private in Company E, of 22-th Regiment  
of 4a Volunteers, Wright's Brigade; that whilst engaged  
in such military service in the State of Ga, on the 26 day  
of June 1863, he was wounded, injured or diseased as follows:

Wound in right arm

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  
50 Fulton. 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.

John R. Wilkinson  
Notary Public, State of Georgia, do hereby certify the nature of the wound or character of disease which causes the disability, and explain  
fully the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Fulton. County.

I, John R. Wilkinson Ordinary of said County,  
do certify that I am well acquainted with Wm 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 \_\_\_\_\_ day of \_\_\_\_\_ 1904.

Ordinary

Fulton. County.

NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1, 1904.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I,

hereby authorize

of

to receive and receipt for the pension paid hereon, and request that he remit same to

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of 1905.

[L. S.]

Executed in the presence of

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, hereby authorize

of

to receive and receipt for the pension paid hereon, and request that he remit same to

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of 1908.

[L. S.]

Executed in the presence of

(FOR THOSE ALREADY ENROLLED.)

No.

DISABLED

SOLDIER'S PENSION

1905.

Name

County

Co.

Disability

Amount, \$

1905.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

no date

Lawson, William

Fulton Co.,

(FOR THOSE ALREADY ENROLLED.)

No.

DISABLED

SOLDIER'S PENSION

1906.

Name

County

Co.

Disability

Amount, \$

1906.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

no date

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. COUNTY.

Personally appears *William Lawson* of **Fulton**.

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18 that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a Volunteers in Company C, of 22th Regiment of 1st Brigade; that whilst engaged in such military service in the State of va, on the 26 day of June 1863, he was wounded, injured or diseased as follows:

*Right Arm disabled, Seven Pines, 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 Fulton County, been allowed an invalid pension of Fifty Dollars, for the year 1904.

Sworn to and subscribed before me, this 15th day of JAN 2 1905 1905.

*William Lawson*  
Post-office Atlanta

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Fulton. COUNTY.

I, William Lawson Ordinary of said County, do certify that I am well acquainted with William 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 JAN 2 1905 day of 1905.

Ordinary Fulton County.

NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1, 1905.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton. County.

Personally appears *Wm. Lawson* of **Fulton**.

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18 that he enlisted in the military service of the Confederate States, (or of the State of *Georgia*) during the war between the States, and served as a Volunteers in Company C, of 22th Regiment of 1st Brigade; that whilst engaged in such military service in the State of va, on the 26 day of June 1863, he was wounded, injured or diseased as follows:

*Right Arm disabled, Seven Pines, Va.*

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 Fulton County, been allowed an invalid pension of Fifty Dollars, for the year 1905.

Sworn to and subscribed before me, this 15th day of JAN 1 1906 1906.

*William Lawson*  
Post Office Atlanta

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

State of Georgia,

Fulton. County.

I, William Lawson Ordinary of said County, do certify that I am well acquainted with Wm. 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 JAN 1 1906 day of 1906.

Ordinary Fulton County.

NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1st, 1906.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, \_\_\_\_\_, hereby authorize

of \_\_\_\_\_

to receive and receipt for the pension paid hereon, and request that he remit same to

by \_\_\_\_\_

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_

day of \_\_\_\_\_ 1907.

[L. S.]

Executed in presence of \_\_\_\_\_

*Lawrence William  
Hulston C.*

Cross Section 1290.

(FOR THOSE ALREADY ENROLLED)

No.

*88*

DISABLED

**SOLDIER'S PENSION  
1907.**

Name *Wm. Lawson*

County

Co. *7th*

Regiment *2d*

Disability *in arm*

Amount, \$ *50.00*

1907.

*1/7*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Gen. W. H. HARRIS, State Printer, Atlanta.

*not data*

Audited *Feb. 6th* 1889.

*Wm. Amigher*  
COMPTROLLER GENERAL

Voucher No. *76*

Amount, \$ *50.*

Paid to *William Lawson*

For *Right arm*

disabled.

*Feb. 6.* 1889

Included in Warrant No

issued to Treasurer

WARRANT - 1889

W. J. Campbell, State Printer, Constitution Hall, Office.

*applicails*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton County,

Personally appears Wm. Lawson 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 1877; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company Ci, of 55th Regiment of Ga Volunteers Ransom's Brigade; that whilst engaged in such military service in the State of Ga, on the 26 day of June 1863, he was wounded, injured or diseased as follows:

Right Arm disabled (Seven Pins in)

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 Fifty County, been allowed an invalid pension of \_\_\_\_\_ Dollars, for the year 1906.

Sworn to and subscribed before me, this the

day of \_\_\_\_\_ 1907.

Wm. Lawson  
Postoffice 161 Jefferson St.

Note.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

State of Georgia,

Fulton County,

I, John R. Wilkinson Ordinary of said County,

do certify that I am well acquainted with Wm. 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 JAN 2- day of \_\_\_\_\_ 1907.

John R. Wilkinson  
Ordinary Fulton County.

Note.—Fill all blanks and of Company and Regiment.  
Note.—All vouchers and affidavits must bear date after January 1st, 1907.

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

No. 76

Atlanta, Ga. Feb 6 1889.

Mr. William Lawson of the County  
of Fulton

having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act,

Dec. 24, 1888, and the same having been allowed for

Right Arm disabled

He is entitled to receive the sum of Five \$ 00 Dollars

for such disability, the same being the allowance due for the year ending October 24, 1889.

The Treasurer will pay the same and hold his receipt on this voucher, and return same to Executive Department for warrant.

By the Governor

W. H. Harnsen

CLERK EXECUTIVE DEPARTMENT.

500

RECEIVED OF STATE TREASURER, R. C. HARDEMAN,

Five \$ 00

Dollars,

per above voucher, this

6th

of

Feb

1889.

William Lawson

W. J. Speer

Given under my official signature and seal this \_\_\_\_\_ day of \_\_\_\_\_ 1907.

ADs  
7007  
m  
576

*John D. Wilkinson*  
Ordinary \_\_\_\_\_ Fulton County.

Form.—Fill all blanks and of Company and Regiment.  
Form.—All vouchers and affidavits must bear date after January 1st, 1907.

*W. J. Speer*

Audited

18

COMPTROLLER GENERAL

Maimed Soldiers.

Voucher No. 244

Amount \$ 50

Paid to W. M. Lawson

For Right arm  
disabled

Feb 5 1890

Included in warrant No.

issued to Treasurer

18

WARRANT CLERK

W. T. Samplell, State Printer, Constitution Job Office

*Applicant*

Audited

1891.

COMPTROLLER GENERAL

1891.

Maimed Soldiers.

Voucher No. 158

Amount \$ 150

Paid to William Lawson

For Arm disabled

Feb. 11 1891

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta

*Applicant*

STATE OF GEORGIA.  
EXECUTIVE DEPARTMENT.

No. 244

Atlanta, Ga. Feb. 5 1890

Mr. William Lawson of the County  
of Fulton having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Act  
approved Dec. 24, 1888, and the same having been examined and allowed for

Right arm disabled  
He is entitled to receive the sum of Fifty + 00/ Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1890

The Treasurer will pay the same and hold his receipt on this voucher, and return same  
to Executive Department for warrant.

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty + 00/

per above voucher, this

5

of

Feb

1890

William Lawson  
mark

STATE OF GEORGIA.  
EXECUTIVE DEPARTMENT.

1891

No. 58

Atlanta, Ga. Feb. 11 1891.

Mr. William Lawson of the County  
of Fulton having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Acts  
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

Arm disabled  
He is entitled to receive the sum of Fifty + 00/ Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1891.

The Treasurer will pay the same and hold his receipt on this voucher and return same to  
Executive Department for warrant.

By the Governor,

W. H. Harrison

SEC'Y EXECUTIVE DEPARTMENT.

RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.

Fifty + 00/

per above voucher, this

11

of

Feb

1891.

William Lawson

*Fifty x 00/*  
 5 Dollars,  
 per above voucher, this *Feb* 18 *90*  
*Test*  
*Thos. W. Long*  
*William <sup>his</sup> Lawson*  
*mark*

*Fifty x 00/*  
 Dollars,  
 per above voucher, this *11* of *Dec* 1891.  
*William Lawson*



STATE OF GEORGIA.  
COUNTY OF FULTON.

I, THOMAS H. JEFFRIES, Ordinary of said County, do certify that I know W. W. Lawton, the applicant for pension. She is the person she represents herself to be and is a bona fide continuing resident citizen of said County and was on the 4th day of September, 1900, that she was duly sworn by my clerk before signing the foregoing affidavit, that she is truthful and trustworthy and her statements are entitled to full faith and credit. Given under my hand and seal of office on this 16th day of Oct., 1919.

Ordinary Fulton Co., Ga.

*Lawton Carrie D.*  
*Fulton County*  
*Sept 16, 1919*

No. *1000*

**Widow's Pension**

Under Act approved by Act of 1916

Name *Carrie D. Lawton*

County *Fulton*

Widow of *W. W. Lawton*

Company *Co. 1st Regt. 1st Div.*

Regiment *1st*

Approved *[Signature]*

J. W. LINDSEY,  
(Commissioner of Pensions,  
Borg Printing Co., State Prison, Atlanta.)

NOTES: 1. Before any questions are answered the Ordinary shall swear and sign and the witness is the following words:  
"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you will give will be the truth, so help you God."  
2. Additional affidavits may be attached if blank spaces are indicated.  
3. Only widows who married prior to January 1st, 1861, are entitled.  
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.  
5. Affidavits of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Sworn under my hand and official seal of office this *16th* day of *Oct*, 1919.

(SEAL)

County *Fulton*

Ordinary *[Signature]*

worthy, and their statements are entitled to full faith and credit.

were duly sworn by me before signing the foregoing affidavits and that they both are truthful, true.

the witness who swears to the service of husband and that both are now residents of said County and

and was on the 4th day of September, 1900, that she was duly sworn by my clerk before signing the foregoing affidavit, that she is truthful and trustworthy and her statements are entitled to full faith and credit.

is the person she represents herself to be and she is a bona fide continuing resident citizen of said County

that I know *[Signature]* the applicant for pension. She

Ordinary of said County, do certify

Ordinary's Certificate

STATE OF GEORGIA.

COUNTY

# Ordinary's Certificate

STATE OF GEORGIA,

COUNTY.

I, Billy Clemens, 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 bona fide continuing resident citizen of said County and was on the 1st of January 1910 at the time the witness who swears to the service of husband, that both at the time are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 18th day of April, 1919.

SEAL Billy Clemens Ordinary, County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God." Additional affidavits may be attached if blank spaces are insufficient. 2. Only widows who married prior to January 1st, 1901, are entitled. 3. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary. 4. Affidavits of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

## Widow's Pension

Under Act 1910, as Amended by Act of 1910

No. 7  
County Fulton  
Name Mrs. Carrie W. Lawton  
Widow of Mr. E. F. Lawton  
Company 2nd Georgia Regiment Cavalry  
Regiment 2nd Georgia Regiment Cavalry  
Approved [Signature]

J. W. LINDSEY  
Commissioner of Pensions  
David Printing Co. State Printers, Atlanta

# Application for Pension by a Widow Under Act of 1910 As Amended by Act of 1919

## Questions for Applicant

STATE OF GEORGIA,

COUNTY.

Personally before me comes Mrs. Carrie W. Lawton 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. Carrie W. Lawton
2. How long and since when have you been a continuing resident of the State of Georgia? Since 1868
3. When, where and to whom were you married? Jan. 11, 1871, Macpherson, Ga. to E. F. Lawton
4. Have you married since the death of first and soldier husband? No
5. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army of Georgia Militia? (State the arms and class of Service.) Lawsonville Ga 1869 Co. E 2nd Georgia Regiment Cavalry
6. When and where did the commands of your husband surrender or discharge from the army? Not at Eastern Miss. 2
7. Was your husband personally present at the time of the surrender or discharge of this command? Yes
8. If he was not present state clearly where he was? as above
9. Where was his command when he left? as above
10. For what cause did he leave his command? honorable discharge
11. By whose authority did he leave his command? Gen. Wilson
12. For how long was he granted leave of absence? Permanent
13. What was his physical condition when he left his command? Good
14. What effort did he make to return to his command? Scarcely during of war
15. In what way was he prevented from going back to Command served during of war
16. Was he captured by the enemy at any time? No
17. If so, when and where captured and where held as a prisoner, and when and for what cause released? No
18. When and where did your first husband die? Jan 13 1872 at Macpherson
19. Were you residing together when he died? Yes
20. If not, how long had you resided apart? —
21. Are you now a widow? Yes
22. Have you or your husband heretofore been paid a pension by the State? No
23. If so, when and for what cause were you or your husband placed on the roll? —

Sworn to and subscribed before me this the

21st day of March, 1919  
David W. Lindsey Ordinary  
of Fulton County.  
(SEAL)

# Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA

COUNTY

Personally before me comes J. R. Hicks Sr. who, after being duly sworn, true answers to the following questions, answers as follows:

1. What is your name and where do you reside? J. R. Hicks Sr. Prender

2. How long and since when have you known Mr. G. W. Lawton applicant?

3. How long and since when has she continuously resided in this State? (Give date.) 40 years

4. When and to whom was she married? R. F. Lawton How do you know? from state

5. How long and since when did you know R. F. Lawton her husband? since 1861 until his death 1892

6. When and where did R. F. Lawton the husband of applicant, die? near Macon Ga

7. Were the applicant and her husband living together as husband and wife at the date of his death? yes

8. If not, how long did they live apart before his death? no

9. When, where and in what Company and Regiment did R. F. Lawton applicant?

10. Were you a member of the same Company? no

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? duration of war

12. When and where did his Command surrender, and was discharged? Macon

13. Were you personally present when it was surrendered? no If not, where were you at home and how came you there? wounded

14. Was the husband of applicant personally present at surrender? yes If not where was he? When, where and for what

cause did he leave Command? (Give date.) Honorable Discharge By whose authority did he leave his Command? Commanding Officer And how long was he granted leave? permanent How do you know all this? was member of same regiment

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?

Sworn to and subscribed before me this the

18<sup>th</sup> day of Sept 1907

Ordinary Ordinary

of Beth County.

(SEAL)

mand!

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?

Sworn to and subscribed before me this the

18<sup>th</sup> day of Sept 1917

of Clatsop County

(SEAL)

J. R. McKee

Lawton, Carrie W.  
Fulton County  
1921

**Application for Pension Due  
Deceased Pensioner  
Under Act 1904**

(To pay expenses of last illness or funeral)

Thos H. Jeffries Ordinary  
For Carrie W. Lawton  
of Fulton County  
of Co. \_\_\_\_\_ Regiment  
Died Dec 2-1921

Amount \$.

Approved and ordered paid.

1921.

J. W. LINDSEY,  
Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Office for approval before you pay out the money.

Atlanta Printing Co., Atlanta, Ga.

Pd /

Lawton, C. W. (Mrs.)  
Fulton County  
1921

**Application for Pension Due  
Deceased Pensioner  
Under Act 1904**

(To pay expenses of last illness or funeral)

Thos H. Jeffries Ordinary  
For Carrie W. Lawton  
of Fulton County  
of Co. \_\_\_\_\_ Regiment  
Died Dec 2-1921

Amount \$.

Approved and ordered paid.

1921.

J. W. LINDSEY,  
Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Office for approval before you pay out the money.

Atlanta Printing Co., Atlanta, Ga.

Pd /

# 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, Bilt County.

Personally before me, the Ordinary of said County, comes L. H. Bingham

of said County, who, after being sworn, on oath says that he knew Mrs. Corrie M. Lawton of said County, and that he was on

the Pension Roll Fulton County at the time of his death, which occurred in Dec County, in this

State, on the 2nd day of Dec 1921, and that

a Pension of One Hundred & Fifty Dollars was due him and

unpaid at the time of his death. That he left no widow or dependent children surviving him, and

no estate of any value sufficient to pay his funeral expenses, which amounted to the sum of \$79.10

Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me

this 28th day of Dec 1921

Ordinary.

Bilt County.

## AFFIDAVIT OF ORDINARY

GEORGIA, Bilt County.

I, Chas. W. Kelly Ordinary of said County, do certify that I personally know L. H. Bingham, 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 Mrs. Corrie M. Lawton while in life; that he was the same person whose name appears on the Revenue Pension Roll of Fulton County, and was paid a Pension of One Hundred & Fifty Dollars in said County for 1921, and

I now believe him to be dead.

Given under my hand and official seal, this 28th day of Dec, 1921

(SEAL)

Ordinary.

Bilt County.

NOTE—For use in all cases where pensioner died after Jan. 1st, had not been out of State longer than twelve months and died without leaving sufficient property to pay such expenses. Require those claiming accounts for expenses of last illness and for funeral expenses, to make out the account in itemized form, giving value for each item and for what. Running accounts, other than those connected with last illness before death, cannot be paid. All accounts must be made out and sworn to before the Ordinary, in the following form:

"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of

Parties who pay such bills must see to it that they are itemized and sworn to as above directed before presenting them for payment by the State.

The Ordinary must see that an affidavit has been made on the face or back of each bill submitted for payment, and must then attach such bills to this voucher and send to the Pension Office so that his account may be given credit for the money thus paid out. If you have any doubt about a claim, write to this Office for instructions. Do not pay out any money in these cases until the completed voucher—this blank and the bills attached hereto have first been sent to the Pension Office and approved and sent back to you as your authority to pay out the money.

# 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, Bilt County.

Personally before me, the Ordinary of said County, comes L. H. Bingham

of said County, who, after being sworn, on oath says that he knew Mrs. Corrie M. Lawton of said County, and that he was on

the Pension Roll Fulton County at the time of his death, which occurred in Dec County, in this

State, on the 2nd day of Dec 1921, and that

a Pension of One Hundred & Fifty Dollars was due him and

unpaid at the time of his death. That he left no widow or dependent children surviving him, and

no estate of any value sufficient to pay his funeral expenses, which amounted to the sum of \$79.10

Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me

this 28th day of Dec 1921

Ordinary.

Bilt County.

## AFFIDAVIT OF ORDINARY

GEORGIA, Bilt County.

I, Chas. W. Kelly Ordinary of said County, do certify that I personally know L. H. Bingham, 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 Mrs. Corrie M. Lawton while in life; that he was the same person whose name appears on the Revenue Pension Roll of Fulton County, and was paid a Pension of One Hundred & Fifty Dollars in said County for 1921, and

I now believe him to be dead.

Given under my hand and official seal, this 28th day of Dec, 1921

(SEAL)

Ordinary.

Bilt County.

NOTE—For use in all cases where pensioner died after Jan. 1st, had not been out of State longer than twelve months and died without leaving sufficient property to pay such expenses. Require those claiming accounts for expenses of last illness and for funeral expenses, to make out the account in itemized form, giving value for each item and for what. Running accounts, other than those connected with last illness before death, cannot be paid. All accounts must be made out and sworn to before the Ordinary, in the following form:

"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of

Parties who pay such bills must see to it that they are itemized and sworn to as above directed before presenting them for payment by the State.

The Ordinary must see that an affidavit has been made on the face or back of each bill submitted for payment, and must then attach such bills to this voucher and send to the Pension Office so that his account may be given credit for the money thus paid out. If you have any doubt about a claim, write to this Office for instructions. Do not pay out any money in these cases until the completed voucher—this blank and the bills attached hereto have first been sent to the Pension Office and approved and sent back to you as your authority to pay out the money.

citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and credit.

I also knew Mr. Carrie W. Lawton while in life; that he was the same person whose name appears on the Deed Pension Roll of Fulton County, and was paid a Pension of One Hundred Dollars in said County for 1920, and I now believe him to be dead.

Given under my hand and official seal, this 28<sup>th</sup> day of Dec, 1921.

(SEAL)

Alfred J. Burghard Ordinary  
County of Fulton

NOTE.—For use in all cases where pensioner died after Jan. 1st, had not been out of State longer than twelve months and died without owing sufficient property to pay such expenses. Require those claiming accounts for expenses of last illness and for funeral expenses, to make out the account in (printed) form, giving value for each item and for what. Running accounts, other than those connected with last illness before death, cannot be paid. All accounts must be made out and sworn to before the Ordinary, in the following form:

"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of Mr. Carrie W. Lawton who died without owing sufficient property to pay this bill."

Persons who pay such bills must see to it that they are furnished and sworn to as above directed before presenting them for payment by the State.

The Ordinary must see that an affidavit has been made on the face or back of each bill submitted for payment, and must then attach such bills to this voucher and send to the Pension Office as that his account may be given credit for the money thus paid out. If you have any doubt about a claim, write to this Office for instructions. Do not pay out any money in these cases until the completed voucher—this blank and the bills attached hereto have first been sent to the Pension Office and approved and sent back to you as your authority to pay out the money.

citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and credit.

I also knew Mr. Carrie W. Lawton while in life; that he was the same person whose name appears on the Deed Pension Roll of Fulton County, and was paid a Pension of One Hundred and fifty Dollars in said County for 1921, and I now believe him to be dead.

Given under my hand and official seal, this 28<sup>th</sup> day of Dec, 1921.

(SEAL)

Alfred J. Burghard Ordinary  
County of Fulton

NOTE.—For use in all cases where pensioner died after Jan. 1st, had not been out of State longer than twelve months and died without owing sufficient property to pay such expenses. Require those claiming accounts for expenses of last illness and for funeral expenses, to make out the account in (printed) form, giving value for each item and for what. Running accounts, other than those connected with last illness before death, cannot be paid. All accounts must be made out and sworn to before the Ordinary, in the following form:

"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of Mr. Carrie W. Lawton who died without owing sufficient property to pay this bill."

Persons who pay such bills must see to it that they are furnished and sworn to as above directed before presenting them for payment by the State.

The Ordinary must see that an affidavit has been made on the face or back of each bill submitted for payment, and must then attach such bills to this voucher and send to the Pension Office as that his account may be given credit for the money thus paid out. If you have any doubt about a claim, write to this Office for instructions. Do not pay out any money in these cases until the completed voucher—this blank and the bills attached hereto have first been sent to the Pension Office and approved and sent back to you as your authority to pay out the money.

MACON, GA. 192

M Est. of Mrs. Carrie W. Lawton

TO L. H. BURGHARD DR.  
FUNERAL DIRECTOR  
718 CHERRY ST

1921

|     |   |  |          |          |
|-----|---|--|----------|----------|
| Dec | 2 | To Embalming \$25.00 and Casket \$200.00 | \$225.00 |          |
|     |   | " Transferring body to house             | 10.00    |          |
|     |   | " (10) doz. chairs @ \$1.00 per doz.     | 10.00    |          |
|     |   | " Funeral notice                         | 1.00     |          |
|     |   | " Hire of Hearse                         | 10.00    |          |
|     |   | " " (2) Autos @ \$7.50 each              | 15.00    |          |
|     |   | " " " Fallbearer's Coach                 | 10.00    |          |
|     |   | " Transferring and handling flowers      | 5.00     |          |
|     |   | " Music                                  | 5.00     | \$291.00 |

Personally comes before me this day of Dec. 1921, L. H. Burghard, who on oath deposes and says that the above account is correct, due and as yet unpaid

Sworn to and subscribed before me this 28<sup>th</sup> day of Dec. 1921

L. H. Burghard  
Ordinary

M Est. of Mrs. Carrie W. Lawton

TO L. H. BURGHARD DR.  
FUNERAL DIRECTOR  
718 CHERRY ST.

1921

|   |   |  |          |          |  |
|---|---|--|----------|----------|--|
| Dec   | 2 | To Embalming \$25.00 and Casket \$200.00 | \$225.00 |          |  |
|   |   | " Transferring body to house             | 10.00    |          |  |
|   |   | " (10) doz. chairs @ \$1.00 per doz.     | 10.00    |          |  |
|   |   | " Funeral notice                         | 1.00     |          |  |
|   |   | " Hire of Hearse                         | 10.00    |          |  |
|   |   | " " (2) Autos @ \$7.50 each              | 15.00    |          |  |
|   |   | " " Pallbearer's Coach                   | 10.00    |          |  |
|   |   | " Transferring and handling flowers      | 5.00     |          |  |
|   |   | " Music                                  | 5.00     | \$291.00 |  |
| Personally comes before me this day of Dec. 1921, L. H. Burghard, who on oath deposes and says that the above account is correct, due and as yet unpaid |   |  |          |          |  |
| Sworn to and subscribed before me this day of Dec. 1921   |   |  |          |          |  |

STATE OF GEORGIA.  
COUNTY OF FULTON.

Personally appeared Mrs. W S Payne, who upon oath says:  
That she was present at the marriage of Miss Carrie Willingham to R F Lawton, which occurred January 11, 1871, at Macon, Ga., the ceremony being performed by Rev. Dr. Hillyer; 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.

Sworn to and subscribed before me  
this Sept. 26 1919.

*Charles C. Mason*  
C C Ordinary Fulton Co., Ga.

*Mrs. W. S. Payne*

Wilmington to R F Lawton; which occurred January 11, 1892, at Macon, Ga., the ceremony being performed by Rev. Dr. Hillyer; 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.

Sworn to and subscribed before me  
this Sept. 26 1919.

Charles Mason  
C C Ordinary Fulton Co., Ga.

Mrs W. L. Payne

# Ordinary's Certificate

STATE OF GEORGIA.

*Fulton* COUNTY

I, *Wm H. Phillips* Ordinary of said County, do certify that I know *Mrs Ellen Lawton* the applicant for pension. She

is the person who represents herself to be and she is a bona fide continuing resident widow of said County and was on the 4th November 1905 *1905*

~~Sworn to before me~~ *Sworn to before me* of ~~Fulton~~ *Fulton* County and ~~that she is a bona fide continuing resident widow of said County and was on the 4th November 1905~~ *now residing in said County and was on the 4th November 1905*

worthy, and ~~these~~ *her* statements are entitled to full faith and credit

Sworn under my hand and official seal of office this *16* day of *Sept* 19 *1905* (SEAL)

*Wm H. Phillips* Ordinary, *Fulton* County

NOTES: 1. Before any question are answered the Ordinary shall read and explain the nature of the Affidavit made.  
2. You do solemnly swear that you will true answers make to each of the questions asked you and the witnesses.  
3. Only widows who married prior to January 1st, 1901, are entitled.  
4. Affidavits must be made before the Ordinary of the person to be sworn and certified by him.  
5. Attach certified copies of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.

## Widow's Pension

Under Act 1010—as Amended by Act of 1919.

County *Fulton*  
Name *Mrs Ellen Lawton*  
Widow of *J. Powell Lawton*  
Company *D*  
Regiment *3rd S.C. Cav*  
Approved \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

# Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY,  
I, Wm. H. Jeffries Ordinary of said County, do certify  
that I know Mrs. Ellen Lawton the applicant for pension. She  
is the person who represents herself to be and she is a bona fide continuing resident citizen of said County  
and was on the 4th November 1908, that I also know she is  
~~the person who swears to the service of husband, that he is now a resident of said County and~~  
she is  
were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trust  
worthy, and these statements are entitled to full faith and credit  
Sworn under my hand and official seal of office this 16 day of Sept 1922  
(SEAL) Wm. H. Jeffries Ordinary,  
Fulton County

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:  
"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence  
you shall give will be the truth. So help you God."  
2. Adult oral affidavits may be attached if blank spaces are insufficient.  
3. Only widows who married prior to January 1st, 1861, are entitled.  
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by  
such Ordinary.  
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general  
reputation.

## Widow's Pension

Under Act of 1910 as Amended by Act of 1919

County Fulton  
Name Mrs. Ellen Lawton  
Widow of J. Powell Lawton  
Company D  
Regiment 3rd S.C. Cav.  
Approved \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions,  
Byrd Printing Co. State Printer, Atlanta.

# 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. Ellen Lawton 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. Ellen Lawton, 99 N. Morris Ave  
Atlanta, Ga.
2. How long and since when have you been a continuing resident of the State of Georgia? Over twelve years
3. When, where and to whom were you married? Hampton County, S.C., Dec. 29, 1875  
to J. Powell Lawton
4. Have you married since the death of first and soldier husband? No
5. When, where and in what Company and Regiment did your husband enlist as a soldier in 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.
6. 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? Yes in  
citadel at Charleston where he had been placed by his guardian after  
about seven months service in Co. "D" 3rd S. C. Cav.

7. If he was not present state clearly where he was?

- a. Where was his command when he left?
- b. For what cause did he leave his command?
- c. By whose authority did he leave his command?
- d. 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? No
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released?

j. When and where did your first husband die? March 10 1910, Spartanburg, S.C.

k. Were you residing together when he died? Yes  
l. If not, how long had you resided apart? Never resided apart  
m. Are you now a widow? Yes

n. Have you or your husband heretofore been paid a pension by the State? No  
o. 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

16 day of March 1922 Mrs. Ellen Lawton  
Wm. H. Jeffries Ordinary  
of Fulton County.  
(SEAL)

# Questions for Witnesses as to Service of Husband and Marriage

STATE OF ~~SOUTH~~ South Carolina.

Beaufort COUNTY.

Personally before me comes Judson Lawton 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? Judson Lawton, Beaufort, S. C.
2. How long and since when have you known Ellen Lawton applicant? I have known her from her birth.
3. How long and since when has she continuously resided in this State? (Give date.) I cannot give exact date, but it is about fifteen years.
4. When and to whom was she married? 1875 to J. Powell Lawton. How do you know? My father, Rev. W. A. Lawton performed the ceremony.
5. How long and since when did you know J. Powell Lawton her husband? I have known him for the past sixty years.
6. When and where did J. Powell Lawton the husband of applicant, die? He died about fifteen years ago at Spartanburg, S. C.
7. Were the applicant and her husband living together as husband and wife at the date of his death? Yes.
8. If not, how long did they live apart before his death? No.
9. When, where and in what Company and Regiment did J. Powell Lawton enlist? At Grahamville, S. C. in Company D 3rd, South Carolina Cavalry. I cannot remember the date.
10. Were you a member of the same Company? Yes.
11. How long within your personal knowledge did he perform actual military service, with his Company and Regiment? About six or seven months.
12. When and where did his Command surrender, and was discharged? His Guardian, W. W. Lawton took him 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. If not, where were you? Hillsboro, N. C. and how came you there? I was there in the Army.
14. Was the husband of applicant personally present at surrender? Yes, at the Citadel not where was he? When, where and for what cause did he leave Command? (Give date.) He was surrendered with the balance of the students at the Citadel. By whose authority did he leave his Command? And how long was he granted leave? How 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 Citadel, at Charleston, S. C.
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?

Sworn to and subscribed before me this the

22d day of March 1922

Notary Public for Beaufort County, S. C.  
 (SEAL) *John C. Lawton*

Not. Pub. in and for South Carolina.

2nd 16th day of March 1922  
 of *Blount County*  
 (SEAL) *Edna C. Lawton*  
 Not. Pub. in and for South Carolina.

Lawton, Ella (Mrs.)  
*Patterson*  
 For *Fulton* County

1926

**Application for Pension  
 Due Deceased Pensioner**

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

*Throth J. Jeffers* Ordinary

For *Mrs. Ella Lawton*

Date of Death *Nov 5* 1927

Amount \$ *100.00*

Approved and ordered paid *7*

*John W. Clark*  
 29 Nov. 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.

*28*

ESTABLISHED 1880  
**H. M. Patterson & Son**  
 96 North Forsyth Street  
 ADJOINING CARNEGIE LIBRARY  
 Atlanta, Ga.

Sold to *Miss E. E. Lawton and Mr. G. R. Maddox* November 5, 1927.  
 Funeral Expenses of Mrs. J. P. Lawton 207 months on  
 (Ella)

|                |     |    |
|----------------|-----|----|
| Casket         | 175 |    |
| Box            | 15  |    |
| Journal Notice | 2   | 70 |
| Motor Hearse   | 10  |    |

202 70

State of Georgia)  
 County of Fulton)  
 I certify that this account  
 is true and correct.

H. M. Patterson & Son,  
 by *[Signature]*  
 Member of the firm

STATE OF SOUTH CAROLINA.

COUNTY OF HAMPTON.

Personally before me the undersigned authority now  
H.C. LAWTON who upon oath says:

That he knows Mrs. Ellen Lawton and knew her husband, J. Powell Lawton, deceased; that he was present at the marriage of the said J. Powell Lawton and Ellen Lawton which occurred in Hampton County, South Carolina, on December 25, 1875; that the said J. Powell Lawton and Ellen Lawton lived together continuously as man and wife from the date of their marriage until the date of the death 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 10th day of March, 1922.

R. B. Kiers  
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, Fulton County.

Personally before me, the Ordinary of said County, comes R. Bee Miller, with  
H. M. Patterson of said County, who, after being sworn, on oath  
says that he knew Mrs. Ellen Lawton of said County, and that said Pensioner  
was on the Pension Roll of said County at the time of death, which occurred in Fulton  
County, in this State, on the 5 day of Nov. 1927, and that  
a Pension of 5 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 \$207.70, per  
sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me

William R. Marshall Ordinary  
Fulton County

(Seal of Ordinary)

R. Lee Miller

## CERTIFICATE OF ORDINARY

GEORGIA, Fulton County.

I, Thos. H. Jeffries Ordinary of said County, do certify  
that I personally know R. Bee Miller, with H. M. Patterson, who is a resident  
citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit;  
that I also know Mrs. Ellen Lawton while in life and that this was  
the same person whose name appears on the Pension Roll of Fulton County, and  
was paid a Pension of Fifty Dollars  
3/4 quarter in said County for 1927, and I now believe said pensioner to be dead; and that the instructions at the foot of  
this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 19 day of Nov. 1927

(Seal of Ordinary) Thos. H. Jeffries Ordinary  
Fulton County

### INSTRUCTIONS:

1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.

2nd. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "Just, true, due, unpaid," etc.)

"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of \_\_\_\_\_  
who died without owning sufficient property to pay this bill.

3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached 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 until it is returned to you as your authority to make the payment.

5th. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipt.

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.

# POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY. }

Hereby authorize

I, \_\_\_\_\_ of \_\_\_\_\_

to receive and receive for the pension allowed and request that he remit same to \_\_\_\_\_

at \_\_\_\_\_

day of \_\_\_\_\_

190

[L. S.]

Executed in presence of \_\_\_\_\_

*Lt. Col. Mitchell D. Fulton Co.  
Resident of \_\_\_\_\_  
P. H. 1880  
Dwelling No. 10, R. 10*

**INDIGENT PENSION.**

✓ 190

Name *M. D. Lutz*

County *Fulton*

Co. B. 4<sup>th</sup> Cal. Artillery Regt.

Approved \_\_\_\_\_ 190

JOHN W. LINDSEY

Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will make issue of Applicant's Certificate and Remittance on book as indicated above.

Geo. W. Stephens, State Printer, Atlanta, Ga.

*44-1909*

*Pension Office  
432-1909  
Application is made  
a request that the  
pension be remitted  
to this person  
R. D. Lindsey  
Care of \_\_\_\_\_*

