Sworn and subscribed before me this the 26th day of Sept 1910 T. A. Burdett

Marcellus M. Anderson Ordinary.

of Fulton County.

Marriage License

State of Georgia--Fulton County.

To any Minister of the Gospel, Judge of the Superior Court, Justice of the Peace, or other Person authorized to Solemnize:

You are hereby authorized and permitted to join in the honorable state of Matrimony Mr John R. Panel

and Miss R. M. Austin

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.

RETURN THIS LICENSE, WITH YOUR CERTIFICATE THEREON, TO MY OFFICE FOR RECORD.

Given under my Hand and Seal this 14th day of May 1869

Daniel Pittman L. S.
Ordinary.

I hereby certify that Mr John R. Panel

and Miss R. M. Austin

were joined together in the HOLY BANS of MATRIMONY

on the 16th day of May 1869, by me. A. G. Dempsey M.G.

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

ORDINARY'S OFFICE

January 2nd 1911

Marcellus M. Anderson Clerk Court Ordinary of said County, hereby certify that the foregoing is a true copy of the Marriage License and Certificate of Marriage of

Mr John R. Panel

and Miss R. M. Austin

as the same appears of record in this office.

Given under my official Signature and Seal of the Court of Ordinary, the day and year aforesaid.

Marcellus M. Anderson
Ex Ordinary

CYL. LESTER & CO'S PRESS

2 687 Marietta
Pannell, W. A.
No. 2313
Fulton Co.

INDIGENT PENSION

1897.

Name W. A. Pannell

County Fulton

Approved 7/8 1897.

WARRANT HANDED TO

Appt.

Jy 16 1897

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

I, _____ of _____ 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 _____

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 _____

---

687 Marietta St.
Pannell W. A.
No. 2313
Fulton Co.

INDIGENT PENSION
1897.

Name W. A. Pannell
County Fulton
Approved 7/8 1897

WARRANT HANDED TO
Appt.

Jy 16 1897

Every Question MUST be Answered.

Questions for Applicant.

STATE OF GEORGIA,
Fulton County.

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

1. What is your name and where do you reside? (give State, County and post office) W. A. Pannell Atlanta Fulton County Georgia
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? Atlanta Georgia Resided here 20 years
3. When and where were you born? Campbell County Ga July 1 1838
4. When and where and in what company and regiment did you enlist or serve Company Co. 35 Ga Regiment Sept. 17 1861. Atlanta Ga
5. How long did you remain in such company and regiment? During the whole war.
6. For how long a period did you discharge regular military duty? Full term until surrender
7. When, where and under what circumstances where you discharged from service? At the surrender.
8. What is your present occupation? Carpenter
9. How much can you earn (gross) per annum by your own exertions or labor? Nothing
10. What has been your occupation since 1865? Carpenter
11. Upon which of the following grounds do you base your application for pension, viz.: first "age and poverty," second "infirmity and poverty" or third "blindness and poverty"? Infirmity
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight? Have had rheumatism ever since the war but it has gradually grown worse, until I am unable to do anything. At all a part of the time am bed [illegible]
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? None, resided in Fulton County Georgia
16. How were you supported during the years 1895 and 1896? By my wife exertion & daily 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? [illegible] hundred dollars [illegible]
18. What was your employment during 1895 and 1896? What pay did you receive in each year? nothing
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? a wife, and no Homestead.
20. Are you receiving any pension, if so what amount and for what disability? I am not

Sworn to and subscribed before me this the 15 day of Jany 1897.

W. A. Pannell
Applicant.

W. W. Hoey Ordinary.
of Fulton County.

Sworn to and subscribed before me this the 15 day of Jany 1897. } W. A. Parnell Applicant.

M W Hulsey Ordinary.

of Fulton County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Fulton County.

H H Barefield, of said State and County, having been presented as a witness in support of the application of W A Parnell 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? H H Barefield Atlanta Fulton County Ga
2. Are you acquainted with W. A. Parnell, the applicant, is of how long have you known him? yes about forty years
3. Where does he reside, and how long has he been a resident of this State? Atlanta Fulton Co. has resided there about 50 years
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? Was in same regiment and know that he was there
5. When, where and in what company and regiment did he enlist? Co C 35 Ga Regiment at Atlanta Ga. Sept 17. 1861
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? During the War He was paraled at surrender
8. What property, effects or income has the applicant? (Give your means of knowledge.) None. I know that from his surroundings
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? Very little if any and I know of none
10. What is the applicant's occupation and physicial condition? Carpenter But lately is unable to do anything on account of rheumatism which he has had for years
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is unable on account of rheumatism of long standing
12. How was he supported during the years 1895 and 1896? By his wife's labor
13. What portion of his support for these two years was derived from his own labor or income? Only what he could make when able which was seldom
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? He is unable to do manual labor of any kind on account of rheumatism and I dont think will ever be able to get about much
15. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 15 day of Jany 1897. } H H Barefield Witness.

M W Hulsey Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Fulton County.

Personally came before me Dr E A Lamphin and J. H. Hendry, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully W. A. Parnell, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows: he has Dropsy & Rheumatism & is Physically unable to do manual Labor

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

Sworn to and subscribed before me, this the 15 day of Jany 1897. } E. A. Lamphin M.D.S J. H. Hendry M.D.S

M W Hulsey Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Fulton County.

I, W. H. Hulsey, Ordinary in and for said County, hereby certify that the applicant W. A. Parnell 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 H Hendry and E. A. Lamphin H H Barfield are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Fulton County show that applicant returned for taxation in his name in 1895, Nothing dollars of property, and in 1896, Nothing dollars of property.

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

Witness my hand and seal of office, this 16 day of Jany 1897.

M W Hulsey Ordinary

of Fulton County.

NOTE.

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

Sworn to and subscribed before me, this the 15 day of Jany 1897. } H H Barefield Witness.

M Hulsey Ordinary.

of Fulton County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ County.

I, _____ hereby authorize

_____ of _____

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

_____ at _____ by _____

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

Executed in presence of

_____

No. 58 Muscogee

INDIGENT PENSION 1897.

Mrs. M. A. Pannell

Fulton

Jan 9 1897

Questions for Applicant.

STATE OF GEORGIA,

Fulton County.

Wm A Pannell 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) Atlanta Ga
Fulton County Ga Wm A Pannell
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?
Atlanta Ga Res 50 years
3. When and where were you born? Campbell County Ga July 8th 1838
4. When and where and in what company and regiment did you enlist or serve in the Confederate army?
Co B 35 Fifth Ga Regiment apt 4-1861
in Atlanta Ga
5. How long did you remain in such company and regiment? During all of the war
6. For how long a period did you discharge regular military duty? full term of war
7. When, where and under what circumstances where you discharged from service?
At the Surrender
8. What is your present occupation? Carpenter
9. How much can you earn (gross) per annum by your own exertions or labor? Nothing
10. What has been your occupation since 1865? Carpenter
11. Upon which of the following grounds do you base your application for pension, viz.: first "age and poverty," second "infirmity and poverty" or third "blindness and poverty"? infirmity
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight?
Inability of Rheumatism Edema Catarrh
Sight over Eyes, Unable to see for last 4 Years and Left
Hand a Cripple.
13. What property, effects or income do you possess and its gross value? No Realty
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 Ga
16. How were you supported during the years 1895 and 1896? By assignment
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? $ 200 00 own Labor
18. What was your employment during 1895 and 1896? What pay did you receive in each year?
No employment 1895 or 1896
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?
Mrs Mandie Pannell wife
No Homestead
20. Are you receiving any pension, if so what amount and for what disability? No Pension
Mrs Mandie Pannell Only Dependent

Every Question MUST be Answered.

Sworn to and subscribed before me this the 9th day of Jany 1897. } Wm A Pannell Applicant.

M Hulsey Ordinary.

of Fulton County.

I have W. A. Pannell Write a Complete Application for Pension for Him

Sworn to and subscribed before me this the 9th day of July 1897. } W. A. Pannell Applicant.

M. W. Hulsey Ordinary.

of Fulton County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Campbell County.

J. E. Steed, of said State and County, having been presented as a witness in support of the application of W. A. Pannell 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. E. Steed = In Campbell Co. Ga.

2. Are you acquainted with W. A. Pannell, the applicant, is of how long have you known him? Yes = about 40 years

3. Where does he reside, and how long has he been a resident of this State? lives in the City of Atlanta

4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? I know he served in Confed-Army because he served in same Co & Regt that I served

5. When, where and in what company and regiment did he enlist? Sept 7, 1861 at Atlanta Ga in 35th Regt of Ga. Vol - in Co "C"

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? about 3½ years = was in regular service until captured in Spring of 1864 = dont know particulars of his discharge

8. What property, effects or income has the applicant? (Give your means of knowledge.) Nothing

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

10. What is the applicant's occupation and physicial condition? Carpenter

11. Is the applicant unable to support himself by labor of any sort, if so, why? I dont believe he is able to make his support

12. How was he supported during the years 1895 and 1896? he says by his wife

13. What portion of his support for these two years was derived from his own labor or income? None

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? I believe he is unable to support himself by manual labor on account of Rheumatic troubles

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

Sworn to and subscribed before me, this the 8 day of July 1897. } J. E. Steed, Capt Co "C" 35th Ga Regt Witness.

R. C. Beavers Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Fulton County.

Personally came before me J. Hendry and E. A. Lamphin, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully _____, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

He has Rheumatism in chronic form also drapsy and at times has to go on crutches some times cant walk at all is never able to do any manual labor

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

Sworn to and subscribed before me, this the 9th day of July 1897. } J. H. Hendry M. D. E. A. Lamphin M. D.

M. W. Hulsey Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Fulton County.

I, M. W. Hulsey, Ordinary in and for said County, hereby certify that the applicant W. A. Pannell 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. H. Hendry & E. A. Lamphin are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Fulton County show that applicant returned for taxation in his name in 1895, Nothing dollars of property, and in 1896, Nothing 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 July 1897.

M. W. Hulsey Ordinary

of Fulton County.

NOTE.

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

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

Sworn to and subscribed before me, this the 8 day of Jany 1897. } J. E. Steed, Copl Co "C" 35th Ga Reg't Witness.

R. C. Beavers Ordinary.

of Fulton County.

NOTE.

Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall truth 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
_____
_____

Pannell W. A.
Fulton Co.
ACT OF 1890, 1894.
(For Those Already Enrolled.)
NO. 421
INDIGENT
SOLDIER'S PENSION,
1898.
Name W. A. Pannell
County Fulton
WARRANT ISSUED
1/12 1898.
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDED TO
Applet
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 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.)

Pannell W. A.
Fulton County
CODE SEC. 1254.
(For Those Already Enrolled.)
No. 547
INDIGENT
SOLDIER'S PENSION,
1899.
Name W. A. Pannell
County FULTON
WARRANT ISSUED
1/18 1899
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDED TO
Applet
Geo. W. Harrison, State Printer, Atlanta.
No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears W. A. Pannell 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 — 1838; that he is 61 years old and by occupation a Carpenter; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 in Company C, of 35th Regiment of Georgia; that his physical condition is as follows: Rheumatism - General debility -

that his property consists of the following items — Lunch house twenty-five dollars

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. W A Pannell

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 W. A. Pannell the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Affix your seal here.

W H Hulsey
Ordinary Fulton County.

NOTE.—The blank spaces must be filled.

Re sum as to value of Lunch House
W H Hulsey
Ordinary

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
FULTON County.

Personally appears W. A. Pannell 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 — 1838; that he is 62 years old and by occupation a Carpenter; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 in Company 6, of 35th Regiment of Georgia; 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 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. W A Pannell

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 W. A. Pannell the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Affix your seal here.

W H Hulsey
Ordinary FULTON County.

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

Re same as to value of Lunch House
[illegible]
[illegible]

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

Ordinary _____ County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

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

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

_____ [L. S.]

Executed in presence of

_____

Pannell W. A.
Fulton County

CODE SEC. 1254.
(For Those Already Enrolled.)

NO. 300

INDIGENT
SOLDIER'S PENSION,
1900.

Name W. A. Pannell
County FULTON

WARRANT ISSUED
June 16 1900.

JOHN. W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]
Geo. W. Harrison, Book Printer, Atlanta.

Nodolo

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
FULTON County.

Personally appears W. A. Pannell 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 ____ 1865; that he is 63 years old and by occupation a Carpenter; that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served for the term of 3 Years in Company 16, of 35 th Regiment of Georgia; 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 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 16 day of Jany 1900.

W. H. Hulsey Ordinary.

W. A. Pannell

State of Georgia,
FULTON County.

I, W. H. HULSEY, Ordinary of said County, do certify that I am well acquainted with W. A. Pannell the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1900.

Affix your seal here.

W. H. Hulsey
Ordinary FULTON County.

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

county been allowed a pension for the year 1894

Sworn to and subscribed before me, this, the 16 day of Jany 1900. } W. A. Pannell

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 W. A. Pannell the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1900.

Affix your seal here.

W H Hulsey

Ordinary FULTON County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ County.

I, _____ hereby authorize _____

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

Witness my hand this _____ day of _____ 190__

Executed in presence of

_____ Orditary, _____ L. S.

_____ County.

SEAL.

Paris, Marylton
Fulton County (Ind)

No. [illegible]

Sidney [illegible] 1906

WIDOW'S
INDIGENT PENSION
1904.

Name [illegible]
County Idella
Widow's Pension Paris
Ind. [illegible]
Attorney [illegible] 1904

JOHN W. LINDSEY
Commissioner

WARRANT HANDED TO

[illegible] 1904

Oct. 6 1906

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 _____ 190__

Executed in presence of

_____ Ordinary, _____ L. S.

_____ County.

SEAL.

1905

Pension Office
Feb 10 1905
Certificate of marriage
will be filed in the
Original application for pension
Mary Ann Pass
widow of Thomas Pass
Co K 42nd Ga Regt
Certificate No. 27,978
Issued Feb 10, 1905
Mailed Feb 10, 1905
WIDOW'S
ORIGINAL PENSION
1905.

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Fulton County.

Mary Ann Pass 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 makes the answers to the following questions, depones and answers as follows:

1. What is your name and where do you reside? (Give State, County and Post-Office)
Mrs Mary Ann Pass Atlanta Ga Fulton Co 237 Little St

2. How long and since when have you been a resident of this State? 74 years 1831

3. When and where were you born? Madison Co Ga July 14, 1831

4. When and where was your husband born—state his full name, and when were you and he married? (Attach copy marriage license in every case)
Born Dec 21, 1830. Columbia S. C. John Alexander Pass
Married Sept 8 1850 No marriage license issued in S. C. at time of marriage

5. When and where and in what Company and Regiment did your husband enlist or serve during the war between the States? March 4th 1862 at Atlanta Co K 42nd Regt

6. How long did your husband serve in said Company and Regiment? about 4 months.

7. When and where did your husband's Company and Regiment surrender and was discharged?

8. Was your husband present at the time and place when his Company and Regiment surrendered?
No

9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authority? 1 Nashville, Tenn and I dont remember. 3 discharged on account of sickness. 4 Do not Know.

10. When and where did your husband die? Atlanta Ga. Aug 26, 1905

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? Age, infirmity 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? 10 years. infirm from severe case of Asthma.

13. What has been your occupation since your husband's death? House Keeping with assistance of children

14. How much can you earn gross, by your own exertion or labor? Nothing at all.

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 years 1899, 1900, 1901, 1902, 1903, 1904, and what disposition, if any, by sale or gift, have you made of the same?
None. None.

17. In what counties did you reside in 1899, 1900, 1901, 1902, 1903 and 1904, and what property did you return for taxation?
Fulton Co. Ga. No property.

18. How have you been supported since death of husband, and especially for 1899, 1900, 1901, 1902, 1903 and 1904?
By contributions of children

19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income?
nothing.

20. What was your employment during 1899, 1900, 1901, 1902 and 1903—how much did you receive for each year?
House Keeping. Nothing.

21. Have you a family? If so, who composes such family? Give their means of support? Have they any lands or other property?
1 daughter (Clara A. Pass) owns house & lot.

22. Have you ever made application for pension before?
no.

23. How many applications have you made for a pension, and under what class?
none

Sworn to and subscribed before me, this the 21st day of Jan 1905
John D. Grierson Ordinary,
of Fulton County.

her
Mary Ann x Pass
mark

Sworn to and subscribed before me, this the 21st day of Sept 1905 } Mary Ann her x mark Paris
John R. Wilkinson Ordinary,
of Fulton County.

QUESTIONS FOR WITNESSES.

STATE OF GEORGIA.
Fulton County.

W. M. Durham, 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 being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? Atlanta
2. Are you acquainted with the applicant, Mrs. No
If so, how long have you known her? Never knew her
3. Where does she reside, and how long and since when has she been a resident of this State? Don't know
4. When and where was she born? Don't know
5. Were you ever acquainted with her husband? Yes
6. Where did she reside in 1861? Don't know
7. When and to whom was he married? Don't know
8. When and where was he born? Don't know
9. How long have you known him? Since March 1862
10. When and where did Atlanta in March 4th 1862 enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? Co. 44th Ga. I was a member of Sgt. a Company & Regiment
11. Were you a member of the same Company and Regiment? Yes
12. How long did he perform regular military duty? Don't remember
13. When and where was his Company and Regiment surrendered and discharged from service? Greensboro N.C. April 26th 1865
14. Were you with the Command when it surrendered? Yes
15. Was _____ the husband of applicant present? No
16. If not present, where was he? Don't know
17. When and where did he leave his command? Don't remember
For what cause? Don't know
By whose authority he left? Don't know
How do you know all this? (State fully and clearly.) From the fact that I was a member
18. When and where did _____ die?
19. Where did he reside at his death and how long had he been a resident of Georgia at his death? Atlanta. I think a resident since the war
20. Do you of your own knowledge know that applicant is the lawful widow of _____ Know
21. Has she remained unmarried since her soldier husband's death, and is now his widow? Don't know
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? Don't know
23. What property, effects or income did applicant possess in 1899, 1900, 1901, 1902 and 1903, and what disposition did she make of it? Don't know
24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom? Don't know
25. What is applicant's physical condition and her chances and ability to earn a support? Don't know.
26. Is applicant able to earn a support at labor of any sort, if not, why?
27. How was she supported for 1899, 1900, 1901, 1902 and 1903?
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 29 day of Sept 1905
John R. Wilkinson Ordinary,
Fulton County.
W. M. Durham (8)
Witnesses.

AFFIDAVITS OF PHYSICIANS.

STATE OF GEORGIA,
Fulton County.

Personally before me comes J. W. Mitchell and J. C. Bryant, both known to me to be reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mrs. Mrs Mary Ann Parris, applicant for a Pension under act of 1900, and after such personal examination say that her physical condition is this: She is old & very feebly having suffered for several years with Nervous Debility, Stomach & bowel trouble, & from which she is not able to do any work of any kind & cannot earn a [illegible] and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 29 day of Sept 1905
John R. Wilkinson Ordinary,
Fulton County.
J. W. Mitchell M.D. (8)
M. C. Bryant M.D. (8)

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Fulton County.

I, J. R. Wilkinson Ordinary, in and for said County, hereby certify that the applicant, Mrs. Mary Ann Paris resides in said County, and has been a bona fide resident of this State since the _____ day of _____ 18__, and that the witnesses, Mr. W. M. Durham W. L. Calhoun G. S. Wallace, 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 _____ County shows that applicant returned for taxation in her own name in 1899 _____ dollars worth of property, and in 1900 _____ dollars worth of property, in 1901 _____ dollars worth of property, in 1902 _____ dollars worth of property, and in 1903 _____ dollars worth of property.

Witness my hand and official seal this 29 day of Sept 1905
John R. Wilkinson Ordinary,
_____ 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 the 5th April, 1865, not entitled.
5. ..... Witnesses and two Physicians are necessary to make out claims.
6. Attach certified copy marriage license in every case, or show why it cannot be obtained.

whom? Don't know

25. What is applicant's physical condition and her chances and ability to earn a support? Don't know.

{SEAL.} John R. Wilkinson Ordinary, _____ 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 the 9th April, 1865, not entitled.
5. ..... Witnesses and two Physicians are necessary to make out claims.
6. Attach certified copy marriage license in every case, or show why it cannot be obtained.

QUESTIONS FOR WITNESSES.

STATE OF GEORGIA.
Fulton County.

G. J. Watkins, of said State and County, having been presented as a witness in support of the application of Mrs. Mary Ann Paris for a Pension under the Act of 1900, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? G. J. Watkins Fulton County, Georgia
2. Are you acquainted with the applicant, Mrs. Mary Ann Paris If so, how long have you known her? Yes about 45 years
3. Where does she reside, and how long and since when has she been a resident of this State? On Little St, Atlanta, Georgia - many years
4. When and where was she born? Do not know
5. Were you ever acquainted with her husband? Yes
6. Where did she reside in 1861? Atlanta Fulton County, Georgia
7. When and to whom was he married? Mary Ann Hemphill
8. When and where was he born? Do not know
9. How long have you known him? About 45 years
10. When and where did John A. Paris enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? Atlanta Georgia March 4th 1862 - [illegible] Gas Regt. I was a member of the same Company
11. Were you a member of the same Company and Regiment? I was Co. R 42nd Ga Regt
12. How long did he perform regular military duty? About 6 or 8 months
13. When and where was his Company and Regiment surrendered and discharged from service? Greensboro, N.C.
14. Were you with the Command when it surrendered? No - was a Prisoner
15. Was John A. Paris the husband of applicant present? He was not
16. If not present, where was he? He had been discharged for disability
17. When and where did he leave his command? At Cumberland Gap Tenn For what cause? For disability from disease By whose authority he left? By authority of the Commanding Officer How do you know all this? (State fully and clearly.) I was a member of the same Company
18. When and where did John A Paris die? Atlanta, Ga, about a month ago
19. Where did he reside at his death and how long had he been a resident of Georgia at his death? Atlanta Ga - about 45 years
20. Do you of your own knowledge know that applicant is the lawful widow of John A. Paris - I know she lived with him as wife for many years
21. Has she remained unmarried since her soldier husband's death, and is now his widow? Yes
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? She has none that I know of
23. What property, effects or income did applicant possess in 1899, 1900, 1901, 1902 and 1903, and what disposition did she make of it? I dont know of any
24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom? None to my knowledge
25. What is applicant's physical condition and her chances and ability to earn a support? She is very old and feeble and is not able to earn a support

26. Is applicant able to earn a support at labor of any sort, if not, why? She is not because of her age and disability
27. How was she supported for 1899, 1900, 1901, 1902 and 1903? I do not know
28. How much did applicant contribute to her support for last two years? I do not know
29. Give a full and complete statement of applicant's physical condition? She is very old and weak and not able to work
30. What interest have you in the recovery of this pension by the applicant? None

Sworn to and subscribed before me this 29 day of Sept 1905
John R. Wilkinson Ordinary,
Fulton County.

x G. J. Watkins (R)
Witnesses.

AFFIDAVITS OF PHYSICIANS.

STATE OF GEORGIA,
Fulton County.

Personally before me comes _____ and _____, both known to me to be reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mrs. _____, applicant for a Pension under act of 1900, and after such personal examination say that her physical condition is this _____

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this _____ day of _____ 190__
_____ Ordinary,
_____ County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
_____ County.

All Cash

I, _____ Ordinary, in and for said County, hereby certify that the applicant, Mrs. _____ resides in said County, and has been a bona fide resident of this State since the _____ day of _____ 18__, and that the witnesses, Mr. _____ 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 _____ County shows that applicant returned for taxation in her own name in 1899 _____ dollars worth of property, and in 1900 _____ dollars worth of property, in 1901 _____ dollars worth of property, in 1902 _____ dollars worth of property, and in 1903 _____ dollars worth of property.

Witness my hand and official seal this _____ day of _____ 190__

{SEAL.} _____ Ordinary,
_____ 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 the 9th April, 1865, not entitled.
5. ..... Witnesses and two Physicians are necessary to make out claims.
6. Attach certified copy marriage license in every case, or show why it cannot be obtained.

whom? None to my knowledge

25. What is applicant's physical condition and her chances and ability to earn a support?
She is very old and feble and is not able to earn a support

Witness my hand and official seal this ____ day of ____ 190__
{SEAL.} ____ Ordinary, ____ 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 the 9th April, 1865, not entitled.
5. ____ Witnesses and two ____ Physicians are necessary to make out claims.
6. Attach certified copy marriage license in every case, or show why it cannot be obtained.

QUESTIONS FOR WITNESSES.

STATE OF GEORGIA.
Fulton County.

W. L. Calhoun, of said State and County, having been presented as a witness in support of the application of Mrs. Mary Ann Pass for a Pension under the Act of 1900, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? W. L. Calhoun 233 Washington Street Atlanta, Ga
2. Are you acquainted with the applicant, Mrs. Mary Ann Pass
If so, how long have you known her? I am not - Think I met her once or twice many years ago
3. Where does she reside, and how long and since when has she been a resident of this State?
Was informed she resides in Atlanta and has resided there for many years
4. When and where was she born? Do not know
5. Were you ever acquainted with her husband? Yes
6. Where did she reside in 1861? I think in Atlanta, Ga
7. When and to whom was he married? I do not know
8. When and where was he born? Do not know
9. How long have you known him? About 45 years
10. When and where did John A. Pass enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? He went to Virginia in 1862 I think with McDonald, Ga, Co H 42nd Ga Regt- was Captain
11. Were you a member of the same Company and Regiment? I was. Was Captain of his company
12. How long did he perform regular military duty? Only a few months
13. When and where was his Company and Regiment surrendered and discharged from service? Greensboro, N. C.
14. Were you with the Command when it surrendered? No - absent wounded
15. Was John A. Pass the husband of applicant present? Do not know of my own knowledge I am informed the above facts by applicant & others
16. If not present, where was he? I think he was discharged some years before
17. When and where did he leave his command? I think at Camp Cleland
For what cause? He was discharged on disability
By whose authority he left? By authority of Commanding Officer
How do you know all this? (State fully and clearly.) I was Captain of the Company

18. When and where did John A. Pass die?
Atlanta, Georgia Aug 25th, 1903.
19. Where did he reside at his death and how long had he been a resident of Georgia at his death?
Atlanta, Ga - For about 41 years
20. Do you of your own knowledge know that applicant is the lawful widow of Does not but believe she is
21. Has she remained unmarried since her soldier husband's death, and is now his widow?
I think she has and is his widow
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? Do not know
23. What property, effects or income did applicant possess in 1899, 1900, 1901, 1902 and 1903, and what disposition did she make of it? Do not know
24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom? Do not know
25. What is applicant's physical condition and her chances and ability to earn a support?
Do not know

26. Is applicant able to earn a support? If not, why?
Do not know. Think she is not
27. How was she supported for 1899, 1900, 1901, 1902 and 1903?
Do not know
28. How much did applicant contribute to her support for last two years? Do not know
29. Give a full and complete statement of applicant's physical condition?
Do not know
30. What interest have you in the recovery of this pension by the applicant? None

Sworn to and subscribed before me this 7th day of Oct 1903
John B. Greenhow Ordinary, Fulton County.
W. L. Calhoun
Witnesses.

AFFIDAVITS OF PHYSICIANS.

STATE OF GEORGIA,
____ County.

Personally before me comes ____ and ____, both known to me to be reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mrs. ____, applicant for a Pension under act of 1900, and after such personal examination say that her physical condition is this ____

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this ____ day of ____ 190__
____ Ordinary, ____ County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
____ County.

I, ____ Ordinary, in and for said County, hereby certify that the applicant, Mrs. ____ resides in said County, and has been a bona fide resident of this State since the ____ day of ____ 18____, and that the witnesses, Mr. ____ and Mr. ____ 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 ____ County shows that applicant returned for taxation in her own name in 1899 ____ dollars worth of property, and in 1900 ____ dollars worth of property, in 1901 ____ dollars worth of property, in 1902 ____ dollars worth of property, and in 1903 ____ dollars worth of property.

Witness my hand and official seal this ____ day of ____ 190__
{SEAL.} ____ Ordinary, ____ 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 the 9th April, 1865, not entitled.
5. ____ Witnesses and two ____ Physicians are necessary to make out claims.
6. Attach certified copy marriage license in every case, or show why it cannot be obtained.

20. Do you of your own knowledge know that applicant is the lawful widow of Soldier not Believe she is

21. Has she remained unmarried since her soldier husband's death, and is now his widow?
I think she has and is his Widow

22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? Do not know

23. What property, effects or income did applicant possess in 1899, 1900, 1901, 1902 and 1903, and what disposition did she make of it? Do not know

24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom? Do not know

25. What is applicant's physical condition and her chances and ability to earn a support?
Do not know

are entitled to full faith and credit.

are of trustworthy character, and that their statements

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

I further certify that the tax digest of County shows that applicant returned for taxation in her own name in 1899 dollars worth of property, and in 1900 dollars worth of property, in 1901 dollars worth of property, in 1902 dollars worth of property, and in 1903 dollars worth of property.

Witness my hand and official seal this day of 190

{SEAL}

Ordinary, 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 the 9th April, 1865, not entitled.
5. Witnesses and two residences are necessary to make out claim.
6. Attach certified copy marriage license in every case, or show why it cannot be obtained.

Georgia
Fulton County

I W H Kersey late Sergt Co I of the 42d Ga Reg Inf do swear that I knew John A Paris late of said County dec'd - That he was a married man and left a widow in said County who still resides therein That he was a member of my Reg belonging to Co I thereof - That soon after he joined the army he was stricken with a bowel trouble and after serving with his command some six or 8 months he was honorably discharged and was not again in the service that I knew of & often met him after the close of the war and he was many always in feeble health from his disease he had in the service as I understood He was a sober industrious man and bore a good character to the day of his death W H Kersey

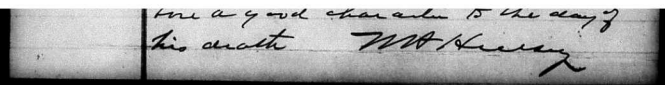
Jacksonville, Florida.

State of Florida
County of Duval

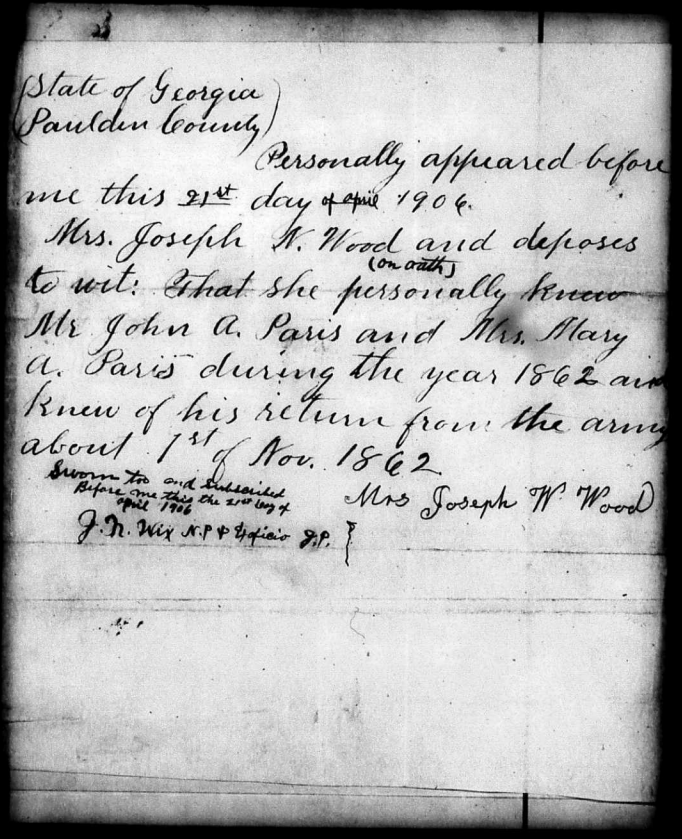
Personally appeared before me, this the 5th day of March 1906, Mrs. Mary T. Ryan, and deposes, to-wit: That she personally knew and was acquainted with John A. Paris & Mrs. Mary Ann Paris prior to the year 1864 and that they were then living together as man and wife and were acknowledged as man and wife by the people in the community in which they lived, to-wit: Hamburg S. C.

Margaret T. Ryans

Sworn to and subscribed before me this 5th day of March A.D. 1906.
Geo. T. Christie
Notary Public
State of Florida
OCTOBER 10, 1906.



fore a good character to the day of
his death M H Heeley



(State of Georgia
Paulden County)

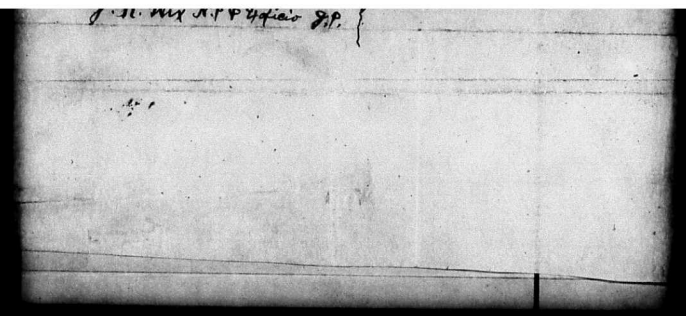
Personally appeared before me this 21st day of April 1906.

Mrs. Joseph N. Wood and deposes to wit: ~~That~~ she personally (on oath) ~~knew~~ Mr John A. Paris and Mrs. Mary A. Paris during the year 1862 and knew of his return from the army about 1st of Nov. 1862

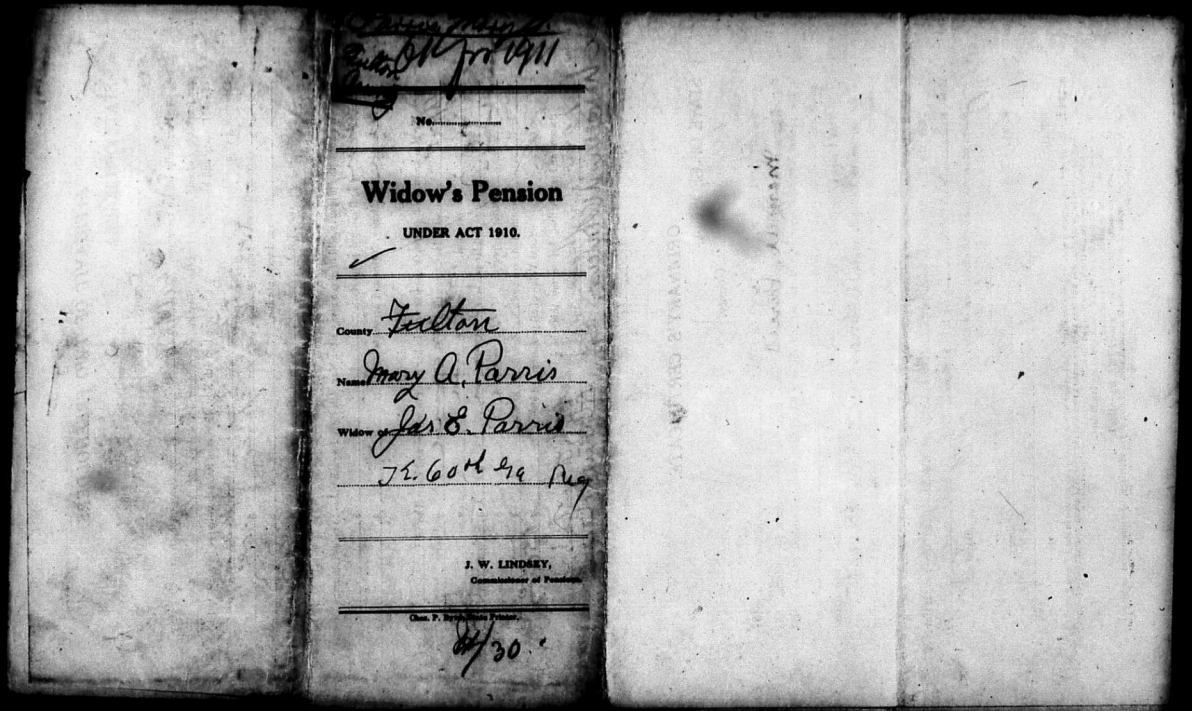
Sworn too and Subscribed Before me this the 21st day of April 1906

J. N. Wix N.P & Ex officio J.P.

Mrs Joseph W. Wood



Fulton Ga. Oct 1911



No.

Widow's Pension

UNDER ACT 1910.

County Fulton

Name Mary A. Parris

Widow of Jas E. Parris

Tr. 60th Ga Reg

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

4/30



Widow's Pension
UNDER ACT 1910.

No. ____

Fieldton
County.

Mary A. Parris
Widow of Jes. S. Parris

J. W. LINDSEY,
Commissioner of Pensions.

Pensioner Mary A. Parris
Enrolled Jan 1911
Certificate No. 11,
Act of 1910.
Jan 30.

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

STATE OF GEORGIA,
Taliaferro County.

Personally before me comes Mary A. Parris 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 submits testimony to make out the same, true answers makes to the following questions to wit:

1. What is your name, and where do you reside? Mary A. Parris resides in the County of Taliaferro County Ga.
2. How long and since when have you been a continuing resident in the State of Georgia? Born in Troup & Lived in said State Ever since Dec. 25th 1844
3. When, where and to whom were you married? Married in Troup Co. Ga. to Jesse S. Parris
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.) Enlisted in Co. H. 60th Reg. Ga. Infantry as a Private
5. When and where did the Commands of your husband surrender or discharge from the army? At Appomattox, Va. at the Surrender
6. Was your husband personally present at the time of the surrender or discharge of this Command? I do not know
7. If he was not present state clearly where he was? Do not know
8. Where was his Command when he left? " " "
   a. For what cause did he leave his command? Home Sickness
   b. By whose authority did he leave his Command? Do not know
   c. For how long was he granted leave of absence? " " "
   e. What was his physical condition when he left his Command? " "
   f. What effort did he make to return to his command? " " "
   g. In what way was he prevented from going back to Command? " " "
   h. Was he captured by the enemy at any time? " " "
   i. If so, when and where captured and where held as a prisoner, and when and for what cause released? Don not know anything to them Knowledge
   j. When and where did your husband die? 19th Day of January 1898 at Atlanta Ga.
   k. Were you residing together when he died? Yes
   l. If not, how long had you resided apart? Not seen nearer Separation.
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.) House and real Estate Known as Lot No 4 Square 4 Block 4 Value $800.00 Value Personal Property $700.00
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) None except as above mentioned.
11. What property of any description of any value have you now? The above House Give fair cash value? One house & lot Value $800.00 and personal property $700.00
12. What are your annual earnings or income and their value? Rents from House & Laundry Earned Value is about $400.00 per Annum
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? never received a pension.

Sworn to and subscribed before me this the 15th day of Nov 1910

Mary A. Parris (X)

Notary Public and Ex-Officio Ordinary.

Taliaferro County.

Sworn to and subscribed before me this the 12th day of Nov 10
Marcellus M Anderson EC Ordinary.
Mary A E Parris (X)
of Fulton County.

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

STATE OF GEORGIA,
Fulton County.

Personally before me comes James M Goldsmith 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? Jas M Goldsmith Atlanta Ga
2. How long and since when have you known Jas E Parris applicant?
3. How long and since when has she continuously resided in this State? (Give date.) Born in Georgia and has lived in Georgia all her life
4. When and to whom was she married? Jas E Parris How do you know? from him
5. How long and since when did you know Jas E Parris her husband? Since April 1862 till about the time of his death
6. When and where did Jas E Parris the husband of Applicant die? in Atlanta Georgia
7. Where the Aplicant 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 living together Were they divorced? no
9. When, where and in what Company and Regiment did Jas E Parris enlist? Company K 60th Regiment of Georgia Volunteers Lawton-Gordon-Evans Brigade
10. Were you a member of the same Company? Yes. (as First Lieutenant)
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? from April 1862 to time when he got sick
12. When, and where did his Command surrender, and was discharged? Appomattox Va
13. Were you personally present when it was surrendered? no If not where were you Georgia and how came you there? In March 1865 Co K and the other companies of the 60 Ga Rg were merged into one command and being an officer was left out.
14. Was the husband of applicant personally present at surrender? no If not where was he? in Georgia when, where and for what cause did he leave Command? (Give date.) Sent to hospital By whose authority did he leave his Command? Sick leave and how long was he granted leave? How do you know all this? I was in command of Co K 60 Ga Rg up & the time of the consolidation or merging took place as stated.
15. For what cause, if you know of your own knowledge was he prevented from returning to his Command? Can't say as to this
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? Don't know.

Sworn to and subscribed before me this the 12th day Nov 1910
Marcellus M Anderson EC Ordinary,
of Fulton County.
Jas M Goldsmith

since the termination of the war

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Fulton County.

Personally before me come A A Chastain who on oath says that they are freeholders of said County and that they know Mrs Mary A Parris 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: One Note on Mrs Mary A Parris for $500 and one Note on Mrs Mary A Parris for $50 and Interest on Personal property None to Speak of $50.00
Notes and accounts due None $ None
Total $ 550

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

Schedule (C).
We also know what property she has now in her possession, use and control to wit:
Upwt Acres of land worth Residence $
Horses and Mules None $
Cows and Hogs None $
Other property None $
Income and earnings None $
Total Value of all property and effects $ 550.00

Sworn and subscribed before me this the 12th day of Nov 1910
Marcellus M Anderson EC Ordinary,
of Fulton County.
A A Chastain
R C Stewart

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Fulton County.

I John R Wilkinson Ordinary of said County do certify that I know Mary A Parris 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 Jas M. Goldsmith the witness who swears to the service of husband, and A A Chastain & R C 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 Fulton Co Mrs A Parris Returned for Tax is for 1908 $ None for 1910 $ 225

Sworn under my hand and official seal of office this 12th day Nov 1910

SEAL.
John R Wilkinson Ordinary
Fulton County

(SEAL.)

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2 Additional affidavits may be attached if their spaces are insufficient.
4 All affidavits must be made before the Ordinary.
5 Only widows who married prior to first January 1905 are entitled.
6 Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

cause did he leave Command? (Give date.) Sent to hospital By whose authority did he leave his Command? Sick leave and how long was he granted leave? How do you know all this? I was in command of Co K Co Ga Rg up to the time of the consolidation or merging took place as stated.

15. For what cause, if you know of your own knowledge was he prevented from returning to his Command? Can't say as to this

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? Don't know.

Sworn to and subscribed before me this the 12th day of Nov 1910

Jas. M. Goldsmith

Marcellus M. Anderson CC Ordinary,

of Fulton County.

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 Jas M. Goldsmith the witness who swears to the service of husband, and N. A. Chastein & 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 Fulton M. A. Parris Returned for Tax is for 1908 $ None for 1910 $ 225

Sworn under my hand and official seal of office this 12th day Nov 1910

SEAL.

John Pierkinson 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.
4 All affidavits must be made before the Ordinary.
3 Only widows who married prior to first January 1910, are entitled.
5 Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

√7

For Fulton County

1929

Application for Pension Due Deceased Pensioner

(UNDER ACT 1904)

(To pay expenses of last illness and funeral)

Thos H. Jeffries Ordinary

For Mrs Mary A. Parris

Date of Death Oct 11 1929

Amount $100.00

Approved and ordered paid OK

Nov. 1, 1929

R. M. V. Lawrence 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.

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

PHONES: WALNUT 7086
WALNUT 7087

AWTRY & LOWNDES COMPANY

FUNERAL DIRECTORS

AMBULANCE SERVICE

21 Cain Street, N. W.
ATLANTA, GA., OCT/14/29/

In Account With

Miss. Sadie Couey,

No.1845 Howell Mill Road, City.

For Mrs. Mary Ann Parris.
Oct/11/29/

Casket.	92.00
Embalming.	15.00
Hearse.	10.00
Dress.	10.00
Hose.	1.50
Pallbearers Gloves.	2.00
Constitution.	2.85
Journal.	4.20
Georgian.	4.35
	141.90

GEORGIA, FULTON COUNTY.

Personally appeared H. B. Bankston, who swears that the above bill is just and trueand was for funeral expenses of Mrs. Mary A. Parris, Deceased.

H B Bankston

Sworn to and subscribed before me, this October 15th, 1929.

Arthur R. Marbut
C. C. ORDINARY.

Acworth Cobb County Georgia

personally appeared before me a Justice of Peace in and for said County and State John Rhodes whose post office is Acworth Ga who made oath in due form of law that he was well acquainted with with James E. Parris. That said James E. Parris enlisted in the Confederate Army in the year 1861 in Company K of the 6th Regiment of Georgia Volunteers of Infantry that Wm. H. Howard was Captain of said Company and that Wm. H. Stiles was Colonel of said Regiment. Said Company was made up at Cartersville and mustered into service in Savanah Georgia That said James E. Parris served in said Company and regiment until he contracted measels and was sent to the hospital on account of measels and its effects upon his health and he was sent from the hospital home on furlough and was at home on furlough at time of the surrender John Rhodes

Sworn to and subscribed before me this May 14th 1901 D. N. Stokely J. P.

Application for Pension Due to a Deceased Pensioner

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

GEORGIA, Fulton County.

Personally before me, the Ordinary of said County, comes H B Bankston with Autry Lowndes Co of said County, who, after being sworn, on oath says that he knew Mrs Mary A Paris of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in Fulton County, in this State, on the 11 day of Oct, 1929, and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of $141.90, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me, Allen R. Marbut Ordinary Fulton County

(Seal of Ordinary)

H B Bankston

CERTIFICATE OF ORDINARY

GEORGIA, Fulton County.

I, Thos H. Jeffries, Ordinary of said County, do certify that I personally know H B Bankston of Autry Lowndes Co who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew Mrs Mary A Paris 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 ~~quarter~~ ($50.00) 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 15 day of Oct, 1929.

(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:

"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, properly receipted, to the Pension Department.

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

and was sent to the hospital on account of measels and its effects upon his health and he was sent from the hospital home on Furlough and was at home on furlough at time of the surrender John Rhodes

Sworn to and subscribed before me this May 14th 1901 D. N. Stokely J. P.

[illegible] of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew Miss Mary A Paris 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 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 15 day of Oct, 1929

(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:

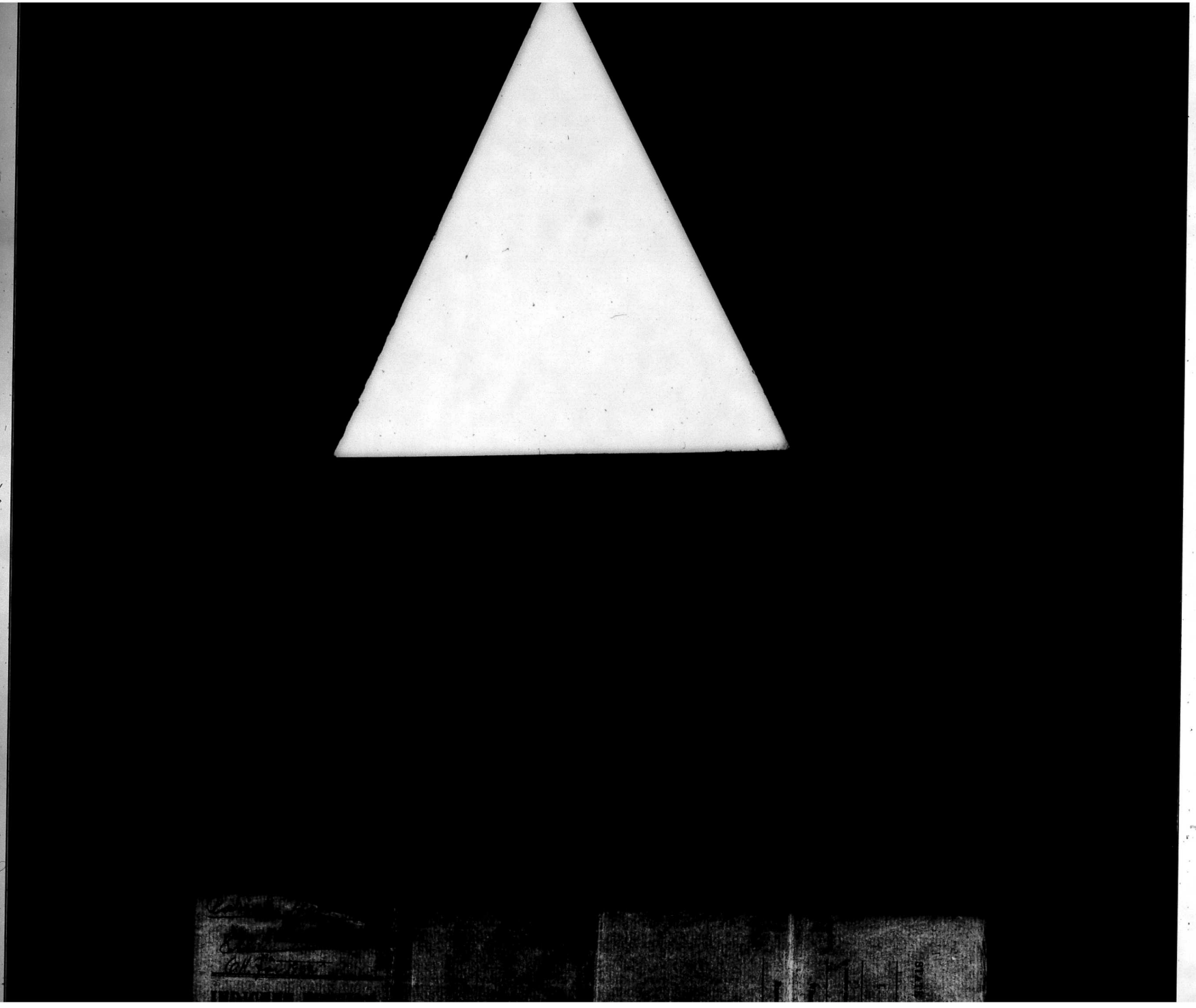
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of _____, who died without owning sufficient property to pay this bill.

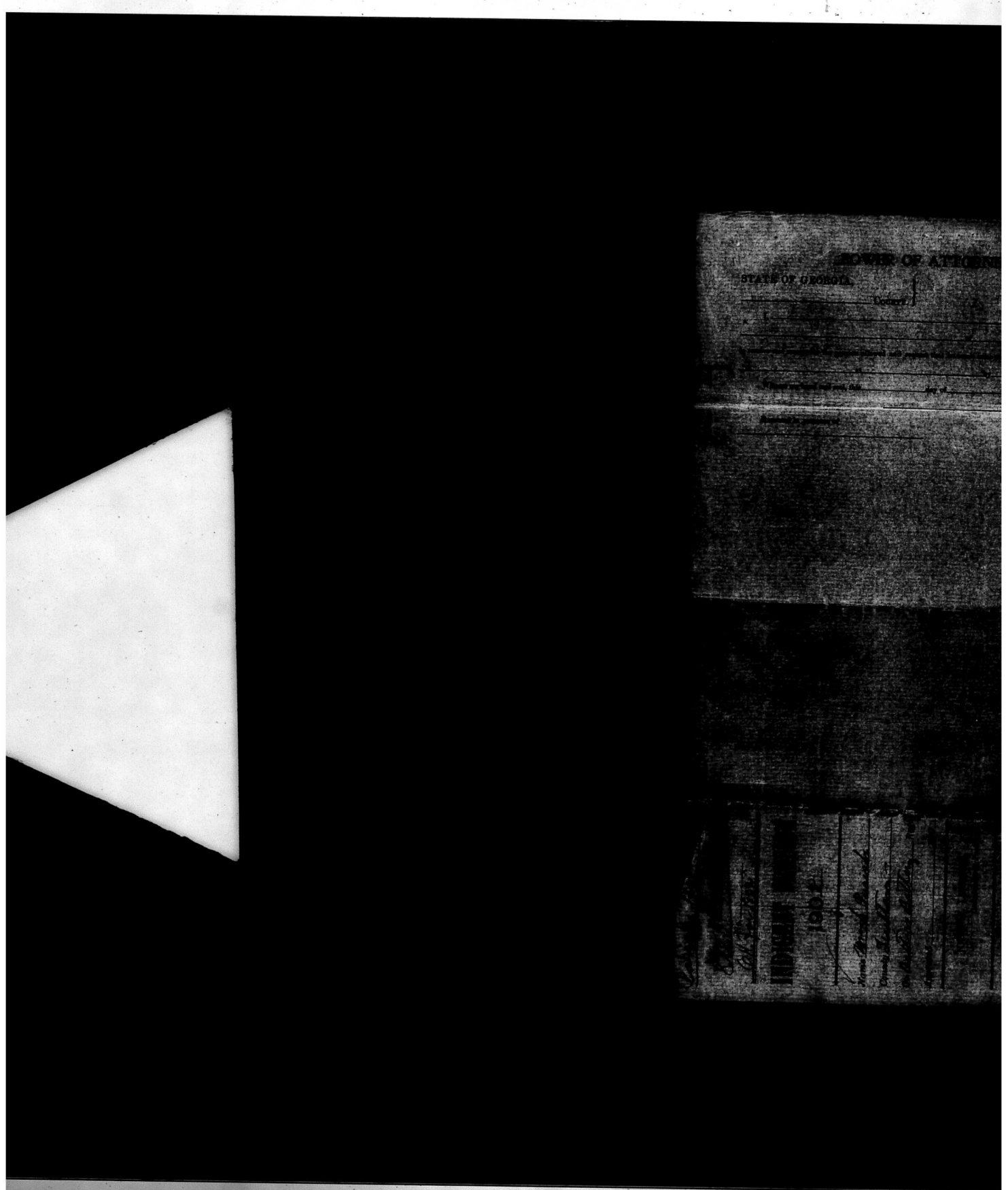
3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.

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, properly receipted, to the Pension Department.

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




POWER OF ATTORNE
STATE OF GEORGIA
County

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ County.

I, _____, [illegible]

of _____,

to receive and receipt for the pension allowed and request that the same be sent to _____

at _____ By _____

Witness my hand and seal, this _____ day of _____ 19__.

_____ [L. S.]

Executed in presence of

_____

_____

[illegible] FOR APPLICANT.

_____ of said State and County, desiring

(Give post-office address.)

and after being duly sworn

4. What was your age, when you were last mustered out of the service? 63 years

5. Where were you last mustered out? Light Co. K. Henry County Ga.

6. In what company and regiment did you enlist or serve? Enlisted in 1864 -

7. How long did you remain in such company and regiment? To end of the war

8. Where and when were you mustered out and from what command and discharged?

9. If you were transferred from one regiment and regiment, when? Was mustered?

10. What was your occupation when you were last mustered out? Farmer

11. What was your occupation when 1865? Farmer

12. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "the ills and poverty"? 2nd

13. 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.

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

15. What personal real estate did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907?

16. What income did you receive from all sources during the year 1901, 1902, 1903, 1904, 1905, 1906 and 1907?

17. Where do you reside, and what is your post-office address? Where do you reside, and what is your post-office address? Where do you reside, and what is your post-office address?

18. Are you married or single? If married, what is your wife's name? What was her maiden name? What was her maiden name? What was her maiden

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Fulton County.

M. J. Griggs of Fulton County, being duly examined as a witness in support of the application of Mrs. S. Parish 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? M. J. Griggs Atlanta Ga - Fulton County.
2. Are you acquainted with Mrs. S. Parish, the applicant; if so, how long have you known him? Since Jany 1864.
3. Where does he reside, and how long and since when has he been a resident of this State? Atlanta Ga - Since Jany 1864
4. When, where and in what company and regiment did he enlist, and how do you know? Jany 1864 - Atlanta Ga - Cartter's Battery Fourth Corps, I was present and saw him enlist.
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? From Jany 1864 to end of war
7. When and where was his command surrendered? Milledgeville 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? May 1865 For what cause? end of war
By what authority he left? Paroled How do you know all of this? I was present and saw him.
11. What property, effects or income has the applicant? (Give your means of knowledge.) None. Was a carpenter and laborer
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? Had none. Support of None.
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? Carpenter Ruptured badly, General Debility
15. Is the applicant unable to support himself by labor of any sort; if so, why? He is because of disease & infirmity of the above stated
16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? By aid of his wife and little children
17. What portion of his support for these four years was derived from his own labor or means?
18. Give a full and complete statement of the applicant's physical condition, describing his disease, under Section 1254, Code Lung disease - Rupture - Old age - General debility
19. Who composes family? What property have they? Children are old and earning nothing? Self and wife.
20. What interest have you in the testimony of a pension of the applicant? None

Sworn to and subscribed before me, this the 29 day of Oct 1907

J. H. Dorsey

STATE OF GEORGIA,
Fulton County.

J. H. Dorsey and [illegible] of said County, being duly sworn, say on oath that they have examined carefully Mrs. S. Parish, applicant for pension under Section 1254, Code, and after such personal examination say that his general physical condition is as follows: General Debilitation and Decrepitude of the old man, and the undersigned affiant further say that they do not believe the said applicant will ever be able to earn a support by any trade or calling and that we have no interest in said pension being allowed.

Witness our hands and official seals, this the [illegible] day of [illegible] 1907.

J. H. Dorsey M.D.
John H. Wilkinson Witness. Chas. J. Strong M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Fulton County.

John D. Wilkinson Ordinary, in and for said County, hereby certify that the applicant Mrs. S. Parish resides in said County, and has been a bona fide resident of this State since the [illegible] day of [illegible] 189[illegible] and that the witness, viz: M. J. Griggs

are of sound mind, character, and their statements are entitled to full faith and credit.

I further certify that before executing the foregoing certificate the applicant and each witness took the oath hereinbefore prescribed, and that the signature of the witness was placed to the application and foregoing affidavit and signed.

I further certify that the tax Digest of [illegible] County shows that applicant returned for taxation in the year 1901 [illegible] Dollars of property, and in 1902 [illegible] Dollars of property; in 1903 [illegible] Dollars of property; in 1904 [illegible] Dollars of property; in 1905 [illegible] Dollars of property; in 1906 [illegible] Dollars of property; in 1907 [illegible] Dollars of property.

In my opinion the foregoing claim is [illegible] and just.

Witness my hand and seal of office this [illegible] day of [illegible] 190[illegible]

John D. Wilkinson Ordinary,
Fulton County.

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? Lung trouble Ruptured badly - General debility.

15. Is the applicant unable to support himself by labor of any sort; if so, why? He is because of disease & infirmity as above stated.

16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? By aid of his wife and little pedline

17. What portion of his support for these four years was derived from his own labor or income?

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code Lung disease - Ruptured age and General debility

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

Self and wife.

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

Sworn to and subscribed before me, this the 29 [illegible] 1908

[illegible]

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

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

I further certify that the tax 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 1906 _____ Dollars of property; in 1907 _____ Dollars of property.

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

Witness my hand and seal of office, this 29th day of Sept 1908

[illegible] Ordinary

[illegible] County.

[illegible]

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

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

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

_____ [L. S.]

Executed in presence of

_____

[illegible] his capture [illegible] held as a prisoner of war [illegible] where appli- [illegible] if he himself was away. [illegible] records do not give any [illegible] of his capture and imprisonment.

J. W. Lindsey,
Com. of Pen.

INDIGENT PE[illegible]
1907
Name [illegible]
Co. [illegible]
[illegible]
JOHN W. LIND[illegible]

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

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

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

_____ [L. S.]

Executed in presence of _____

Pension Office, 10/1/07.
Applicant must submit testimony of some one that knows of his capture and when held as a prisoner of war. Witness could not know where applicant was if he himself was away. The U. S. prison records do not give any record of his capture and imprisonment.

J. W. Lindsey,
Com. of Pen.

INDIGENT PEN
1907
J. A. Park
Fulton
Georgia
Atlanta

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Fulton ~~Jackson~~ COUNTY.

J. A. Park 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.) J. A. Park, Atlanta, Fulton Co., Ga.
2. How long and since when have you been a resident of this State? I have lived in this State all my life
3. When and where were you born? In Jackson County Ga Apr 19th 1845
4. When and where and in what company and regiment did you enlist or serve? At Savannah in Chatham Co In Co A U S Marines
5. How long did you remain in such company and regiment? From June 1863 till Dec 1864
6. When and where was your company and regiment surrendered and discharged? At Greensborough N C
7. Were you present with your company and regiment when it was surrendered? I was not
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 Hilton Head S C In Prison
9. How much can you earn (gross) per annum by your own exertions or labor? About $1.00 per day
10. What has been your occupation since 1865? Common labor
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? About twelve months
13. What property, real and personal, or income, do you possess, and its gross value? Nothing but my Household & Kitchen Furniture valued at $50.00
14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, by sale or gift, have you made of same? Nothing except as stated
15. In what County did you reside during those years, and what property did you then return for taxation? Cobb - Fulton
16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905? By my own 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? ~~$200~~ Two Hundred & fifty dollars
18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year? Common labarer
19. Have you a family? If so, who composes such family? Give their means of support. Have they a homestead, or other property? Their ages and how employed? I have two sons boarding with me One Daughter boarding with me All at work for themselves
20. Are you receiving any pension? If so, what amount and for what disability? None
21. Have you ever made an application for pension before? No
22. How many applications have you ever made and under what class? None

Sworn to and subscribed before me this the 25th day of September 1907

J. A. Park
Applicant.

John R. Dickinson Ordinary.
of Fulton County.

Every Question MUST Be Answered.

Sworn to and subscribed before me this the 28th day of September 1907.
John D. Ellerbe, Ordinary.
J. A. Park, Applicant.
of Fulton County.

****LIGHT PRINT AND. OR BAD COPY ****

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Jackson County.

J. C. Eades of said State and County, having been presented as a witness in support of the application of J. A. Park 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. C. Eades Hoschton Jackson Co. Ga.
2. Are you acquainted with J. A. Park, the applicant: if so how long have you known him? Yes all his life
3. Where does he reside, and how long and since when has he been a resident of this State? Atlanta Fulton Co. Ga. all his life
When, where and in what company and regiment did he enlist, and how do you know? June 1863 Savannah Ga. Co E. U.S. Marine Corps. I was member of same co. etc.
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? From June 1863 till Dec. 1864
When and where was his command surrendered? He was captured & carried to prison April 26th 1865. at Greensboro N.C.
8. Were you present when it surrendered? I was
9. Was applicant present? He was not.
10. If he was not present, where was he? On prison at Hilton Head S.C.
When did he leave his command? Dec 1864 For what cause? Captured
By what authority he left? Captured How do you know all of this? I was member of same Command & Reg. and know of the capture.
11. What property, effects or income has the applicant? (Give your means of knowledge.) House Hold Furniture I have known him 8 years
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same? He still holds what he had.
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? He has not
14. What is the applicant's occupation and physical condition? Common Labor. Physical condition. Infirmed by age.
15. Is the applicant unable to support himself by labor of any sort; if so, why? He is not. on account of age and Feebleness.
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? By his own Labor
17. What portion of his support for these four years was derived from his own labor or income? About all of it
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code Age and Poverty
19. Who composes family? What property have they? Children's ages and their earning capacity? Him Self and [illegible] (Two Sons and one Daughter boarder with him) Children all of Age
20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 27 day of Sept 1907.
J. N. Rose, Ordinary.
W. E. Englett
J. C. Eades
Witness.

Sworn to & subscribed by W. E. Englett 28th 1907 John D. Ellerbe Ordinary Fulton Co. Ga.

Answered by J. C. Eades.

Georgia, Jackson County. Personally appeared before the undersigned, an officer duly authorized to administer oaths, J. C. Eades, who on oath says that he is a citizen of said county, and that he has read the above and foregoing answers to questions propounded to him by the Ordinary of Fulton County, Georgia, and that the same are true and correct. Sworn to and subscribed before me this 28th day of Sept. 1907. John D. Ellerbe, Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Fulton County.

Personally came before me G. A. Vinson M. D. and Geo. J. Kesner M.D, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully J. A. Parks, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

He is old and feeble and broken down Physicaly. He is not able to earn a living at any work or calling.

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

G. A. Vinson M. D.
Geo. J. Kesner M.D

Sworn to and subscribed before me, this the 28th day of September 1907.
John D. Ellerbe, Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Fulton County.

I, John D. Ellerbe Ordinary, in and for said County, hereby certify that the applicant J. A. Parks resides in said County, and has been a bona fide resident of this State since the ____ day of ____ 189__ and that the witnesses, viz.: W. E. Englett

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 28th day of September 1907.
John D. Ellerbe, 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.

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

Sworn to and subscribed before me, this the 27 day of Sept 1902 — Witness: W. E. Congdon, L. D. Cadle

J. N. Rose, Ordinary.

Sworn to & subscribed before me this 24 day of Sept 1902 John Reuerson Ordinary Fulton Co Ga

NOTE.

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

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA, Fulton County.

I, J. A. Park 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, depoces and answers as follows:

1. What is your name and where do you reside? (Give State, County and Postoffice.) J. A. Park, Atlanta, Fulton Co., Ga.
2. How long and since when have you been a resident of this State? I have lived in this State all my life
3. When and where were you born? In Jackson County, Ga. Apr. 19th 1844
4. When and where and in what company and regiment did you enlist or serve? At Savannah in Chatham Co. In Co A 5th Georgia Battalion
5. How long did you remain in such company and regiment? From June 1863 till Dec 1864
6. When and where was your company and regiment surrendered and discharged? At Greensborough N C
7. Were you present with your company and regiment when it was surrendered? I was not
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 Hilton Head S C in Prison
9. How much can you earn (gross) per annum by your own exertions or labor? About $1.00 per day
10. What has been your occupation since 1865? Common labor
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? About twelve months
13. What property, real and personal, or income, do you possess, and its gross value? Nothing but my Household & Kitchen Furniture valued at $50
14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, by sale or gift, have you made of same? Nothing except as stated
15. In what County did you reside during those years, and what property did you then return for taxation? Cobb - Fulton
16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905? By my own 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 Two Hundred & Fifty Dollars
18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year? Common Laborer
19. Have you a family? If so, who composes such family? Give their means of support. Have they a homestead, or other property? Their ages and how employed? I have two boarding with me One Daughter boarding with me All at work for themselves
20. Are you receiving any pension? If so, what amount and for what disability? None
21. Have you ever made an application for pension before? No
22. How many applications have you ever made and under what class? None

Every Question MUST Be Answered.

Sworn to and subscribed before me this the 25th day of September 1907 — J. A. Park, Applicant.

John Reuerson, Ordinary, of Fulton County.

POWER OF ATTORNEY.

STATE OF GEORGIA, _____ County.

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

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

_____ [L. S.]

Executed in presence of _____

Pension Office, [illegible]

Applicant must submit testimony of some one who knows of his capture and when held as a prisoner of war. If dead, state if could not know where applicant was if he himself was away. The U. S. Prison records do not give any record of his capture and imprisonment.

J. W. Lindsey, Com. of Pen.

Sworn to and subscribed before me this the 25th day of September 1907.
Jno. Reid Isaacs Ordinary.
of Fulton County.

J. A. Park
Applicant.

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

_____

No. _____

INDIGENT PENSION, 1901.

Name _____

County _____

Reg'm't _____ 1901.

Approved

JOHN W. LINDSEY, Commissioner of Pensions.

WARRANT HANDED TO

Ordinary, will write Name of Applicant, County and Regiment, on back as indicated above.

Geo. W. Harris, State Printer, Atlanta.

Questions for Applicant.

STATE OF GEORGIA,
Cobb County.

Jas A Park 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) Jas A. Park Roswell P.O. Cobb Co Ga
2. How long and since when have you been a resident of this State? 58 years
3. When and where were you born? Jackson Co Ga
4. When and where and in what company, and regiment did you enlist or serve? Co C 5th Marine Corps
5. How long did you remain in such company and regiment? From June 1865 to Dec 1864
6. When and where was your company and regiment surrendered and discharged? I stood at Goldsboro N C
7. Were you present with your company and regiment when it was surrendered? No
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was captured near Savannah while absent by leave of commanding Officer

Every Question MUST be Answered.

9. How much can you earn (gross) per annum by your own exertions or labor?
10. What has been your occupation since 1865?
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"?
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its [illegible] 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?
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899 and 1900 and what disposition, if any, by sale or gift, have you made of same?
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 1899 and 1900?
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?
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 composes such family? Give their means of support? Have they a homestead?
20. Are you receiving any pension? If so, what amount and for what disability?
21. Have you ever made an application for pension before?
22. How many applications have you ever made and under what class?

Sworn to and subscribed before me this the _____ day of _____ 1901.

_____ Ordinary, of _____ County.

_____ Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Hall COUNTY.

Wm Hasch, of said State and County, having been presented as a witness in support of the application of Jas A Park 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? Wm Hasch Gainesville Hall County Ga.
2. Are you acquainted with Jas A. Park, the applicant; if so, how long have you known him? All my life
3. Where does he reside, and how long and since when has he been a resident of this State? Roswell Cobb Co, Ga, all his life.
4. When, where and in what company and regiment did he enlist, and how do you know? June 1863, Savannah Ga, Co. E. Com States Marine Corps Navy Department
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? Until he was captured in Dec 1864
7. When and where was his command surrendered? Greensboro, N.C. April 26th 1865.
8. Were you present when it surrendered? I was not was cut off from my command was on my way to any [illegible]
9. Was applicant present? He was [illegible]
10. If he was not present, where was he? He was in Prison at Savannah Ga.
When did he leave his command? Dec 1864 For what cause? Captured
By what authority he left? Was captured How do you know all of this? [illegible] cause I was in same Co & Regt.
11. What property, effects or income has the applicant? (Give your means of knowledge.)
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899 and 1900, and what disposition, if any, did he make of same?
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
14. What is the applicant's occupation and physical condition?
15. Is the applicant unable to support himself by labor of any sort, if so, why?
16. How was he supported during the years 1898, 1899 and 1900?
17. What portion of his support for these three years was derived from his own labor or income?
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?
19. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this the 7 day of April 1903. Wm Hasch Witness.
W. N. Dyer Ordinary.

I W. N. Dyer Ordinary in and for said County, do hereby certify that Wm Hasch, is of trustworthy character and his statements are entitled to full faith and credit.
Witness my hand and seal of office this Apr. 7 at 1903.
W. N. Dyer
Ordinary

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
COUNTY.

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

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

Sworn to and subscribed before me, this the _____ day of _____ 1901.
_____ Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
COUNTY.

I, _____ Ordinary in and for said County, hereby certify that the applicant _____ resides in said County, and has been a bona fide resident of this State since the _____ day of _____ 189__ and that the witnesses, viz: _____ are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of _____ County show that applicant returned for taxation in his name in 1899 _____ Dollars of property, and in 1900 _____ Dollars of property.

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

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

NOTE.

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

... by labor of any sort, if so, why?

16. How was he supported during the years 1898, 1899 and 1900?

17. What portion of his support for these three years was derived from his own labor or income?

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?

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

Sworn to and subscribed before me, this the 21 day of April 1903. } Wm Hasch Witness.

W. N. Dyer Ordinary.

I W. N. Dyer Ordinary in and for said County, do hereby certify that Wm Hasch, is of trustworthy character and his statements are entitled to full faith and credit.

Witness my hand and seal of office this [illegible]

W. N. Dyer Ordinary

the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.

I further certify that the tax digests of _____ County show that applicant returned for taxation in his name in 1899 _____ Dollars of property, and in 1900 _____ Dollars of property.

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

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

_____ Ordinary,

of _____ County

NOTE.

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

Personally appeared before me, H. J. Cox who on oath says tht he served in the Confederate Army, in Company "B", 16th Regiment of Georgia Volunteers, and that J. A. Park was a member of the same Company and Regiment, and that of his own knowledge, he knows that J. A. Park served in said Company and Regiment from August 19, 1861 to Oct. or Nov., 1862.

H. J. Cox

Sworn to and subscribed before me, this 31st day of August, 1908.

J. N. Ross, Ordy

GEORGIA, ACKSON COUNTY.

I, J. N. Ross, Ordinary in and for said County, do certify that H. J. Cox is a bona fide citizen of said County and that his statement is entitled to full faith and credit.

WITNESS my official signature and seal of office, this 31st day of August, 1908.

J. N. Ross, Ordinary

I, J. N. Ross, Ordinary in and for said County, do certify that H. J. Cox is a bona fide citizen of said County and that his statement is entitled to full faith and credit.

WITNESS my official signature and seal of office, this 31st day of August, 1908.

J. N. Ross, Ordinary.

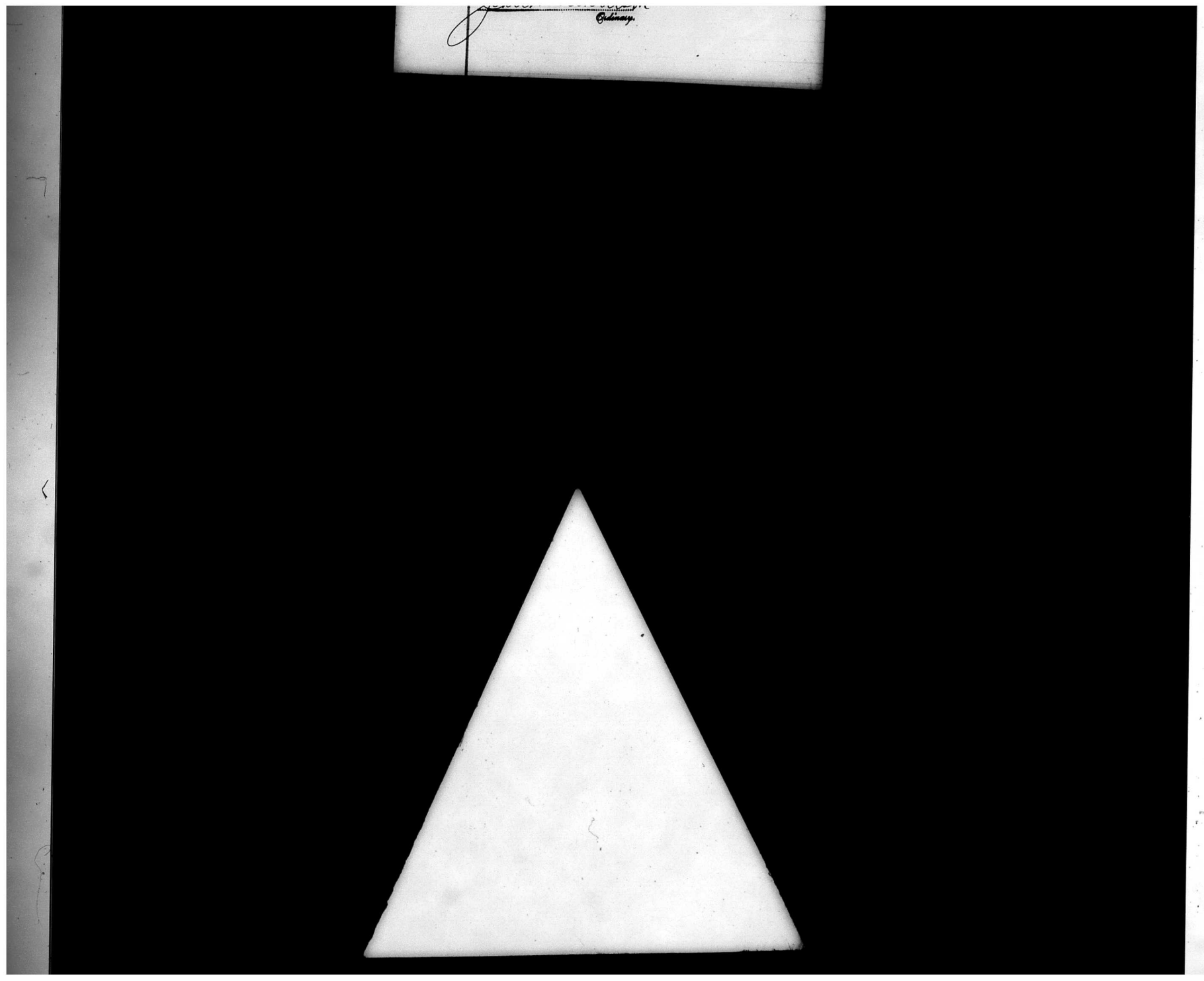
Georgia Fulton Co

Personally appeared before me Jas. A. Park after being duly sworn says that he was a private in Co B 16th Regt Ga vols and served from July 19th 1861 to Oct or Nov 1862

J. A. Park

Sworn to and subscribed before me, this 26th day of Aug 1908.

John D. Erekinson
Ordinary.



Ordinary's Certificate

STATE OF GEORGIA,

FULTON COUNTY.

I, Thomas H. Jeffries, Ordinary of said County, do certify that I know Mrs. Louise H. Park, 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 Martha Harris the witness who swears to the [illegible] 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 7th day of Jan. 1938

(SEAL OF ORDINARY)

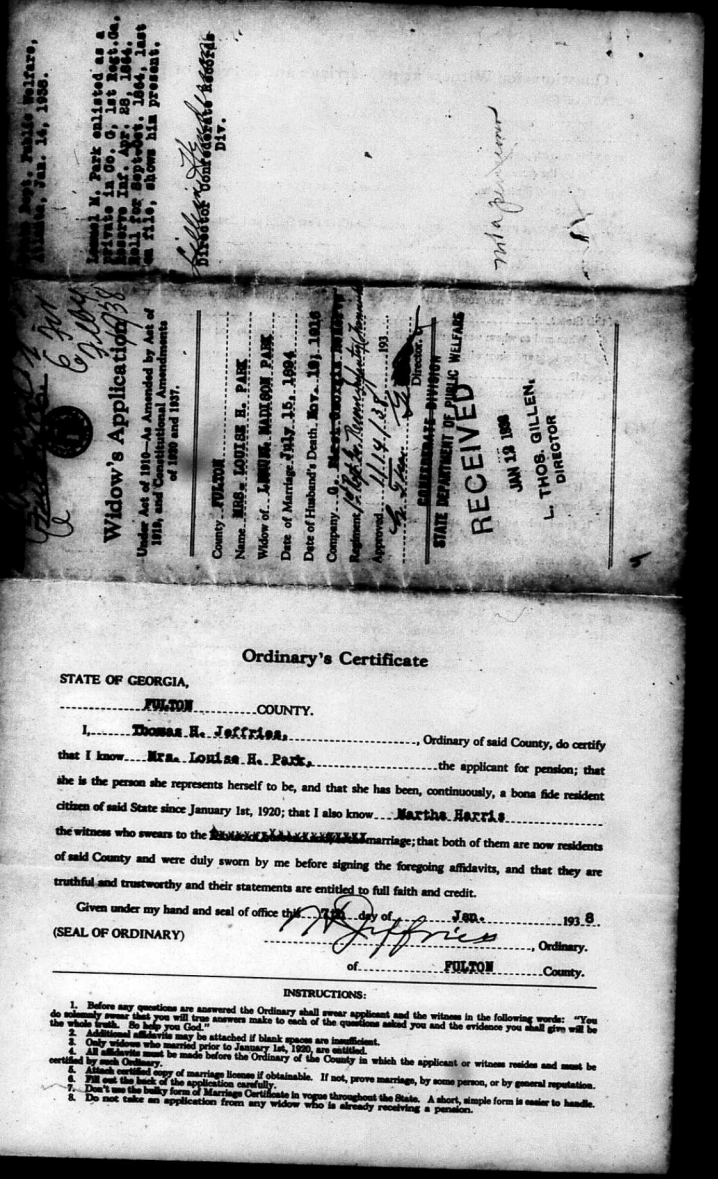
T. H. Jeffries, Ordinary.

of FULTON County.

INSTRUCTIONS:

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

E For Filby 1938



Widow's Application

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

County FULTON

Name MRS. LOUISE H. PARK

Widow of LEMUEL MADISON PARK

Date of Marriage July 15, 1894

Date of Husband's Death Nov. 19, 1916

Company G. ~~First Georgia Reserve~~

Regiment 1st Regt. Ga. Reserve Infantry (Hammond)

Approved 1/14/38 193

G. Thos. Gillen Director.

CONFEDERATE DIVISION
STATE DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JAN 12 1938
L. THOS. GILLEN,
DIRECTOR

State Dept. Public Welfare,
Atlanta, Jan. 14, 1938.

Lemuel M. Park enlisted as a private in Co. G, 1st Regt.Ga. Reserve Inf. Apr. 28, 1864. Roll for Sept-Oct. 1864, last on file, shows him present.

Gillen Henderson
Director Confederate Records Div.

not a pensioner

State Dept. Public Welfare,
Atlanta, Jan. 14, 1938.

Lemuel M. Park enlisted as a private in Co. G, 1st Regt. Ga. Reserve Inf. Apr. 28, 1864. Roll for Sept.-Oct. 1864, last on file, shows him present.

Lillian Fendrick
Director Confederate Records Div.

Park (Lemuel M. Park)
Fulton Co. Ga.
C For
Filed
1938

Widow's Application

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

County FULTON
Name MRS. LOUISE H. PARK
Widow of LEMUEL MADISON PARK
Date of Marriage July 15, 1894
Date of Husband's Death Nov. 19, 1916
Company G. First Georgia Reserve
Regiment 1st Reg. Reserve Inf. Tenn.
Approved 1/14/38 193
Director.

CONFEDERATE DIVISION
STATE DEPARTMENT OF PUBLIC WELFARE
RECEIVED
JAN 13 1938
L. THOS. GILLEN,
DIRECTOR

m/a pension

Ordinary's Certificate

STATE OF GEORGIA,

FULTON COUNTY.

I, Thomas H. Jeffries, Ordinary of said County, do certify that I know Mrs. Louise H. Park, 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 Martha Harris the witness who swears to the ~~[illegible]~~ 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 7th day of Jan. 1938.

(SEAL OF ORDINARY) T H Jeffries, Ordinary.

of FULTON County.

INSTRUCTIONS:

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

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

FULTON COUNTY.

Personally appears before me, Mrs. Louise H. Park 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. Louise H. Park, 855 St. Charles Ave. N.E., Fulton County, Ga.
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? All my life
Give date, or year, of your birth Apr. 1, 1877 Age? 60
3. (1)When, (2)where and (3)to whom were you married? (1) July 15, 1894 (2) Atlanta, Ga. (3) Lemuel Madison Park
a. Have you married since the death of first and soldier husband? No
b. When and where did your first husband die? Nov. 19, 1916 - Atlanta, Ga.
c. Were you residing together when he died? Yes
d. If not, how long had you resided apart?
e. Are you now a widow? Yes
f. Have you or your husband heretofore been paid a pension by the State? No
g. If so, when and for what cause were you or your husband placed on the roll?

SECTION II.

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

1. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infantry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.
Entered Service a private in Co. G. 1st Georgia Reserves
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 4th day of Jan., 1938.

A S Battle Jr., Ordinary
of FULTON County.
(SEAL OF ORDINARY)

Mrs. Louise H. Park
Applicant.

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

Given under my hand and seal of office this 14th day of Jan. 193 8

(SEAL OF ORDINARY) T H Jeffries, Ordinary.

of FULTON County.

INSTRUCTIONS:

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

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 14th day of Jan., 1938.

W S Bartlett D.C., Ordinary

of FULTON County.

(SEAL OF ORDINARY)

Mrs. Louise H. Park
Applicant.

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

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

WHEREAS:

MRS. LOUISE H. PARK, WIDOW OF LEMUEL MADISON PARK.

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

ORDERED:

That said applicant be admitted to the pension roll of the State of Georgia for the month of February, 19 38, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 14th day of January 19 38.

L. Thos. "Pat" Gilleon

Director, Confederate Division
State Department of Public
Welfare

Record of Confederate Veteran
Lemuel Madison Park
Company G, First Georgia
Reserves

Entered as Private in Co G. 1st Ga. Reserves. Detailed as Head Clerk in Commissary Dept at Andersonville special duty to see to the weighing out of rations to the Federal Prisoners and their guards. Promoted to the staff of Capt Henry Wirz, Commandant of the Post, with rank of Orderly Sergeant & duty being to look after the Prisoners. On removal of Prisoners to Camp Lawton near Millen, Burke County, Georgia, he rejoined his company & was almost immediately detailed for service on the Staff of Col. P. M. Rawles, Commander of the Prison at that Post, & commissioned as Adjutant, serving in that capacity until the close of the War.

L. Thos. "Pat" Gillen

Director, Confederate Division
State Department of Public
Welfare

Court of Ordinary
FULTON COUNTY
STATE OF GEORGIA

CERTIFIED COPY OF
MARRIAGE LICENSE
AND
CERTIFICATE OF MARRIAGE
OF

MR. LEMUEL M. PARK
AND
MISS LOU HARRIS

Recorded in Book H Page 504

THOS. H. JEFFRIES,
Ordinary.

State of Georgia
County of Fulton,

Personally before the undersigned authority now comes Marta Harris who upon oath says that she knows Mrs. Louise H Parks and knows that she was living with her husband Lemuel M Park 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 7 day of Jan 1937

(Miss) Martha Harris

A S Battelon
C.C. Ordinary, Fulton Co. Ga.

MARRIAGE LICENSE

State of Georgia--Fulton County

To any Minister of the Gospel, Judge of Superior Court, Justice of the Peace, or other Person authorized to Solemnize,

You are hereby authorized and permitted to join in the honorable state of Matrimony MR. LEMUEL M. PARK

and MISS LOU HARRIS

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.

RETURN THIS LICENSE, WITH YOUR CERTIFICATE THEREON TO MY OFFICE FOR RECORD

Given under my Hand and Seal this 14th *day of* JULY 1894 XX

W. L. CALHOUN. L. S.

Ordinary

I hereby certify that MR. LEMUEL M. PARK

and MISS LOU HARRIS

were joined together in the HOLY BANS OF MATRIMONY

on the 15th *day of* JULY 1894 XX, *by me.*

W. P. SIMS, M.G.

State of Georgia, Fulton County. S. S.

ORDINARY'S OFFICE

ATLANTA, GA. Jan. 4 1938

I, A. S. Patterson, Clerk Court of Ordinary of said County, hereby certify that the foregoing is a true copy of the Marriage License and Certificate of Marriage of MR. LEMUEL M. PARK and MISS LOU HARRIS as the same appears of record in this office.

Given under my official Signature and Seal of the Court of Ordinary, the day and year aforesaid.

A. S. Patterson

Clerk, Court of Ordinary.

W. D. SHEA, M.G.

State of Georgia,
Fulton County.

S. S.

ORDINARY'S OFFICE

ATLANTA, GA., Jan. 4, 1938

I, A. S. Batterton, Clerk Court of Ordinary of said County, hereby certify that the foregoing is a true copy of the Marriage License and Certificate of Marriage of

MR. LEMUEL M. PARK

and MISS LOU HARRIS

as the same appears of record in this office.

Given under my official Signature and Seal of the Court of Ordinary, the day and year aforesaid.

A S Batterton

Clerk, Court of Ordinary.

Widow's Application

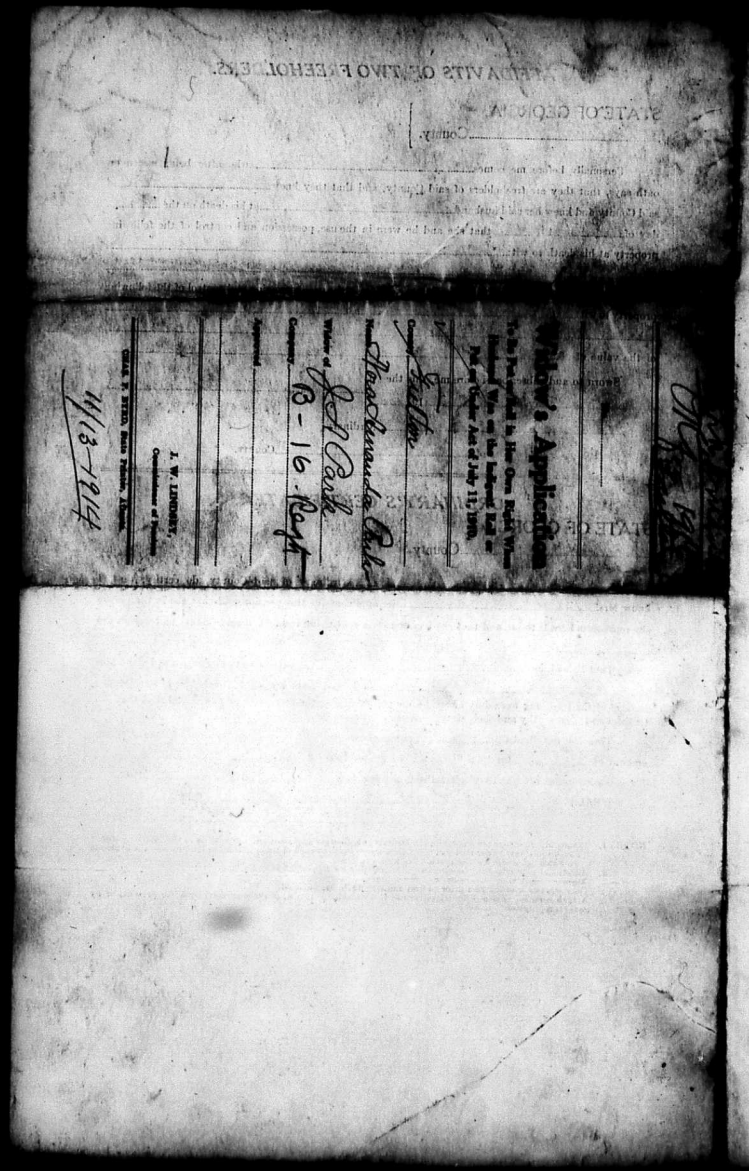
To the Pension Bureau to Have Given Right Where Husband Was on the Indigent Roll or Put on Under Act of July 14, 1890.

Witness: Geo. Thomas

Witness: Hera Amanda Parke

Witness of: J. A. Parke

Witness: B-16 Regt



Widow's Application

Mrs. Nora Amanda Park

Widow of J. H. Park

Company B - 16 - Regt

Georgia

Enlisted

Discharged

Post Office Address Fulton

County Fulton

11/13/1914

I. W. LINDSEY, Commissioner of Pensions

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,
Fulton County.

Personally before me comes Nora Amanda Park of said County, who, after being duly sworn, on oath says, that she is the widow of J. H. Park to whom in the County of Chatham State of Georgia she was married on the 1st day of Dec 1864 and that she remained his wife, and resided with him to the date of his death in Oct 25 1914 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 Confederate Pension Roll of the State and paid a pension of $60.00 in Fulton County for 1914 per annum, on account of being a soldier in Company B 16th Regiment Ga (Volunteers of State Militia.)

Disch 1862 Joined the U.S.M. Marines Navy Sevannah Ga

At the death of Jas H Park 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 none $

Horses and Mules none $

Hogs, Cows, etc none $

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 6 day of May 1903

Sworn to and subscribed before me, this the 4th day of November 1914

Nora Amanda Park

John R Gilkinson 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 C. W. Mangum 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. Nora Amanda Park who made the foregoing affidavit, is the lawful widow of J. H. Parke who died in Fulton County in said State of Georgia on 25 day of Oct. 1914 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 J. H. Parke was the same man who was on the pension roll of said State from Fulton County Georgia when he died.

Sworn to and subscribed before me, this the 4th day of Nov. 1914

C. W. Mangum

John R. Gilkinson Ordinary,
of Fulton County.

Sworn to and subscribed before me, this the 4th day of Nov 1914
John R Williamson Ordinary,
of Fulton County.
C W Mangum

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Fulton County.

Personally before me comes W. E. Englett who after being sworn on oath says, that they are freeholders of said County, and that they knew Amanda Park of said County and knew her said husband Nora [illegible] Park at his death on the 25 day of Oct 191 4 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 $ That she is now in the use, possession and control of the following property to wit: Nothing

of the value of $

Sworn to and subscribed before me, this the 4th day of Nov 1914
John R Williamson Ordinary,
of Fulton County.
W. E. Englett
C W Mangum

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Fulton County.

I John R Williamson Ordinary of said County, do certify, that, I know Mrs Nora A Park 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 [illegible] 191

That I also know C. W. Mangum witness as to marriage and I also know W E Englett 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 County shows that Nothing returned property to the amount of Nothing for 1908 $ Nothing for 1909 $ Nothing for 1910 $

Sworn under my hand and official seal of office this 4 day of Nov 1914
(SEAL.) John R 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.

Georgia
Fulton County.

The undersigned being duly sworn say: They know personally, and by reputation Mr Jas A Park and his wife who was Miss Nora A. Fulton before her marriage. They are reliable, reputable people, and are man and wife and have been living together as man and wife for many years. They are known to be man and wife by their friends and acquaintances and by those who know of them.

W. E. Englett.
W. L. Manry.

Sworn to and subscribed before me this November 4th 1914
John R. Wilkinson
Ordinary

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

STATE OF GEORGIA,
Hall County.

Personally before me come J G Eades Sr. 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. Nora Amanda Park who made the foregoing affidavit, is the lawful widow of J.A. Park who died in Fulton County in said State of Georgia on 26th day of Oct. 1914 and that she has not since remarried. That she became the wife of J.A. Park on the 14th day of 1864 and that she and he had resided together as man and wife continuously since Dec. 1st day of Dec 1864 and that the J.A. Park was the same man who was on the pension roll of said State of from Georgia County of Fulton when he died.

Sworn to and subscribed before me, this the 11th day of Nov. 1914 } J.G. Eades Sr
W Dunlevie Ordinary,
of Hall County.

man and wife by their friends and acquaintances and by those who know of them -

W. E. Englett.
Dr. C. Manry.

Sworn to and subscribed before me this November 4th 1914
John R. Wilkinson
Ordinary

Sworn to and subscribed before me, this the 11th day of Nov. 1914 } J. C. Eades Sr
W. D. Whitehead Ordinary,
of Hall County.

24 Ham Mond

Parker, R. M.

No. 2304

Ap. Fulton Co

INDIGENT PENSION

1897.

Name A M Parker

County Fulton

Approved 7/8 1897.

E 1958

WARRANT HANDED TO

atty

[illegible], STATE PRINTER, ATLANTA.

1/8-97

POWER OF ATTORNEY.

STATE OF GEORGIA,
Fulton County.

I, A M Parker hereby authorize
C W Parker of Fulton Co Ga
to receive and receipt for the pension allowed and request that he remit same to me
A M Parker at Atlanta by Lund

Witness my hand and seal this 7 day of Aug 1897.

Executed in presence of
[illegible]

A M Parker

POWER OF ATTORNEY.

STATE OF GEORGIA,
Fulton County.

I, A M Parker hereby authorize
C W Parker of Fulton Co Ga
to receive and receipt for the pension allowed and request that he remit same to
A M Parker at Atlanta by hand

Witness my hand and seal this 7 day of Jany 1897.

Executed in presence of
W H Hulsey
A M. Parker

INDIGENT PENSION
1897.
A M Parker
Fulton
1/8-97

Questions for Applicant.

STATE OF GEORGIA,
Fulton County.

A M Parker 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) A M Parker 24 Hammond St Atlanta Fulton County, Ga
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? Atlanta - All my life in the State
3. When and where were you born? Morgan County Jan 16 1842
4. When and where and in what company and regiment did you enlist or serve Company K 42 Reg
5. How long did you remain in such company and regiment? 6 Months
6. For how long a period did you discharge regular military duty? 6 months & more in other
7. When, where and under what circumstances where you discharged from service? I came home sick and the limit of the term Expired before I returned
8. What is your present occupation? None -
9. How much can you earn (gross) per annum by your own exertions or labor? 0 nothing
10. What has been your occupation since 1865? Practice Medicine awhile
11. Upon which of the following grounds do you base your application for pension, viz.: first "age and poverty," second "infirmity and poverty" or third "blindness and poverty"?
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight? age and infirmity I have been able to earn my support fifteen years or more - I have Kidney trouble and great feebleness Paralysis
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? I had a note for $525, on note and have been living from it till it Exhausted
15. In what County did you reside during those years and what property did you then return for taxation? Fulton Co - give in Tax $525 note
16. How were you supported during the years 1895 and 1896? By the small remnant - and Meals by Stock Daughter
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? I could earn nothing & no account was kept
18. What was your employment during 1895 and 1896? What pay did you receive in each year? Nothing -
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? I have a wife - We live with her daughter Mrs Jane No Home Stead -
20. Are you receiving any pension, if so what amount and for what disability? None

Every Question MUST be Answered.

Sworn to and subscribed before me this the 7 day of Jany 1897.
A M Parker Applicant.
M Bailey Ordinary.
of Fulton County.

Sworn to and subscribed before me this the 7 day of Jany 1897. } A M Parker Applicant.

[illegible] Ordinary.

of Fulton County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Fulton County.

Wm Durham, of said State and County, having been presented as a witness in support of the application of A M Parker 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? Wm Durham in Atlanta Ga

2. Are you acquainted with A M Parker, the applicant, is of how long have you known him? Since and During the War

3. Where does he reside, and how long has he been a resident of this State? in Atlanta I think he was raised in the State lives in Atlanta

4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? I was in the same company with him

5. When, where and in what company and regiment did he enlist? March 4th 1862 in Atlanta Ga COK - 42d Reg

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? Six Months first - Time expired -

8. What property, effects or income has the applicant? (Give your means of knowledge.) I learn by good authority that he is without means

9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? I know nothing only that he is a truthful man and believe his statement true

10. What is the applicant's occupation and physicial condition? He was a Doctor has not been able to practice in many years can not do any business

11. Is the applicant unable to support himself by labor of any sort, if so, why? He can not for he can barely walk

12. How was he supported during the years 1895 and 1896? Mainly by his step daughter and a remnant on a $600 note

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? He is very infirm and unable to take care of himself

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

Sworn to and subscribed before me, this the 8 day of Jany 1897. } Wm Durham Witness.

[illegible] Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Fulton County.

Personally came before me Doctors C W Parker and John L. McDaniel, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully A M Parker, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows: He is afflicted with Locomotary Ataxia The Muscular powers are failing so that He can scarcely walk or talk - He has kidney trouble (Diabetes)

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 7th day of Jany 1897. } John L McDaniel Med

[illegible] Ordinary. C W Parker

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

I, [illegible], Ordinary in and for said County, hereby certify that the applicant A M Parker resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: John L McDaniel C W Parker Wm Durham are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Fulton County show that applicant returned for taxation in his name in 1895, Five hundred dollars of property, and in 1896, Five Hundred/500 dollars of property.

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

Witness my hand and seal of office, this 7th day of Jany 1897.

[illegible] Ordinary

of Fulton County.

NOTE.

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

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

Sworn to and subscribed before me, this the 5 day of Jany 1897. } Witness.

M. Mooney Ordinary.

Witness my hand and seal of office, this 7th day of Jany 1897.

[redacted] Ordinary

of Fulton County.

NOTE.

Before any questions are propounded, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to such 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.

Form 5.

STATE OF GEORGIA,

_____ COUNTY.

I, _____ hereby authorise _____

of _____ to receive and receipt for the pension allowed 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:

_____

_____

Pension Dept Jany 4 1897

The evidence given by the above named applicant fails to show that the disabilities under which applicant suffers, and which contribute to result from disease contracted in the service in question, are of such character or extent as to justify the granting of a pension. This information is furnished upon the request of the applicant, which is no promise that a pension under the law on which this claim is based will be granted, but only that the claim must have consideration in the order indicated in the date of service — If different dates of service are given, it should be stated which is entitled to consideration.

Respectfully

[illegible]

Commissioner of Pensions

Parker A. M.

Co. [illegible] Regt. [illegible]

Fulton Co. Ga.

No. [illegible]

INVALID SOLDIER'S PENSION

1897.

A. M. Parker

Witness, [illegible]

Witness, [illegible]

RICHARD JOHNSON, Clerk.

By [illegible] D.C.

Filed [illegible]

For Use of Applicants Who have Not Heretofore Drawn.

Form 1.

The Instructions, as set out in the Notes, MUST be observed.

STATE OF GEORGIA,

Fulton County.

PERSONALLY appears A M Parker of Fulton County, State of Georgia, who being duly sworn says on oath that he was born on the 16 day of January 18 22, that he is a *bona fide* citizen and resident of Georgia, and has been continuously since the 16 day of June 18 [illegible], that he enlisted in the military service of the Confederate States (or the State of Georgia) during the war between the States, and served as a Private in Company K of 42 th Regiment of Ga Volunteers Stevensons Brigade; that whilst engaged in such military service, and in line of duty in the State of Georgia, on the 4th day of March 1862, he was disabled or wounded as follows:

Disabled by sickness — Severe Cold resulting in Prostration from which he has never fully recovered — is now incapable of performing the ordinary Manual vocations of life; and in fact cannot take care of himself and requires constant assistance from others — all resulting from said disease contracted in the said Service.

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 thereunder, ending October 26th, 1896.

Sworn to and subscribed before me, this the 23 day of December 1896. } A M Parker P. O. Atlanta Ga

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. If claim is based on disease, give full and connected history of disease, tracing it directly to the service.

Note.—Do not trouble to mention slight ailments not disabling.

Note.—The Ordinary will see that all blanks are filled before the affidavits are signed.

23rd day of December 1898 } P. O. Atlanta Ga

W. L. Calhoun
Ordinary.

Note.—State fully nature of wound or character of disease which causes the disability, and specify particularly the extent of the disability. If claim is based on disease, give date of commencement and history of disease, bearing it directly to the service.
Note.—Do not furnish it mention is made of any other cause than service.
Note.—The Ordinary will see that all blanks are filled when the affidavits are signed.

AFFIDAVIT FOR THREE WITNESSES.

Form 2

STATE OF GEORGIA,
Fulton County.

PERSONALLY appears before me, the undersigned, Ordinary in and for said County, R. J. Maddox, L. P. Thomas and ____ personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say, under oath, that they are personally well acquainted with A M Parker whose application is herewith presented for a pension, that he has resided in this State continuously since the 16 day of Jan 18 2-7 that he served in Company K of the 42 Regiment of Stevenson Brigade, and from our personal knowledge he was injured by the service as follows: (*give full statement, and tell in your own language when and how the injury happened, and how badly applicant is disabled from work. If he does any labor, or can do any, state what.*)

He contracted disease at Cumberland Gap and was sent home— He is wholly unable to work— Dr Parkerson an "A no 1 man" made a splendid soldier and is any man in Georgia is entitled to a pension, he is he was a strong and healthy man when he went out & honor with me. I am inclined to think that his service in the army was the commencement of his failing health

R J Maddox

We personally know above stated facts. We were with him in the army and have known him ever since. He was honorably discharged or retired from the service on 6th day of Sept 1862. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18 62. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this 23 day of December 1898
W. L. Calhoun
Ordinary.

R J Maddox
L P Thomas Jr
B F Parker

Note 1.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to the same.
2. Witnesses are asked to make their statements full and explicit.
3. All blank spaces must be filled when signed.
4. Three witnesses are required.

PHYSICIANS' AFFIDAVIT.

Form 3.

STATE OF GEORGIA,
Fulton County.

PERSONALLY comes before me W L Calhoun Ordinary of said County, C W Parker and C B Sewell, both known to me as reputable physicians of said county, who being severally sworn, say on oath, that they have carefully examined A M Parker and after such personal examination, say that the present condition of applicant is as follows:

He is suffering with Locamator Ataxia Gradually failing in the use of Muscles So that he is liable to fall anytime and does fall occasionally and that the condition is permanent.

We further say that said condition arises from the following facts:

He was attacked with Violent Cold while in Service and was sent home sick and has never been as stout since We both have known of his Condition

We have treated applicant professionally for One years, and his condition, as above stated, does not arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this 23 day of December 1898
W. L. Calhoun
Ordinary.

C W Parker M.D.
C B Sewell M.D.

Note 1.—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.
Note 3.—The physicians will be careful to fill every blank space in oath.

Form 4.

STATE OF GEORGIA,
Fulton COUNTY.

I, W. L. Calhoun, Ordinary of said County, do certify that I am well acquainted with A M Parker, 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, to-wit R J Maddox, L P Thomas, and B. F. Parker are persons of respectability, that their statements are worthy of full credit and belief and that the full text of the affidavit was read to and understood by them before they signed the same.

Given under my official signature and seal this 23 day of December 1898.

W. L. Calhoun
Ordinary. Fulton County.

We personally know above stated facts. We were with him in the army and have known him ever since. He was honorably discharged or retired from the service on 6th day of Sept 1862. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1888. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this 23 day of December 1897.

W. L. Calhoun
ORDINARY.

R. F. Madox
L. P. Thomas Sr
R. F. Walker

NOTE 1.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to the same.
2. Witnesses are asked to make their statements full and explicit.
3. All blank spaces must be filled when signed.
4. Three witnesses are required.

NOTE 3.—The physicians will be careful to fill every blank space in oath.

Form 4.

STATE OF GEORGIA,
Fulton COUNTY.

I, W. L. Calhoun, Ordinary of said County, do certify that I am well acquainted with A M Parker, 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, to-wit R J Madox, L P Thomas, and R. F. Walker are persons of respectability, that their statements are worthy of full credit and belief and that the full text of the affidavit was read to and understood by them before they signed the same.

Given under my official signature and seal this 23 day of December 1897.

W. L. Calhoun
Ordinary Fulton County.

301 Peters St.
Parker, A. M.
ACT 24th October, 1887.
No. Fulton Co

INVALID SOLDIER'S PENSION 1897.

Name A. M. Parker
County
Disability Void
Amount, $
1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Filed
Dec 31 1896

Pension Dept Jany 4 1897
The evidence going to show that the disabilities under which applicant suffers, ~~contracted~~ result from disease contracted in the service is not at all clear or satisfactory. His infirmities appear to be probably the result of old age - which is no ground for pension under the law on which this claim is based - as it requires that the disease must have originated in the service - If applicant through poverty & old age is unable to support himself he is entitled under Act 1894 -
Rich Johnson
Comr of Pensions

POWER OF ATTORNEY.

Form 5.

STATE OF GEORGIA,
COUNTY.

I, hereby authorize
of to receive and receipt for the pension allowed and
request that he remit same to
by at
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of 1897.

Executed in presence of:

[L. S.]

POWER OF ATTORNEY.

State of Georgia,
Fulton County.

I, A M Parker hereby authorize C W Parker
of Fulton
to receive and receipt for the pension paid hereon and request that he remit same to
me by hand
at my home

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of Jany 1898.

A M Parker [L. S.]

Executed in presence of
G. J. Dullas
Not Pub Fulton Co. Ga

Parker, A. M.
Fulton Co.
ACT OF 18 DEC., 1894.
(For These Already Enrolled.)
NO. 422

INDIGENT
SOLDIER'S PENSION,
1898.

Name A. M. Parker
County Fulton

WARRANT ISSUED
1/[illegible] 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Atty
GEO. W. HARRISON, STATE PRINTER, ATLANTA.
No Data.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears A. M. Parker 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 — 1822; that he is 76 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 6 Mos in Company K, of 42 th Regiment of Ga. Reg.; that his physical condition is as follows: Kidney trouble old and in firm.

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 15th day of January 1898. A. M. Parker

G. J. Dallas Ordinary.
Nor Pub Pulton Co Ga
M. Hulsey

State of Georgia,
Fulton County.

I, W. H. Hulsey Ordinary of said County, do certify that I am well acquainted with A. M. Parker the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1898.

Affix your seal here.

W. H. Hulsey
Ordinary Fulton County.

NOTE.—The blank spaces must be filled.

do certify that I am well acquainted with A. M. Parker the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1898.

Affix Notarial Seal Here.

Ordinary Fulton County.

NOTE.—The blank spaces must be filled.

NAME Parker, A.M. YEAR 1897 COUNTY Fulton

WHEN AND WHERE BORN? Morgan County Ga. January 16th. 1838.

ENLISTED WHEN AND WHERE? 6

RANK.

COMPANY AND REGIMENT? Co. K, 42nd. Regt. Ga. Vols.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Went home sick and the limit of the term expired before I returned.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. W.H. Durham, same command -- No date.

JWS

WHEN AND WHERE SURRENDERED? Went home sick and the limit of the term expired before I returned.

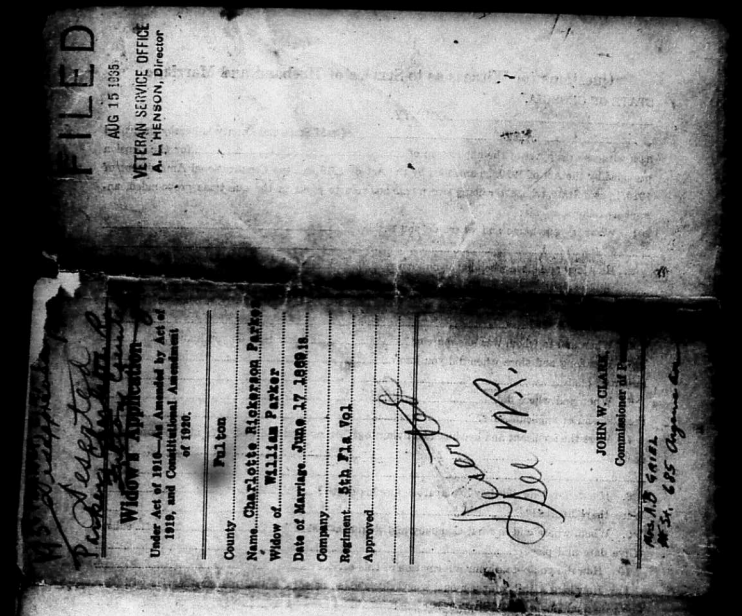
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. W.H. Durham, same command -- No data.

JWT



Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY.

I, Thomas H Jeffries, Ordinary of said County, do certify that I know Mrs. Charlotte Rickerson Parker 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 Annah Belle Wilcox the witness who swears to the ~~marriage~~ marriage; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 14 day of June, 1935

(SEAL OF ORDINARY) Thos H Jeffries, Ordinary.

of Fulton County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1881, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

FILED
AUG 15 1935
VETERAN SERVICE OFFICE
A. L. HENSON, Director

1935 Parker, C.R. Sec. approved 1935
Parker, Charlotte R.
Fulton County

Widow's Application

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

County Fulton
Name Charlotte Rickerson Parker
Widow of William Parker
Date of Marriage June 17 1869 18
Company
Regiment 5th Fla Vol
Approved

Jesse Hoff
Jesse W. R.

JOHN W. CLARK,
Commissioner of Pensions

Mrs. A.B. GRIEL
Sr. 685 Argonne Ave

Ordinary's Certificate

STATE OF GEORGIA,
Fulton COUNTY.

I, Thomas H Jeffries, Ordinary of said County, do certify that I know Mrs. Charlotte Rickerson Parker 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 Annah Belle Wilcox the witness who swears to the ~~service of husband~~ 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 official seal of office this 14 day of Aug 1935

(SEAL OF ORDINARY) Thos H Jeffries, Ordinary.
of Fulton County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1881, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

APPLICATION FOR PENSION BY A WIDOW

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,
Fulton COUNTY.

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

1. What is your name, and where do you reside? (Give Post Office and County) Mrs. Charlotte Rickerson Parker, 899 Greenwood Ave NE Atlanta Ga
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? All her life
3. When, where and to whom were you married? June 17, 1869, Coffey Co. Ga to William Parker
   a. Have you married since the death of first and soldier husband? no
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service, and give name of Colonel and Captain.) 5th Fla. Vol. at Sanford, Fla
5. When and where did the commands of your husband surrender or discharge from the Service? Dont know
6. Was your husband personally present with his command when it was surrendered or discharged? No
7. If he was not present, state specifically and clearly where he was? In prison in State of New York
8. When did he leave the Command? Latter part of 1864
   a. For what cause did he leave? Captured in State of Tenn
   b. By whose authority did he leave? Captured
   c. For how long was his leave of absence granted? In what way?
   e. What was his physical condition when he left his command? Dont know
   f. What effort did he make to return to his Command? Was in prison
   g. In what way was he prevented from going back to Command?
   h. Was he captured by the enemy at any time? See above
   i. If so, when and where? In what prison was he held and when was he released? At clowe of war
   j. When and where did your first husband die? July 27 1897 in Waycross Ga
   k. Were you residing together when he died? Waycross Ga. residing together
   l. If not, how long have you resided apart?
   m. Are you now a widow? yes
9. Have you or your husband heretofore been paid a pension by the State? no

If so, when and for what cause were you or your husband placed on the roll? Affiant knows of no living member of the company and regiment and cannot furnish proof of the service of her husband in the Confederate Army.

Sworn to and subscribed before me, this the 14 day of August, 1935

A S Ballister Ordinary
of Fulton County.
(SEAL OF ORDINARY)

+ Mrs Charlotte Parker
Applicant.

2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1881, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

the service of her husband in the Confederate Army.

Sworn to and subscribed before me, this the
14 day of August, 1935
C S Ballenger Ordinary
of Fulton County.
(SEAL OF ORDINARY)

+Mrs Charlotte Parker
Applicant.

STATE OF GEORGIA.
COUNTY OF FULTON.

Personally before the undersigned authority now comes Mrs. Anna Belle Wilcox, who upon oath says:

That she is the daughter of Mrs. Charlotte Rickerson Parker, and knows of her own personal knowledge that the said William Parker and Mrs. Charlotte Rickerson Parker resided together as husband and wife from the year 1878 until the date of the death of said William Parker in July 1897; that she has been informed and believes that her father and mother were married in the year 1869 and she knows of her own personal knowledge that they were residing together as husband and wife as early as the year 1878; that they so resided together until the year of his death in 1897; that her mother has not remarried since the death of her father and is now his lawful widow.

Sworn to and subscribed before me
this August 14, 1935

Annabelle Parker Wilcox

C S Ballenger
C C Ordinary Fulton County, Ga.

Questions for Witness as to Service of Husband and Marriage

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 Amendment of 1920, in said State, who, after being sworn true answers to make to the questions propounded, answer as follows, to-wit:

1. What is your name and where do you reside? .....

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?.....

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....., 192.....
....., Ordinary
of.....County.
(SEAL OF ORDINARY)

.....
(Witness)

.....day of....., 192.....

....., Ordinary

of.....County.

(SEAL OF ORDINARY)

.....

(Witness)

STATE OF GEORGIA.
COUNTY OF FULTON.

Personally before the undersigned authority now comes Mrs. Anna Belle Wilcox, who upon oath says:

That she is the daughter of William Parker and Mrs. Charlotte Ackerson Parker, and knows of her own personal knowledge that the said William Parker and Mrs. Charlotte Ackerson Parker resided together as husband and wife from the year 1876 until the date of the death of said William Parker in July 1897; that she has been informed and believes that her father and mother were married in the year 1869 and she knows of her own personal knowledge that they were residing together as husband and wife as early as the year 1878; that they so resided together until the year of his death in 1897; that her mother has not remarried since the death of her father and is now his lawful widow.

Sworn to and subscribed before me this August 14, 1935.

Anna Belle Parker Wilcox

C C Ordinary Fulton County, Ga.

Questions for Witness as to Service of Husband and Marriage

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 Amendment of 1920, in said State, who, after being sworn true answers to make to the questions propounded, answer as follows, to-wit:

1. What is your name and where do you reside? .....

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?.....

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....., 192.....

....., Ordinary

of.....County.

(SEAL OF ORDINARY)

.....

(Witness)

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....., 192.....
....., Ordinary
of.....County.
(SEAL OF ORDINARY)

.....
(Witness)

FULTON COUNTY



GEORGIA

THOMAS H. JEFFRIES
ORDINARY AND
Judge Court of Ordinary of Fulton County
ATLANTA, GA.

August 14, 1935.

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

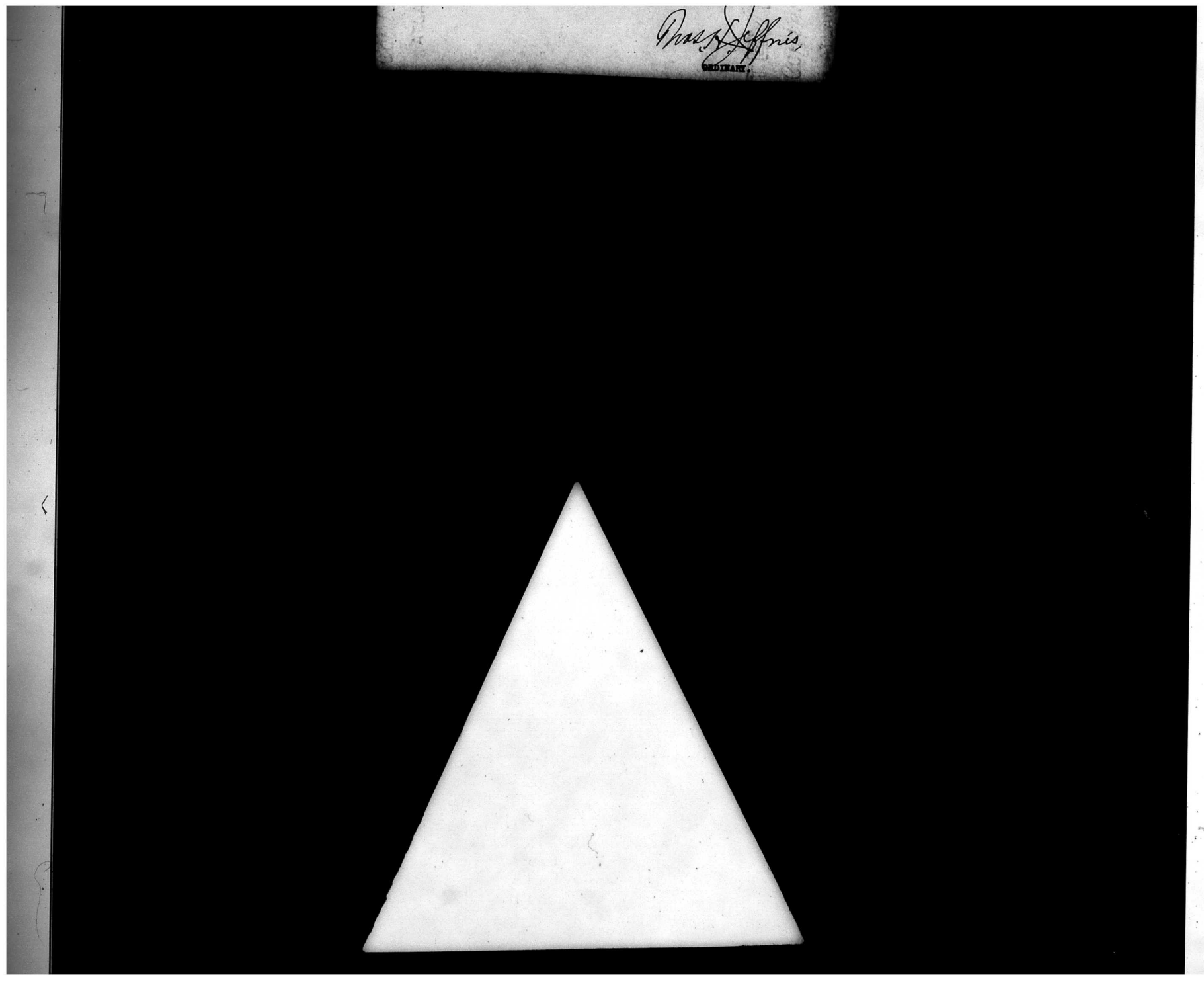
Dear Sir:

The enclosed application for Confederate Widow's pension was taken at the request of Mr. Askew, who, I understand, will furnish whatever additional proof may be needed as to the Veterans Service in the Confederate Army.

Very truly yours,

Thos. H. Jeffries

ORDINARY.



Parker, C. T.

Apr 1907

I-63 No.

INDIGENT PENSION.

1906

Name C. T. Parker

County Fulton

Co. D. 6 & Ga Regt.

Approved _____ 190_

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Franklin Printing and Publishing Co., Geo. W. Harrison, Mgr.
Atlanta, Georgia.

9/25/06

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ COUNTY. }

I, _____ of _____ hereby authorize

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

_____ by _____

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

_____ of _____

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

_____ at _____ by _____

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

_____ [L. S.]

Executed in presence of

_____

INDIGENT PENSION 1906

No. I-63

Name C. T. Parker

County Fulton Ga.

Post Office

JOHN W. LINDSEY, Ordinary of Fulton

WARRANT HANDED TO

Ordinary will write name of applicant, County and Post-office as indicated above.

Printing and Binding Furnished by W. H. Kennedy Co. Atlanta, Ga.

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Fulton COUNTY.

I, C. T. Parker 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.)
C. T. Parker, Atlanta, Ga. Fulton County

2. How long and since when have you been a resident of this State? Forty Eight Years; Since 1858

3. When and where were you born? Dec. 6th 1834, Walton County Ga

4. When and where and in what company and regiment did you enlist or serve? Shortly after the 1st Battle at Kingston Ga. in Complight 29th 63 Ga. Regt

5. How long did you remain in such company and regiment? Until April 1864, when I was permanently detailed as carriage Boy for the Secretary of War Mr Richmond Va, and assigned to duty, as such at that place until the close of the war

6. When and where was your company and regiment surrendered and discharged? I do not know. I was detailed as above stated

Every Question MUST Be Answered

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

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I left in April 1864, at Savannah Ga because of being detailed by authority of Secretary of War

9. How much can you earn (gross) per annum by your own exertions or labor? Not over average wages

10. What has been your occupation since 1865? Carpenter

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Age Infirmity 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? General breaking down incident to old age, and also the effects of chronic disease of the bone, Skin and Muscles.

13. What property, real and personal, or income, do you possess, and its gross value? Possibly one Hundred Dollars of personal property, My income or earnings

14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, by sale or gift, have you made of same? In 1903 I sold title to real estate valued at about six hundred dollars, which had been mortgaged since 1894, and was deposit of in 1904 to satisfy said claim

15. In what County did you reside during those years, and what property did you then return for taxation? I resided in Fulton Co. and returned the property mentioned above for taxation

16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905? Out of my income, expenses and debts by the assistance of 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? Cannot say to a cent. I think my own labor provided about 1/3

18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year? State fully and exactly your employment and as expenses. I do not remember

19. Have you a family? If so, who composes such family? Give their means of support. Have they a homestead, or other property? Their ages and how employed? Ted. Wife and one minor son, Age 16 69 years old and is house keeper for me. My son is 16 years of age and works in factory

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

22. How many applications have you ever made and under what class? Only one, under act approved Dec. 18th 1899

Sworn to and subscribed before me this the 7th day of Sept 1906

C. T. Parker
Applicant.

John W. Lindsey
Ordinary.

of Fulton County.

Sworn to and subscribed before me this the 20 day of Sept 1906 } C. T. Parker Applicant.
John R. Wilkinson Ordinary.
of Fulton County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Fulton COUNTY.

B. P. Parker of said State and County, having been presented as a witness in support of the application of C. T. Parker 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? B. P. Parker Atlanta Ga
2. Are you acquainted with C. T. Parker, the applicant: if so how long have you known him? Yes — for thirty three years
3. Where does he reside, and how long and since when has he been a resident of this State? Atlanta Ga in Ga ever since I have known him
4. When, where and in what company and regiment did he enlist, and how do you know? I dont know
5. Were you a member of the same company and regiment? No
6. How long did he perform regular military duty? I do not know
7. When and where was his command surrendered? I do not know
8. Were you present when it surrendered? No
9. Was applicant present? I do not know
10. If he was not present, where was he? I do not know

When did he leave his command? dont know For what cause? dont know

By what authority he left? dont know How do you know all of this? I know all that I do know from intimate personal association with him for the last thirty three years

11. What property, effects or income has the applicant? (Give your means of knowledge.) None at all I know this from being conversant with all his affairs for the last 14 years
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same? In 1901-1902 & 1903 he paid taxes on house & lot valued at about $600 said property was mortgaged by him in 1894 and was disposed of in 1904 to satisfy mortgage and other debts
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? The above mentioned property to Parks
14. What is the applicant's occupation and physical condition? Carpenter but on account of age and a complication of diseases is not able to earn wages ~~support himself by labor because~~
15. Is the applicant unable to support himself by labor of any sort; if so, why? He is unable to support himself by labor because of his age and diseased physical condition
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? Partly by his own exertions and the assistance of his relatives
17. What portion of his support for these four years was derived from his own labor or income? I suppose about one third!
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code Chronic, Bone, Muscle and skin disease together with dispeptic or indigestion
19. Who composes family? What property have they? Children's ages and their earning capacity? A wife and one son 16 years old who works in factory earning about 75 cts a day. No property
20. What interest have you in the recovery of a pension by this applicant? No financial interest

Sworn to and subscribed before me, this the 20 day of Sept 1906 } B. P. Parker (3) Witness.
John R. Wilkinson Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Fulton COUNTY.

Personally came before me Drs T. H. Cox and George A. Doss, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mr. C. T. Parker, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Enlargement of bones of right leg, Eczematous condition of hands, feet, legs, varicose, Rheumatic condition of right shoulder, inability to raise hand & arm on right side, Indigestion, belching of food etc. & general inability to make support of family

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

Sworn to and subscribed before me, this the 20th day of Sept 1906 } Thomas H. Cox M.D. Geo. A. Doss M.D.
John R. Wilkinson Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Fulton COUNTY.

I, J. R. Wilkinson Ordinary, in and for said County, hereby certify that the applicant C. T. Parker resides in said County, and has been a bona fide resident of this State since the _____ day of _____ 189__ and that the witnesses, viz.: B. P. Parker are of trustworthy character, and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions the applicant and each witness took the oath 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 24 day of Sept 1906
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 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.

Sworn to and subscribed before me, this the 20 day of Sept 190 6

John P Ribelkinos Ordinary.

B P Parker (9)
Witness.

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

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Floyd COUNTY.

G B Loveless of said State and County, having been presented as a witness in support of the application of C S Parker 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? G B Loveless Floyd Co Georgia
2. Are you acquainted with C S Parker, the applicant; if so how long have you known him? Since 1863
3. Where does he reside, and how long and since when has he been a resident of this State? Dont Know
4. When, where and in what company and regiment did he enlist, and how do you know? Co A 63d Ga Regiment became of Same Co a Mentioned
5. Were you a member of the same company and regiment? Yes
6. How long did he peform regular military duty? I Knew of his Service from Aug 1863 Till July 1864
7. When and where was his command surrendered? I dont Know
8. Were you present when it surrendered? No
9. Was applicant present? I dont Know
10. If he was not present, where was he? I dont Know
11. When did he leave his command? April 1864 For what cause? Because he was detailed on Service By what authority he left? By Authority of Sec of War How do you know all of this? I Know it by reason of Having been detailed on Same Service by Same Authority at the Same and ordered to report at the Military Dep of Ga
12. What property, effects or income has the applicant? (Give your means of knowledge.) Dont Kno
13. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same? Dont Know
14. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? Dont Know
15. What is the applicant's occupation and physical condition? Age & Infirmity
16. Is the applicant unable to support himself by labor of any sort; if so, why? Dont Know Suppose not
17. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? Dont Know
18. What portion of his support for these four years was derived from his own labor or income? Dont Know
19. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code Dont Know
20. Who composes family? What property have they? Children's ages and their earning capacity? Dont Know
21. What interest have you in the recovery of a pension by this applicant? None whatever

Sworn to and subscribed before me, this the 22nd day of Sept 1906

G B Loveless Witness

John P Davis Ordinary. I do Certify that G B Loveless is of trustworthy Character and entitled to full faith and Credit. Given under my hand and Seal. Sept 22nd 1906 John P Davis Ordinary

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

Sworn to and subscribed before me, this the 22nd day of Sept. 1906 — G B Loveless, Witness.

John F Davis, Ordinary. I do certify that G B Loveless is a man of trustworthy Character and entitled to full faith and credit. Given under my hand and seal. Sept 22nd 1906 — John F Davis Ordinary

QUESTIONS FOR WITNESS.

STATE OF GEORGIA, Barrow County.

R W Murphy of said State and County, having been presented as a witness in support of the application of W. T. Carter for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? R.W. Murphy, Reside at Jefferson Jackson County Ga
2. Are you acquainted with Wm T Carter the applicant: if so how long have you known him? Since January 1865 to the Present Day
3. Where does he reside, and how long and since when has he been a resident of this State? about forty one years
4. When, where and in what company and regiment did he enlist, and how do you know? I only know as applicant has stated about as near as I can recollect
5. Were you a member of the same company and regiment? I was not
6. How long did he perform regular military duty? My self and him was both
7. When and where was his command surrendered? I do not Know he and I were surrendered at Kingston Ga May 20th 1865
8. Were you present when it surrendered? I was at Kingston Ga
9. Was applicant present? He was.
10. If he was not present, where was he? —

When did he leave his command? in April 1865 For what cause? on furlough

By what authority he left? The Secretary of War Genl How do you know all of this? I have seen his papers and he told me.

11. What property, effects or income has the applicant? (Give your [illegible] of knowledge.) None
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same? I do not Know
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? I do not Know
14. What is the applicant's occupation and physical condition? He is a mechanic.
15. Is the applicant unable to support himself by labor of any sort; if so, why? He is
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? by his Sons and [illegible] where he came from
17. What portion of his support for these four years was derived from his own labor or income? I do not Know but 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 He is old and broken down as you might say but his [illegible]
19. Who composes family? What property have they? Children's ages and their earning capacity? His wife and one son 16 years old

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

Sworn to and subscribed before me, this the 22nd day of June 1906 — R.W. Murphy, Witness.

Geo. F. Davis, Ordinary. I Certify that R W Murphy is a man of trustworthy Character and that he is entitled to the foregoing answers [illegible] Geo. F. Davis Ordinary

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

Sworn to and subscribed before me, this the 22nd day of Sept 1906

R. W. Murphey Witness.

Geo. Hendricks Ordinary.

I certify that R. W. Murphey is a man of Trustworthy character and that he read and understood the foregoing answers before me [illegible] 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 _____ 1907.

_____ [L. S.]

Executed in presence of

_____

Parker C.F.
Fulton Co.

Cross Reference 1894.
(FOR THOSE ALREADY ENROLLED)

No. 406

INDIGENT
SOLDIER'S PENSION
1907.

Name L. T. Parker
County Fulton.
Co. I Regiment 65th Ga

WARRANT ISSUED 1/16 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Edmond, Tax Receiver, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
Fulton. **County.**

Personally appears C. T. Parker 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 57; that he is 72 years old and by occupation a ____ that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 12 mos in Company F, of 63 th Regiment of Ga.; that his physical condition is as follows: Age & poverty

that his property consists of the following items: ____

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

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

Sworn to and subscribed before me, this the ____ day of JAN 2- 1907. C. T. his mark Parker

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 C. T. Parker the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

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

John R. Wilkinson.
Ordinary. Fulton. County.

Affix PROPER seal here

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

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

GEORGIA, Fulton County.

I, Thos H Jeffries, Ordinary of said county, do certify that I personally know Sallie E Parker, the applicant, and that she is the lawful widow of C T Parker, and was on the Indigent Pension Roll of said Fulton county, and was paid a Pension from Fulton county for 1916, and at the time of his death on the 11 day of January 1917, there was due to him and unpaid his Pension of Seventy Dollars from the State of Georgia, and I know D E Green, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 21 day of Feby 1917

Thos H Jeffries Ordinary,
Fulton County.

Parker, C.T.
Fulton County
No.
1917

Application for Pension Due Deceased Soldier
UNDER ACT 1891
To be paid his Widow or Dependent Children
BY
Mrs. S.E. Parker
Widow of C.T. Parker
of Fulton County
Co. Regt. Vols.

Approved and paid
1917.
J. W. LINDSEY,
Commissioner of Pensions.

GEORGIA, Fulton County.

I hereby authorize and constitute Mrs J T Parker of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 1917, through my deceased husband, C. T. Parker, who was on Indigent Pension Roll and paid from Fulton Co for 1916

Witness my hand this 11 day of Feby 1917

Attested before me:
Arthur R Marbut } Mrs Sallie E. Parker
CCO

Attested before me:
Arthur R Marbut } Mrs Sallie E. Parker
CCO

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. Sallie E. Parker, of said county, after being duly sworn, on oath says that she is the widow of C. T. Parker 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 1916, and that the said C. T. Parker died in Fulton county on the 21 day of January, 1917, and at the time of his death a Pension of $70.00 was due him from Fulton county and unpaid for 1917. Applicant further swears that she married the said C. T. Parker on the 17 day of November, 1865, in Barton 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 21 day of February, 1917.

Arthur R Marbut, Ordinary. | Mrs Sallie E. Parker (L. S.)
Fulton County.

AFFIDAVIT OF WITNESS.

GEORGIA, Fulton County.

Personally before me comes D. E. Green, who on oath says that he knew C. T. Parker while in life and that he knows Mrs Sallie E. Parker the above applicant; that he knows that the said C. T. Parker and Mrs Sallie E. Green ~~were in due form of law married in the county of~~ lived together as man and wife for more than forty years ~~in the State of~~ ~~on the~~ ~~day of~~ ~~, 18~~, and that they resided together as husband and wife from date of marriage to the day of his death on the 21st day of January, 1917, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 21 day of February, 1917.

Arthur R Marbut CC, Ordinary. | D. E. Green
Fulton County.

Note 1st—This form can be used by guardian or minor children where there is no widow.
2d—Ordinary must send in all cases certified copy of marriage license attached.

the ..... day of ....., 18..., and that they resided together as husband and wife from date of marriage to the day of his death on the 21st day of January, 1917, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 21 day of February, 1917.

Arthur R Marlett, Ordinary.
Fulton County.

D. S. Green

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.

NAME Parker, C. T. YEAR 1907 COUNTY Fulton

WHEN AND WHERE BORN? December 6, 1834 - Wallingford Court
Resident of Georgia since 1838

ENLISTED WHEN AND WHERE? May 1, 1863 - Kingston, Georgia

RANK.

COMPANY AND REGIMENT? Company I, 63rd Ga. Regiment

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Does not state when or where command surrendered.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? April 1864 permanently detailed as courier by Secretary of War at Richmond, Virginia, and assigned to duty as such at Headquarters Military District of Georgia. Left command at Savannah, Georgia.

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. G. B. Loveless - same command -- No data.
1w R. W. Murphey - Personal knowledge

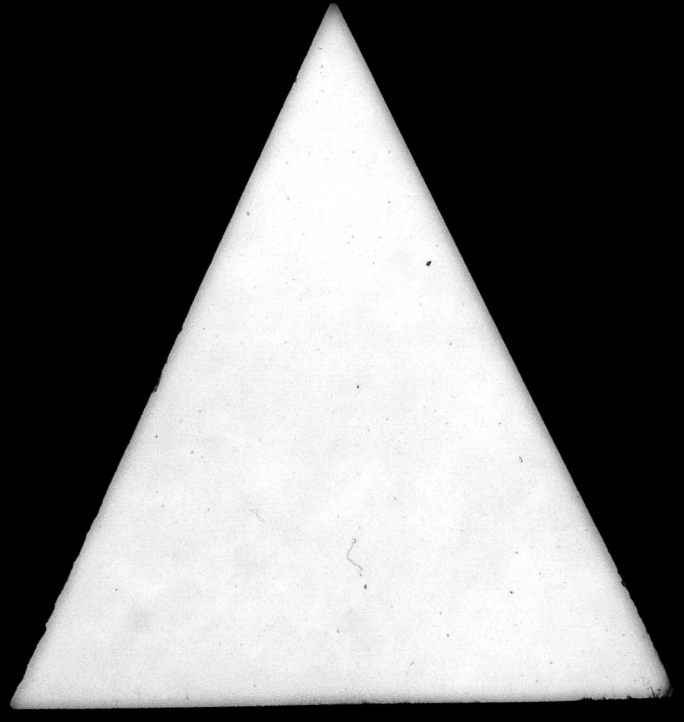
WHEN AND WHERE SURRENDERED? Does not state when or where command surrendered.

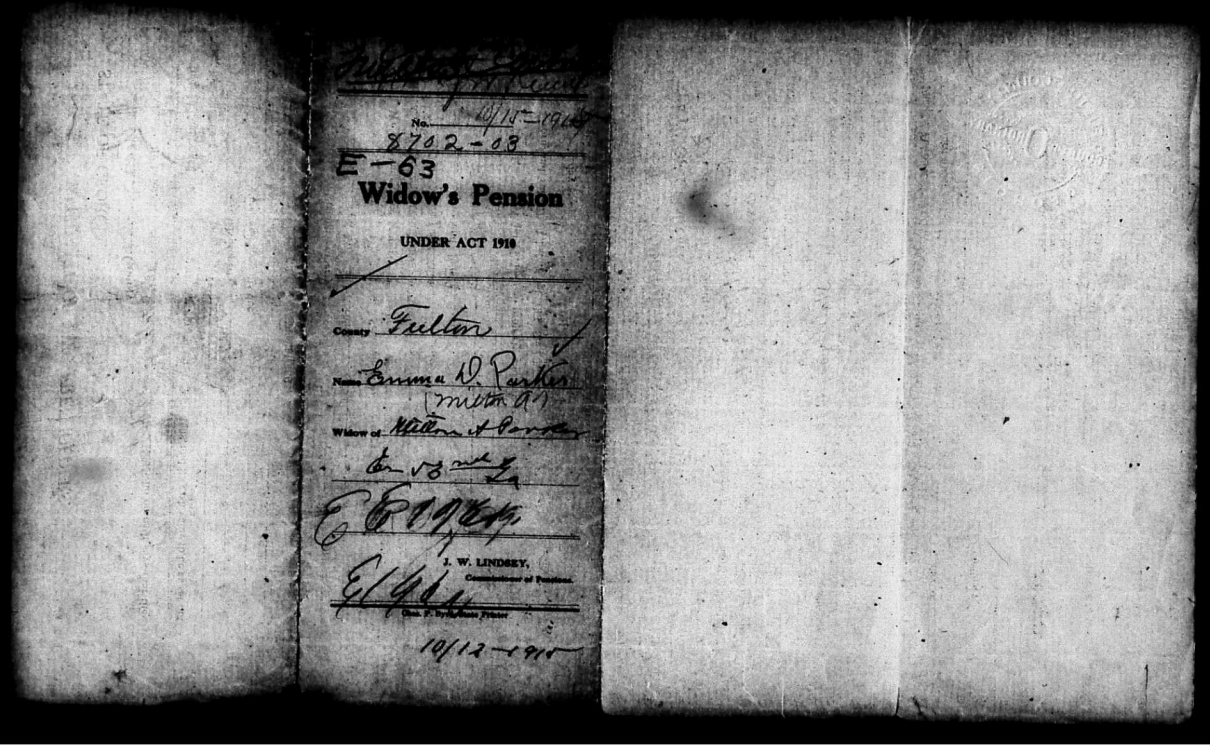
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? April 1864 permanently detailed as courier by Secretary of War at Richmond, Virginia, and assigned to duty as such at Headquarters Military District of Georgia, [illegible] command at Savannah, Georgia.

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. G. B. Loveless - same command -- No date.
2w R. W. Murphey - Personal knowledge





[illegible]

No. 10/15-1915

8702-03

E-63

Widow's Pension

UNDER ACT 1910

County Fulton

Name Emma D. Parker
(Milton A.)

Widow of Milton A. Parker

Em 53rd Ga

E 1 [illegible]

J. W. LINDSEY,
Commissioner of Pensions.

E 1 [illegible]

Chas. P. Byrd, State Printer

10/12-1915

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

STATE OF GEORGIA,
Fulton County.

Personally before me comes Emma D. Parker 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? Emma D. Parker, 499 Central Ave Atlanta Ga
2. How long and since when have you been a continuing resident of the State of Georgia? since birth November 9, 1846
3. When, where and to whom were you married? October 24, 1860, at Social Circle, Georgia to Milton A. Parker
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 3, 1862 Covington Ga. Co E. 53rd Ga. Infantry Regt.
5. When and where did the Commands of your husband surrender or discharge from the army? Surrendered at Appomattox, 1865
6. Was your husband personally present at the time of the surrender or discharge of this Command? No
7. If he was not present state clearly where he was? In prison Johnsons Island
8. Where was his command when he left? in Virginia
   a. For what cause did he leave his Command? Captured
   b. By whose authority did he leave his Command? —
   c. For how long was he granted leave of absence? —
   e. What was his physical condition when he left his Command? —
   f. What effort did he make to return to his Command? —
   g. In what way was he prevented from going back to Command? Prisoner
   h. Was he captured by the enemy at any time? Yes
   i. If so, when and where captured and where held as a prisoner and when and for what cause released? May 6, 1864 [illegible] held as prisoner at Johnsons Island, released at end of war
   j. When and where did your husband die? Atlanta Ga. December 25, 1898.
   k. Were you residing together when he died? Yes
   l. If not, how long had you resided apart? —
9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908? (State same by items.) None
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) None
11. What property of any description of any value have you now? None
Give list and cash value —
12. What are your annual earnings or income from any source and their value? None
13. Have you or your husband heretofore been paid a pension by the State? No.
If so, when and for what cause were you or your husband placed on the Roll? —

Sworn to and subscribed before me this the 18 day of June 1915
Emma D. Parker
Arthur R. Marchant Ordinary.
of Fulton County.

Emma D. Parker
Milton A. Parker
No. 8702-03
E-63
Widow's Pension
UNDER ACT 1910
County Fulton
Name Emma D. Parker (Milton A.)
Widow of Milton A. Parker
Co. E 53rd Ga
E 6 1964
J. W. LINDSEY, Commissioner of Pensions.
Chas. F. Byrd, State Printer
10/12-1915

Sworn to and subscribed before me this the 18 day of June 1915
Wm. H. Markham Ordinary.
of Fulton County.

Emma D. Parker

Do not copy
Not same Command

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

STATE OF GEORGIA,
Fulton County.

Personally before me comes George Hellyer 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? Geo Hellyer 548 West Peachtree Atlanta Ga
2. How long and since when have you known Mrs Emma D Parker applicant? Since you
3. How long and since when has she continuously resided in this State? (Give date.) I found Emma in appearance in Walton Co Ga in 1860. If she ever lived out of Ga I never heard of it.
4. When and to whom was she married? M A Parker How do you know? Witnessed the marriage
5. How long and since when did you know M A Parker her late husband? Since prior to 1860 in the county of Walton Ga and Carroll Co of which County
6. When and where did from the said the husband of Applicant die? I do not know as to this personally
7. Were the applicant and her husband living together as husband and wife at the date of his death? I have no doubt of it
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 the said M A Parker enlist? I have heard Judge Wilson to made a Jim record in the 5th 3rd Ga as he did not go with our into the 9th Ga Regt
10. Were you a member of the same Company? 2nd 5th & 9th same above
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? Have no personal knowledge but in 9th same above
12. When and where did his Command surrender, and was discharged? do not know
13. Were you personally present when it was surrendered? No If not where were you and how came you there? I was Com Hellyers Battalion in Ga at close of the War
14. Was the husband of applicant personally present at surrender? If not where was he? when, where and for what cause did he leave Command? (Give date.) By whose authority did he leave his Command? and how long was he granted leave? How do you know all this? Have no personal knowledge in 9th same 14, 15, 16. But from his high personal character I do not doubt that all was true as to these
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 17 day of June 1915
W H Stanmire Ordinary.
N. P. F. Co. Fulton County.

Geo Hellyer

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Fulton County.

Personally before me comes J. W. Stallings and C. H. Sims who on oath says that they are freeholders of said County and that they know Emma D. Parker 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 15 day of June 1915
Thos H Jeffries Ordinary.
of Fulton County.

J. W. Stallings
C. H. Sims

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Fulton County.

I, Thos H Jeffries Ordinary of said County do certify that, I know Emma D. Parker 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 Geo Hellyer the witness who swears to the service of husband, and J. W. Stallings & C. H. Sims 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 Returned for Tax is for 1908 $ None for 1910 $ None for 1911 $ None for 1912 $ None for 1913 $ None

Sworn under my hand and official seal of office this 17th day of Oct 1915

(SEAL.)

Thos H Jeffries 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.
4 All affidavits must be made before the Ordinary.
3 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.

were you _____ and how came you there? [illegible] Hillyer Battalion in Ga. at close of the War

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

Have no personal knowledge to aug 14, 15, 16. But from his high personal character, do not doubt that all was & is favorable as to these.

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 17 day of June 1915

Geo Hillyer

W H Stamm ~~Ordinary~~

of N. P. F. Co. Fulton County.

[illegible] County.

I, Thos H Jeffries Ordinary of said County do certify that, I know Emma D. Parker 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 Geo Hillyer the witness who swears to the service of husband, and J. W. Stallings & C. H. Sims 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 Returned for Tax is for 1908 $ None for 1910 $ None for 1911 $ None for 1912 $ None for 1913 $ None

Sworn under my hand and official seal of office this 7th day of Oct 1915

(SEAL.)

Thos H Jeffries 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.
4 All affidavits must be made before the Ordinary.
3 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.

Parker, Frances
Fulton County
OK for 1905

No.

WIDOW'S INDIGENT PENSION. 1902.

Name Mrs. Frances Parker
County Fulton
Widow of Amos
Co D 57th Ala

Approved 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

1902

[illegible] State Printer, Atlanta.

5/8-1903
12/22/03.

J. W. [illegible]
Com. Of Pensions

ORDINARY'S CERTIFICATE

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 _____ 190__

Executed in presence of

_____ Ordinary,
_____ County,

_____ L. S.

SEAL

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 _____ 190__

Executed in presence of

_____ Ordinary, _____ L. S.
_____ County,

SEAL

WIDOW'S INDIGENT PENSION. 1902.

Parker, Frances
Fulton County
Ga. Feb 13

No.

Mrs Frances Parker
Fulton County
Ga

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Fulton County.

Mrs. Frances Parker 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)
Frances Parker 226 Ivy Street Atlanta Ga

2. How long and since when have you been a resident of this State?
1893 to the present date

3. When and where were you born? Hamburg S.C. May 17th 1834

4. When and where was your husband born—state his full name, and when were you and he married?
Amos Parker was born Butts Co Ga. we married Sept 1st 1849 Russell County Ala in 1827

5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States?
57th Ala Regiment Comp. A.
February 1863 Texas Ala

X 6. How long did your husband serve in said Company and Regiment?
1 Year 4 5 months
February 1863 to July 26 1864

X 7. When and where did your husband's Company and Regiment surrender and was discharged?
April 26th 1864 - Battle Blackburn Creek Ga

8. Was your husband present at the time and place when his Company and Regiment surrendered?
Was sick at Home (On furlough)

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?
was at home on account of wound Got which he received during the War. On furlough

10. When and where did your husband die?
Ozark Ala July 1891.

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 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?
* Since the death of my husband I have been supported by my * Daughter with whom I now live and have lived since 1891.

13. What has been your occupation since your husband's death?
none

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?
I have no Property — no Income of any kind

16. What property, real or personal, did you possess at death of husband or he left you, and of the years 1899, 1900, 1901, and what disposition, if any, by sale or gift, have you made of the same?
My husband did not leave me any Property nor Effects.

17. In what counties did you reside in 1899, 1900 and 1901, and what property did you return for taxation?
Fulton Co. Ga since 1893 no Property

18. How have you been supported since death of husband, and especially for 1899, 1900 and 1901?
* during the Last 7 years not more than $100 per Year working during the Year

19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income?
I did not contribute anything

20. What was your employment during 1899, 1900 and 1901—how much did you receive for each year?
None — Live with my daughter.

21. Have you a family? If so, who composes such family? Give their means of support? Have they any lands or other property?
4 Children all married (have land and some but never [illegible])

22. Have you ever made application for pension before?
Yes

23. How many applications have you made for a Pension, and under what class?
One only —

Sworn to and subscribed before me this 5th day of May 1902

James R Wilkinson Ordinary, of Fulton County.

× Mrs Frances Parker

Sworn to and subscribed before me this 5th day of May 1903 } x Mrs Frances Parker
John R Wilkinson Ordinary,
of Fulton County.

****LIGHT PRINT AND. OR BAD COPY ****

QUESTIONS FOR WITNESSES.

STATE OF ~~GEORGIA~~ Alabama,
Dale County.

W. P. Windham, of said State and County, having been presented as a witness in support of the Application of Mrs. Frances Parker for a Pension under the Act of 1900, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? W P Windham Ozark Ala
2. Are you acquainted with the applicant, Mrs. Frances Parker
If so, how long have you known her? Since 1861
3. Where does she reside, and how long and since when has she been a resident of this State? from 1861 to 1891 Ozark Ala since 1891 Atlanta Ga
4. When and where was she born? I do not know of my own knowledge
5. Were you ever acquainted with her husband? Yes
6. Where did he reside in 1861? Ozark Ala
7. When and to whom was he married? Francis Adams
8. When and where was he born? Butts Co Ga In 1827
9. How long have you known him? Since 1861
10. When and where did Amos Parker enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? Feb 1863. Troy Ala Co D 57. Ala. I know this by being a member of Same Co & Regmt.
11. Were you a member of the same Company and Regiment? Yes I was
12. How long did he perform regular military duty? from date of enlistment to July 20 1864
13. When and where was his Company and Regiment surrendered and discharged from service? April 26 1865 at Greenbrough North Carolina
14. Were you with the Command when it surrendered? I was
15. Was Amos Parker the husband of applicant present? he was not was in Hospital at the time
16. If not present, where was he? in Montgomery Hospital
17. When and where did he leave his Command? July 20 1864 at Battle of Peach Tree Creek Ga
For what cause? He was wounded in said Battle
By whose authority he left? by authority of his Officers
How do you know all this? (State fully and clearly.) I was Orderly Sergt of said Co D 57 Ala Regt and know all about it and I was such Officer at the surrender April 26 1864
18. When and where did Amos Parker die? July 31st 1891 in Bark Ala.
19. Where did he reside at his death and how long had he been a resident of [illegible] at his death? Ozark Ala since 1854 - 37 Years
20. Do you of your own knowledge know that applicant is the lawful widow of Amos Parker Yes
21. Has she remained unmarried since her soldier husband's death, and is now his widow? Yes
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? She has no Property to my own knowledge and she receives no income
23. What property, effects or income did applicant possess in 1899 and 1900, and what disposition did she make of it? no property, no income does she has
24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom? She has not.
25. What is applicant's physical condition and her chances and ability to earn a support? Aged and feeble, unable to earn any part of a support.
26. Is applicant able to earn a support at labor of any sort, if not, why? No because of age and feebleness of health
27. How was she supported for 1899, 1900 and 1901? by her daughter in Atlanta Ga
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? as stated above she is an Old Lady, and in feeble health
30. What interest have you in the recovery of this pension by the applicant? none whatever.

Sworn to and subscribed before me this 22 day of Dec 22 1902
G P Dowling Probate Judge Ordinary,
Dale Ala County.

W. P. Windham
Witnesses.

AFFIDAVITS OF PHYSICIANS.

STATE OF GEORGIA,
Fulton County.

Personally before me comes Mrs Frances Parker and T. W. Willett & L. H. Reid, both known to me to be reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mrs. Frances Parker, applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this weak and in form and general senior ability unable to support herself &c

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 9th day of March 1903
John R Wilkinson Ordinary,
County.

T. W. Willett M.D.
Louis H. Reid M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Fulton County.

I, John R Wilkinson Ordinary in and for said County, hereby certify that the applicant, Mrs. Frances Parker resides in said County, and has been a bona fide resident of this State since the day of 1893, and that the witnesses, Mr. 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 dollars worth of property, and in 1900 and 1901 dollars worth of property.

Witness my hand and official seal this 6th day of May 1903

SEAL.

John R Wilkinson Ordinary,
Fulton County.

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

24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom? She has not.

25. What is applicant's physical condition and her chances and ability to earn a support?

Aged and feeble, unable to earn any [illegible] of a support.

SEAL. [illegible] 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 27th April, 1905, 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 _____ 1905.

_____ [L. S.]

Executed in presence of

_____

Parker, Frances (Mrs)
Fulton County

To Those Heretofore Paid.

1905.

No. 101

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO Mrs Francis Parker

OF

Fulton. County,

Widow of Amos Parker

Co. D. 57th Ga. Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 1/20 1905.

AND HANDED TO [illegible]

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GEO. W. HARRISON, MANAGER, FOR STATE PRINTER.

Form No. 2

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of Fulton.

PERSONALLY COMES MRS. Francis Parker

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 ~~Feb~~ 1890. That she is the Widow of Amos Parker who was a soldier in Company D of the 57th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of 1863, and served in the Army up to 18 Mos. 186__. That he died on the ____ day of ____ 1891.

age and 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 1848

I have been allowed an Indigent pension as a resident of Fulton. County, under Act 1900, for the year ~~1904~~ 1905, 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.
John R. Wilkinson Ordinary.

Francis Parker
Post-Office ____

State of Georgia,
Fulton. County.

I, John R. Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. Francis Parker, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the ____ day of ____ 18__

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

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

_____

Parker Frances
Fulton County

To Those Heretofore Paid.

1906.

No. 195

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO

Mrs. Frances Parker

OF

Fulton County,

Widow of Amos Parker

Co. D 57th Ga. Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/12 1906,

AND HANDED TO

[illegible]

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

_____

Parker Frances
Fulton Co

To Those Heretofore Paid.

1907.

No. 217

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO

Mrs. Frances Parker

OF

Fulton County,

Widow of Amos Parker

Co. D 57th Ga. Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/12 1907.

AND HANDED TO

[illegible]

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Form No. 2.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Fulton. } Personally comes Mrs. Frances Parker

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 14 years. That she is the Widow of Amos Parker who was a soldier in Company D. of the 57th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of 1863, and served in the Army up to served 18 mos. 186[illegible]. That he died on the 21 day of July 18[illegible]

Age and 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 18[illegible]

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 JAN 1 1906. John R. Wilkinson, Ordinary.

Frances Parker

Post Office

State of Georgia, Fulton. County. } I, John R. Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. Frances Parker, 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.

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.

1907
12
95

Form No. 2.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Fulton. } Personally comes Mrs. Frances Parker

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 1895 That she is the Widow of Amos Parker who was a soldier in Company D. of the 57. Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of 1863, and served in the Army up to for 18 mos. 186[illegible]. That he died on the day of 1891

Age and 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 18 78

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

Frances her X mark Parker

Post Office

State of Georgia, Fulton. County. } I, John R. Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. Frances Parker, 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 94

Given under my official signature and seal, this the 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.

Official Seal

Ordinary of Fulton County.

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

Official Seal

Ordinary of Fulton County.

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

The State of Alabama } In the matter of the
Dale County } Application for pension.

Of Mrs Francis Parker of the County of Fulton State of Georgia, Widow of Amos Parker of Co. "D" 57th Ala Regiment. Personally appeared before me, Judge of the Probate Court of the County of Dale, State of Alabama duly authorized to administer oaths. W. P. Windham, whose Post Office address is Ozark, Dale County, Ala. who being duly sworn declares in relation to said Case as follows: that Amos Parker was a member of said Co. "D" 57th Ala Regiment that he enlisted in said Co in Feby. 1863. that on the 20th day of July, 1864 he was seriously wounded at the Battle of Peach tree Creek, in the state of Georgia, that said wound was of such nature, that he was unable to perform further service in the war & was in Hospital where he remained, until the surrender of his Co, at Greensborough, North Carolina, on the 26th day of April 1865. that he knows of the facts, to which he testifies, by reason of being Orderly Sergeant of said Co. "D" of the 57th Ala Regiment and was as such informed of the whereabout of every living member of the said Co and that he has no interest in said Case, and not concerned in any way.

W. P. Windham.

Sworn to and subscribed before me, on this the 30th day of November, A.D. 1903. Under seal of Office.

G. P. Dowling
Judge of Probate
Dale County, Alabama.

day of April 1865. that he knows of the facts, to
which he testifies, by reason of being
Orderly Serjeant of said Co. D. of the 57th Ala
Regiment, and has as such, informed of the
whereabout of every living member of the said
Co. and that he has no interest in said
case, and not concerned, in any way.

W. P. Windham

Sworn to and subscribed before me, on this the 30th
day of November, A.D. 1903. Under seal of Office.

G. P. Dowling

Judge of Probate,
Dale County, Alabama.

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 _____

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

_____ [L.S.]

Executed in presence of

_____

_____

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, _____ COUNTY.

_____

_____

_____

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

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

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

_____ [L. S.]

Executed in presence of _____

Parker John A. Fulton County

No. _____

INDIGENT PENSION, 1901.

Name John A. Parker

County Fulton

Co. Co. 1. 52 ml Reg'm't

Approved _____ 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

1901 Company will write Name of Applicant, Company Regiment on back as indicated above.

Geo. W. Harrison, State Printer, Atlanta.

Questions for Applicant.

STATE OF GEORGIA,
Fulton County.

I John A. Parker 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) John A. Parker Fulton Atlanta
2. How long and since when have you been a resident of this State? Fifty Two years
3. When and where were you born? 1831 July 10th Macon County N.C.
4. When and where and in what company and regiment did you enlist or serve? Captain of Company (D) 52 Regiment Georgia Volunteers Dahlonega Ga.
5. How long did you remain in such company and regiment? March 2nd until October 1st 1862
6. When and where was your company and regiment surrendered and discharged? I was not present
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? Cronic Diorhea by Resignation on account of sickness. [illegible] Tennis
9. How much can you earn (gross) per annum by your own exertions or labor? Nothing
10. What has been your occupation since 1865? Farming Mining & Merchandising
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 not been able to work since 1896
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, 1899 and 1900 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? Fulton Co. None
16. How were you supported during the years 1899 and 1900? by what ever I could procure from Relatives & friends
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? I have contributed Nothing
18. What was your employment during 1898 and 1899? What pay did you receive in each year? I did nothing as I was not able to work & contributed from friends & Relatives
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? No family but my self. I have two Sons One Married Neither one have a Homestead.
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 but this

Sworn to and subscribed before me this the 10th day of July 1901.

John A. Parker
Applicant.

John Huff Ordinary,
ul _____ County.

Every Question MUST be Answered.

No. INDIGENT 19

Name John A. Parker

County Sumter Co. 62

Approved

JOHN T

WARREN

Sworn to and subscribed before me this the 10th day of July 1901. John A. Parker Applicant.

John Huff Ordinary,

of County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Sumpkin COUNTY.

J. W. Woodward & W. C. Thomas of said State and County, having been presented, as a witness in support of the application of John A. Parker 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. W. Woodward and W. C. Thomas

2. Are you acquainted with John A. Parker the applicant; if so, how long have you known him? 56 years

3. Where does he reside, and how long and since when has he been a resident of this State? 52 years

4. When, where and in what company and regiment did he enlist, and how do you know? Co. B. 52 Ind Ga Mtn. 1862 elected Orderly

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

6. How long did he perform regular military duty? about 6 months

7. When and where was his command surrendered? at Gainsboro N. C.

8. Were you present when it surrendered? We were not

9. Was applicant present? He was not

10. If he was not present, where was he? Home under Dr. Pinkston duty. When did he leave his command? Oct 1862 for what cause? Sickness By what authority he left? By Resignation How do you know all of this? We were with the 52nd Ga

11. What property, effects or income has the applicant? (Give your means of knowledge.) He lost all his property and had nothing

12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899 and 1900, 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? He had nothing

14. What is the applicant's occupation and physical condition? He is old and too infeebled to earn a living

15. Is the applicant unable to support himself by labor of any sort, if so, why? Because of old age and infirmity

16. How was he supported during the years 1898, 1899 and 1900? By what he could get from friends and relatives

17. What portion of his support for these three 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 80 years old and can't work

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

Sworn to and subscribed before me, this the 10th day of July 1901. J. W. Woodward W. C. Thomas Witnesses.

John Huff Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Sumpkin COUNTY.

Personally came before me C. H. Jones and Henry C. Whitehead, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully John A. Parker, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Debilitated from age and Chronic Rheumatism

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.

C. H. Jones M.D. Henry C. Whitehead M.D.

Sworn to and subscribed before me, this the 10th day of July 1901. John Huff Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Sumpkin COUNTY.

I, John Huff Ordinary in and for said County, hereby certify that the applicant John A. Parker resides in said County, and has been a bona fide resident of this State since the — day of — 1852, and that the witnesses, viz: Capt Joseph W. Woodward and William C. Thomas are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of — County show that applicant returned for taxation in his name in 1899 Nothing 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 10th day of July 1901.

John Huff Ordinary,

of Sumpkin 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 10th day of July 1901. J. H. Woodward Witness.
Geo. C. Thomas
John Huff Ordinary.

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 _____ 1902.

_____ [L. S.]

Executed in presence of

_____

Parkey John A.
Fulton Co.

CODE SECTION 1264.
(FOR THOSE ALREADY ENROLLED.)

No. 334

INDIGENT
SOLDIER'S PENSION
1902.

Name John A. Parker
County Fulton
Co. D Regiment 52nd

WARRANT ISSUED
1/14 1902.

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 A Parker 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 5 yrs 18__; that he is 80 years old and by occupation a ____ that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 2 yrs in Company D, of 52 Regiment of Ga Vols; that his physical condition is as follows: Disabled

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 been a resident of Fulton county been allowed a pension for the year 1 1901.

Sworn to and subscribed before me, this the 13 day of January 1902.
John R Wilkinson
Ordinary.

John A Parker

STATE OF GEORGIA,
Fulton. County.

I, John R. Wilkinson. Ordinary of said County, do certify that I am well acquainted with John A Parker the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 January 1902.

(Affix Seal here)

John R Wilkinson
Ordinary Fulton. County.

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

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

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

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

_____ [L. S.]

Executed in presence of

_____

Parker, John A.
Fulton County
CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)
No. 33 C

INDIGENT
SOLDIER'S PENSION
1903.

Name John A Parker
County Fulton.
Co. D Regiment 52nd
Ga Vols
WARRANT ISSUED
1/20 1903.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
Agt
Geo. Harrison, State Printer, Atlanta.

no data

STATE OF GEORGIA.
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

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

_____

Parker, John A.
Fulton Co.
CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)
No. 216

INDIGENT
SOLDIER'S PENSION
1904.

Name John A Parker
County Fulton.
Co. D Regiment 52nd
Ga Vols
WARRANT ISSUED
1/20 1904.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
Agt
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 John A Parker 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 53 yrs 18__; that he is 81 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 D, of 52 Regiment of Ga Vols; that his physical condition is as follows: D & D

that his property consists of the following items: 2

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

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

Sworn to and subscribed before me, this the ____ day of JAN 20 1903 1903. John A Parker

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

Given under my official signature and seal, this ____ day of JAN 20 1903 1903.

Affix your Seal here

John R Wilkinson Ordinary Fulton 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 John A Parker of ____ County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the ____ day of ____ 18 50; that he is 82 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 D, of 52 Regiment of Ga Vol; that his physical condition is as follows: Infirm

that his property consists of the following items: 2

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 1904. John A Parker

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

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

Affix your Seal here

John R Wilkinson Ordinary Fulton County.

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

Ordinary _____ County.

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

Ordinary _____ Fulton County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Fulton COUNTY.

I, John A. Parker hereby authorize John M. Rayson of Atlanta, Ga to receive and receipt for the pension allowed, and request that he remit same to me at in person by

WITNESS my hand and seal, this 17th day of January 1905.

x John A Parker [L. S.]

Executed in the presence of
Edgar Stein J.P.

Parker, John A.
Fulton County
CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)
D-52 No. 417

INDIGENT
SOLDIER'S PENSION
1905.

Name John A. Parker
County Fulton. (Expires)
Co. D. Regiment Sheet Co.

WARRANT ISSUED
1/18 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
J. M. Rayson

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA.

E 1/9/06
no date

POWER OF ATTORNEY.

STATE OF GEORGIA,
Fulton COUNTY.

I, John A. Parker hereby authorize J. M. Rayson of said county to receive and receipt for the pension allowed, and request that he remit same to me at Atlanta, Georgia personally

WITNESS my hand and seal, this 12th day of January 1906.

John A Parker [L. S.]

Executed in the presence of
Edgar Stein J.P.

Parker, John A.
Fulton County
CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)
D-52 No. 463

INDIGENT
SOLDIER'S PENSION
1906.

Name John A Parker
County Fulton (Expires)
Co. D Regiment 52

WARRANT ISSUED
E 1/9/06 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
J. M. Rayson

THE FRANKLIN PRINTING AND PUBLISHING CO., OLD W. HARRISON, MASS.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton. County.

Pearsonally appears John A. Parker of Fulto 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 July 1895; 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 7 mos in Company D., of 52nd Regiment of Ga. Vols; that his physical condition is as follows: Age and poverty.

that his property consists of the following items: no property whatever

of the value of no Dollars. I am now earning, by my labor, no 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 17th day of January 1905.
Edgar S. Dow, Ordinary. John A. Parker

STATE OF GEORGIA.
Fulton. County.

I, Ordinary of said County, do certify that I am well acquainted with John A. Parker the applicant in the foregoing affidavit and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 R. Wilkinson
Ordinary Fulton. County.

Affix your seal here

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 John A. Parker 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 all his life 18; that he is 83 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of in Company D, of 52th Regiment of Ga; that his physical condition is as follows: Age & poverty

that his property consists of the following items: no property whatever

of the value of Dollars. I am now earning by my labor, no & no/100 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 12th day of January 1906.
Edgar S. Dow, Justice of the Peace ~~Ordinary~~. John A. Parker

State of Georgia,
Fulton County.

I, Edgar S. Dow, a Justice of the Peace ~~Ordinary~~ of said County, do certify that I am well acquainted with John A. Parker the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this January 12th ~~day of~~ 1906.

Edgar S. Dow, Justice of the Peace
~~Ordinary~~ Fulton County.

Affix your seal here

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

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

Affix your seal here

~~Ordinary~~ Hsem County.

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

STATE OF GEORGIA,
FULTON COUNTY.

Ordinary's Office, Atlanta, Jan. 15th 1906

I, John R. Wilkinson, Ordinary of said County, certify that Edgar H. Orr. whose genuine official signature appears to the annexed paper, was at the time of said signing an acting Justice of Peace, in and for said County, duly sworn and commissioned, and that his commission was dated the 15th day of Dec. 1904 and will expire on the 14th day of Dec. 1908, and that all his official acts as such are entitled to full faith and credit.

Given under my official signature and seal of office, the day and year above written.

John R. Wilkinson
ORDINARY.

STATE OF GEORGIA,
FULTON COUNTY.

Ordinary's Office, Atlanta, Jan 17th 1905

I, John R. Wilkinson, Ordinary of said County, certify that Edgar H. Orr whose genuine official signature appears to the annexed paper, was at the time of said signing an acting Justice of Peace, in and for said County, duly sworn and commissioned, and that his commission was dated the 15th day of Dec 1904 and will expire on the 14th day of Dec. 1908, and that all his official acts as such are entitled to full faith and credit.

Given under my official signature and seal of office, the day and year above written.

John R. Wilkinson
ORDINARY.

and will expire on the 14" day of Dec. 1908.
and that all his official acts as such are entitled to full faith and credit.

Given under my official signature and seal of office, the day and year above written.

John R. Wilkinson
ORDINARY.

and will expire on the 14" day of Dec. 1908.
and that all his official acts as such are entitled to full faith and credit.

Given under my official signature and seal of office, the day and year above written.

John R. Wilkinson
ORDINARY.

6K 152 Rich[illegible]

Dead

Parker No. Joseph H H

Fulton Co

INDIGENT PENSIO[illegible]

1897.

Name Joseph H H Parker

County Fulton

Approved Dead 18[illegible]

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

9/7.97

7/9.97

2/5 97

Pension Office 3/21 1897

It is not shown that applicant cannot earn his support - Witness does not answer No 11 positively - See also No 9 to applicant -

Richd Johnson

Com of Pensions

Pension Office 3/5 1897

The physicians are requested to set out more fully the applicants present condition (physical) - Richd Johnson

Com of Pensions

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

_____ }

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

_____

152 Kicker
Parker Jos H
Fulton
Atlanta

INDIGENT PENSION
1897.

Name Joseph H Parker
County Fulton
Approved [illegible]

WARRANT HAVE GONE

2/5-97

Parker Jos H
Co 9 Ala Cav
Pvt

Parker Jos H
Co 9 Ala Cav
Pvt

Parker Jos H
Co 9 Ala Cav
Pvt

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Fulton County.

John W Beck, of said State and County, having been presented as a witness in support of the application of J H H Parker 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? John W Beck Fulton County Ga
2. Are you acquainted with J H H Parker, the applicant, if so how long have you known him? more than Thirty five years
3. Where does he reside, and how long has he been a resident of this State? In Atlanta Ga since my acquaintance with him
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? He entisted in the company of which I was captain
5. When, where and in what company and regiment did he enlist? Company "E" 4 Ga Battalions afterwards 60th Regiment
6. Were you a member of the same company and regiment? I was Captain
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? Three years or more He was a faithful soldier, never to my knowledge absent without legal I was transferred to another department in the fall before the surrender. He was with the regiment while I was
8. What property, effects or income has the applicant? (Give your means of knowledge.) I dont know of any
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? none as far as I know
10. What is the applicant's occupation and physical condition? No occupation dont know as to his physical condition
11. Is the applicant unable to support himself by labor of any sort, if so, why? I dont think from my knowledge he is able to support, but I am not a physician and dont fully understand his case
12. How was he supported during the years 1895 and 1896? Dont know
13. What portion of his support for these two years was derived from his own labor or income? dont 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? I know hes was recomended for light service on account of Hydrocele & Varicocele by an Army board of Physicians, as I was his Captain
15. What interest have you in the recovery of a pension by this applicant? none

Sworn to and subscribed before me, this the 5 day of July 1897.

J W Beck
Witness

M W Hulsey Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Fulton County.

Personally came before me J T Renouff and K H Boland, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully Joseph H H Parker, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

He is suffering from nervous prostration and weakness, complicated by hydrocele and varicocele

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 5 day of July 1897.

J. T. Renouff M.D.
K. H. Boland M.D.

M W Hulsey Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Fulton County.

I, M W Hulsey, Ordinary in and for said County, hereby certify that the applicant Joseph H Parker 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 W Beck T R Renouff K W Boland are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Fulton County show that applicant returned for taxation in his name in 1895, 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 5 day of July 1897.

M W Hulsey 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.

9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? None as far as I know

10. What is the applicant's occupation and physical condition? His occupation don't know as to his physical condition

11. Is the applicant unable to support himself by labor of any sort, if so, why? I don't think from any knowledge I am able to support but I am not a Physician and don't fully understand his case

12. How was he supported during the years 1895 and 1896? Don't Know

13. What portion of his support for these two years was derived from his own labor or income? don't 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? I know he was recommended for light service on account of Rupture & Varicose by the Army Board of Physicians, At I was his Captain

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

Sworn to and subscribed before me, this the 5 day of July 1897.

J W Beck
Witness

M M Bellamy Ordinary.

STATE OF GEORGIA,
Fulton County.

I, M M Bellamy, Ordinary in and for said County, hereby certify that the applicant Joseph R Park 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 M Burk & R Ramsey J W Beck and are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Fulton County show that applicant returned for taxation in his name in 1895, 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 5 day of July 1897.

M M Bellamy 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.

Georgia Fulton County personally appeared before me the within named J M Atkins who on oath deposes that the statements made by the applicant in answer to No 11 & 12 witness that applicant is unable to support himself by labor of any sort be cause of nervous prostration, which disqualifies him for continuous exertion Jno F Rogers

Sworn to and subscribed before me this July 9th 1897 M M Bellamy a Notary Public for Fulton County Ga J M Atkins

I certify that the witnesses named J M Atkins & John F Rogers are to me personally known and that each of them are worthy of full faith and credit

M M Bellamy
Ordinary
Fulton County

We have Good Hotel Accommodations in the Institute Building
for a Limited Number of Patients.

[redacted] ATIONAL [redacted] URGICAL INSTITUTE

[redacted]

PARALYSIS, CHRONIC AND NERVOUS DISEASES,
RHEUMATISM, FEMALE DISEASES,
HEMORRHOIDS &ETC.

ESTABLISHED 1874.
Nos 70.72 & 74 S. Pryor St.

Atlanta, Ga. Aug 28" 1897

Nervous prostration is evidenced by his inability to walk but short distance. Feeble and easily exhausted by the slightest bodily exertion. Impaired Mental faculties Insomnia - Spinal weakness causing irregularity in his gait in walking & occasional attacks of vertigo. This man in my opinion is totally unable to earn a support owing to his broken down physical condition

J. T. Rennoff M.D

Sept 1" 97

Since the above was written Mr Parker has suffered a stroke of Paralysis rendering him almost entirely helpless

J. T. Rennoff M.D

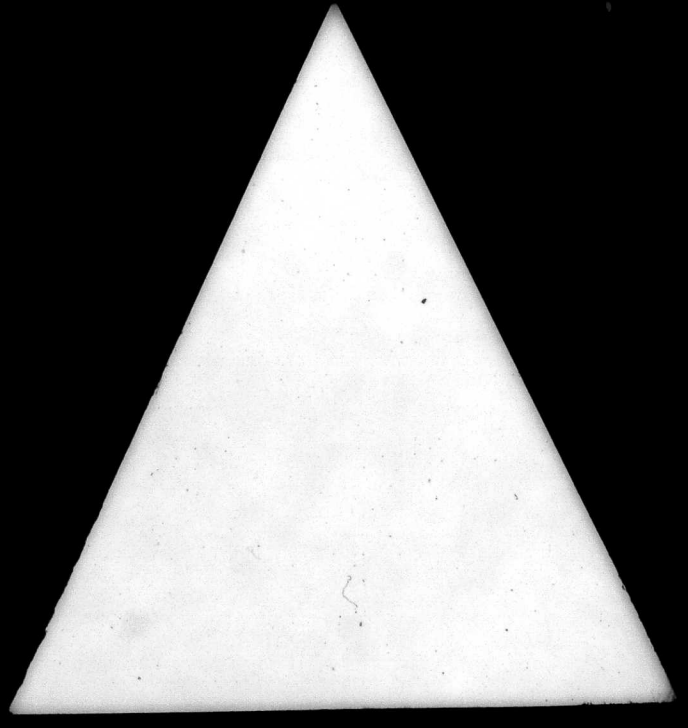
[illegible] to his broken down physical condition

J T Renouff M D

Sept 1st 97

Since the above ~~was written~~ Mr Parker has suffered a stroke of paralysis rendering him almost entirely helpless

J. T. Renouff M D



Parker, Mary J.
Fulton County (Mo)

No. OK

WIDOW'S
Indigent Pension.
1901.

Name Mrs Mary J Parker
County Fulton
Widow of J H H Parker
of Fulton Co
Co. Ex. 60 Gal.
Approved 4/22 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 _____ 190__

Executed in presence of
_____ Ordinary,
_____ County.

L. S.

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 _____ 190__

Executed in presence of

_____ Ordinary, _____ L. S.
_____ County.

SEAL

Fulton Co. Ga. Mary J. Parker (Mrs)

No. _____

WIDOW'S Pension. 1901.

Mary Jane J. Parker
Fulton
Mrs M J Parker
Fulton Co Ga
4/23 1901

JOHN W. LINDSEY, Comptroller General

WARRANT ISSUED 30 1901

Questions for Applicant.

STATE OF GEORGIA,
Fulton County.

Mrs Mary J Parker, of said State and County, desiring to avail herself of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly, approved 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.*)
Mary J Parker, Fulton Co Ga, 157 Coffee Ave Atlanta

2. How long and since when have you been a resident of this State? Since 1857.

3. When and where were you born? In Muscogee Co Ga May 1837

4. When and where was your husband born—state his full name, and when were you and he married?
Mr Martin Van Buren Humphrey Parker born 1835
were married in Muscogee Co Ga 1866

5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States? 1862 Muscogee Co Co 40th Ga Regt.
Also served in Georgia Militia in Ga.

6. How long did your husband serve in said Company and Regiment? from 1862 until the close of the war

7. When and where did your husband's Company and Regiment surrender and was discharged?
At Appomattox Va 1865

8. Was your husband present at the time and place when his Company and Regiment surrendered?
No

9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authority? He had a furlough home, left in Feb 1865 Shelton, Physical disability caused from a gunshot wound in the left arm, by Gen Anderson, I Gen Furlough home in Dec 1864. (On his way to his command)

10. When and where did your husband die? Wounded at Nashville Tenn Dec 16th 1864. Atlanta Ga

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? Age & Poverty
I have been in feeble health for a good many years.

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 can see fairly well but have been very feeble for the last year.

13. What has been your occupation since your husband's death? Nothing except such work as I could do in the family where I lived.

14. How much can you earn gross, by your own exertion or labor? Could do a little sewing.

15. What property, real or personal, or income do you have or possess, and its gross value? I have a part of $675 left me by my husband.

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? He left me all I have one of which I received $675 have used for needs of my own

17. In what counties did you reside in 1899 and 1900, and what property did you return for taxation? In Fulton Co, Nothing. No

18. How have you been supported since death of husband, and especially for 1899 and 1900?
By my married children

19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income? I have no idea, kind to the family & did most work as I was able to do a woman my age

20. What was your employment during 1899 and 1900—how much did you receive for each year?
Nothing, Nothing,

21. Have you a family? If so, who composes such family? Give their means of support. Have they any lands or other property?
No

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?
Never before.

Sworn to and subscribed before me this 7th day of Feby 1901.

Mrs Mary J Parker

Robert R Wilkinson Ordinary,
Fulton

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? None before.

Sworn to and subscribed before me this 7th day of Febry 1901 } Mrs Mary J Parker

John R Wilkinson Ordinary, Fulton County.

Questions for Witnesses.

STATE OF GEORGIA, Fulton County.

We R M McCamy & S B McCamy of the State and County, having been presented as witness in support of the Application of Mrs. Mary J Parker 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: S B McCamy, Sandal Co Ga, R M McCamy Decatur Dekalb Co Ga

1. What is your name and where do you reside? Mary Jane M Parker

2. Are you acquainted with the applicant, Mrs. M J Parker If so, how long have you known her? She is my sister in law about 17 yrs

3. Where does she reside, and how long and since when has she been a resident of this State? Dekalb Co Ga since about 1877

4. When and where was she born? Muscogee Co Ga May 1847

5. Were you ever acquainted with her husband? I was

6. Where did he reside in 1861? Muscogee Co Ga

7. When and to whom was he married? Married to Mary J Parker 1866

8. When and where was he born? Muscogee Co Ga 1834 as he died

9. How long have you known him? I knew him from 1850 to his death

10. When and where did Robert H Parker enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? I think he was a member of Co F 66th Ga Regt Cav

11. Were you a member of the same Company and Regiment? I was

12. How long did he perform regular military duty? Until the surrender in 1865

13. Where and when was his Company and Regiment surrendered and discharged from service? At Appomattox in 1865

14. Were you with this command when it surrendered? I think not

15. Was Robert H Parker the husband of applicant present? I think not

16. If not present, where was he? On his way back from furlough

17. When and where did he leave his Command? Near Richmond Va in 1865

For what cause? Expiration of furlough

By whose authority he left? I presume on furlough

How do you know all this? (State fully and clearly.) I know it from him as he came home on furlough & may have been furloughed more than once

18. When and where did Robert H Parker die? In Dekalb Co Ga in 1898 or 1899

19. Where did he reside at his death and how long had he been a resident of Georgia at his death? DeKalb Co Ga many years

20. Do you of your own knowledge know that applicant is the lawful widow of Robert H Parker? I do

21. Has she remained unmarried since her soldier husband's death, and is now his widow? She has remained unmarried & 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? Nothing that I know of

23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? Don't know

24. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom? Know of nothing

25. What is applicant's physical condition and her chances and ability to earn a support? She is old feeble & unable to earn a support

I certify that I R Wilkinson is a notary public in & for Fulton Co Ga

26. Is applicant able to earn a support at labor of any sort, if not why? No not because of poor and infirmity

27. How was she supported for 1899 and 1900? By her children

28. How much did applicant contribute to her support for last two years? Don't know

29. Give a full and accurate statement of applicant's physical condition? Quite feeble & unable to work

30. What interest have you in the recovery of this pension by the applicant? None except as friend & neighbor

Sworn to and subscribed before me this 5th day of January 1901 } R M McCamy S B McCamy Witnesses.

Jas Arnold Ordinary, Whitfield County.

Ad to S. B. McCamy's signature I certify that he is of trustworthy character and entitled to full faith & credit this Feby 6th 1901 John O. Davis Ordinary Floyd Co Ga

Affidavits of Physicians.

STATE OF GEORGIA, Fulton County.

Personally before me come J. T. Renouff M.D. and W. H. Boland M.D. both known to me to be reputable physicians of said county, who, being severally sworn, say on oath that they have examined carefully Mrs. Mary J Parker applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this she is suffering from Pneumonia and Old Prostatic trouble and is not able to earn a support for any purpose whatever

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 7 day of Febry 1901 } J T Renouff M.D. W. H. Boland M.D.

John R Wilkinson Ordinary, Fulton County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, Fulton County.

I, John R Wilkinson, Ordinary in and for said county, hereby certify that the applicant, Mrs. Mary J Parker resides in said county, and has been a bona fide resident of this State since ____ day of ____ 18 37, and that the witnesses, Mr. ____ 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 were signed and subscribed.

I further certify that the last digest of Fulton 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 7th day of Febry 1901

{SEAL} John R Wilkinson Ordinary, Fulton County. X

Notice—1. Before any testimony is taken, the Ordinary shall swear applicant and his witnesses to the following oath: You will true answers make to such of the questions asked of you, as you know or believe, touching the matter in question. So help you God.

2. All questions and answers must be written in ink.

3. Erasures, interlineations, and words which may write over must be noted, and are not allowable to make any change.

whom? Know of nothing

25. What is applicant's physical condition and her chances and ability to earn a support?

She is old feeble unable to support herself

{SEAL} John R. Williams Notary Fulton County.

Note—1. Before any application can be made, the Ordinary shall ensure satisfactory proof that the applicant will true answers to all questions in Form 2 of the Ordinary's Manual of pro-
2. [illegible]
3. [illegible]
4. [illegible]

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

_____

Parker, Wright & Guttin, Attys.

To Those Heretofore Paid.

1902.

No. 23

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs. Mary L. Parker

Of **Fulton.** County,

Widow of Joseph M. Parker Regiment

Co.

JOHN W. LINDSEY, *Commissioner of Pensions.*

WARRANT ISSUED 1902

AND HANDED TO

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS

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

_____

Parker, Wright & Guttin, Attys.

To Those Heretofore Paid.

1903.

No. 17

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Mrs. Mary L. Parker

Of Fulton. County,

Widow of Joseph M. Parker Regiment

Co.

JOHN W. LINDSEY, *Commissioner of Pensions.*

WARRANT ISSUED 1903

AND HANDED TO

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS

STATE OF GEORGIA

Form No. 1.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of **Fulton.** } Personally comes Mrs. Mary J Parker

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 1837. That she is the Widow of Joseph H Parker who was a soldier in Company E of the 60th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of 186 1, and served in the Army up to Surrender 186 5. That he died on the 27 day of Dec 18 98

Aged & 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 18 56.

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 13 day of January 1902. } Mary J Parker
John R Wilkinson, Ordinary. Post-Office

State of Georgia, **Fulton.** County. } I, John R. Wilkinson, Ordinary of said County, certify that I am well acquainted with Mrs. Mary J Parker, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents hereself to be, and that she has continuously resided in this State since the day of 18

Given under my official signature and seal, this the 13 day of January 1902.

Official Seal. John R Wilkinson, Ordinary of **Fulton.** County.

NOTE.—All blanks must be filled.
Vouchers and affidavits must be filed with January 1st, 1902.

Form No. 1.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Fulton. } Personally comes Mrs. Mary J Parker

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 1837. That she is the Widow of Joseph H Parker who was a soldier in Company E of the 60th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of 186 1, and served in the Army up to Surrender 186 5. That he died on the 27 day of Dec 18 98

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

Aged & 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 18 56.

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, 1903.

Sworn to and subscribed before me, this day of JAN 22 1903. } Mrs M J Parker
John R Wilkinson, Ordinary. Post-Office

State of Georgia, Fulton. County. } I, John R. Wilkinson, Ordinary of said County, certify that I am well acquainted with Mrs. Mary J Parker, 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 37

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

Official Seal. John R Wilkinson, Ordinary of County.

NOTE.—All blanks must be filled.
Vouchers and affidavits must be filed with January 1st, 1903.

Ordinary of Fulton County.

NOTE.—All blanks must be filled.
Vouchers and affidavits 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 _____ 1904.

_____ [L. S.]

Executed in presence of

_____

Parker, Mary J.
Fulton, County

TO THOSE HERETOFORE PAID.

1904.

No. 29

INDIGENT WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO Mrs. M. J. Parker

OF Fulton. County,

Widow of Joseph Ro

Co. Co. 60th Ga. Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 1/23 1904,

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

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 _____ 1905.

_____ [L. S.]

Executed in presence of

_____

Parker, Mary J.
Fulton County

To Those Heretofore Paid.

1905.

No. 21

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO Mrs. Mary J. Parker

OF Fulton. County,

Widow of Joseph Parker

Co. Co. 60th Ga. Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 1/30 1905.

AND HANDED TO

The Foreman Printing and Publishing Co., Atlanta, Geo. W. Harrison, Atlanta, Fort Street Printers.

Form No. 2.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of Fulton. } Personally comes Mrs. Mary J Parker

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 65. That she is the Widow of Joseph H Parker who was a soldier in Company Co of the 60th Regiment of Geo Volunteers, that he enlisted in said regiment on or about the month of _____ 186 2, and served in the Army up to Surrender 186 5. That he died on the 27th day of Dec 18 98

A & 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 18 56

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 _____ day of JAN 22 1904 1904. } Mary J Parker
John R Wilkinson Ordinary. } Post Office _____

State of Georgia, Fulton. County. } I, John R. Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. Mary J Parker 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 37

Given under my official signature and seal, this the _____ day of JAN 22 1904 1904.

Official Seal.

John R Wilkinson
Ordinary of Fulton. County

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1904.

Form No. 2

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of Fulton. } Personally comes Mrs. Mary J. Parker

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 J. H. H. Parker who was a soldier in Company 2 of the 60th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of _____ 186__, and served in the Army up to Close War 186__. That he died on the 27th day of Dec 1898.

age and 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 18 56

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. } Mary J Parker
John R Wilkinson Ordinary. } Post-Office 187 Capitol Ave

State of Georgia, Fulton. County. } I, John R Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. Mary J. Parker, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the _____ day of _____ 18__

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

Official Seal

John R. Wilkinson
Ordinary of Fulton County

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1904.

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.

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

_____

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

_____

Parker, Mary J.
Fulton County

To Those Heretofore Paid.

1906.

No. 23

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO Mrs. Mary J. Parker OF Fulton. County,

Widow of John H. Parker Co. C. 60th Ga. Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 1/9 1906,

AND HANDED TO [illegible]

THE FOREMAN PRINTING AND PUBLISHING CO., ATLANTA, GA.

Parker, Mary J.
Fulton Co.

To Those Heretofore Paid.

1907.

No. 12
(Reg. in 1901)

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO Mrs. Mary J. Parker OF Fulton. County,

Widow of John H. Parker Co. C. 60th Ga. Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 1/8 1907.

AND HANDED TO [illegible]

GEO. W. HARRISON STATE PRINTER, ATLANTA.

Form No. 2.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Fulton. } Personally comes Mrs. Mary J. Parker

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 1857. That she is the Widow of J. W. K. Parker who was a soldier in Company C. of the 60th Regiment of Ga. Volunteers, that he enlisted in said regiment on or about the month of _____ 186__, and served in the Army up to close of war 1865. That he died on the _____ day of _____ 18__

Age and 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 1856

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 JAN 1 1906. John R. Wilkinson, Ordinary.

Mary J. Parker
Post Office Atlanta

State of Georgia, Fulton. County. } I, John R. Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. Mary J. Parker, 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 57

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

Form No. 2.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Fulton. } Personally comes Mrs. Mary J. Parker

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 age & poverty. That she is the Widow of J. W. K. Parker who was a soldier in Company C. of the 60" Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of _____ 186__, and served in the Army up to close of war 186__. That he died on the _____ day of _____ 18__

Age and 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 1856.

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

Mrs. Mary J. Parker
Atlanta
Post Office 187 Capitol Ave

State of Georgia, Fulton. County. } I, John R. Wilkinson. Ordinary of said County, certify that I am well acquainted with Mrs. Mary J. Parker, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the _____ day of _____ 18__

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

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.

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.

Parker, Mary
Fulton Co.
D. K. 1926-C.

WIDOW'S APPLICATION

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

County Fulton
Name Mrs Mary Parker
Widow of R. A. Parker
Company G.
Regiment Ga
Date of Husband's Death Aug 1925
Date of Marriage Aug 10 1868
Approved John W. Clark
OCT 31 1925

Commissioner of Pensions.

10-30-25-E.

Ordinary's Certificate

STATE OF GEORGIA,
Fulton COUNTY.

I, Thos H. Jeffries Ordinary of said County, do certify that I know Mrs. Mary Parker, the applicant for pension; that she is the person she represents herself to be, and that she is continuously a bona fide resident of said County since January 1st, 1920; that I also know J. A. Schiddley, my clerk, the witness as to marriage, and that both the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 26 day of Oct, 1925

(SEAL OF ORDINARY) Thos H. Jeffries Ordinary,
Fulton County

Instructions.

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the County of residence.
4. Only widows who are married prior to first January, 1921, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because Disabled Pensioners made no proof of service and were not required to do so.

Parker, Mary (Mrs.)

For Fulton County

1928

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

Thos H. Jeffries Ordinary
For Mary Parker
Date of Death Nov 29 1927
Amount $100.00

Approved and ordered paid ok
John W. Clark
JOHN W. CLARK,
23 April 28 Commissioner of Pensions.
1st Qr. to be refunded

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.

Pl

Instructions.

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the County of residence.
4. Only widows who are married prior to first January, 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 form of husband's service—because Disabled Pensioners made no proof of service and were not required to do so.

APPLICATION FOR PENSION BY A WIDOW

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

STATE OF GEORGIA,
Fulton COUNTY.

Personally before me comes Mrs Mary Parker of said County, who, after having been duly sworn, says that she is the widow of R. A. Parker to whom, in the County of Clayton State of Ga she was married on the 10 day of Aug 1868 and that she remained his wife, and resided with him to the date of his death in ~~Sept~~ August 1925 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 $100.00 in Fulton County for 1925 (per annum), on account of being a soldier in Company G. 1st Ga Regiment _____ (Volunteers or State Militia).

That she is now a bona fide resident citizen of said State of Georgia and she has, continuously, resided there since ~~day of~~ my life 19__.

Sworn to and subscribed before me, this the 9 day of Sept, 1925

Arthur R. Marbut, Ordinary of Fulton County.

(SEAL OF THE ORDINARY.)

her
Mary X. Parker
(Applicant)

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

STATE OF GEORGIA,
Fulton COUNTY.

Personally before me comes G. A. Childres known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Mary Parker, who made the foregoing affidavit, is the lawful widow of R. A. Parker who died in Fulton County in said State of Ga on the 25 day of Aug, 1925, and that she has not since remarried; ~~that she became the wife of _____ on the _____ day of _____ 18__~~; that she and he had resided together as husband and wife, continuously, since ~~day of~~ to the date of his death, and that he was the same man who was on the pension roll of said State Ga from Fulton County _____ when he died.

Sworn to and subscribed before me, this the 9 day of Sept, 1925

Arthur R. Marbut, Ordinary of Fulton County.

(SEAL OF ORDINARY)

his
G. A. X Childres
mark

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 A. C. Hemperley of said County, who, after being sworn, on oath says that he knew Mary Parker 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 29 day of Nov 1927, 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 $180.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

Arthur R. Marbut, Ordinary
Fulton County
(Seal of Ordinary)

A. C. Hemperley & son
By A. C. Hemperley

CERTIFICATE OF ORDINARY

GEORGIA, Fulton County.

I, Thos H. Jeffries, Ordinary of said County, do certify that I personally know A. C. Hemperly, who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew Mrs Mary Parker while in life and that this was the same person whose name appears on the Pension Roll of Fulton County, and was paid a Pension of Two Hundred ($200.00) Dollars in said County for 1927, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 29 day of April, 1928

(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 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.

County in said State of Ga, on the 15 day of Aug, 1925, and that she has not since remarried; ~~that she became the wife of~~ on the ~~day of~~ 18 ; that she and he had resided together as husband and wife, continuously, since to the date of his death and that he was the same man who was on the pension roll of said State Ga from Fulton County when he died.

Sworn to and subscribed before me, this the 9 day of Sept, 1925

Arthur R. Wrabut, Ordinary of Fulton County.

his
E. A. x Childress
mark

(SEAL OF ORDINARY)

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

Given under my hand and official seal, this 29 day of Dec, 1928

(Seal of Ordinary)

Wm R. Hopkins, 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.

Georgia, Carroll County.

In person came before me J. W. Parker, who after being duly sworn deposes and says: That he knew R. A. Parker, a confederate soldier pensioner, who was living in East Point at the time of his death; that he had known the said R. A. Parker for 77 years and was at the marriage of said R. A. Parker and Mary Ausborn, that the said R. A. Parker and his Wife, Mary (Ausborn) Parker, lived together as husband and wife up to the date of R. A. Parker's death; that the said Mary Parker is the lawful widow of R. A. Parker whose death occurred on the 1st day of September, 1925; That the said R. A. Parker and Mary (Ausborn) Parker were married 10th day of August 1868, in Clayton County, Georgia.

(Signed) his
J. W. x Parker
mark

Sworn to and subscribed before me,
this September 8, 1925.

E. V. Steed
Ordinary.

Georgia, Carroll County.

I, E. V. Steed, Ordinary in and for said county, do hereby certify that I knew J. W. Parker, and knew him to be a truthful and reliable person and worthy of full faith and credit.

E. V. Steed, Ordinary,
Carroll County, Ga.

A. C. HEMPERLEY & SONS
EMBALMERS AND FUNERAL DIRECTORS
AMBULANCE SERVICE
Office Phone Fairfax 1600-1601 Res. Phone Fairfax 1700
1600 South Main Street

East Point, Ga. April 30 1928 192

Mrs. Mary Parker, (deceased)
East Point Ga.

11/29/27.

Casket.	$80.00
Embalming.	15.00
Robe.	15.00
Paper notices.	5.00
Vault.	50.00
Hearse.	15.00
	$180.00

GEORGIA. FULTON COUNTY.
Personally before the undersigned authority now comes A C Hemperley who upon oath says that the above account is just and correct.
Sworn to and subscribed before me this April 30, 1928.

Arthur R. Wrabut
Ex Officio Ordinary

A C Hemperley & Son
By A C Hemperley

this September 8, 1925.

E. T. Steed ..... Ordinary.

Georgia, Carroll County.

I, E. T. Steed, Ordinary in and for said county, do hereby certify that I know J. W. Parker, and know him to be a truthful and reliable person and worthy of full faith and credit.

E. T. Steed ..... Ordinary,
Carroll County, Ga.

[illegible] undersigned authority now comes A C Hemperley who upon oath says that the above account is just and correct.
Sworn to and subscribed before me
this April 30, 1925.

Arthur R. Marlet
C. C. Ordinary

A. C. Hemperley & [illegible]
By A. C. Hemperley

THE END

MICROFILMED FOR

GA. DEPT. OF
ARCHIVES AND HISTORY

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

Title NEWMAN, (MRS) MATILDA B. (W. T.) THRU PARKER, (MRS) MARY J. (JOSEPH HENRY HOWARD PARKER)

FULTON COUNTY

Volume

GCP-202

GCP

FULTON COUNTY

Number

2892139-202

2892139

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

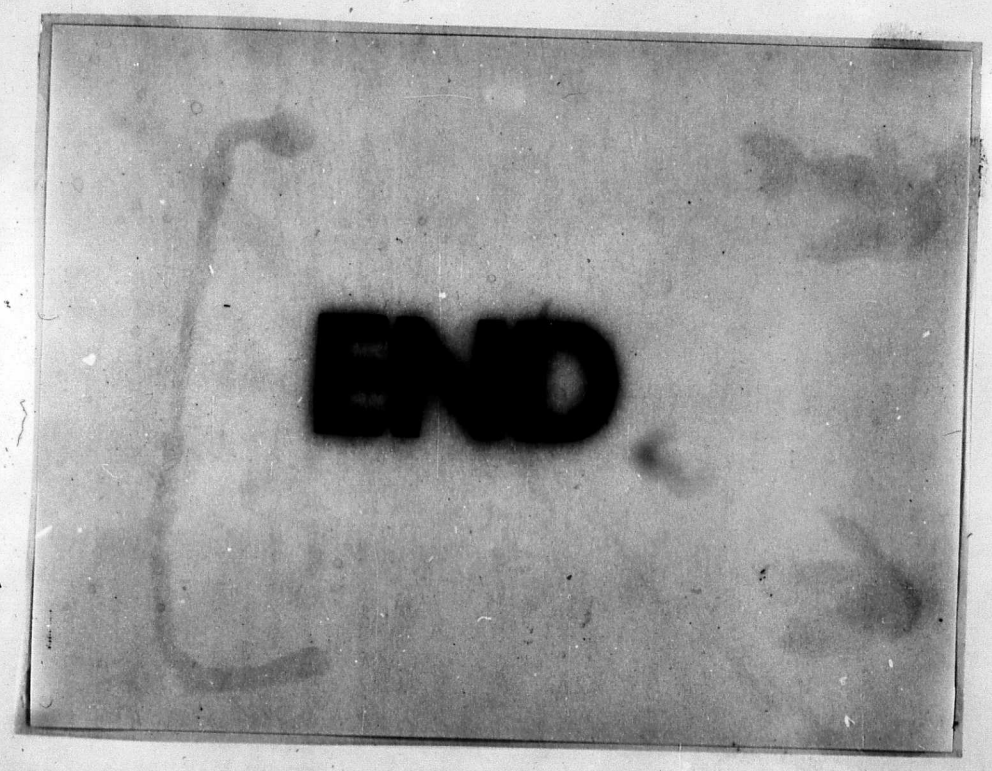
OPERATOR
J. P. SURLES

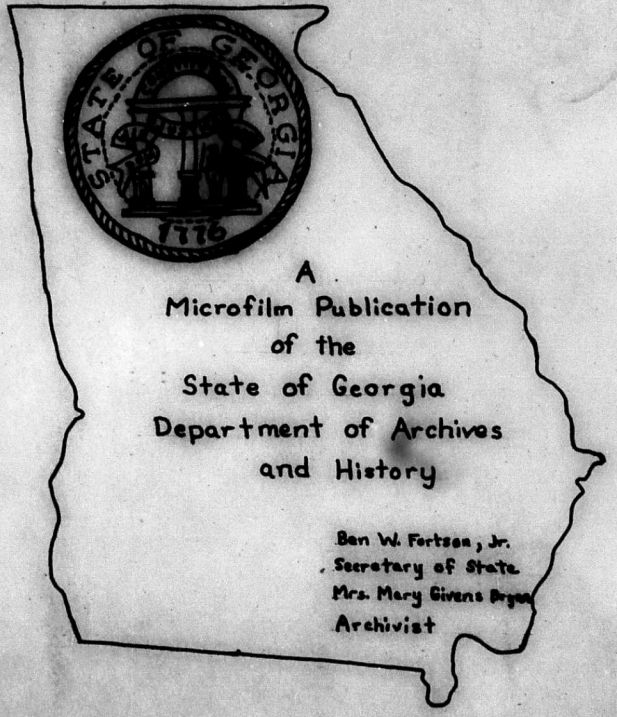
15X - V

1123

MANN FILM LABORATORIES

DATE


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

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 _____ 1902.

_____ [L. S.]

Executed in presence of

_____

Nun Cyrus W.
Fulton Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 303

INDIGENT
SOLDIER'S PENSION
1902.

Name Cyrus W. Nunn
County Fulton.
Co. E Regiment 10

WARRANT ISSUED
1/4 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[signature]

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 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

_____

Nunn C. W.
Fulton Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED)

No. 474

INDIGENT
SOLDIER'S PENSION
1907.

Name C. W. Nunn
County Fulton
Co. E Regiment 10 Ga.

WARRANT ISSUED
1/6 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[signature]

Geo. W. Harrison, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears Cyrus W Winn 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[illegible]; 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 E, of 10th Regiment of Ga Cavalry; that his physical condition is as follows: Kidney trouble

that his property consists of the following items ____

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of Fulton. county been allowed a pension for the year 1901

Sworn to and subscribed before me, this the ____ day of January 13 1902. Cyrus W. Winn

John R. Wilkinson. Ordinary.

STATE OF GEORGIA,

County.

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

Given under my official signature and seal, this ____ day of JAN 13 1902. John R. Wilkinson.

Affix your seal here

Ordinary Fulton County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton County.

Personally appears C. H. Dunn 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[illegible], that he is 64 years old and by occupation a ____, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 yrs in Company C, of 11th Regiment of Ga. Cav.; that his physical condition is as follows: Infirmity & poverty

that his property consists of the following items: ____

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

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

Sworn to and subscribed before me, this the ____ day of JAN 2- 1907. C W. Winn

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 C. H. Dunn the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

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

John R. Wilkinson

Affix your seal here

Ordinary Fulton County.

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

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

_____

Nunn, Cyrus W.
Fulton County

INDIGENT
SOLDIER'S PENSION
1903.

(FOR THOSE ALREADY ENROLLED.)
CODE SECTION 1254.

No. 762

Name C W Nunn
County _____
Co. G Regiment 10th
WARRANT ISSUED
1/20 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Myself

Geo. Harrison, State Printer, Atlanta.

No data

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 _____ 1904.

_____ [L. S.]

Executed in the presence of

_____

Nunn, C. W.
Fulton

(FOR THOSE ALREADY ENROLLED.)
CODE SECTION 1254.

No. 333

INDIGENT
SOLDIER'S PENSION
1904.

Name C W Nunn
County Fulton.
Co. G Regiment 10th
WARRANT ISSUED
1/20 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Myself

Geo. W. Harrison, State Printer, Atlanta.

No data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton. County.

Personally appears C W Nunn 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 ____ 1865; 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 ____) during the war between the States, and served for the term of 3 yrs in Company E, of 10 th Regiment of Ga Cavalry; that his physical condition is as follows:

I + P

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the ____ day of JAN 20 1903. 1903. C W Nunn

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 C W Nunn the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this ____ day of JAN 20 1903 1903.

John R Wilkinson Ordinary ____ County.

Affix your Seal here

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 C W Nunn 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 ____ 1846; 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 ____) during the war between the States, and served for the term of 3 yrs in Company E, of 10 th Regiment of Ga Cavy; 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 ____ County been allowed a pension for the year 1 903 Fulton.

Sworn to and subscribed before me, this the ____ day of JAN 20 1904. 1904. C W Nunn

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 C W Nunn the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

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

John R Wilkinson Ordinary Fulton. County.

Affix your Seal here

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

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

_____

Nunn, C. W.
Fulton County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 387

INDIGENT
SOLDIER'S PENSION
1905.

Name C. H. Nunn
County Fulton
Co. E Regiment 10th Ga.

WARRANT ISSUED
1/18 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

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

_____

Nunn, C. W.
Fulton County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 341

INDIGENT
SOLDIER'S PENSION
1906.

Name C. H. Nunn
County Fulton
Co. E Regiment 10th Ga.

WARRANT ISSUED
1/17 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

THE FRANKLIN PRINTING AND PUBLISHING CO., ORD. W. HARRIS, MGR.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton County.

Pearsonally appears C. H. Nunn 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 42; that he is 63 years old and by occupation a none that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 yrs in Company E, of 10 th Regiment of Ga. Cav.; that his physical condition is as follows: Infirmity and poverty

that his property consists of the following items: _____

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

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

Sworn to and subscribed before me, this the _____ day of JAN 2 1905. } C W his mark C Nunn

John R Wickerson Ordinary.

STATE OF GEORGIA.
Fulton County.

I, John R Wickerson Ordinary of said County, do certify that I am well acquainted with C. H. Nunn the applicant in the foregoing affidavit and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 R Wickerson
Ordinary Fulton County.

Affix your seal here

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 C. H. Nunn 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 42; 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 Georgia) during the war between the States, and served for the term of 3 yrs in Company E, of 10 th Regiment of Ga. Cav.; that his physical condition is as follows: Infirmity and poverty.

that his property consists of the following items: _____

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

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

Sworn to and subscribed before me, this the _____ day of JAN 1 1906 1906. } C W Nunn

John R Wickerson Ordinary.

State of Georgia,
Fulton County.

I, John R Wickerson Ordinary of said County, do certify that I am well acquainted with C. H. Nunn the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Wickerson
Ordinary Fulton County.

Affix your seal here

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before 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 JAN 2 1905 day of _____ 1905.

John R. Wickinson

Ordinary Fulton County.

Affix your seal here

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

the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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. Wickinson

Ordinary Fulton County.

Affix your seal here

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

NAME Nunn, Cyrus W. YEAR 1907 COUNTY Fulton

WHEN AND WHERE BORN? Taliaferro Co. Ga. 1842.

ENLISTED WHEN AND WHERE? August 1862 Crawfordville, Ga.

RANK.

COMPANY AND REGIMENT? Co. E, 10th. Regt. Ga. Cavalry.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? May 1865 at close of war. Washington, Ga.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. J.C. Fallin, same command -- No date.

JWT

WHEN AND WHERE SURRENDERED? Washington, Ga.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. J.C. Fallin, same command -- No date.

JWP

Ordinary's Certificate

STATE OF GEORGIA,
Fulton COUNTY.

I, Thos H Jeffries Ordinary of said County, certify that I know the applicant Jas M. Nunn for pension is the person he represents himself to be and resides in said county. That I also know Jas F. Jackson the witness swearing to the service; that they are both residents of said county and were duly sworn by ~~me~~ my clerk 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

P. H. Jeffries Ordinary
of Fulton County.

(SEAL)

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

Nunn, James M. E.
Ga. Mtg. Ordnance
No. Mtg. Ordnance
Ga. Mtg. Ordnance

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County Fulton
Name Jas M. Nunn
Company Lumpkin's Art
Regiment Palmer's
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, Thos H Jeffries Ordinary of said County, certify that I know the applicant Jas M. Nunn for pension is the person he represents himself to be and resides in said county. That I also know Jas F. Jackson 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.

Very Clear

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

Thos H Jeffries Ordinary
of Fulton County.
(SEAL)

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

Muster Rolls Georgia Troops in Confederate War Office

Georgia
Confederate
Soldier's Application
Under Act 1910—As Amended by Act of 1919.

County Fulton
Name Jas M. Nunn
Company Lumpkin's Art
Regiment Palmer's
Approved

J. W. LEE, DEPT.
Commissioner of Pensions.
State Printing Co., State Prison, Atlanta.

10-22-1919

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

Questions For Applicants to Answer

STATE OF GEORGIA,
Fulton COUNTY.

James M. Nunn 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) Jas. M. Nunn. 426 Piedmont Ave., 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) Jan. 1864 Athens, Ga. Lumpkins Artillery. Palmer's Reg.; Dismounted
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? Greensboro, N. C. 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. Never left command until after surrender
   a. Where was your command when you left it?
   b. When did you leave the command?
   c. For what cause did you leave?
   d. By whose authority did you leave?
   e. For how long was your leave granted? In what way?
   f. Why did you not return to your command after leave expired?
   g. In what way were you prevented?
   h. What effort did you make to return?
   i Were you captured during the war? No
   j If so, when, and where? In what prison were you held and when were you released?
9. Are you drawing a pension of any amount from this State or the United States? No
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? Never applied

Sworn to and subscribed before me, this the 18 day of Sept 1919 — J M Nunn

Thos H Jeffries Ordinary
of Fulton County.
(SEAL)

of ..... Fulton ..... County.
(SEAL)

Questions for Witness as to Service

STATE OF GEORGIA,
..... Fulton ..... COUNTY.

..... Jas. F. Jackson ..... of said State and County is hereby presented as a witness in support of the application of ..... Jas. M. Munn ..... 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? ..... Jas. F. Jackson. 486 Beecher St., Atlanta, Ga.

2. How long and since when have you known ..... Jas. M. Munn ..... the applicant? ..... About fifty-eight years

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State, and how do you know? ..... Atlanta Ga., Lived in Ga. since I have known him

4. When, where and in what Company and Regiment did ..... Jas M. Munn ..... enlist during war from 1861 to 1865? (Give date and place.) ..... Jan. 1864. Athens, Ga., Lumpkin's Artillery, Palmer's Reg.

5. How did you obtain your information of this Service? ..... I was member of same company

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) ..... From enlistment to surrender

7. When and where was his command surrendered or discharged (give date and place) ..... Greensboro, N. C., April 1865

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

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

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

11. If not where was he and how came him there? ..... Never left command until after surrender

12. When did he leave his command? ..... Where was his command when he left it? ..... For what cause did he leave? .....

..... 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 in service until after surrender -

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
..... 18 ..... day of ..... Sept. 1919
..... Ordinary
of ..... Fulton ..... County.
(SEAL)

Jas. F. Jackson

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

.....18.....day of.....Sept.....19.19 } Jas. F. Jackson

Claude B. Maron Lab Ordinary

of .....Fulton..... County }

(SEAL)

NAME [illegible], James M. YEAR [illegible] COUNTY Fulton.

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

ENLISTED WHEN AND WHERE? Jan.1864 at Athens, Ga.

RANK:

COMPANY AND REGIMENT? Loughin's Ga. Light Artillery, Palmer's Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED:

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

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: James F. Jackson---------same Command---------no date.

WHEN AND WHERE SURRENDERED? April 1[illegible] at Greensboro, Ga.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: James F. [illegible]----------[illegible]----------no date.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

Fulton COUNTY.

I, Thos H Jeffries Ordinary of said County, do certify that I know Mrs. Mattie E Nunn 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 5 day of March 1923

That I also know Minnie L White witness ~~as to marriage, and I also know~~ ; that both of the foregoing were duly sworn by me ~~before signing the respective affidavits~~ clerk, 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 1923

(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 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.

1908 Nunny Mattie
Ok for 1923
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 Mattie E. Nunn

Widow of C. W. Nunn

Company E

Regiment 10 Ga

Approved

Approved C. W. Lindsey

C. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10/27/1923

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

Fulton COUNTY.

I, Thos H Jeffries Ordinary of said County, do certify that I know Mrs. Mattie E Nunn 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 5 day of March 1923

That I also know Minnie L White witness ~~as to marriage, and I also know~~ Clerk ~~before signing the respective affidavits~~; 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 1923

(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 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.

1908 Nunn, Mattie
OK for 1923 (Ord)
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 Mattie E. Nunn

Widow of C. W. Nunn

Company E.

Regiment 10 Ga

Approved

Approved C. W. Lindsey

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10/27/1923

State of Georgia, Greene County.

To any Judge, Justice of Inferior Court or Minister of the Gospel:

You are hereby authorized to join C. W. Munn and Mattie Battle in marriage, provided there be no lawful cause to obstruct their union, and for so doing this shall be your sufficient license; and you are required to return this License to the Ordinary of said County with your certificate thereon as to the fact and date of the Marriage. Given under my hand and seal this 14th day of November 1873.

Joel F. Thornton, Ord'y.

I hereby certify that Cyrus W. Munn and Mattie Battle were duly joined in Marriage by me this 18 day of November, 1873

Wm A. Overton M. G. S.

STATE OF GEORGIA—Greene County.

ORDINARY'S OFFICE.

I, F. B. Shipp, Ordinary and ex-officio Clerk of the Court of Ordinary, of said County, do hereby certify that I have compared the foregoing copy of License & Certificate & Marriage of C. W. Munn & Mattie Battle

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

In Testimony Whereof, I have hereunto set my hand and affixed the Seal of the Court of Ordinary, this the 28 day of February 192 3

F. B. Shipp

Ordinary and Ex-Officio C. C. O.

WIDOW'S AFFIDAVIT

STATE OF GEORGIA, Fulton COUNTY.

Personally before me comes Mrs Mattie E. Munn of said County, who, after being duly sworn, says that she is the widow of C. W. Munn to whom, in the County of Greene State of Ga she was married on the 18 day of Nov 1873, and that she remained his wife, and resided with him to the date of his death in Dec 1899 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 1903 per annum, on account of being a soldier in Company E Regiment 10 Ga (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 day of March 1883

Sworn to and subscribed before me, this the 5 day of March 1903

Wilson R. Marbut Ordinary of Fulton County.

(SEAL)

Mrs. Mattie E. Munn

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

STATE OF GEORGIA, Fulton COUNTY.

Personally before me comes Mrs M. L. White 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. Mattie E. Munn, who made the foregoing affidavit, is the lawful widow of C. W. Munn who died in Fulton County in said State of Ga on the 1 day of Dec 1899, 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 husband and wife continuously, since their marriage until the Date of his death, the same man who was on the pension roll of said State Ga from Fulton County when he died.

Sworn to and subscribed before me, this the 5 day of March 1903

Wilson R. Marbut Ordinary of Fulton County.

(SEAL)

Mrs Minnie L. White

STATE OF GEORGIA—Greene County.

ORDINARY'S OFFICE.

I, F. B. Shipp, Ordinary and ex-officio Clerk of the Court of Ordinary, of said County, do hereby certify that I have compared the foregoing copy of

License & Certificate of marriage of C W Nunn & Mattie Bottler

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

In Testimony Whereof, I have hereunto set my hand and affixed the Seal of the Court of Ordinary, this the 28 day of February 1923

F. B. Shipp

Ordinary and Ex-Officio C. C. O.

COUNTY.)

Personally before me comes Mrs M. L. White 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. Mattie E Nunn, who made the foregoing affidavit, is the lawful widow of C. W. Nunn who died in Fulton County in said State of Ga on 2 day of Dec 1909, 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 10~~ their marriage until the date of his death, ~~and that the~~ was the same man who was on the pension roll of said State Ga from Fulton County when he died.

Sworn to and subscribed before me, this the 3 day of March 1923

Arthur R. Marbut Ordinary of Fulton County.

(SEAL)

Mrs Minnie L. White,

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorise _____

of _____ to receive and receipt for the pension allowed 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:

_____

_____

ACT 24th October, 1887.

No.

SOLDIER'S PENSION

1896.

Name _____

County _____

Disability _____

Amount, $ _____

1896.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO

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 _____

by _____ at _____.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 1896.

_____ [L. s.]

Executed in presence of:

_____

_____

Sept 26 Mch 1896
1. must appear by the mark
2. this attested by two witnesses
3. Ga seal, or the case may
4. the power is void
5. must be subscribed by
the witness if by mark.
Ret Spencer
Feb 9 1897

STATE OF GEORGIA,
_____ County.

ACT MAR. October, 1887.

SOLDIER'S PENSION 1888.

11 Feb 97

Form 1

For Use of Applicants Who have Not Heretofore Drawn.

The Instructions, as set out in the Notes, MUST be observed.

STATE OF GEORGIA,
Fulton County.

PERSONALLY appears [illegible] Nunn of Fulton County, State of Georgia, who being duly sworn says on oath that he was born on the 6th day of January 1845 that he is a bona fide citizen and resident of Georgia, and has been continuously since the Birth day of _____ 18__, that he enlisted in the military service of the Confederate States (or the State of _____) during the war between the States, and served as a Private in Company A of Lumpkins Battery Artillery Regiment of Georgia Volunteers Brigade; that whilst engaged in such military service, and in line of duty in the State of Georgia, on the _____ day of March 1865, he was disabled or wounded as follows:

At Brier Creek, Georgia,
A minnie ball entered the left foot about the instep, over the bulk of the foot breaking bones, and tendons, stiffening foot, and continuances since greatly impaire walking, working, &c, and pines pain almost Continuances.
Also shot through leg, near knee cap, ball going through Muscles, tendons &c of same leg.
The most important muscle of left leg being thrown in front as result of the wounds to the great and constant discomfort of Applicant and all of which renders the left leg & foot substantially and essentially useless, being unable to fully follow the ordinary avocations.

Deponent desires to participate in the benefits of the Act approved October 24th, 1887, and the Acts amendatory thereof, and makes application for the allowance to which he is entitled for the year thereunder, ending October 26th, 1896.

W J Nunn

Sworn to and subscribed before me, this the 25th day of February, 1896.

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. If claim is based on disease, give full and complete history of disease, tracing it directly to the service.
Note.—Do not trouble to mention the fact that the Ordinary will not take affidavits when the affidavits are signed.

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. If claim is based on disease, give full and connected history of disease, tracing it directly to the service.
NOTE.—Do not trouble to mention wounds which do not disable.
NOTE.—The Ordinary will see that all blank spaces are filled when the affidavits are signed.

Form 2

AFFIDAVIT FOR WITNESSES.

STATE OF GEORGIA.
_____ County.

PERSONALLY appears before me, the undersigned, Ordinary in and for said County, W. M. Elder, F. M. Hadley and + Geo. C. Hall each of whom, being duly sworn according to law, severally say, under oath, that they are personally well acquainted with Wm J Nunn whose application is herewith presented for a pension, that he served in Company A of the ~~[illegible]~~ Regiment of Humphrey's Battery Artillery Brigade, and from our personal knowledge he was injured by the service as follows: (*give full statement, and tell in your own language when and how the injury happened, and how badly applicant is disabled from work. If he does any labor, or can do any, state what.*) At Brier Creek, Ga. While engaged in actual battle he was shot through the foot, and was carried from battle ground disabled and placed in care of surgeons. He was also shot in the lower part of leg and about knee.

Deponent Elder was raised in same County with applicant, and was constantly with him in war, only being with infantry. Deponent Hadley was in 26th Reg't, but was so closely related and associated in service with applicant as to positively know of wounds etc. Said Nunn (applicant) was continuously since injury unable to perform manual labor and now is so.

We personally know above stated facts. We were with him in the army and have known him ever since. He was honorably discharged or retired from the service on _____ day of _____ 186__. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18__. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this 25th day of Feb 1896.
W. L. Calhoun
ORDINARY.

Geo. C. Hall
W. M. Elder
F. M. Hadley

NOTE 1.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to the same.
2. Witnesses are asked to make their statements full and explicit.
3. All blank spaces must be filled when signed.

+ Said Deponent Hall says that he was Lieutenant in Co "A" of Humphrey's Batty, and that he clearly remembers the instance of applicant's injury, occurring while engage in active battle.

Form 3

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA,
Fulton County.

PERSONALLY comes before me W. L. Calhoun Ordinary of said County, A. L. Franklin and O. H. Snider, both known to me as reputable physicians of said county, who being severally sworn, say on oath, that they have carefully examined Wm J. Nunn and after such personal examination, say that the present condition of applicant is as follows: The left foot is stiffened, and some of the posterior muscles are situated on the anterior surface of leg.

and that said condition is permanent.

We further say that said condition arises from the following facts: Missile having passed diagonally into the Meta-carpal region of left foot, having broken bones, and ruptured ligaments, ball still in region. Shot also at cap of knee, and again at lower third of same limb. Stiffening the limb.

We have treated applicant professionally for _____ years, and his condition, as above stated, does _____ arise from any hereditary or congenital cause, nor from any vicious or intemperate habits.

Sworn to and subscribed before me, this 25th day of Feb 1896.
W. L. Calhoun
ORDINARY.

A. L. Franklin M.D.
O. H. Snider M.D.

NOTE 1.—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.
NOTE 3.—The physicians will be careful to fill every blank space in oath.

Form 4.

STATE OF GEORGIA,
Fulton County.

I, W. L. Calhoun, Ordinary of said County, do certify that I am well acquainted with Wm J. Nunn 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, to-wit: Geo. C. Hall, W. M. Elder, and F. M. Hadley are persons of respectability, that their statements are worthy of full credit and belief and that the full text of the affidavit was read to and understood by them before they signed the same.

Given under my official signature and seal this 25th day of Feb 1896.

W. L. Calhoun
Ordinary Fulton County.

+ Said deponent Hall says that he was Lieutenant in Co "A" of Lumpkin Vol., and that he clearly remembers the wounds of applicants, & injury, & knows whereof he swears in above affid.

Colored Fulton County.

POWER OF ATTORNEY. Form 8.

STATE OF GEORGIA,
_____ COUNTY.

I, _____ hereby authorize _____

of _____ to receive and receipt for the pension allowed 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:

_____

_____

No. 3319

INVALID SOLDIER'S PENSION 1897.

Name W. J. Nunn
County Fulton
Disability Leg
Amount $ 50.00
4/27 1897

RICHARD JOHNSON, Commissioner of Pensions.

WARRANT HANDED TO applt

Jan 1, 1897

Form 1.

For Use of Applicants Who have Not Heretofore Drawn.

The Instructions, as set out in the Notes, MUST be observed.

STATE OF GEORGIA,
Fulton County.

PERSONALLY appears Wm J. Nunn of Fulton County, State of Georgia, who being duly sworn says on oath that he was born on the 6th day of January 18 45, that he is a *bona fide* citizen and resident of Georgia, and has been continuously since the 1st day of 18 65, that he enlisted in the military service of the Confederate States (or the State of Georgia) during the war between the States, and served as a Private in Company A of Lumpkin Battery 18th Regiment of Georgia Volunteers Brigade; that whilst engaged in such military service, and in line of duty in the State of Georgia, on the Brien Creek day of March 1864, he was disabled or wounded as follows:

A Minnie ball entered left foot at instep, over bottom of foot bottom - breaking several bones, dissecting tendons & ligaments, thus stiffening the foot, and continuously since is in pain & function of that foot - as to render it substantially and essentially useless.

Moreover A Shot through the leg near the knee cap, passing through muscles, severing tendons - ligaments &c. so as to even afterwards place the most essential and important muscles of that limb in the abnormal anterior position, from its original natural position in place of origin & insertion; All of the above rendering applicants left leg substantially and essentially useless - and he being unable to follow ordinary occupations for a livelihood.

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 thereunder, ending October 26th, 1897.

Sworn to and subscribed before me, this the 14 day of June 1897.

W. J. Nunn
P. O. _____

W. H. Thomas
Ordinary.

Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. If claim is based on disease, give full and connected history of disease, tracing it directly to the service.
Note.—Do not trouble to mention wounds which do not disable.
Note.—The Ordinary will see that all blank spaces are filled when the affidavits are signed.

Ordinary.

NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. If claim is based on disease, give full and connected history of disease, tracing it directly to the service.
NOTE.—Be sure Ordinary will see that all blank spaces are filled when the affidavits are signed.

AFFIDAVIT FOR THREE WITNESSES.

Form 3

STATE OF GEORGIA,
Fulton County.

PERSONALLY appears before me, the undersigned, Ordinary in and for said County, _____

and _____ personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say, under oath, that they are personally well acquainted with Wm J Nunn

whose application is herewith presented for a pension, that he has resided in this State continuously since the war day of March 18 6 4 that he served in Company A of the Lumpkin Battery Regiment of _____ Brigade, and from our personal knowledge he was injured by the service as follows: (*give full statement, and tell in your own language when and how the injury happened, and how badly applicant is disabled from work. If he does any labor, or can do any, state what.*) At Brier Creek Ga.

He was shot through the left foot and leg, was carried from the battle grounds disabled and placed in care of Surgeons. Being shot in lower portion of leg and in foot we know not how seriously or to what extent. (He being put immediately in charge of Surgeons)

Deponent Hadley knows of his own knowledge from relations and associations with applicant after injury, the extent and particulars of wounds and all three of the deponents know from reason and common sense that those were the wounds that has disabled applicant to the present time rendering the entire left leg, substantially and essentially useless and being unable to perform ordinary manual labor.

We personally know above stated facts. We were with him in the army and have known him ever since. He was honorably discharged or retired from the service on _____ day of _____ 18__. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18__. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this
14 day of Jany 1897.
M M Lucas
ORDINARY.

S. H. Hadley,
[illegible]

NOTE 1.—The Ordinary will see that the full text of the affidavit is understood by the witnesses, and that they are legally qualified to the same.
2. Witnesses are asked to make their statements full and complete.
3. All blank spaces must be filled when signed.
4. Three witnesses are required.

PHYSICIANS' AFFIDAVIT.

Form 5.

STATE OF GEORGIA,
Fulton County.

PERSONALLY comes before me Wm H Hadley Ordinary of said County, O Henley Lucas and J. J. [illegible], both known to me as reputable physicians of said county, who being severally sworn, say on oath, that they have carefully examined Wm J Nunn and after such personal examination, say that the present condition of applicant is as follows:

Missiles have passed diagonally through ante-tarsal bones and attachments of left foot "Shattering" same and also through at knee Cap and about Lower third of left leg said wounds rendering that limb (the left leg) substantially & essentially useless and that the condition is permanent. Yes

We further say that said condition arises from the following facts:

The "Soleus", a posterior muscle of the leg, mainly lies on the anterior or front aspect of the leg. The knee joint is stiffened as is the ankle joint. All the result of wounds as described above,

We have treated applicant professionally for Six years, and his condition, as above stated, does Not arise from hereditary or congenital causes, or from vicious or intemperate habits. - So swears Dr Lucas, the other deponent concurring in all of above except as to time having known and treated applicant.

Sworn to and subscribed before me, this
11 day of Jany 1897.
M M Lucas
ORDINARY.

O Henley Lucas M.D.
J. J. [illegible] M.D.

NOTE 1.—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.
NOTE 3.—The physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA,
Fulton COUNTY.

Form 4.

I, M M Lucas, Ordinary of said County, do certify that I am well acquainted with Wm J Nunn 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, to-wit Geo G Hall J M Hendley S H Hadley and O H Lucas

are persons of respectability, that their statements are worthy of full credit and belief and that the full text of the affidavit was read to and understood by them before they signed the same.

Given under my official signature and seal this 14 day of Jany 1897.

M M Lucas
Ordinary Fulton County.

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
_____
_____

Nunn, W. J.
Fulton Co.

ACT OF 24 OCT., 1897.
(For Those Already Enrolled.)
No. 702 68
(Lump Line 1899)

INVALID
SOLDIER'S PENSION.
1898.

Name W. J. Nunn
County Fulton
Disability Leg
Amount, $ 50.00
47 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Appt
Geo. W. Hardman, State Pension Agent, 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
_____

Nunn, William J.
Fulton County

CODE SECTION 1898.
(For Those Already Enrolled.)
No. 25

INVALID
SOLDIER'S PENSION.
1900.

Name Wm J. Nunn
County Fulton
Disability
Amount, $ 50.00
Warrant issued Jany 17 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Appt
Geo. W. Hardman, State Pension Agent, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears Wm J. Nunn 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 6 day of Jan 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 A Lumpkins Battery, of th Regiment of Georgia Volunteers, 's Brigade; that whilst engaged in such military service in the State of Georgia, on the day of March 1864, he was wounded, injured or diseased as follows:

Wound in left leg and fork rendering same useless, unfitting him for work.

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, the 17 day of July 1898. W J Nunn POST-OFFICE

W H Hulsey

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 Wm J. Nunn the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Affix your seal here.

W H Hulsey
Ordinary Fulton County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears Wm J Nunn 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 6th day of Jany 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 A Lumpkins Battery, of th Regiment of Cook's Bat Volunteers, 's Brigade; that whilst engaged in such military service in the State of Ga, on the day of artillery 186 , he was wounded, injured or diseased as follows:

Wounded in hip & leg

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of 50.00 Dollars, for the year 1899.

Sworn to and subscribed before me, this, the 17th day of January 1900. W J Nunn POST OFFICE Atlanta

W H Hulsey

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 Wm J Nunn the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 January 1900.

Affix your seal here.

W H Hulsey
Ordinary Fulton County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Fulton County.

I Wm. J. Nunn hereby authorize
A. A. Ford of Fulton County, Ga.
to receive and receipt for the pension paid hereon and request that he remit same to
me by in person
at 163 & 165 Decatur St. Atlanta Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 17th
day of January 1901.

W. J. Nunn [L. S.]

Executed in presence of

S. H. Landrum J.P.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Fulton County.

I, William J. Nunn hereby authorize
J. M. Plicker of Atlanta Ga
to receive and receipt for the pension paid hereon and request that he remit same to
me by
at

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 15
day of January 1902.

William J. Nunn [L. S.]

Executed in presence of

John R. Wilkinson
Ordinary

Nunn, William J.
Fulton County

(For Those Already Enrolled.)

CODE SECTION 1920.

No. 160

DISABLED
SOLDIER'S PENSION.
1901.

Name W. J. Nunn
County Fulton
Disability 50%
Amount, $ Coon. Dis. Dep. Leg
Jany 16 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[redacted] Atlanta
Postage, State Printer, Atlanta.

no data

Nunn, William J.
Fulton Co.

(FOR THOSE ALREADY ENROLLED.)

CODE SECTION 1920.

No. 278

DISABLED
SOLDIER'S PENSION
1902.

Name W. J. Nunn
County Fulton.
Co. Regiment Ga
Disability Wounded Lip & Leg
Amount, $ 50.00
1/4 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]
Wm. W. Harrison, State Printer, Atlanta.

no data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears Wm J Nunn 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 6th day of Jany 18 63; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company A, of th Regiment of Cooks Bat Volunteers, Longstreet's Corps Artillery's Brigade; that whilst engaged in such military service in the State of Ga, on the day of 186, he was wounded, injured or diseased as follows:

Wounded in Hip & Leg

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of Fifty Dollars, for the year 1900.

Sworn to and subscribed before me, this the 7th day of Jany 1901. Wm J Nunn Postoffice Atlanta

John R Wilkinson

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

STATE OF GEORGIA,
Fulton County.

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

Given under my official signature and seal, this 7th day of Jany 1901.

John R Wilkinson
Ordinary Fulton County.

POWER OF ATTORNEY

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton. County.

Personally appears Wm J Nunn 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 6th day of Jan 18 63; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company A of th Regiment of Ga Volunteers, Cooks Bat Longstreet's Corps Art. Brigade; that whilst engaged in such military service in the State of Ga, on the day of 186, he was wounded, injured or diseased as follows:

Wounded in Hip & 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 JAN 13 1902 day of 1902. William J Nunn Post-office

John R Wilkinson

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

STATE OF GEORGIA,
Fulton. County.

I, John R Wilkinson Ordinary of said County, do certify that I am well acquainted with Wm J Nunn the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 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

7th day of Jany 1901. } Postoffice Atlanta

John R Wilkinson

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

STATE OF GEORGIA,
Fulton County. }

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

Given under my official signature and seal, this 7th day of Jany 1901.

John R Wilkinson
Ordinary Fulton County.

Affix your seal here

POWER OF ATTORNEY

Sworn to and subscribed before me, this the 13 day of JAN 1902 1902. } William J Nunn Post-office

John R Wilkinson

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

STATE OF GEORGIA,
Fulton. County. }

John R Wilkinson

I, John R. Wilkinson Ordinary of said County, do certify that I am well acquainted with Wm J Nunn the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

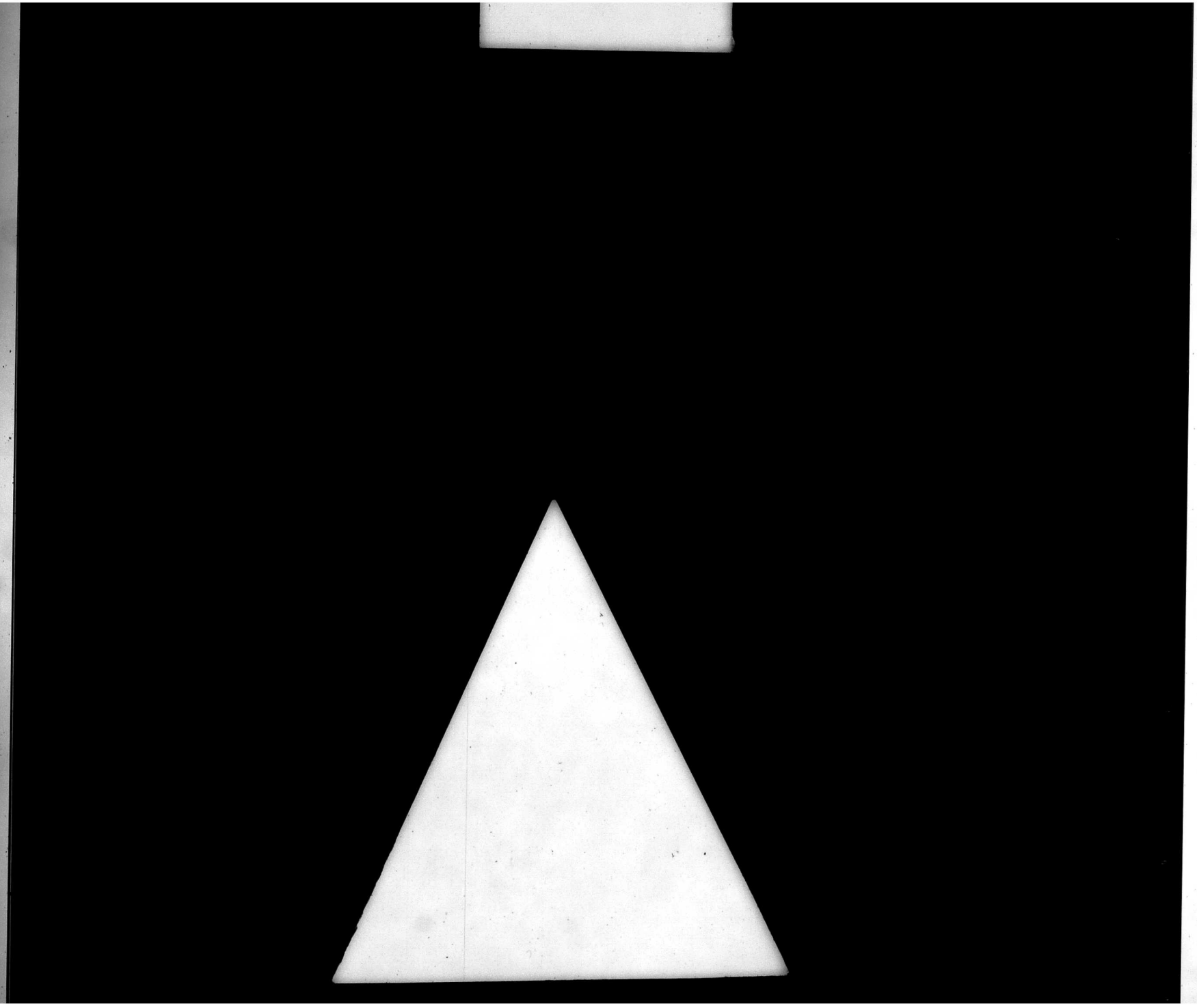
Affix your seal here

John R Wilkinson 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

This to certify that Said Leg of William is entirely useless without the aide of a Cain or a Crutch.
J. T. Gordon MD
This Jan 12 97



Aubon gr.
Oatman, S. B.
No. 2302 Fulton Co

INDIGENT PENSION
1897.

Name S. B. Oatman

County Fulton

Approved 7/8 1897.

WARRANT HANDED TO

Appl. co.

GEO. T. BARNES, STATE PRINTER, ATLANTA.

2/9/97

Pension Office 5/21 1897
Further & more definite proof of the service is required — Six months regular military duty must be proven
Rich. A. Johnson
Assoc. J. Pensions

Amount

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 _____ }

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

_____

Pension Office
7th March 1897
Sir: You are required to furnish
the within applicant with
blank forms for making
application for pension
Respectfully
R. A. Brown
Ex. Clerk

Dawson Ga Feb 12
Catman S. B.
No. 2352 Fulton Co

INDIGENT PENSION
1897.

Name S. B. Catman
County Fulton

Filed 7/4 1897.

WARRANT HANDED TO
Applicant

2/19/97

Questions for Applicant.

STATE OF GEORGIA,
Fulton County.

I, S B Catman, 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:

Every Question MUST be Answered.

1. What is your name and where do you reside? (give State, County and post office) Stephen B. Catman. Atlanta Ga. Fulton County. Atlanta Ga Box 46
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? Atlanta. Resident 35 Years.
3. When and where were you born? Ira Vermont Sept 1843.
4. When and where and in what company and regiment did you enlist or serve? In Atlanta 1863 Georgia Fire Battalion - Detailed by Secretary of War of Confederate States.
5. How long did you remain in such company and regiment? until disbanded the 20th. In August 1864
6. For how long a period did you discharge regular military duty? About One Year 6 Months
7. When, where and under what circumstances were you discharged from service? In Atlanta Ga When Battalion was disbanded I went in the State Service.
8. What is your present occupation? have none. Not able to work
9. How much can you earn (gross) per annum by your own exertions or labor? Can't Earn Any thing
10. What has been your occupation since 1865? Various - Selling Goods on Commission
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 2nd 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? I have been Unable to Earn or make a Living for more than Six Years through Disease & Infirmity
13. What property, effects or income do you possess and its gross value? I have no Property Except my Room Furniture
14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? I had no Property 1894-95 & 96
15. In what County did you reside during those years and what property did you then return for taxation? In Fulton County I returned no property for taxes
16. How were you supported during the years 1895 and 1896? by My Wife's Exertions and the Aid of my Niece
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 $150.00 Each Year - Dont Live
18. What was your employment during 1895 and 1896? What pay did you receive in each year? In 1895 & 1896 Selling Coal on Commission when able to work. Not Earning Twenty Dollars Each Year
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? I have a Wife Myself & Wife no means of Support. Except our own Exertions.
20. Are you receiving any pension, if so what amount and for what disability? I am receiving no Pension.

Sworn to and subscribed before me this the 26 day of Jany 1897.

W M Reed Ordinary.
of Fulton County.

S B Catman
Applicant.

26 day of Jany 1897. } S. B. Oatman Applicant.

M W Hulsey Ordinary.

of Fulton County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

_____ County. }

_____, of said State and County, having been presented as a witness in support of the application of _____ for pension under 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? George McCullough Atlanta, Fulton County Georgia
2. Are you acquainted with Stephen B. Oatman, the applicant, is yes — how long have you known him? over thirty five years,
3. Where does he reside, and how long has he been a resident of this State? In Atlanta Ga Resident over 35 years
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? I know of having (served) in Both Confederate army, and Georgia Militia. I lived with him during the war.
5. When, where and in what company and regiment did he enlist? In Atlanta in 1863 in Five Battallion.
6. Were you a member of the same company and regiment? I was not
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? I know he served over twelve months in Confederate service. After Battallion was disbanded I know he served in State Militia.
8. What property, effects or income has the applicant? (Give your means of knowledge.) None that I know of. I know he pays no taxes on 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? I dont know of his having any property or Effects in 1895 + 1896
10. What is the applicant's occupation and physicial condition? I dont know of his having any occupation. He has been in feeble health for several years
11. Is the applicant unable to support himself by labor of any sort, if so, why? I dont think he is able to make a support from his feeble Condition.
12. How was he supported during the years 1895 and 1896? I dont 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? He is an old man, now 81 years, and Phisicaally weak.
15. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 9 day of July 1897. } George his mark McCullough Witness.

M W Hulsey Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Fulton County. }

Personally came before me J. S. Todd and Jno. G. Earnest, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully examined Stephen B. Oatman, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

Suffering from the infirmities of age; a weak heart; & Chronic bronchitis

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 2 day of Jany 1897. } J. S. Todd M.D. Jno. G. Earnest, M.D.

M W Hulsey Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County. }

I, M W Hulsey, Ordinary in and for said County, hereby certify that the applicant S B Oatman 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: George McCullough J S Todd John G Earnest are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Fulton County show that applicant returned for taxation in his name in 1895, 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 July 1897.

M W Hulsey Ordinary

of Fulton County.

NOTE.

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

Sworn to and subscribed before me, this the 9 day of July 1897. } Georgia his Mc Cullough mark Witness.

M M Bulsey Ordinary.

of Fulton County.

NOTE.

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

POWER OF ATTORNEY.

State of Georgia,
_____ County. }

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____
day of _____ 1898.

_____ [L. S.]

Executed in presence of
_____
_____

Oatman S.B. Fulton Co. 3

(For Those Already Enrolled.)
ACT OF 24 DEC., 1896.

No. 420

INDIGENT
SOLDIER'S PENSION,
1898.

Name S B Oatman
County Fulton

WARRANT ISSUED
1/12 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Atlanta

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 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
_____

Oatman, S.B., Fulton Co. 3

(FOR THOSE ALREADY ENROLLED.)
UNDER SECTION 3514.

No. 2074

INDIGENT
SOLDIER'S PENSION
1902.

Name S B Oatman
County Fulton
Co. ____ Regiment Lite Battalion

WARRANT ISSUED
4/4 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Atlanta

Geo. W. Harrison, State Printer, Atlanta.

Not dead

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears S.B. Oatman 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 — 1865; that he is 83 years old and by occupation a ; 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 for the term of 18 Mos in Company —, of — th Regiment of Fire Battalion; that his physical condition is as follows: General debility

that his property consists of the following items

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

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

Sworn to and subscribed before me, this the 2 day of Jany 1898. S B Oatman

W W Bruny Ordinary.

State of Georgia,
Fulton County.

I, W.A. Pulsley Ordinary of said County, do certify that I am well acquainted with S.B. Oatman the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1898.

Affix your seal here.

W W Bruny Ordinary. Fulton County.

NOTE.—The blank spaces must be filled.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
ulton. County.

Personally appears S B Oatman of ulton. 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 1865; that he is 86 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 18 Mo in Company —, of — th Regiment of Fire Battalion; 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 ulton. county been allowed a pension for the year 1901

Sworn to and subscribed before me, this the day of JAN 1 1902. 1902. S. B. Oatman

John R. Wilkinson Ordinary.

STATE OF GEORGIA,
ulton County.

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

Given under my official signature and seal, this day of JAN 1 1902. 1902.

Affix your seal here.

John R. Wilkinson Ordinary. ulton 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 _____ 1900.

_____ [L. S.]

Executed in presence of

_____

Catman, S. B.
Fulton County

CODE SEC. 1284.
(For Those Already Enrolled.)

NO. 339

INDIGENT
SOLDIER'S PENSION,
1900.

Name S. B. Catman
County FULTON

WARRANT ISSUED
Jany 14 1900.

JOHN. W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]
Geo. W. Harrison, State Pensioner, Atlanta.

No Data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
FULTON County.

Personally appeared S B Catman of FULTON County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the ____ day of ____ 1840; that he is 85 years old and by occupation a ____; that he enlisted in the military service of the Confederate States (or of the State of Confedenate) during the war between the States, and served for the term of 18 Mos in Company ____, of ____th Regiment of Fie Battalion ____; 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 16 day of Jany 1900. S. B. Catman

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 S B Catman the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1900.

Affix Seal here.

W H Hulsey
Ordinary FULTON County.

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

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 _____ 1899.

Executed in presence of _____ _____ (L. S.)

Patman, S. B.
Fulton County
CODE SEC. 1254.
(For These Already Enrolled.)

No. 545

INDIGENT
SOLDIER'S PENSION,
1899.

Name S. B. Patman
County FULTON

WARRANT ISSUED 1/18 1899

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO Appd

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 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 _____

Patman, S. B.
Fulton County
CODE SECTION 1254.
(For These Already Enrolled.)

No. 508

INDIGENT
SOLDIER'S PENSION.
1901.

Name S. B. Patman
County Fulton

WARRANT ISSUED January 14 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO Appd

Geo. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
FULTON County.

Personally appears S.B. Oatman of FULTON County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the — day of — 1840; that he is 84 years old and by occupation a —; 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 for the term of 18 ms in Company —, of — th Regiment of Fire Battalion; that his physical condition is as follows: General debility

that his property consists of the following items —

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899. I have heretofore as a resident of FULTON county been allowed a pension for the year 189 5

Sworn to and subscribed before me, this the 18 day of Jay 1899. — S. B Oatman

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 S. B. Oatman the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jay 1899.

Affix your seal here.

W H Hulsey Ordinary FULTON County.

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears S B Oatman of Fulton County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the — day of — 1840; that he is 86 years old and by occupation a — 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 for the term of 18 Mos in Company —, of — th Regiment of Fire Battalion; 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 1 900

Sworn to and subscribed before me, this the 4th day of January 1901. — S. B. Oatman

Jno R Wilkinson Ordinary.

STATE OF GEORGIA,
Fulton County.

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

Given under my official signature and seal, this 4th day of Jany 1901.

Affix your seal here.

Jno R Wilkinson Ordinary Fulton County.

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

Affix your seal here.

M. A. Hussey

Ordinary FULTON County.

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

Affix your seal here.

Jno R Wilkinson

Ordinary Fulton County.

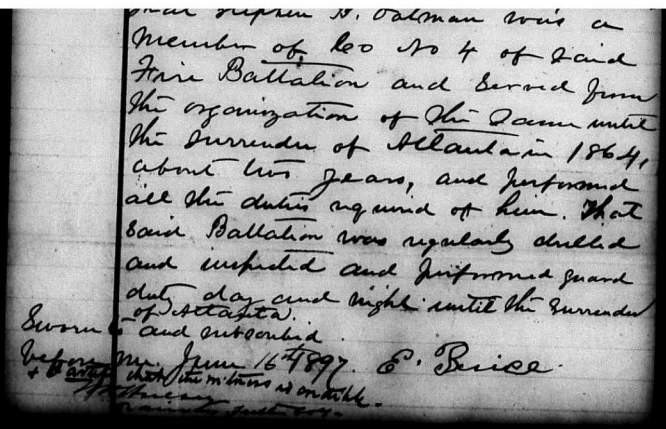
NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1901.

Georgia - Fulton County.

Personally appeared before the undersigned, Elisha Buice, of said County, who having been duly sworn saith that during the late war between the States there was in Atlanta, Georgia, a military organization, composed of four Fire Companies, numbers 1-2-3 & 4 and known as the Fire Battalion, and said Companies were detailed by the Secretary of War for fire and guard duty in the city of Atlanta and Fulton County, and were enlisted, armed and mustered into service in September, 1862. That Stephen B. Oatman was a member of Co No 4 of said Fire Battalion and served from the organization of the same until the surrender of Atlanta in 1864, about two years, and performed all the duties required of him. That said Battalion was regularly drilled and inspected and performed guard duty day and night until the surrender of Atlanta.

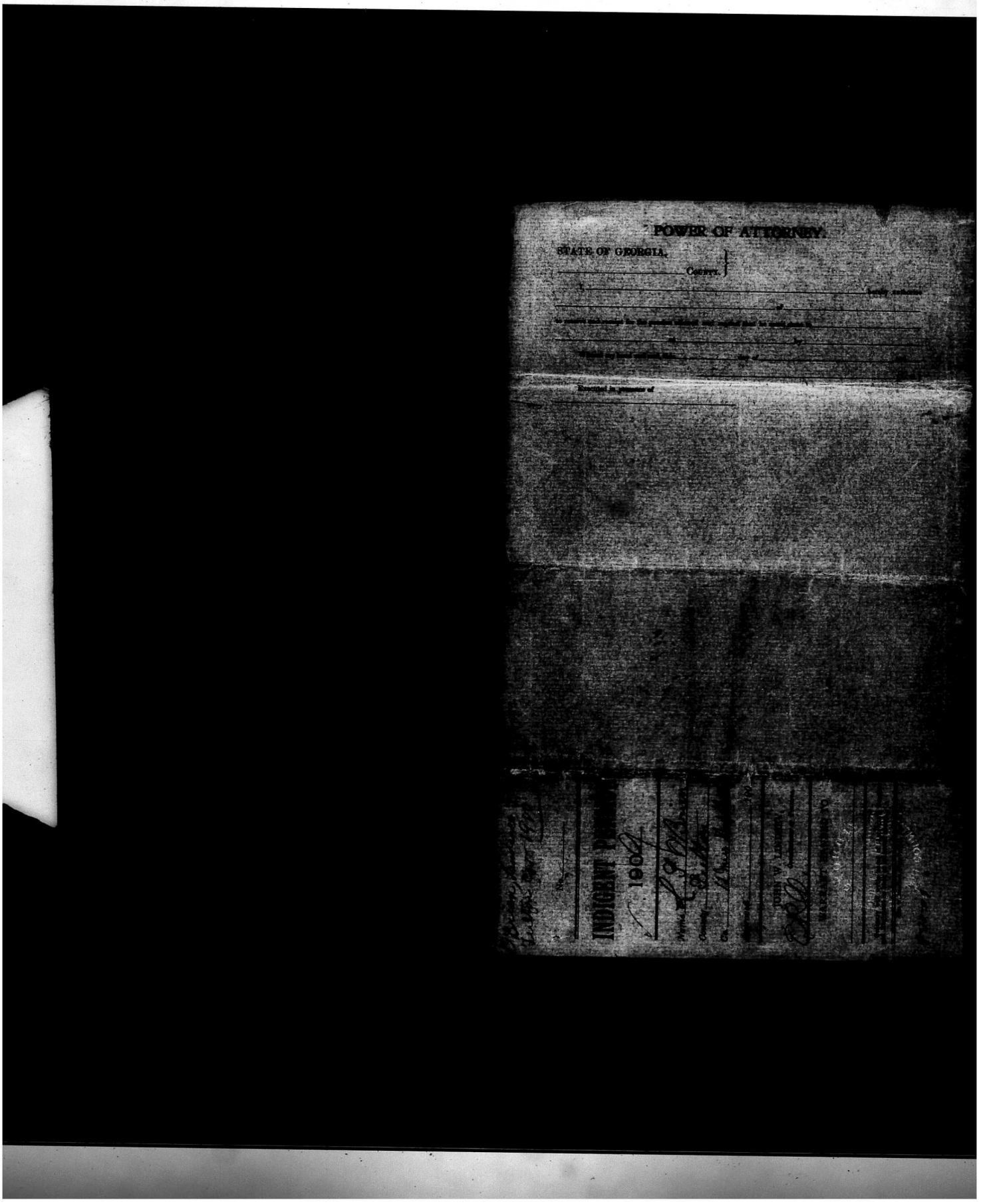
Sworn to and subscribed before me June 16th 1897. E. Buice.

+ Certify that the witness is credible.
M. A. Hussey
Ordinary Fulton Co.



that Stephen H. Oatman was a
member of Co No 4 of said
Fire Battalion and served from
the organization of the same until
the surrender of Atlanta in 1864,
about two years, and performed
all the duties required of him. That
said Battalion was regularly drilled
and inspected and performed guard
duty day and night until the surrender
of Atlanta.

Sworn to and subscribed
before me June 16th 1897. E. Price.
+ Certify that the witness is on title.
[illegible]
[illegible]



O'Brien, Louisa
Fulton Co. 1909

No.

INDIGENT PENSION

1909

Name L. S. O'Brien

County Fulton

Co. 12 Mrs [illegible]

Approved 190

JOHN W. LINDSEY

WARRANT HANDED TO

POWER OF ATTORNEY

STATE OF GEORGIA,

County.

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 _____ 190__

_____ [L. S.]

Executed in presence of

_____

No. _____

INDIGENT PENSION.

1907

L. F. O'Brien

Name of Soldier

Fulton

County

12th Miss Inf

Co.

1907

JOHN W. LINDSEY,

Ordinary.

WARRANT HANDED TO

O'Brien, Lawrence F.
Fulton Co. 1910

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA, }
Fulton COUNTY. }

I, Lawrence F. O'Brien of said State and County, desiring to avail himself of the Pension Act (Section 1854, 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.) Lawrence F. O'Brien Georgia Fulton County Atlanta Ga.
2. How long and since when have you been a resident of this State? Since January 1868 Forty one Years
3. When and where were you born? Fenton County Mich Vicksburg
4. When and where and in what company and regiment did you enlist or serve? Vicksburg Miss Shoulder Hillsburg Miss Warren Co 12th Twelfth Miss Regiment to Capt H. H. Finley Was organized March 13th 1861 Served becomes a part of the C.S. Army
5. How long did you remain in such company and regiment? 18th March 1861 until Reorganized at Corinth Miss 1862
6. When and where was your company and regiment surrendered and discharged? Second or Third of April 1865 Raleigh N.C. Last Camp Petersburg Va Captured as Prisoner of War Sent to Point Lookout Md
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? When employed Could about $1200
10. What has been your occupation since 1865? Machinist
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 and in proximity not being
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. Physically able to work Cap My trouble since being debared on Way of Old age. On Sept next I will be seventy Five years old
13. What property, real and personal, or income, do you possess, and its gross value? Watch & household furniture
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? The Amount Late in Celebration Gun
15. In what County did you reside during those years, and what property did you then return for taxation? Fulton Same Late in Celebration suspended
16. How were you supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? by occupation at Merchant
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? All my income & Employment
18. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907? What pay did you receive in each year? Machinist at $2.50 per hour To $3 per hour
19. Have you a family? If so, who composes such family? Give their means of support. Have they a homestead, or other property? Their ages and how employed? Yes Wife Son and Sister-in-law Son Work Carpenter
20. Are you receiving any pension? If so, what amount and for what disability? No None
21. Have you ever made an application for pension before? No
22. How many applications have you ever made and under what claim? None

Sworn to and subscribed before me this 4th day of Nov 1907
John W. Lindsey Ordinary.
Fulton County.

L. F. O'Brien
Applicant.

Every Question MUST Be Answered

O'Brien, Sam
Fulton Co

No. [illegible]

INDIGENT

1904

[illegible]

JOHN W. LI[illegible]

WARRANT [illegible]

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 6th Day of June, 1904
John W. Wilkinson, Ordinary, Fulton County.

L. F. O'Brien
Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Fulton County.

Mrs Robinson of Fulton County and State aforesaid, having been summoned as a witness in support of the application of L F O'Brien for pension under section 1264, Code, and after being duly sworn was examined to make to the following questions, viz: and answers as follows:

1. What is your name and where do you reside? Mrs Robinson 457 Gilliam St Atlanta Ga
2. Are you acquainted with L F O'Brien the applicant; if so, how long have you known him? 20 years
3. Where does he reside, and how long and since when has he been a resident of this State? 20 years Do Mar as I Know
4. When, where and in what company and regiment did he enlist, and how do you know?
5. Were you a member of the same company and regiment?
6. How long did he perform regular military duty?
7. When and where was his command surrendered?
8. Were you present when it surrendered?
9. Was applicant present?
10. If he was not present, where was he?
When did he leave his command? For what cause?
By what authority he left? How do you know all of this?
11. What property, effects or income has the applicant? (Give your means of knowledge.) None I worked with him from 1900 to 1906
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907. none but his wages as a Machanist
and what disposition, if any, did he make of same?
13. Has he conveyed away any of his property in the last five years; if so, what was it, and to whom? None
14. What is the applicant's occupation and physical condition? Machinest Physical Condition Poor from Old Age
15. Is the applicant unable to support himself by labor of any kind; if so, why? Yes Too Old to get a Job at his Trade
16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? Working at his trade
17. What portion of his support for these four years was derived from his own labor or labors?
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1264, Code.
19. What is the reason? [illegible]
20. What testimony can you offer in support of applicant's claim?

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Fulton County.

W. H. Robinson and W. H. Hall and J. L. Campbell, M.D. both known to me as reputable physicians of said County, on oath say that they have examined carefully L. F. O'Brien applicant for pension under Section 1264, Code, and after such personal examination we find his present physical condition is as follows:

Bronchial attack and is under treatment at present time of Lumbago Rheumatism Chronic Chronic (Enlargement) and general debility owing to his age.

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

W. H. Robinson M.D. (his X mark)
J. L. Campbell M.D.

Sworn to and subscribed before me, this the 22 Day of June, 1904
John W. Wilkinson, Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Fulton County.

I, John W. Wilkinson, Ordinary, in and for said County, hereby certify that the applicant L F O'Brien resides in said County, and has been a bona fide resident of this State since the [illegible] day of [illegible] 189[illegible] and that the witnesses, viz: W. H. Robinson

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 law was read to the applicant and witness before same was signed.

I further certify that the tax digest of [illegible] County shows that applicant returned for taxation in his name in 1901 [illegible] Dollars of property, and in 1902 [illegible] Dollars of property; in 1903 [illegible] Dollars of property; in 1904 [illegible] Dollars of property; in 1905 [illegible] Dollars of property; in 1906 [illegible] Dollars of property; in 1907 [illegible] Dollars of property.

In my opinion the foregoing claim is [illegible] and just.

Witness my hand and seal of office, this [illegible] day of [illegible] 190[illegible]
John W. Wilkinson, Ordinary.
Fulton County.

GEORGIA, Fulton County.

I, Thos H. Jeffers, Ordinary of said county, do certify that I personally know Mrs L. F. O'Brien, the applicant, and that she is the lawful widow of L. F. O'Brien, and was on the Indigent Pension Roll of said Fulton county, and was paid a Pension from Sixty county for 1916, and at the time of his death on the 13 day of February 1917, there was due to him and unpaid his Pension of Seventy Dollars from the State of Georgia, and I know Jos W. Rawlins, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 31 day of March 1917

Thos H. Jeffers Ordinary,

Fulton County.

O'Brien, L. F.
Fulton County

No. 1917

Application for Pension: Due Deceased Soldier

UNDER ACT 1894

To be paid his Widow or Dependent Children

BY

Mrs. L. F. O'Brien

Widow of L. F. O'Brien

of Fulton County

Co. Regt. Vol.

Approved and paid 1917.

J. W. LINDSEY, Commissioner of Pensions.

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 191..., 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. L. F. O'Brian, of said county, after being duly sworn, on oath says that she is the widow of L. F. O'Brian who was duly enrolled as a Confederate Pensioner from the county of Fulton and was paid a Pension of Sixty Dollars from Fulton county for 1916, and that the said L. F. O'Brian died in Fulton county on the 28 day of Feby, 1917 and at the time of his death a Pension of $60.00 was due him from Fulton county and unpaid for 1917. Applicant further swears that she married the said L. F. O'Brian on the 17 day of April, 1866, in Muscogee 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 5 day of March, 1917.

Chas. D. Mason, Ordinary. | Mrs. L. F. O'Brian (L. S.)

Fulton County.

AFFIDAVIT OF WITNESS.

GEORGIA, Fulton County.

Personally before me comes Jos. W. Awtry, who on oath says that he knew Mrs. L. F. O'Brian while in life and that he knows Mrs. L. F. O'Brien the above applicant; that he knows that the said L. F. O'Brien and Mrs. L. F. O'Brien ~~were in due form of law married in the county of ..... in the State of ..... were the ..... day of ..... 18..... and that they~~ resided together as husband and wife from date of marriage to the day of ~~his death~~ on the 27 day of Feby, 1917 and I now know that she is his dependent widow.

Sworn to and subscribed before me this 5 day of March, 1917.

Wm. R. Malsbee, Ordinary. | Jos. W. Awtry

Fulton County.

Note 1st—This form can be used by guardian or minor children where there is no widow.
2d—Ordinary must send in all cases certified copy of marriage license attached.

Arthur R. Marbut Ordinary.
Fulton County.
Jos. W. Awtry

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, Muscogee County

Personally appeared before the undersigned officer authorized to administer oaths, Mrs Texas Ryckley, who first being duly sworn, deposes and says:

That she was well acquainted with Mr. Lawrence O'BRian in his life time, now deceased; and his wife, Mrs Fletcher O'Brian, who survives him and who now resides in Atlanta, Ga.

Deponent says that both Mr and Mrs O'Brian formerly lived in Columbus, Georgia.

Deponent says that she recalls distinctly the time that Mr and Mrs O'Brian were married, which marriage took place on the 17th day of April, 1866, inna dwelling house formerly occupied by Hon. G. GunbyJordan, of this city, Columbus, Ga. Deponent says that she r remembers her aunt attending the wedding and discussing same after Mr and Mrs O'Brian were married. Deponent furhher says that Mr and Mrs O'Brian reared as an issue of said marriage a splendid family of children; and lived together as man and wife until death ~~[illegible]~~ separated them, Mr O'Brian having died recently in Atlanta, Ga.

[redacted]

Mrs Texas Ryckley

Sworn to and subscribed before me
this 13 day of April, 1917

Geo. C. Palmer
Notary Public, Muscogee County, Ga.

Georgia, Muscogee:

Personally appeared before the undersigned, Geo.C. Palmer, who on oath deposes and says:

That he is well acquainted with Mrs. Texas Ryckley, of Columbus, Ga.; that he knows her general character; that it is good; and that she is worthy of full faith and credit in any matter to which she may speak or depose.

Geo. C. Palmer

Sworn to and subscribed before me this
13th day of April,
1917

M. K. Bagley.
Notary Public, Muscogee County, Georgia

O'Brian having died recently in Atlanta, Ga.

[redacted]

Mrs Texas Rycheling

Sworn to and subscribed before me
this 13 day of April, 1917

[signature]
Notary Public, Muscogee County, Ga.

Notary Public, Muscogee County, Georgia

State of Mississippi
Warren County

Personally appeared before me a Justice of the Peace M Wolf who on oath says that Lorence F Obrien was member of Co G Vicksburg Sharp Shooters, in the Cofederate armey. of Northern Virginia

Witness my hand this 12th day of April 1909 M Wolf

Given under my hand and seal this 12th day April 1909

F. C. Henderson
Justice of the Peace

State of Mississippi
Warren County

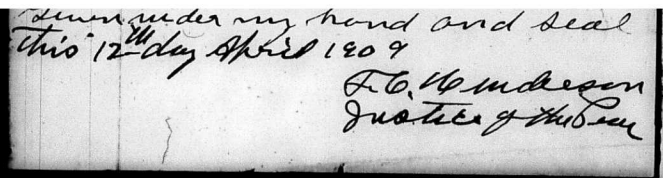
Personally appeared before me a Justice of the Peace for Warren County Joseph Groom who on oath says that Lorrence F Obrien was a member of Co G Vicksburg Sharp Shooter in the Confederate army of Northern Virginia

Witness my hand this 12th day of April 1909

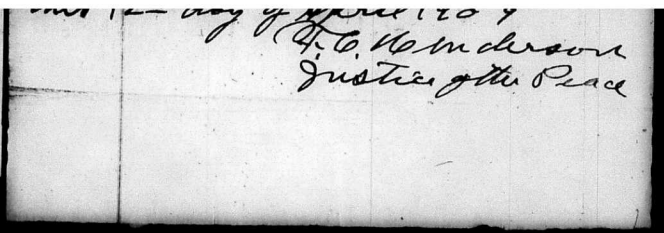
Joseph Groome

Given under my hand and seal this 12th day of April 1909

F. C. Henderson
Justice of the Peace



Given under my hand and seal
this 12th day April 1909
F. C. Henderson
Justice of the Peace



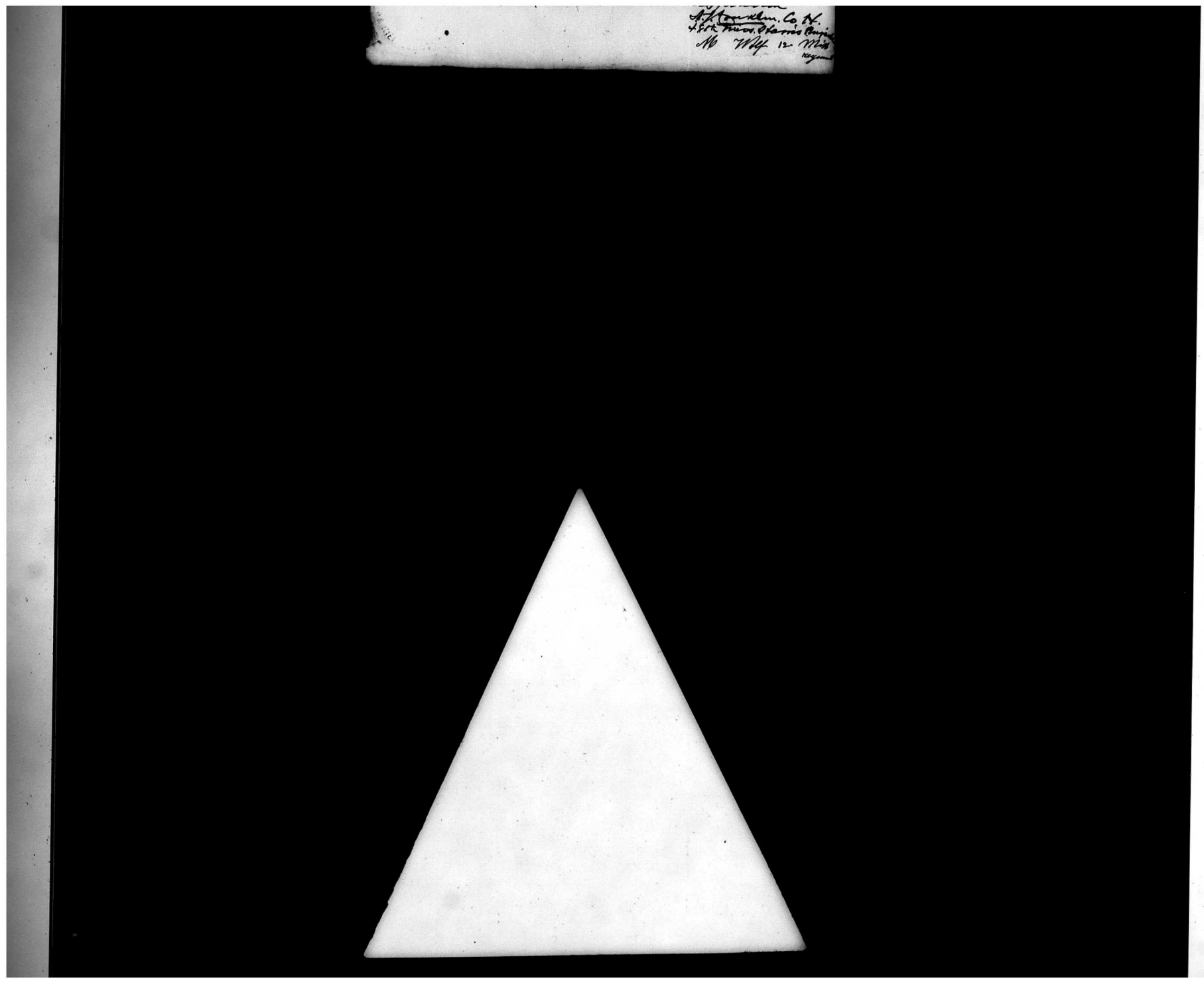
this 12th day of April 1909
F. C. Henderson
Justice of the Peace

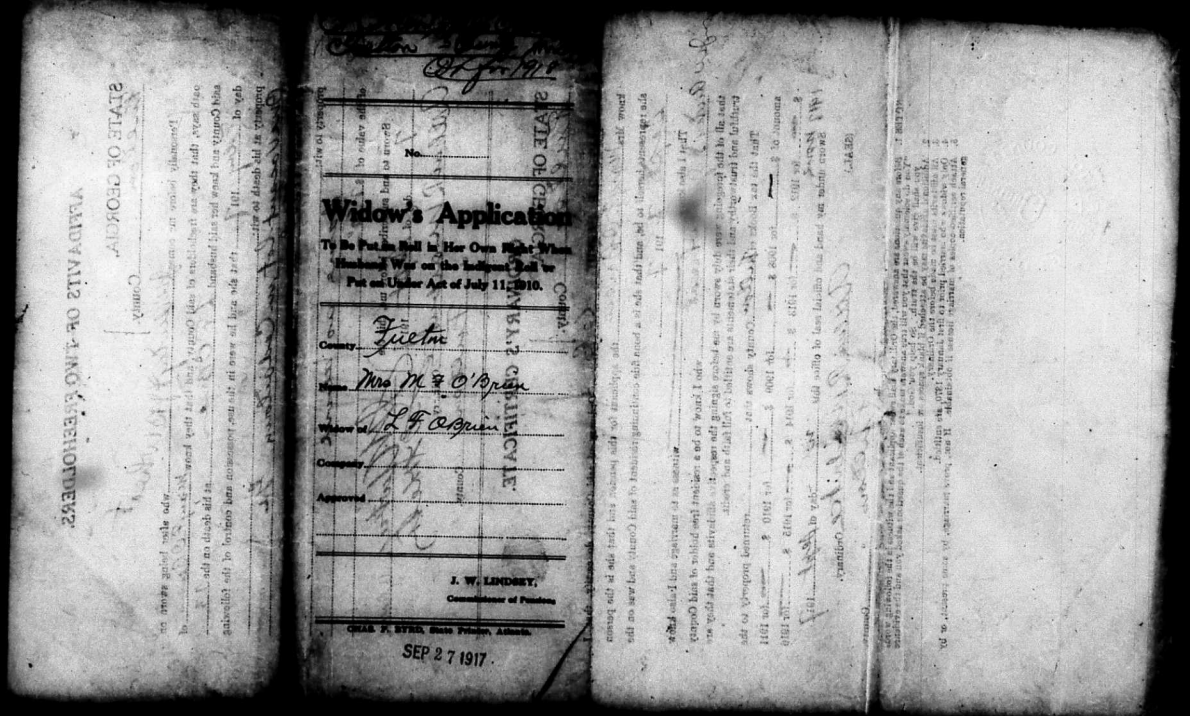
State of Mississippi,)
Warren County) S.S.

I, J. D. Laughlin, Clerk of the Chancery Court of said County, hereby certify that the records in my office, show that one Lawrence O'Brien was Third Lieutenant in the Vicksburg Sharpshooters, Twelfth Regiment, Mississippi, and that the Company was commanded by Captain H. H. Miller was organized March 13th., 1861, and became a part of the 12th., Regiment Served under the Command of W. S. Featherstone, Carnot Posey, W. H. Harris Witness my hand and seal of said Court, this 18th., day of February, 1909.

J. D. Laughlin
Chancery Clerk.

I know Lt. L. O'Brien, and cheerfully sign my old comrade's petition
A. J. Rouklin, Co. H.
4 Est. Miss. Harris Bnjrs.
M Wlf 12 Miss
Regiment





No.

Widow's Application

To Be Put in Roll in Her Own Right When Husband Was on the Indigent Roll to be Put on Under Act of July 11, 1916.

County Fulton

Name Mrs M J O'Brien

Widow of L F O'Brien

Company

Approved

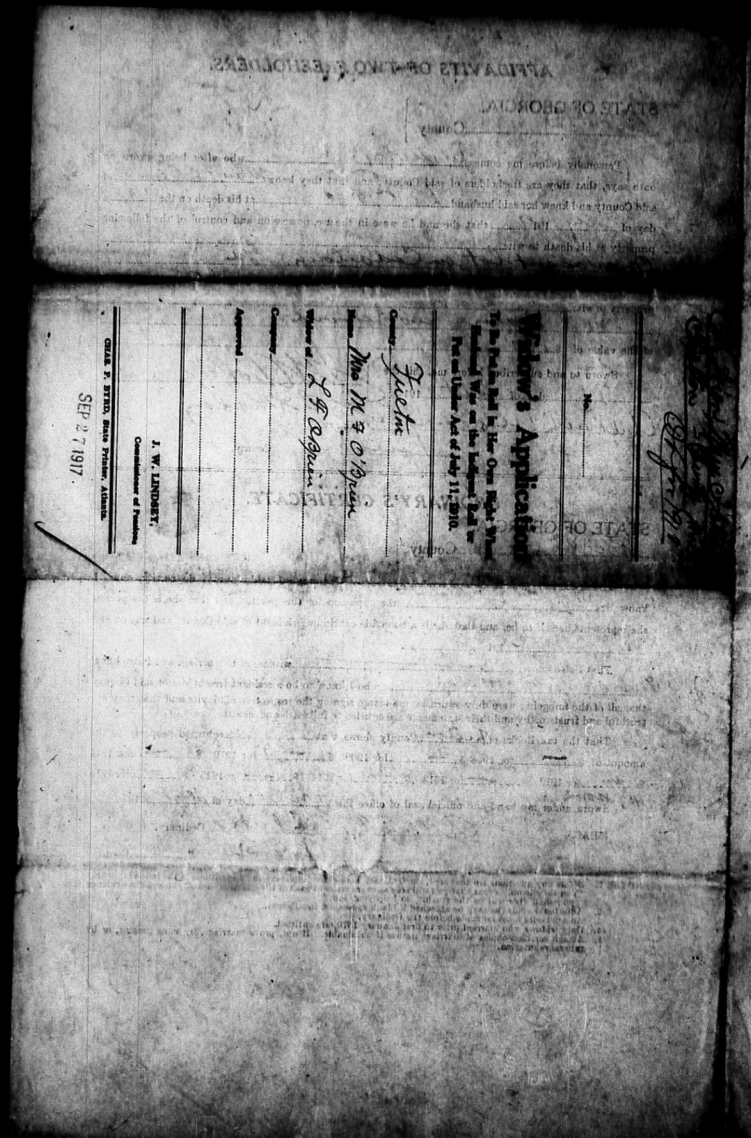
J. W. LINDSEY,
Commissioner of Pensions.

CHAS. P. BYRD, State Printer, Atlanta.

SEP 27 1917.

STATE OF GEORGIA, County.

AFFIDAVITS OF TWO FREEHOLDERS.



WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,
Fulton County.

Personally before me comes Mrs Mary F. O'Brien of said County, who, after being duly sworn, on oath says, that she is the widow of L. F. O'Brien to whom in the County of Muscogee State of Georgia she was married on the 17 day of April 1864 and that she remained his wife, and resided with him to the date of his death in February 1917 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 Indigent Pension Roll of the State and paid a pension of $70.00 in Fulton County for 1917 per annum, on account of being a soldier in Company Regiment (Volunteers of State Militia.)

At the death of L. F. O'Brien 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 and where situated.)

1 Vacant lot in ~~Acres land~~	Cedartown	$ 750.00
Horses and Mules	None	$
Hogs, Cows, etc.	None	$
Total Cash value of all property		$ 750.00

That she is now a bona fide resident citizen of said County of Fulton and she has so continuously resided since the day of Year of 1883

Sworn to and subscribed before me, this the 1st day of July 1917

Arthur R. Warbrick Ordinary, Mrs M. F. O'Brien
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 Mrs Joe Awtry 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 F. O'Brien who made the foregoing affidavit, is the lawful widow of L. F. O'Brien who died in Fulton County in said State of Ga on 23 day of February 1917 and that she has not since remarried. [illegible] to his death on the 23 day of February 1917 and that the L. F. O'Brien was the same man who was on the pension roll of said State from Fulton County when he died.

Sworn to and subscribed before me, this the 1st day of July 1917

Mrs Joe Awtry
Arthur R. Warbrick Ordinary,
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 Mrs M. F. O'Brien
Widow of L. F. O'Brien
Company
Approved

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. P. BYRD, State Printer, Atlanta.

SEP 27 1917.

Georgia, Clarke County,

Personally appeared before the undersigned, Miss Mollie Turner, who upon oath says that both Mary Fletcher McCleary and Lawrence F. O'Brian were personally known to her and they were married in Columbus, Georgia, at the residence of the bride, in the month of April, 1866, by a Catholic priest. That she does not remember who the said priest was, but that she was present at the marriage and saw the ceremony performed.

Deponent is now a resident of Clarke County, Georgia.

Sworn to and subscribed before me this April 17th, 1917.

Mollie Turner

Carlisle Cobb J.P.
Clarke County, Georgia.

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Fulton County.

Personally before me comes J.W. Awtry & J.B. Wheat who after being sworn on oath says, that they are freeholders of said County, and that they know Mary F. O'Brien of said County and knew her said husband L. F. O'Brien at his death on the 23 day of Feby 1917 that she and he were in the use, possession and control of the following property at his death to wit:

One Vacant lot in Cedartown Ga

of the value of $250.00 That she is now in the use, possession and control of the following property to wit:

Same as above

of the value of $250.00

Sworn to and subscribed before me, this the 7 day of Sept 1917

J.W. Awtry
J.B. Wheat

Arthur R. Marbut Ordinary,
of Fulton County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Fulton County.

I ARTHUR R. MARBUT Ordinary of said County, do certify, that, I know Mrs. Mary F. O'Brien 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 Sept 7 1917

That I also know _____ witness as to marriage and I also know J.W. Awtry & J.B. Wheat 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 _____ returned property to the amount of $— for 1908 $— for 1909 $— for 1910 $— for 1911 $— for 1912 $— for 1913 $— for 1914 $— for 1915 $— for 1916 1917 none

Sworn under my hand and official seal of office this 24 day of Sept 1917

(SEAL.) Arthur R. Marbut 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.

210

Sworn under my hand and official seal of office this 21 day of Sept 1917

(SEAL.) Adam R Wimbutce, 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.

no

FILED
JUL 10 1935
VETERAN SERVICE OFFICE
A. L. HENSON, Director

July 30

175

For Fulton County

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

Thos H Jeffries, Ordinary

For: Mary F O'Brien
(Name of Pensioner)

Date of Death: July 3 1935 193

Amount: $ 30.

PAID TO ORDINARY ON THIS CLAIM

DATE 1935	FUND FROM WHICH PAID	$
8-27	C & C	30.00
8-31-36	C & C	145.35
		175.35
X	145.35	
	TOTAL	

Approved, and ordered paid,

AUG 26 1935, 193

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

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

PHONES: WALNUT 7906
WALNUT 7907

AWTRY & LOWNDES COMPANY
FUNERAL DIRECTORS
AMBULANCE SERVICE
21 Cain Street, N. W.
ATLANTA, GA.

7/9/35/

IN ACCOUNT WITH
Mr. Lee O'Brian,
No. 376 Piedmont Ave., N.E.
Atlanta, Ga.

For Mrs. Mary Fletcher O'Brian.
7/3/35/

One Funeral Contract.-----	145.00
One Limousine.----	10.00
Grave.-----	10.00
Constitution.----	4.00
Journal.----	2.85
Georgian.---	3.00
Certified Death Certificate.---	.50
	$175.35

STATE OF GEORGIA.
COUNTY OF FULTON.

I certify that the above account is just, true, due and unpaid.
Sworn to and subscribed before me this July 9 1935.

A S Batteton Awtry & Lowndes Co.
C C Ordinary
L. F. Allen

Application for
Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)

(To be disbursed by the Ordinary)

GEORGIA, Fulton County:

Before me, the Ordinary of said County, comes L F Allen, for Awtry & Lowndes, of said County, who, after being duly sworn, on oath says that he knew Mary F. O'Brien 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 $ 175.35, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me, this the 9 day of July, 1935.

A S Battleton cc Ordinary.

Awtry & Lowndes Co.
L. F. Allen

CERTIFICATE OF THE ORDINARY

GEORGIA, Fulton County.

I certify that L G Allen who subscibed to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and credit. I further certify that I knew Mary F. O'Brien 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 9 day of July, 1935.

(Seal of Ordinary) [signature], 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.

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

PHONES: WALNUT 7000
WALNUT 7007

AWTRY & LOWNDES COMPANY
FUNERAL DIRECTORS
AMBULANCE SERVICE
21 Cain Street, N. W.
ATLANTA, GA.

7/9/35/

IN ACCOUNT WITH
Mr. Lee O'Brian,
No. 376 Piedmont Ave., N.E.
Atlanta, Ga.

For Mrs. Mary Fletcher O'Brian.
7/3/35/

One Funeral Contract.-----	145.00
One Limousine.----	10.00
Grave.-----	10.00
Constitution.----	4.00
Journal.----	2.85
Georgian.---	3.00
Certified Death Certificate.---	.50
	$175.35

STATE OF GEORGIA.
COUNTY OF FULTON.

I certify that the above account is just, true, due and unpaid.
Sworn to and subscribed before me this July 9 1935.

A S Battleton Awtry & Lowndes Co.
C C Ordinary
L. F. Allen

Received of Thomas H. Jeffries, Ordinary, the sum of $ 30 cc for funeral expense of Mary F. O'Brien. I further certify that this account has not been paid and is now owing to me.

This 7th day of Aug 1935.

Earl V. Ray
for Awtry & Lowndes

Received of Thomas H. Jeffries, Ordinary, $ 145.35 to apply on account of Mary F. O'Brien.

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

This 7 day of Sep 1936.

Awtry & Lowndes
By Claud Hull

(Seal of Ordinary) _____, 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.

for Autry & Townsley

Received of Thomas H. Jeffries, Ordinary, $ 145.35

to apply on account of Mary F. O'Brien.

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

This 7 day of Sept 1936.

Autry & Townsley
By Claud Hull

I certify that the above is a true copy of a record of death on file in my office. Atlanta, Ga., 9/8/1936

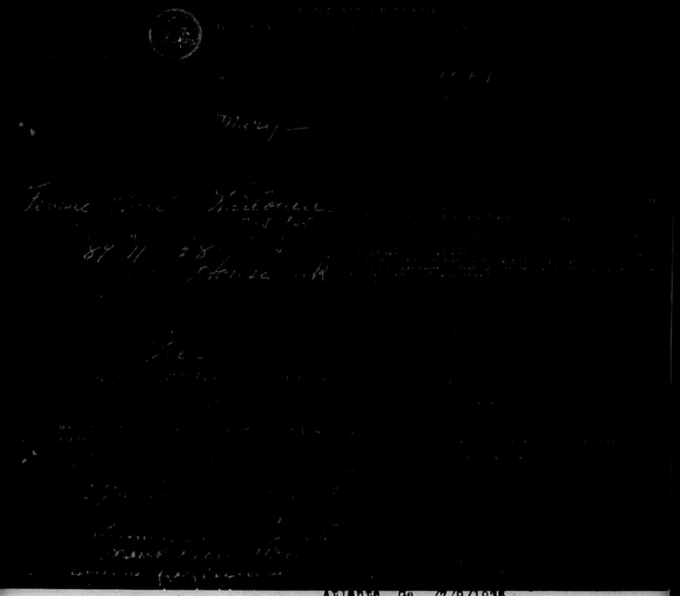
Signed, _____
Local Registrar V.S.

Atlanta, Ga., 7/9/1938

I certify that the above is a true copy of a record of death on file in my office.

Signed, [signature]

Local Registrar V.S.



Atlanta, Ga., 7/9/1938

I certify that the above is a true copy of a record of death on file in my office.

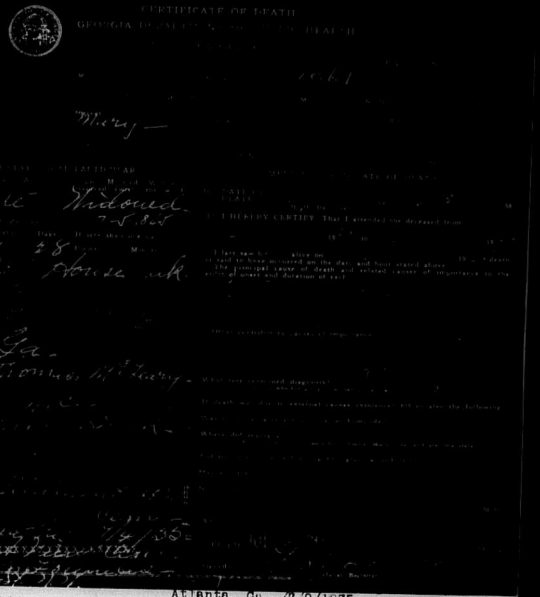
Signed, [signature]

Local Registrar V.S.

Atlanta, Ga., 7/9/1935

I certify that the above is a true copy of a record of death on file in my office.

Signed, [illegible]
Local Registrar V.S.



Atlanta, Ga., 7/9/1935

I certify that the above is a true copy of a record of death on file in my office.

Signed, [illegible]
Local Registrar V.S.

Atlanta, Ga., 7/9/1935

I certify that the above is a true copy of a record of death on file in my office.

Signed, [illegible]

Local Registrar V.S.

Odom, Rebecca M.
Fulton County (Mo)

No. OK

WIDOW'S
Indigent Pension.
1901.

Name Rebeca, M, Odom
County Fulton
Widow of John. W. Odom
of Co. F. 42. Reg. Ga. Vol
Approved 4/27 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

1901.

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

Office Com. Of Pensions.
5-27-1901

POWER OF ATTORNEY.

STATE OF GEORGIA.
Fulton County.

I, Rebeca, M, Odom hereby authorize Geo. B. Beauchamp of Fulton County, to receive and receipt for the pension allowed and that he remit the same to me at 19 Daniel St Atlanta by his check or registered mail.

Witness my hand this 19 day of Feb 1901

Executed in presence of
John R. Wilkins Ordinary,
Fulton County.

Rebeca M. her X Odom L. S.
Mark

SEAL

POWER OF ATTORNEY.

STATE OF GEORGIA.
Fulton County.

I, Rebecca M. Odom hereby authorize Geo B. Beauchamp of Fulton County, to receive and receipt for the pension allowed and that he remit the same to me at 19 Daniel st Atlanta by his check or registered mail.

Witness my hand this 19 day of Feb 1901

Executed in presence of
John R Wilkinson Ordinary,
Fulton County.

Rebeca M. X Odom her mark L. S.

SEAL

Office Com. of Pensions. 4-27-1901

Adony Rebecca M.
Fulton County (Mo)

No. [illegible]

WIDOW'S
Indigent Pension.
1901.

Rebecca M. Odom
Fulton
Co.
Wife of John W. Odom
Co. F. 42 Reg. Ga. Vol.
Infy.

1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

1901.

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

Questions for Applicant.

STATE OF GEORGIA,
Fulton County.

Rebecca M. Odom 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 Rebecca M. Odom 19 Daniel 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? Came 1850
Borned in Newton co Ga
4. When and where was your husband born—state his full name, and when were you and he married?
in 1830 Newton Co Ga
John W. Odom Ga We were Married in 1867 in 28 March
5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States? 28 May 1862, in Co F 42 Ga Regiment at Covington Ga
6. How long did your husband serve in said Company and Regiment? All of the war up to the Surrender
7. When and where did your husband's Company and Regiment surrender and was discharged?
At Smithfield N. C. April 26 1865
8. Was your husband present at the time and place when his Company and Regiment surrendered?
He was Present
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? He was Killed by an Locomotive Engine, April-22-1890
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?
Infirmity and Poverty
12. If upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind, and when and where you lost your sight. I have been afflicted with Rheumatic & Neuralgia in my left Leg has been there afflicted since 1861
13. What has been your occupation since your husband's death? No Occupation have Lived around with, and kept by my Children
14. How much can you earn gross, by your own exertion or labor? Nothing at all
15. What property, real or personal, or income do you have or possess, and its gross value?
No Property No Income what ever
16. What property, real or personal, did you possess at death of husband or he left you at end of the year 1899–1900, and what disposition, if any, by sale or gift, have you made of the same?
None of any Kind
17. In what counties did you reside in 1899 and 1900, and what property did you return for taxation?
In Fulton Co Ga None
18. How have you been supported since death of husband, and especially for 1899 and 1900?
by my Children, all of the Time
19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income? I do not Know. I contributed Nothing
20. What was your employment during 1899 and 1900—how much did you receive for each year?
No employment— Nothing
21. Have you a family? If so, who composes such family? Give their means of support. Have they any lands or other property? I have no Family— except Them Married
22. Have you ever made an application for pension before? I have NOT
23. How many applications have you made for a Pension, and under what claim?
None

Sworn to and subscribed before me this 9 day of Feby 1901.

Rebecca M. her mark Odom

John R. Wilkinson Ordinary,
of Fulton County.



Sworn to and subscribed before me this 9 day of Febry 1901 } Rebecca M her x mark Odom

John R Wilkinson Ordinary, of Fulton County.

Questions for Witnesses.

STATE OF GEORGIA, Fulton County.

James M Summers of said State and County, having been presented as a witness in support of the Application of Mrs. Rebeca M. Odom 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? James M. Summers reside No 742 South Pryor st Atlanta Ga
2. Are you acquainted with the applicant, Mrs. Rebecca M Odom If so, how long have you known her? I am, - known her for 40 years
3. Where does she reside, and how long and since when has she been a resident of this State? in Atlanta & Fulton Co Ga - All her life
4. When and where was she born? in 1830 - in Newton Co Ga
5. Were you ever acquainted with her husband? I was -
6. Where did he reside in 1861? in Newton Co Ga
7. When and to whom was he married? in 1857 - to Miss Rebeca M. Tucker
8. When and where was he born? in 1830 - in Newton Co Ga
9. How long have you known him? I have known him for 40 years
10. When and where did John W Odom enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? at Covington Ga - on 28th May 1862 - in Co F 42 Ga Reg
11. Were you a member of the same Company and Regiment? I was - I was Captain of Co F - 42 Ga Regiment Ga Vol
12. How long did he perform regular military duty? from 28 day of May 1862 up to - the 26 day of April 1865
13. When and where was his Company and Regiment surrendered and discharged from service? Near Durham in N.C. 26 day of April 1865
14. Were you with the command when it surrendered? I was not
15. Was John W. Odom the husband of applicant present? he was present
16. If not present, where was he? Present
17. When and where did he leave his Command? at Appamattox by Discharge For what cause? Surrender of C.S. States By whose authority he left? How do you know all this? (State fully and clearly.) I was his Camander he was in My Company - F - 42 Ga Reg
18. When and where did John W Odom die? he was killed in Atlanta Ga - 22 April 1890
19. Where did he reside at his death, and how long had he been a resident of Georgia at his death? Atlanta Ga Fulton Co - in Ga All his life
20. Do you of your own knowledge know that applicant is the lawful widow of I do
21. Has she remained unmarried since her soldier husband's death, and is now his widow? She has - She is his widow
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? None - by being acquainted with him and her, all their lives - he has worked for me
23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? None - No disposition
24. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom? has not
25. What is applicant's physical condition and her chances and ability to earn a support? her physical condition is bad. She can not earn her support her left knee is all drawn.
26. Is applicant able to earn a support at labor of any sort, if not why? She is not because of her Physical Condition and her age - 70 years
27. How was she supported for 1899 and 1900? by her 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? She was in 1861 afflicted with Rheumatism + Neuralgia - she was left with limbs drawn and stiff joints
30. What interest have you in the recovery of this pension by the applicant? None whatever

Sworn to and subscribed before me this 15 day of Febry 1901 } J M Summers

John R Wilkinson Ordinary, Fulton County. } Witnesses.

Affidavits of Physicians.

STATE OF GEORGIA, Fulton County.

Personally before me comes W E Johnson MD and McMartin MD both known to me to be reputable physicians of said county, who, being severally sworn, say on oath that they have examined carefully Mrs. R M Odom applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this her physical is such that she can scarcely get about from the effects of Rheumatism and Neuralgia, her left knee leg is drawn and stiffe so she cannot walk without support and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 18 day of Febry 1901 } W E Johnson MD

John R Wilkinson Ordinary, Fulton County. } M C Martin MD

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, Fulton County.

I, John R Wilkinson, Ordinary in and for said county, hereby certify that the applicant, Mrs. R M Odom resides in said county, and has been a bona fide resident of this State since day of 1880, and that the witnesses, Mr. J M Summers 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 dollars worth of property, and in 1900 dollars worth of property.

Witness my hand and official seal, this 15 day of Febry 1901

{SEAL} John R Wilkinson Ordinary, Fulton County.

NOTES—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 26th April, 1866, not entitled.
5. ..... Witnesses and two Physicians are necessary to make out claims.

25. What is applicant's physical condition and her chances and ability to earn a support? her physical condition is bad. She cannot earn her support her left knee is all drawn.

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, 1898, not entitled.
5. ..... Witnesses and two Physicians are necessary to make out claims.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Fulton County.

I, Mrs Rebeca M Odam, hereby authorize G B Beauchamp of of Atlanta Ga to receive and receipt for the pension paid hereon, and request that he remit same to me at Atlanta Ga

In Witness Whereof, I have hereunto set my hand and seal, this 14th day of Jan 1902.

Rebecca M Odam [L. S.]

Executed in presence of
John R Wilkinson

Odom, Rebecca M.
Fulton Co

To Those Heretofore Paid.

1902.

No. 106

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO Mrs. Rebecca M. Odom

OF Fulton County,

Widow of John W. Odom

Co. Regiment

JOHN W. LINDSEY, *Commissioner of Pensions.*

WARRANT ISSUED 1/15 1902

AND HANDED TO G B Beauchamp

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Fulton County.

I, Rebecca M Odom, hereby authorize G B Beauchamp of Atlanta Ga. to receive and receipt for the pension paid hereon, and request that he remit same to at

In Witness Whereof, I have hereunto set my hand and seal, this 13th day of Jany 1903.

Rebecca M her X mark Odom [L. S.]

Executed in the presence of
E R Dillingham N P
Fulton Co Ga

Odom, Rebecca M.
Fulton Co

To Those Heretofore Paid.

1903.

No. 13

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO Mrs. Rebecca M Odom

OF Fulton County,

Widow of John W

Co. F 42 Ga Regiment

JOHN W. LINDSEY, *Commissioner of Pensions.*

WARRANT ISSUED 1/23 1903

AND HANDED TO G B Beauchamp

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

Form No. 1.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of **Fulton.**

PERSONALLY COMES MRS. Rebecca M Odom

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 W Odom who was a soldier in Company F of the 42 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of May 186 1, and served in the Army up to Surrender 186 5. That he died on the 22 day of apl 18 90

apl & 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 18 59.

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 13 day of January 1902. John R Wilkinson, Ordinary. Rebecca M Odom — Post-Office

State of Georgia, **Fulton.** County.

I, John R. Wilkinson. Ordinary of said County, certify that I am well acquainted with Mrs. Rebecca M Odom, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents hereself to be, and that she has continuously resided in this State since the _____ day of _____ 18__.

Given under my official signature and seal, this the 13 day of January 1902.

Official Seal. John R Wilkinson, Ordinary of **Fulton.** County.

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

Form No. 1.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of Fulton.

PERSONALLY COMES MRS. Rebecca M Odom

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 Birth. That she is the Widow of John W Odom who was a soldier in Company F of the 42nd Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of May 186 1, and served in the Army up to apl 186 5. That he died on the 22 day of apl 18 90

A & B

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 59.

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, 1903.

Sworn to and subscribed before me, this _____ day of JAN 23 1903 1903. John R Wilkinson, Ordinary. Rebecca M Odom. her mark. — Post-Office

State of Georgia, Fulton. County.

I, John R. Wilkinson. Ordinary of said County, certify that I am well acquainted with Mrs. Rebecca M Odom, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents hereself to be, and that she has continuously resided in this State since the _____ day of Birth 18__.

Given under my official signature and seal, this the _____ day of JAN 23 1903 1903.

Official Seal. John R Wilkinson, Ordinary of _____ County.

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

Ordinary of _____ County.

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

Given under my official signature and seal, this ____ day of _____ 1903.

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,
Fulton County.

I, Mrs R M Odom hereby authorize G B Beauchamp of Fulton to receive and receipt for the pension paid hereon, and request that he remit same to Me at Atlanta Ga

In Witness Whereof, I have hereunto set my hand and seal, this _____ day of 21 Jany 1904.

Mrs. R.M. her X mark Odom [L. S.]

Executed in presence of
E R Dillinghurst NP
Fulton Co Ga

POWER OF ATTORNEY.

STATE OF GEORGIA,
Fulton County.

I, Mrs Rebecca Odom, hereby authorize G B Beauchamp 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 18th day of January 1905.

Mrs her X mark Rebecca Odom [L. S.]

Executed in presence of
John R Wilkinson
Ordinary

Odom Rebecca M.
Fulton County
TO THOSE HERETOFORE PAID.

1904.

No. 123

INDIGENT WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO Mrs R M Odom OF Fulton County,

Widow of John W Co. F 42 Ga Regiment.

JOHN W. LINDSEY, Commissioner of Pensions.

WARRANT ISSUED 1/22 1904

AND HANDED TO G B Beauchamp

Geo. W. Harrison, State Printer, Atlanta.

Odom, Rebecca
Fulton County
To Those Heretofore Paid.

1905.

No. 145

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO Mrs Rebecca Odom OF Fulton County,

Widow of John H Odom Co. F 42nd Ga Regiment.

JOHN W. LINDSEY, Commissioner of Pensions.

WARRANT ISSUED 1/20 1905.

AND HANDED TO G B Beauchamp

The Franklin Printing and Publishing Co., Atlanta.
Geo. W. Harrison, Statistic, and State Printer.

Form No. 3.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Fulton. } Personally comes Mrs. Rebecca M Odom

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 W Adom who was a soldier in Company F of the 42nd Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of May 1862, and served in the Army up to Apl 1865. That he died on the 22 day of Apl 18[illegible]90

A T 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 18 69

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 day of 1904. Rebecca M Odom her mark

John R Wilkinson Ordinary. Post Office. Atlanta Ga

State of Georgia, Fulton. County. } I, John R. Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. Rebecca M Odom, 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 22 1904 1904.

Official Seal.

John R Wilkinson Ordinary of Fulton. County

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1904.

Form No. 2

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Fulton. } Personally comes Mrs. Rebecca Odom

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 John W. Odom who was a soldier in Company F of the 42nd Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of 1862, and served in the Army up to Close War 1865. That he died on the day of 18.

Age and 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 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. Rebecca X Odom her mark

John R Wilkinson Ordinary. Post-Office

State of Georgia, Fulton. County. } I, John R Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. Rebecca Odom, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18

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

Ordinary of Fulton. County

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1904.

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,
Fulton COUNTY.

I, Rebecca M. Odum, hereby authorize G. B. Beauchamp of Atlanta Ga. to receive and receipt for the pension paid hereon, and request that he remit same to me at 237 S. Boulevard.

In Witness Whereof, I have hereunto set my hand and seal, this 18th day of Jan. 1906.

X Mrs. Rebeca M. Odom [L. S.]

Executed in presence of
S. X. Bes W. H. Bettie

POWER OF ATTORNEY.

STATE OF GEORGIA,
Fulton COUNTY.

I, Rebecca M. Odom, hereby authorize Geory Beauchamp of Said 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 18th day of January 1907.

X Rebecca M. Odom [L. S.]

Executed in presence of.
John Kirkinson
Ordinary

Odom, Rebecca M.
Fulton, County
To Those Heretofore Paid.
1906.
No. 43
INDIGENT WIDOW'S PENSION,
For year ending Dec. 31, 1906.
PAID TO
Mrs. Rebecca M. Odom
OF
Fulton County,
Widow of John W. Odum
Co. F, 42nd Ga. Regiment.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
1/19 1906.
AND HANDED TO
Geo. B. Beauchamp
GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Odom, Rebecca M.
Fulton Co.
To Those Heretofore Paid.
1907.
No. 100
INDIGENT WIDOW'S PENSION,
For year ending Dec. 31, 1907.
PAID TO
Mrs. Rebecca M. Odom
OF
Fulton County,
Widow of John W. Odom
Co. F, 42nd Ga. Regiment.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
1/18 1907.
AND HANDED TO
Geo. Beauchamp
GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Form No. 2.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Fulton. } PERSONALLY COMES MRS. Rebecca M. Odom

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 John H. Odom who was a soldier in Company G of the 43" Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of 186 2, and served in the Army up to close of war 186 5 That he died on the 22 April 1898 day of 18 X

Age and 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 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 JAN 1 1906. John R. Wilkinson, Ordinary.

X Mrs Rebecca M. Odom X
Post Office

State of Georgia, Fulton. County. } I, John R. Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. Rebecca M. Odom, 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 X

Given under my official signature and seal, this 2 day of JAN 1 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.

Form No. 2

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Fulton. } PERSONALLY COMES MRS. Rebecca M, Odom

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 G. Jno. H. Odom who was a soldier in Company G of the 43d Regiment of Ga. Volunteers, that he enlisted in said regiment on or about the month of 186 2, and served in the Army up to close of war 186 . That he died on the day of 18

age and 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 18

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

Rebecca M Odom
Post Office

State of Georgia, Fulton. County. } I, John R. Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. Rebecca M, Odom, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18

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

Seal

Ordinary of Fulton County.

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

Seal

Ordinary of Fulton County.

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

Application for Pension Due to a Deceased Pensioner

UNDER THE ACT OF AUG. 15, 1904, TO BE PAID TO THE ORDINARY FOR FUNERAL EXPENSES AND EXPENSES OF LAST ILLNESS.

Georgia, 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. Rebecca Odom of said County, and that she was on the Pension Roll Fulton County at the time of her death, which occurred in Fulton County, in this State, on the First day of April 1915, and that a Pension of Sixty Dollars was due her and unpaid at the time of her death. That she 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 $99.00 Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me this 29 day of May 1915.
Mc Robinson C.C.O. Ordinary
Fulton County
Georgia, Fulton County.

H M Patterson

May 29 — 1915

I, ... 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 knew Mrs Rebecca Odom while in life; that she was the same person whose name appears on the Present Pension Roll of Fulton County, and was paid a Pension of Sixty Dollars in said County for 1915, and I now believe her to be dead.

Given under my hand and official seal, this 29th day of May 1915.
Mc Robinson C.C.O. Ordinary.
Fulton County.

H. M. PATTERSON — ESTABLISHED 1866 — FRED W. PATTERSON

H. M. PATTERSON & SON

FUNERAL DIRECTORS

96 NORTH FORSYTH STREET

ADJOINING CARNEGIE LIBRARY

Atlanta, Ga. April 1, 1915.

Sold to Funeral expenses of Mrs. Rebecca Odom.

	Casket & Box	45	
	Robe	13	50
	Hearse	8	
	Hose		50
	Grave	5	
	Constitution notice	2	
	Flowers	5	
4	Carriages	20	
			99

Fulton County
Georgia Personally appeared before me, H. M. Patterson who on says that the above account is correct, due and unpaid.

Sworn to before me this April 29, 1915. H M Patterson

Mrs Rebecca Odom

I, ... 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 knew Mrs Rebecca Odom ..... while in life; that ~~he~~ she 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 1915, and I now believe ~~him~~ her to be dead.

Given under my hand and official seal, this 29th day of May ..... 1915.

Mrs Robinson C.C. Ordinary.

Fulton ..... County.

4 Carriages

	20	99

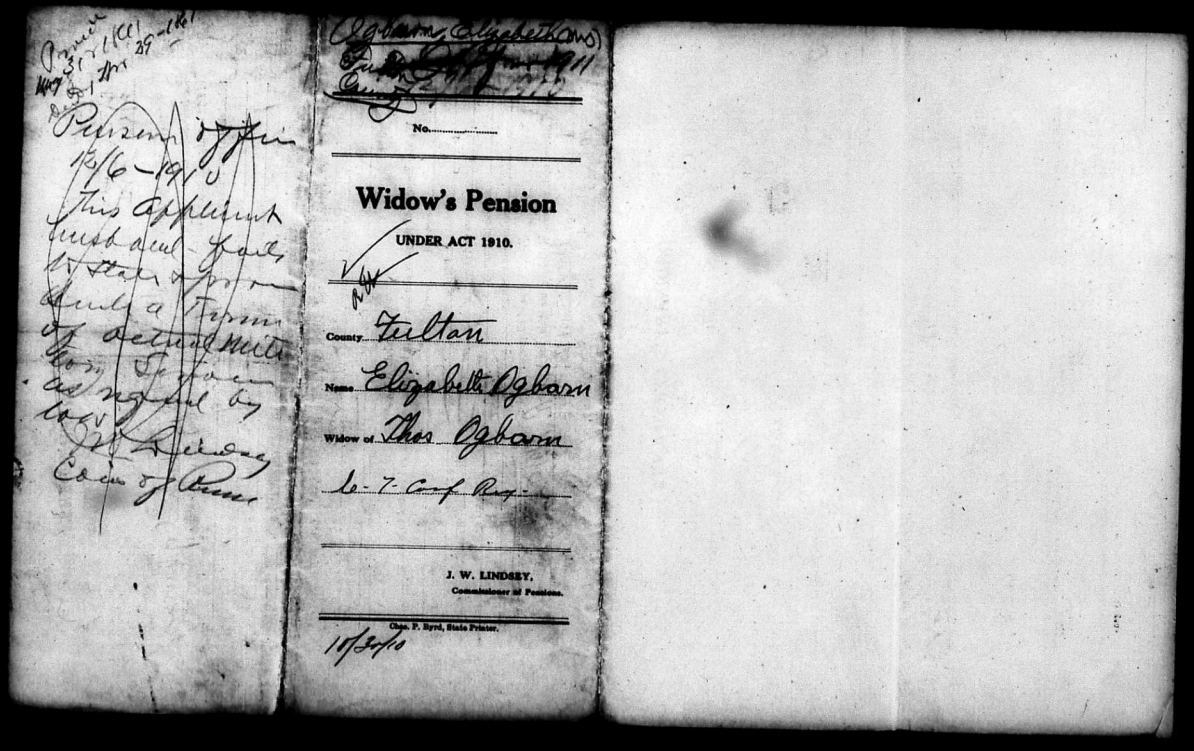
Fulton County
Georgia

Personally appeared before me, H. M. Patterson who on says that the above account is correct, due and unpaid.

H M Patterson

Sworn to before me this April 29, 1915.

[illegible] Fulton Co. Ga.



Pension of Fin
12/6-1910
This Applicant
husband fails
to state & prove
Quite a Terms
of actual Mili-
tary Service
as required by
law
J. W. Lindsey
Com'r of Pensions

Ogborn, Elizabeth (Mrs)
[illegible] 1911
County [illegible]

No.

Widow's Pension

UNDER ACT 1910.

County Fulton

Name Elizabeth Ogborn

Widow of Thos Ogborn

6-7-Conf Reg.

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

10/30/10

Pension of John
16-1910
This application
was duly filed
with a Form
of declaration
from Thomas
Osborn
Duly sworn by
J. F. Hedges
Cert. of Clerk

Osborn, Elizabeth (Widow)
Filed June 1911
Certificate June 1911

No. .....

Widow's Pension

UNDER ACT 1910.

No

County. Fulton

Name. Elizabeth Osborn

Widow of Thos Osborn

Co. F. 6th Ga Reg.

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

10/30/10

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

STATE OF GEORGIA,
Fulton County.

Personally before me comes Elizabeth O Gborn 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? Elizabeth O Gborn Fulton county Ga
2. How long and since when have you been a continuing resident in the State of Georgia? sixty five years since 1845
3. When, where and to whom were you married? 1862 Paulding County Ga Thomas O Gborn
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 31st 1861 Dallas Paulding County Company C. 7th Confederate Regiment
5. When and where did the Commander of your husband surrender or discharge from the army? was wounded in first manassas battle discharged from the army Nov 29th 1861
6. Was your husband personally present at the time of the surrender or discharge of this Command? he received two furloughs 30 days and 40 days then discharged when his lab. reported
7. If he was not present state clearly where he was? —
8. Where was his Command when he left? near Richmond Va
a. For what cause did he leave his command? discharged
b. By whose authority did he leave his Command? from the Commander of the army
c. For how long was he granted leave of absence? —
e. What was his physical condition when he left his Command? not able for duty
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? —
{ he died in 1886
j. When and where did your husband die? Fulton County Ga
k. Were you residing together when he died? yes
l. If not, how long had you resided apart? —
9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.) none
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) none
11. What property of any description of any value have you now? none
Give list and cash value?
12. What are your annual earnings or income 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 the 25th day of October 1910.

Mrs X Elizabeth O Gborn (R)

John R Wilkinson Ordinary.
of Fulton County.

day of Oct 1910

John R Wilkinson Ordinary.

of Fulton County.

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

STATE OF GEORGIA,

Troup County.

Personally before me comes Noah S Turner 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? Noah S Turner Troup county Ga
2. How long and since when have you known Elizabeth O'Gburn applicant?
3. How long and since when has she continuously resided in this State? (Give date.) fifty years since 1860
4. When and to whom was she married? Thomas O'Gburn How do you know? I was their neighbor
5. How long and since when did you know Thomas O'Gburn her husband? fifty years since 1860
6. When and where did Thomas O'Gburn the husband of Applicant die? he died in 1886 Fulton County Ga
7. Where the Aplicant 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 Thomas O'Gburn enlist? May 31st 1861 Co C. 7th Confederate Regiment
10. Were you a member of the same Company? no I was his neighbor and know
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? from May 31st 1861 to Nov 29th 1861
12. When, and where did his Command surrender, and was discharged? he was wounded in the first Manassas battle after being furloued twice he was discharged
13. Were you personally present when it was surrendered? no If not where were you at home and how came you there? I was his young When he enlisted when he come home discharged I then enlisted in confederate army
14. Was the husband of applicant personally present at surrender? no If not where was he? at home discharged when, where and for what cause did he leave Command? (Give date.) above stated By whose authority did he leave his Command? Commander of the army and how long was he granted leave? discharged How do you know all this? I was his Neighbor I have made a true statement and told the facts just as they occured
15. For what cause, if you know of your own knowledge was he prevented from returning to his Command? as above stated
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? none as he was not able

Sworn to and subscribed before me this the 31 day of Oct 1910

N S Turner

W W Woodyard Ordinary,

of Troup County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Fulton County.

Personally before me comes S R McGregor who on oath says that they are freeholders of said County and that they know Elizabeth Oglburn of said County and know what property she owned on the Nov. 1908, and its cash value to be as set out by Schedule (A) as follows Nothing

Personal property — $

Notes and accounts due — $

Total — $

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 — $

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 Nov 1910

S R McGregor

John R Wilkinson Ordinary,

of Fulton County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

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

That I also know the witness who swore to the service of husband, and S R McGregor 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 Elizabeth Oglburn Returned for Tax is for 1908 $ none for 1910 $ None

Sworn under my hand and official seal of office this 3rd day of Nov 191 0

SEAL.

John R Wilkinson Ordinary,

Fulton County

(SEAL.)

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

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

4 All affidavits must be made before the Ordinary.

3 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.

authority did he leave his Command? Commander of the army and how long was he granted leave? discharged How do you know all this? I was his Neighbor I have made a true statement and told the facts just as they occured

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

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? none as he was not able

Sworn to and subscribed before me this the 31 day of Oct 1910 | N S Turner

H P Woodyard Ordinary,

of Troup County.

County and was in the 4th Nov., 1908.

That I also know ~~the witness who swears to the service of husband, and~~ S. R. McGregor 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 Elizabeth Ogburn Returned for Tax is for 1908 $ none for 1910 $ none

Sworn under my hand and official seal of office this 3rd day of Nov 1910

SEAL. John A Wolfkiss 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.
4 All affidavits must be made before the Ordinary.
3 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.

Ogburn, Elizabeth (Mrs.)

1919

Application for Pension Due Deceased Pensioner

Under Act 1904

Ordinary.

For Mrs Eliz Ogburn

of Fulton County

of Co. Regiment

Approved and ordered paid

5/9 1918

J. W. LINDSEY,
Commissioner of Pensions.

Died Jan. 10, 1919

Pd

GEORGIA, County.

I hereby authorize and constitute

of County, my lawful attorney to collect and receipt for me in my name, the pension due to for 191__, now deceased, who was on the Pension Roll from said County at his death.

Witness my hand and seal, this day of 1918.

ATTEST BY

Note 1.—Use this blank only when the Pension is wanted to pay funeral expenses.

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 Harry G Poole of said County, who, after being sworn, on oath says that he knew Mrs Eliz Ogburn of said County, and that he was on the Widows Pension Roll Fulton County at the time of her death, which occurred in Fulton County, in this State, on the 10 day of January 1919, and that a Pension of Ninety Dollars was due her and unpaid at the time of her death. That she left no ~~widow or~~ dependent children surviving her, and no estate of any value sufficient to pay her funeral expenses, which amounted to the sum of $194.50 Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me this 1st day of May 1919

Arthur R Marbut Ordinary
Fulton County.

Harry G. Poole

GEORGIA, Fulton County.

I, Arthur R. Marbut Ordinary of said County, do certify that I personally know Harry G. Poole, who is a resident citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and credit.

I also knew Mrs Eliz. Ogburn while in life; that she was the same person whose name appears on the Widows Pension Roll of Fulton County, and was paid a Pension of Eighty Dollars in said County for 1918, and I now believe him to be dead.

Given under my hand and official seal, this 1st day of May 1919

Arthur R. Marbut Ordinary,
Fulton County.

ATLANTA, GA., May 1 1919.

Mrs. J.P. Blount. 61 W.Harris.

Bill for Mrs. Elis Ogburn.

TO HARRY G. POOLE, DR.
"FUNERAL HOME"
96 S. PRYOR STREET

PHONES { MAIN 780 / MAIN 2288 } PRIVATE AMBULANCE

Jan 10-19

Casket & Box.	$ 115.00
Embalming & Services.	10.00
Robe.	25.00
Pallbearers. Gloves.	1.00
Funeral Notices.	2.00
3 Automobiles.	28.50
Box to cemetery	3.00
Hearse.	10.00
	$ 194.50

Georgia
Fulton Co.

Personally appeared before me Harry G. Poole who after being sworn says the above acct is just correct and was for the burial of Eliz. Ogburn

Harry G. Poole

Sworn to & subscribed before me this May 1-1919

Arthur R. Marbut
CCO

credit.

I also knew Mrs Eliz. Ogburn 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 Eighty Dollars in said County for 1918, and I now believe him to be dead.

Given under my hand and official seal, this 1st day of May 1919.

Arthur R. Marbut CC Ordinary,

Fulton County.

Harry G. Poole

Sworn to & subscribed to before me this May 1-1919

Arthur R. Marbut CCO

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 Those Already Enrolled.)

NO. 736

INDIGENT SOLDIER'S PENSION 1909.

Name J. Pleasant Fuller

County Coweta

WARRANT ISSUED January 18 1909

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

WARRANT HANDED TO [illegible]

Geo. W. Harrison, State Printer, Atlanta.

Coweta Co.

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

_____

Ogletree J. O.
Fulton County

CODE SEC. 1254.
(For These Already Enrolled.)

NO. 736

INDIGENT
SOLDIER'S PENSION,
1900.

Name J. P. Ogletree
County Fulton

WARRANT ISSUED
Jany 18 1900

JOHN. W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

Geo. W. Harrison, State Printer, Atlanta.

Certified

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

_____

Ogletree J. O.
Fulton County

CODE SECTION 1254.
(For These Already Enrolled.)

No. 503

INDIGENT
SOLDIER'S PENSION.
1901.

Name J. P. Ogletree
County Fulton

WARRANT ISSUED
Jany 14 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

Geo. W. Harrison, State Printer, Atlanta.

No Data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears J.P. Ogletree 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 3rd day of Oct 1833; that he is 66 years old and by occupation a ——; that he enlisted in the military service of the Confederate States (or of the State of Ga), during the war between the States, and served for the term of 3 1/2 years in Company A, of 60th Regiment of Ala; 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 189 9

Sworn to and subscribed before me, this, the 17 day of January 1900. J.P. Ogletree

W.M. Brent Ordinary.

State of Georgia,
Fulton County.

I, W.M. Brent Ordinary of said County, do certify that I am well acquainted with J.P. Ogletree the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 January 1900.

Affix your seal here.

W.M. Brent
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 J.P. Ogletree 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 3th day of Oct 1833; that he is 67 years old and by occupation a ——— that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 3 years in Company A, of 60 th Regiment of Ala; 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 January 1901. J.P. Ogletree

Jno R. McKinnon Ordinary

STATE OF GEORGIA,
Fulton County.

I, Jno R. McKinnon Ordinary of said County, do certify that I am well acquainted with J.P. Ogletree the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1901.

Affix your seal here.

Jno R. McKinnon
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

_____

Ogletree J. P.
Fulton Co.
CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)
No. 303

INDIGENT
SOLDIER'S PENSION
1902.

Name J. P. Ogletree
County Fulton.
Co. A Regiment 60th
WARRANT ISSUED
4/4 1902.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
[illegible]
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 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

_____

Ogletree J. P.
Fulton Co.
A-60th Alabama
CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED)
No. 484

INDIGENT
SOLDIER'S PENSION
1907.

Name J. P. Ogletree
County Fulton
Co. A Regiment 60th Ala
WARRANT ISSUED
1/4 1907.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
[illegible]
Geo. W. Harrison, State Printer, Atlanta.

74 data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton County.

Personally appears J P Ogletree 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 22d day of Oct 18 32 that he is 68 years old and by occupation a _____ that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 3 yrs Ga in Company 9, of 60th Regiment of Ala; that his physical condition is as follows: General Debility

that his property consists of the following items _____

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of Fulton county been allowed a pension for the year 1901

Sworn to and subscribed before me, this the _____ day of JAN 13 1902 1902

J. P. Ogletree

John R. Wilkinson. Ordinary.

STATE OF GEORGIA,
Fulton County.

I, John R. Wilkinson. Ordinary of said County, do certify that I am well acquainted with J P Ogletree the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Affix your seal here

John R. Wilkinson.
Ordinary Fulton County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
Fulton County.

Personally appears J. P. Ogletree 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 32 that he is 73 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 A, of 60 th Regiment of Ala; that his physical condition is as follows: Age + poverty

that his property consists of the following items: _____

of the value of Farm 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. P. Ogletree

John R. Wilkinson. Ordinary.

State of Georgia,
Fulton County.

I, John R. Wilkinson. Ordinary of said County, do certify that I am well acquainted with J. P. Ogletree the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 8 1907.

John R Wilkinson

Affix your seal here

Ordinary Fulton County.

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

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

_____

Oglethorpe, Co.
Fulton County
CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)
No. 342
INDIGENT
SOLDIER'S PENSION
1903.
Name J C Oglethorpe
County Fulton.
Co. A Regiment 64th Ga
WARRANT ISSUED
1/2c 1903.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
Geo. Harrison, State Printer, Atlanta.

no data

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 _____ 1904.

_____ [L. S.]

Executed in the presence of

_____

Oglethorpe J. C.
Fulton Co
CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)
No. 373
INDIGENT
SOLDIER'S PENSION
1904.
Name J C Oglethorpe
County Fulton.
Co. A Regiment 64th Ga
WARRANT ISSUED
1/2c 1904.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
Geo. W. Harrison, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton. County.

Personally appears J P Ogletree 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 3rd day of Oct 1833; that he is 69 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 3½ yrs in Company A, of 60th Regiment of Ala; that his physical condition is as follows: I + P

that his property consists of the following items: _____

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

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

Sworn to and subscribed before me, this the day of JAN 20 1903 1903. J. P. Ogletree

John R. Wilkinson Ordinary.

STATE OF GEORGIA,
Fulton. County.

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

Given under my official signature and seal, this _____ day of JAN 20 1903 1903.

John R. Wilkinson
Ordinary _____ County.

Affix your Seal here

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 P Ogletree 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 3 day of Oct 1833; 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 3½ yrs in Company A, of 60 th Regiment of Ala; 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 20 1904 1904. J. P. Ogletree

John R. Wilkinson Ordinary.

STATE OF GEORGIA,
Fulton. County.

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

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

John R. Wilkinson
Ordinary Fulton County.

Affix your Seal here

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 _____

Ogletree, J. P.
Fulton County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

A-60 No. 4 or
Atlanta

INDIGENT
SOLDIER'S PENSION
1905.

Name J. P. Ogletree
County Fulton
Co. A Regiment 6th Ala.

WARRANT ISSUED
1/18 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Mf

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 _____

Ogletree, J. P.
Fulton County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 433

INDIGENT
SOLDIER'S PENSION
1906.

Name J. P. Ogletree
County Fulton
Co. A Regiment 6th Ala.

WARRANT ISSUED
1/17 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Mf

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton County.

Pearsonally appears J. P. Ogletree 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 72 years old and by occupation a Collector, 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 3½ yrs in Company A, of 60th Regiment of Ala.; 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 _____ day of JAN 2 1905 1905.

J. P. his mark Ogletree

John R. Wickinson Ordinary.

STATE OF GEORGIA.
Fulton County,

I, John R. Wickinson Ordinary of said County, do certify that I am well acquainted with Ogletree the applicant in the foregoing affidavit and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 R. Wickinson
Ordinary Fulton. County.

Affix your seal here

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. P. Ogletree 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 Att day of 3 yrs 18__; that he is 73 years old and by occupation a Merchant, 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 3½ yrs in Company A, of 60th Regiment of Ala.; that his physical condition is as follows: Age and poverty

that his property consists of the following items: _____

of the value of None Dollars. I am now earning by my labor, None 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 1906.

J. P. Ogletree

John R. Wickinson Ordinary.

State of Georgia,
Fulton. County.

I, John R. Wickinson Ordinary of said County, do certify that I am well acquainted with J. P. Ogletree the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1906.

John R. Wickinson 1906
Ordinary Fulton. County.

Affix your seal here

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 R. Wickerson
Ordinary Fulton. County.

Affix your seal here

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

do certify that I am well acquainted with J. P. Ogletree the applicant in the foregoing affidavit and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1906.

John R. Wickerson
Ordinary Fulton. County.

Affix your seal here

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

Pension Office
12/11 1899
Dear Sir —
Your claim for $60.00 pension has been approved payable in Jany 1900.
Yrs
Rich. Johnson
Com. of Pensions

NAME YEAR COUNTY

Ogletree, J P 1900 Fulton

WHEN AND WHERE BORN?

Resided in the state of Georgia continuously over since October 2nd, 1900.

ENLISTED WHEN AND WHERE?

Georgia

RANK

COMPANY AND REGIMENT?

Co A 60th Ala. Regiment

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES.

No witness

ah

payable in Jany
1900
Richd Johnson
Cone of Pensions

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES.

No witness

ah

POSTAL CARD - ONE CENT

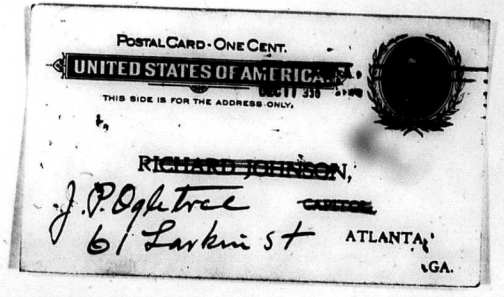
[redacted]

THIS SIDE IS FOR THE ADDRESS ONLY.

R[redacted]N,

J. P. Ogletree [redacted]

[illegible] Larkin St ATLANTA


POSTAL CARD - ONE CENT.

UNITED STATES OF AMERICA

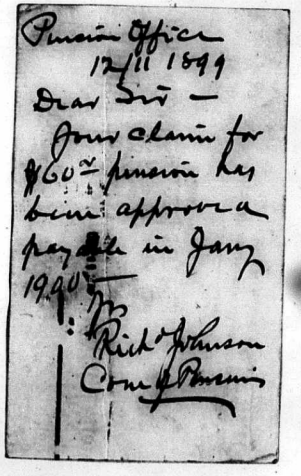
THIS SIDE IS FOR THE ADDRESS ONLY.

RICHARD JOHNSON,

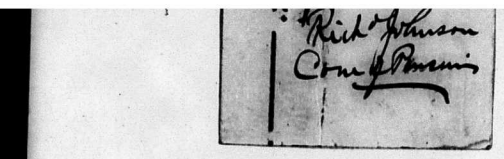
J. P. Oglethree

61 Larkin St ATLANTA,

GA.



Pension Office
12/11 1899
Dear Sir —
Your claim for
$60 ~ pension has
been approved &
payable in Jany
1900 —
Yrs
Richd Johnson
Comr of Pensions



ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
Fulton COUNTY.

I, Thos H. Jeffries Ordinary of said County, do certify that I know Mrs. Anna O'Keefe 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 Oct 1920

That I also know H. T. Connelly witness as to marriage, and I also know _____; that both of the foregoing were duly sworn by me clerks 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 Oct 1920

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

No. 1

Widow's Application

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

County Fulton.
Name Mrs. Anna O'Keefe
Widow of Thos. O'Keefe
Company
Regiment
Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-30-1920

O'Keefe, Anna (Mrs.)

For Fulton County

1925

Application for Pension Due Deceased Pensioner

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

Thos. H. Jeffries Ordinary

For Mrs. ~~Anna O.~~ Anna O'Keefe

Date of Death Mar. 29th 1925

Amount $

MAY 12 Approved and ordered paid

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

Od

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
Fulton COUNTY.

I, Thos H Jeffries Ordinary of said County, do certify that I know Mrs. Anna O'Keefe 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 Oct 1920

That I also know H. T. Connally witness as to marriage, ~~and I also know~~ ; that both of the foregoing were duly sworn by my clerks 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 2 day of Oct 1920

(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 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.

Dupl. O'Keefe, Anna
1920 No. 1

Widow's Application

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

County Fulton

Name Mrs. Anna O'Keefe

Widow of Thos. O'Keefe

Company

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-30-1920

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 P. J. BLOOMFIELD of Greenberg & Bond Co. of said County, who, after being sworn, on oath says that he knew Mrs. A. O. O'Keefe 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 28th day of March 1928, and that a Pension of One Hundred ($100.00) Dollars was due pensioner and unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of $383.75 per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me this 9th day of April 1928

Allen Blueford, O. O., Ordinary
Fulton County
(Seal of Ordinary)

P. J. Bloomfield

CERTIFICATE OF ORDINARY

GEORGIA, Fulton County,

I, Thomas E. Jeffries, Ordinary of said County, do certify that I personally know P. J. Bloomfield of Greenberg & Bond Co., 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. A. O. O'Keefe while in life and that this was the same person whose name appears on the Pension Roll of Fulton County, and was paid a Pension of One Hundred and Twenty Five ($125.00) Dollars in said County for 1928, and I now believe said pensioner to be deady 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 9th day of April, 1928

(Seal or Ordinary)

Thos. E. Jeffries, Ordinary
Fulton County

1st. For use in all cases where applicant shall pay funeral bill and ask to be reimbursed. Bills must be itemized and receipted. Affidavit of undertaker must be attached to bill, stating that he has no interest in the estate, and that the charges are reasonable. Affidavit of undertaker must be made before the Ordinary, and not before a notary public.

2nd. Pensioner dying intestate, payment of his claims and burial, to those and burial, to those and their payments in fully itemized form, giving each item and the value of it, and date.

3rd. Burial accounts cannot be paid only those contracted with the last illness, and before death when pensioner grew worse in the last illness, and before death when pensioner grew worse in the last illness, etc.)

4th. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the words "each, also, due, paid," etc.)

"The above and foregoing account is rendered for services in the last illness of the deceased pensioner, as per the bill hereto attached, and the same is correct and just, and no part thereof has been paid, and the undersigned makes this affidavit for the purpose of obtaining the amount thereof from the funds in the hands of the Ordinary of said County, and for no other purpose whatever."

5th. The Ordinary must see to it that each bill is itemized, and that the charges in every instance are reasonable, and that the bill is correctly paid and that it is proper to pay the bill out of the pension fund in the hands of the Ordinary. He must also see to it that the bill is not paid until the pensioner is dead, and that the bill is not paid to the undertaker or anyone else than the person who has rendered the service.

6th. Ordinary must not pay more than $100.00 for funeral expenses, and not more than $25.00 for last illness.

7th. Ordinary must not pay bills for medicine, doctor's bills, or bills for nursing.

8th. Ordinary must not pay bills for flowers, carriages, or for anything except the coffin, burial robe, and hearse.

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,
Fulton COUNTY.

Personally before me comes Mrs. Anna O'Keefe of said County, who, after being duly sworn, says that she is the widow of Thomas O'Keefe to whom, in the County of Fulton State of Georgia she was married on the 31 day of May 1875, and that she remained his wife, and resided with him to the date of his death in Atlanta 1902 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 Indigent Pension Roll of the State and paid a pension of $ 60.00 in Fulton County for 1902 per annum, on account of being a soldier in Company ____ Regiment ____ (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of Fulton and she has so continuously resided since 1866 ____ 19__

Sworn to and subscribed before me, this the ____ day of August 1920

Allen Blueford, Ordinary
of Fulton County.
(SEAL)

Mrs Anna O'Keefe
295 East Hunter

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

STATE OF GEORGIA,
Fulton COUNTY.

Personally before me comes H. T. Connally 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. Anna O'Keefe, who made the foregoing affidavit, is the lawful widow of Thos. O'Keefe who died in Fulton County in said State of Georgia on ____ day of ____ 1902, and that she has not since remarried. That she became the wife of Thomas O'Keefe on the 31 day of May 18 75, and that she and he had resided together as man and wife continuously since 31 day of May 18 75 and that the Thos O'Keefe was the same man who was on the pension roll of said State ____ from Fulton County ____ when he died.

Sworn to and subscribed before me, this the 4 day of August 19 20

Chas. B. Munnerlyn, Ordinary
of Fulton County.
(SEAL)

H. T. Connally

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. A. O. O'Keefe while in life and that this was the same person whose name appears on the Pension Roll of Fulton County, and was paid a Pension of One Hundred and Twenty Five ($ 125.00) Dollars in said County for 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 31st day of August, 1925.

(Seal or Ordinary) , Ordinary

, County

Fulton COUNTY.

Personally before me comes Mr. T. Connelly 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. Anna O'Keefe, who made the foregoing affidavit, is the lawful widow of Thos. O'Keefe who died in Fulton County in said State of Georgia on day of 1902, and that she has not since remarried. That she became the wife of Thomas O'Keefe on the 31 day of May 18 75, and that she and he had resided together as man and wife continuously since 31 day of May 18 75 and that the Thos O'Keefe was the same man who was on the pension roll of said State from Fulton County when he died.

Sworn to and subscribed before me, this the 6 day of August 1920

Ordinary

of Fulton County.

(SEAL)

E. F. BOND, PRES. S. R. GREENBERG, SEC. & TREAS.

GREENBERG & BOND CO.

AMBULANCE **FUNERAL DIRECTORS** CHAPEL

TELEPHONE { IVY 774 IVY 769

135 IVY STREET

For ATLANTA, GA. April 8,1925

TO Mrs. Anna O'Keefe 380 E. Fair street

1925		
March 29	Casket	$200.00
	Embalming	15.00
	Dress	35.00
	Gloves for pallbearers	3.00
	Cement Vault	80.00
	Hearse	15.00
	Hose	1.00
	Opening grave at Oakland	10.00
	Car for flowers	7.50
	4- 7 pass. Automobiles	36.00
	Notices-Newspapers	11.25
	Total	$ 363.75

I certify that the above account for burial expenses of Mrs. Anna M. O'Keefe is correct, just and unpaid.

B Bond.

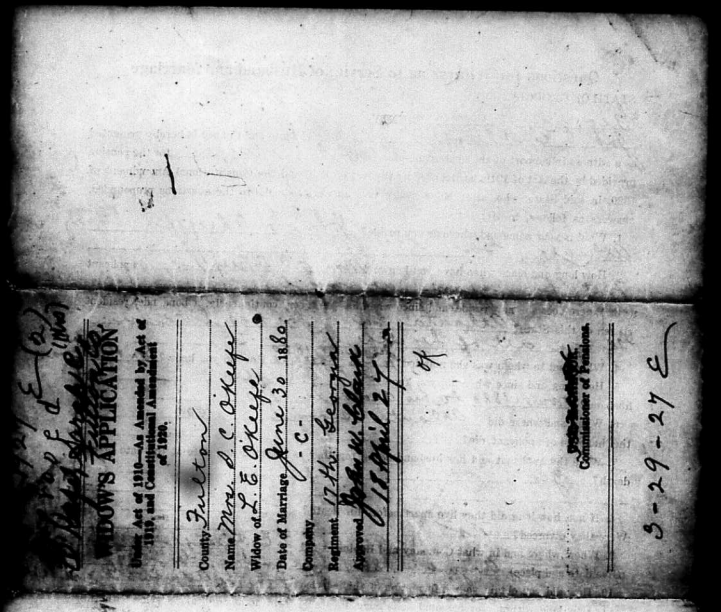
Georgia
Fulton Co.

Sworn and subscribed to before me this 9th day of April, 1925

Georgia
Fulton Co.

Sworn and subscribed to before me this
9th day of April, 1938

[illegible] (2) (Nos)



WIDOW'S APPLICATION

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

County Fulton

Name Mrs. S. C. O'Keefe

Widow of L. E. O'Keefe

Date of Marriage June 30 1880

Company -C-

Regiment 17th Georgia

Approved John M. Blank

18 April 27

of

[illegible]
Commissioner of Pensions.

3-29-27 E

Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY.

I, Thos H. Jeffries, Ordinary of said County, do certify that I know Mrs Sallie C. O'Keefe 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 the witness who swears to the service of husband~~; that ~~both of them are~~ she is now resident~~s~~ of said County and were duly sworn by ~~me~~ my clerk before signing the foregoing affidavit~~s~~ and that ~~they are~~ she is truthful and trustworthy and ~~their~~ her statements are entitled to full faith and credit.

Given under my hand and official seal of office this 28 day of Feb. 1927.

(SEAL OF ORDINARY) Thos H. Jeffries, Ordinary.

of Fulton County

Instructions:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1881, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

1927 Approved Dec (2) 1926
D. Knight, Georgia, Fulton Co.

WIDOW'S APPLICATION

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

County Fulton
Name Mrs. S. C. O'Keefe
Widow of L. E. O'Keefe
Date of Marriage June 30 1880
Company C
Regiment 17th Georgia
Approved Jan 18 April 27

Commissioner of Pensions.

3-29-27 C

Ordinary's Certificate

STATE OF GEORGIA,
Fulton COUNTY.

I, Thos H Jeffries, Ordinary of said County, do certify that I know Mrs Sallie C O'Keefe 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 the witness who swears to the service of husband~~; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 28 day of Feb. 1927.

(SEAL OF ORDINARY) Thos H Jeffries, Ordinary.
of Fulton County

Instructions:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1851, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

APPLICATION FOR PENSION BY A WIDOW

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,
Fulton COUNTY,

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

1. What is your name, and where do you reside? (Give Post Office and County)
Sallie C. O'Keefe, Atlanta Ga
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? Seventy one years
3. When, where and to whom were you married? June 30 1880, Atlanta, Ga. to Laurence E. O'Keefe
a. Have you married since the death of first and soldier husband? No
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service, and give name of Colonel and Captain) August 1st 1861, Columbus, Ga. Company C 17th Georgia Infantry
5. When and where did the commands of your husband surrender or discharge from the Service?
6. Was your husband personally present with his command when it was surrendered or discharged? No
7. If he was not present, state specifically and clearly where he was? Prisoner of War
8. When did he leave the Command? May 23 1863
a. For what cause did he leave? Captured by U. S. soldiers
b. By whose authority did he leave? ✓
c. For how long was his leave of absence granted? ✓ ✓ In what way? ✓
e. What was his physical condition when he left his command? Good
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? Yes
i. If so, when and where? In what prison was he held and when was he released?
May 23 1863, Richland Iowa, Johnsons Island Ohio
j. When and where did your first husband die? Atlanta Ga
k. Were you residing together when he died? Yes
l. If not, how long had you resided apart?
m. Are you now a widow? Yes
9. Have you or your husband heretofore been paid a pension by the State? No
If so, when and for what cause were you or your husband placed on the roll? ✓

Sworn to and subscribed before me, this the 28 day of March, 1927.
Claude E Brown, Ordinary
of Fulton County.
(SEAL OF ORDINARY)

Sallie C. O'Keefe. Applicant.

get mar. Cert. June 3. 1880

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.

of Fulton County.
(SEAL OF ORDINARY)

Applicant.

get mor Cert. June 13 1880

Questions for Witness as to Service of Husband and Marriage

STATE OF GEORGIA,
Georgia, Fulton COUNTY.

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

1. What is your name and where do you reside? John E. Okeeffe Atlanta, Ga

2. How long and since when have you known Mrs. J. C. Okeeffe applicant forty four years - all my life

3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State? Atlanta, Ga. She has lived in Georgia all of her life

4. When and to whom was she married? June 30 1880 to L. E. Okeeffe How do you know? From the record.

5. How long and since when did you know L. E. Okeeffe her husband? From 1883 to his death in 1907

6. When and where did Atlanta Georgia, 1907 the husband of applicant, die?

7. Were the applicant and her husband living together as husband and wife at the date of his death? yes

8. If not, how long did they live apart before his death? ✓
Were they divorced? No

9. When, where and in what Company and Regiment did L. E. Okeeffe enlist? (Give date and place) August 14 1861. Columbus, Ga

10. How did you obtain your information of this service? From the Adjutant General U.S.A.

11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.) He was captured May 23. 1863

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? no
If not, where were you ✓ and how came you there? ✓

14. Was the husband of applicant personally present with his Command at its surrender? no
If not where was he? Prisoner of war and how came him there? ✓
When, where and for what cause did he leave his Command? (Give date.) Captured May 1863
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). From the record furnished by the Adjutant General, U.S.A. and attached hereto.

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

16. What effort did he make to return to his Command and how do you know this? Prisoner of war

17. Was he captured as a prisoner? yes If so, when and where? Richland Fenn May 1863
In what prison was he held? Johnson Island O and when released? Feb 24 1865.

Sworn to and subscribed before me, this the
day of , 192 .
, Ordinary
of County.
(SEAL OF ORDINARY)

(Witness)

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). From the record furnished by the Adjutant General, U.S.A. and attached hereto.

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

16. What effort did he make to return to his Command and how do you know this? Prisoner of war

17. Was he captured as a prisoner? Yes If so, when and where? Richland Tenn. May 1863

In what prison was he held? Johnsons Island O. and when released? Feb 24 1865.

Sworn to and subscribed before me, this the _____ day of _____, 192__.

_____, Ordinary

of _____ County.

(SEAL OF ORDINARY)

_____ (Witness)

Address: "The Adjutant General.
War Department, Washington, D. C.

O.R.D.

WAR DEPARTMENT.
THE ADJUTANT GENERAL'S OFFICE.
WASHINGTON. July 14, 1926.

Respectfully returned to

Mrs. L. E. O'Keeffe,
284 E. North Ave.,
Atlanta, Ga.

The records show that Lawrence E. O'Keefe, 2nd. Lieut. Co. C. 17th. Ga. Inf. C.S.A. enlisted Aug. 14, 1861, at Columbus, Ga., and on muster roll for Jan. and Feb. 1863, (only one on file) is shown absent without leave.

Prisoner of War records show that he was captured May 23, 1863, at Richland, Tenn., and sent to Johnson's Island, Ohio, from Fort Delaware. He was paroled at Johnsons Island, O., and forwarded to City Point, Va., for exchange, Feb. 24, 1865.

Robert C. Davis
Major General,
The Adjutant General,

By A.I.H.

Form No. 672-A. G. O.

GEORGIA, FULTON COUNTY.

Personally appeared H. M. Tanner, who swears that he is personally acquainted with Mrs. S. C. O'Keefe who is the widow of L. E. O'Keefe who died in Fulton County in January 1907. He further swears that the said Mrs. Sallie C. O'Keefe has not remarried since the death of her husband L. E. O'Keefe.

H M Tanner

Sworn to and subscribed before me,
this 28th day of March, 1927.

~~XXXXXXXXX~~

Claude Mason
C. C. ORDINARY.

MARRIAGE LICENSE

State of Georgia--Fulton County

To any Minister of the Gospel, Judge of the Superior Court, Justice of the Peace, or other Person authorized to Solemnize.

You are hereby authorized and permitted to join in the honorable state of Matrimony Mr. Laurance E. O'Keefe

and Miss Sarah G. Cox

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.

RETURN THIS LICENSE, WITH YOUR CERTIFICATE THEREON, TO MY OFFICE FOR RECORD

Given under my Hand and Seal this 30 day of June 1880

Daniel Pittman L.S.
Ordinary

I hereby certify that Mr. Laurance E. O'Keefe

and Miss Sarah G. Cox

were joined together in the HOLY BANS OF MATRIMONY

on the 30 day of June 1880, by me. James M. O'Brien

State of Georgia, Fulton County. | L.S.

ORDINARY'S OFFICE

ATLANTA, GA., March 28, 1927

I, Arthur R. Marbut Clerk Court of Ordinary of said County, hereby certify that the foregoing is a true copy of the Marriage License and Certificate of Marriage of

Mr. Laurance E. O'Keefe

and Miss Sarah G. Cox

as the same appears of record in this office.

Given under my official Signature and Seal of the Court of Ordinary, the day and year aforesaid.

Arthur R. Marbut
Clerk Court of Ordinary.

State of Georgia,
Fulton County.

S. S.

ORDINARY'S OFFICE

ATLANTA, GA., March 28, 1927

I, Arthur R. Marbut, Clerk Court of Ordinary of said County, hereby certify that the foregoing is a true copy of the Marriage License and Certificate of Marriage of

Mr. Lawrence E. O'Keefe

and Miss Sarah G. Cox

as the same appears of record in this office.

Given under my official Signature and Seal of the Court of Ordinary, the day and year aforesaid.

Arthur R. Marbut
Clerk Court of Ordinary.

293 E. Hunter

O'Keef, Thomas
Fulton Co

INDIGENT PENSION
1897.

Name Thomas O'Keef

County Fulton

Approved _____ 1897.

WARRANT HANDED TO

[illegible], STATE PRINTER, ATLANTA.

1/22 97

Pension Office 5/21 1897
Witness does not answer
no 11 positively — nor
has he been certified to
be trustworthy as the
law requires —
Richd Johnson
Com of Pensions

Pension Office 8/5 1897
Physicians say applicant
has pulmonary consumption
They will please state
more fully applicants
present physical condi-
tion — Richd Johnson
Com of Pensions

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 _____ }

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorise

_____ 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

_____

Pension Office 5/21/1897
Mr. Tully dear sir/ammm
No 11 practice - mm
has he been entitled
to enlistment in the
Con regiment
Rich'd Malone
Cor'd Pension

Pension Office 5/5 1897
Physician's only affidavit
has pulmonary consumption
They will please state
with full official
name & physician's
Yes - Rich'd Malone
Cor'd Pension

1c.

INDIGENT PENSION
1897.

Thomas O'Keefe
Fulton

Thomas O'Keefe
Fulton

1897.

1/22-17

Questions for Applicant.

STATE OF GEORGIA,
Fulton County.

I Thomas O'Keefe 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) Thos O'Keefe Atlanta, Fulton Co, Georgia
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? in Atlanta, resided in Ga nearly all my life
3. When and where were you born? 1849 Apl 26th in S C Saundersville
4. When and where and in what company and regiment did you enlist or serve 1863 Washington, Wilkes Co, Ga. - Co A, 1st Regt G M.
5. How long did you remain in such company and regiment? Nearly (2) two years.
6. For how long a period did you discharge regular military duty? for about two years with a few days off when wounded.
7. When, where and under what circumstances where you discharged from service? Was not discharged; but served until the Surrender in 1865
8. What is your present occupation? None
9. How much can you earn (gross) per annum by your own exertions or labor? Nothing at present
10. What has been your occupation since 1865? Clerking in Marcus Hill's R.R. business, 1st to 1894
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"? Infirmity & 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? Infirmity & poverty. My disease is Lung trouble accompanied with indigestion & Liver Complaint - have had Lung disease 8 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 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 Co. no property, to return.
16. How were you supported during the years 1895 and 1896? 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? I never kept any act. about one hundred dollars
18. What was your employment during 1895 and 1896? What pay did you receive in each year? Cashier at Shipping I earned about one hundred dollars in 1895 - Nothing in 1896
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Yes - Wife and two children - Supported by relatives - My wife has ½ interest in a home, where we live.
20. Are you receiving any pension, if so what amount and for what disability? None.

Every Question MUST be Answered.

Sworn to and subscribed before me this the 20 day of Jany 1897.

Thomas O'Keefe
Applicant.

_____ Ordinary.
of Fulton County.



Sworn to and subscribed before me this the 20 day of Jany 1897. } Thomas O'Keefe Applicant.

W. W. Hulsey Ordinary.

of Fulton County.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Fulton County.

Personally came before me Dr E. Van Goidtsnoven and W. C. Warren M.D., both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully Thomas Okeefe, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

Phthisis Pulmonalis or pulmonary consumption.

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 20 day of Jany 1897.

W. C. Warren M.D.
E. van Goidtsnoven M.D.

W. W. Hulsey Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

I, W. W. Hulsey, Ordinary in and for said County, hereby certify that the applicant Thomas Okeefe 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: ~~Brien Maguire~~ W. C. Warren & E. Van Goidtsnoven are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Fulton County show that applicant returned for taxation in his name in 1895, 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 22 day of Jany 1897.

W. W. Hulsey Ordinary

of Fulton County.

NOTE.

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

****LIGHT PRINT AND. OR BAD COPY****

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Wilkes County.

I Brien Maguire & W. S. Lane, of said State and County, having been presented as a witness in support of the application of Thomas Okeeffe 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? Brien Maguire Washington Wilkes County Ga.
2. Are you acquainted with Thomas Okeeffe, the applicant, is of how long have you known him? about Thirty Six years
3. Where does he reside, and how long has he been a resident of this State? in Atlanta was born in Ga. and lived in this State all his life
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? Yes. he served under me in the Ga Militia
5. When, where and in what company and regiment did he enlist? in 1863 he enlisted in my Company. Co A 1st Regt. 1st Brigade G.M.
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 under me about two years, was a good soldier, was shot down at the battle of Honey Hill in So Carolina, but not seriously wounded. he continued in my Co until the surrender
8. What property, effects or income has the applicant? (Give your means of knowledge.) I do not know. Since the was he has lived in Atlanta and I in Washington Ga. Therefore I have seen little of him
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? I do not know
10. What is the applicant's occupation and physicial condition? I do not know
11. Is the applicant unable to support himself by labor of any sort, if so, why? I think he is physically unable to support himself. I have been told by friends that Exposure while in the Army impaired his health
12. How was he supported during the years 1895 and 1896? I do not know
13. What portion of his support for these two years was derived from his own labor or income? I do not know
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? I cannot, as I have not seen him in several years. More than I believe that his health has been impaired by Exposure while in the Army
15. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 15 day of January 1897. } Brien Maguire Capt Co A 1st Regt G.M. Witness.

W. S. Lane Corp. Co A 1st Reg. G.M.

W. S. Lane Ordinary.

W. H. Kelly Ordinary

of Fulton County.

NOTE.

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

health has been impaired by exposure while in the Army

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

Sworn to and subscribed before me, this the 15 day of January 1897. } Brien Maguire Capt. Co. A 1st Regt. Gen'l. Witness.

W. S. Lane Corp. Co. A 1st Reg. N. M.

W. S. Lane 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 _____ 1899.

Executed in presence of _____ } _____ (L. S.)

O'Keefe, Thomas
Fulton County
CODE SEC. 1284.
(For These Already Enrolled.)

No. 546

INDIGENT
SOLDIER'S PENSION,
1899.

Name Thomas O'Keefe
County FULTON

WARRANT ISSUED 1/18 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,
FULTON County.

Personally appears Thos O'Keefe 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 50 years old and by occupation a ____; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 2 years in Company A, of 14th Regiment of Ga Militia; that his physical condition is as follows: Consumption Contracted in the Army

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~~ have applied a pension for the year 1899

Sworn to and subscribed before me, this the 9 day of Jan 1899.

Thos O'Keefe

J M Hulsey Ordinary.

State of Georgia,
FULTON County.

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

Given under my official signature and seal, this 14 day of Jan 1899.

affix seal here.

J M Hulsey
Ordinary FULTON County.

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

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,
Fulton County.

I, Thomas O'Keefe hereby authorize
Army T. Connally of Atlanta Ga
to receive and receipt for the pension allowed, and request that he remit same to
My wife Anna Connally O'Keefe at Atlanta
by

Witness my hand and seal, this 4th day of January 1900.

Thos. O'Keefe [L. S.]

Executed in presence of
Joseph H. Merritt Notary Public
Fulton County Ga

Thomas O'Keefe
Fulton County

CODE SEC. 1254.
(For Those Already Enrolled.)

NO.

INDIGENT SOLDIER'S PENSION, 1900.

Name Thomas O'Keefe
County FULTON

WARRANT ISSUED 1900.

JOHN. W. LINDSEY, Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printing, Atlanta.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
FULTON County.

Personally appears Thos O'Keefe 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~~50~~; that he is 51 years old and by occupation a _____; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 2 years in Company A, of 1st th Regiment of Ga-Malitia; that his physical condition is as follows: Consumption Contracted in the army

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 11th day of Jany 1900. Thos O'Keefe

Joseph H Smith M.H. Pub. Fulton County Ga Ordinary.

State of Georgia,
FULTON County.

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

Given under my official signature and seal, this _____ day of Jany 1900.

Affix your seal here.

Ordinary FULTON County.

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

in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this _____ day of Jany 1900.

Affix your seal here.

Ordinary FULTON County.

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

O'Keefe, Anna M.
4 5 4 3 7
Fulton County (Mrs)

189 1900

APPLICATION FOR PENSION
DUE DECEASED SOLDIER
UNDER ACT 1891.

—BY—

Mrs. Anna M O'Keefe
Widow of Thos O'Keefe
County Fulton

Approved and Paid
Jny 31—1900 189

Richard Johnson,
Sec. Executive Department.

H T Connally

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

Georgia Fulton County

Thomas O'Keefe an indigent pensioner under the laws of this State and resident of Fulton Co having signed the accompanying Voucher and power of Attorney to Henry T. Connally to collect the Amount due thereon on the 11th day of January 1900.

This is to certify that said Thomas O'Keefe has since the said signing has departed this life. He having died on January 14th 1900 that his said Attorney in fact Henry T. Connally is the brother of his widow Mrs Anna Connally O'Keefe to whom said Attorney was directed to pay over the proceeds of said pension of said Thomas O'Keefe in while yet in life

Witness my hand and official signature this 15th day of January 1900

W H Keeley
Ordinary of Fulton County
Ga

Georgia
Wilkes County

I, W. S. Lane Ordinary in and for said County hereby certify that the witness Brien Maguire who is a resident of Wilkes County and and answered the annexed questions for witness in the application of Thomas O'Keefe is of trustworthy character and that his statements are entitled to full faith and credit.

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

I further certify that the undersigned, being cognizant of the fact that said Thomas O'Keefe was a member of Co A 1st Reg G. M. and served therein as stated in the said answers of Brien Maguire, I, the undersigned, without having taken the oath, signed the said answers and adopted them voluntarily as my knowledge, having been a Corporal in Co A 1 Reg G. M.

Witness my hand and seal of office this 12th day of July 1897.

W. S. Lane
Ordinary
of Wilkes County.

APPLICATIONS FOR PENSIONS DUE DECEASED SOLDIERS.

Under Act Approved October 9, 1891.

STATE OF GEORGIA,
COUNTY OF Fulton

Personally appears before me Mrs. Anna M O'Keefe of said County of Fulton State of Georgia, who, being duly sworn, says on oath that she is the widow of Thomas O'Keefe who was a disabled Confederate soldier, and whose name had been duly enrolled as entitled to a pension of Sixty 00 Dollars annually from the State of Georgia. That said Thomas O'Keefe died on the Fourteenth day of January 1900 ~~1899~~, in Fulton County and that at his death, his right to said pension for the year ending October 26, ~~1899~~ 1900 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 31st day of January ~~1900~~ Anna M. O'Keefe

W. H. Hulsey Ordinary.

If allowed, I authorize Henry T Connally to receive and receipt for the amount.

Attest: W. H. Hulsey Anna M O'Keefe

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, W. H. Hulsey, Ordinary of said County, do certify that I am personally acquainted with Mrs. Anna M O'Keefe that I know personally, or from *sworn* testimony of witnesses before me, that she is the widow of Thomas O'Keefe, 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 Thirty first day of January 1900 ~~1899~~

{SEAL.} W. H. Hulsey Ordinary.

of Mikes County.

{SEAL.}

W W Hulsey
Ordinary.

Georgia Fulton County

In person before me came W C Warren M.D. and E Van Goedsnoorn who were the examining physicians to the annexed application of Thomas O Keefe for pension who being duly sworn say that said Thomas O Keefe has pulmonary consumption, One lung portion of molary is consolidated and a portion of the other lung is likewise affected he is a confirmed invalid & confined to his house ~~[illegible]~~ time, a portion of his time & wholly unable to support his family

W C Warren M.D.

I fully concur in the above & will further state that the secondary stage of Phthisis pulmonalis depending upon the decreased of volume of the lungs by induration & shrinking is well marked & typical

E van Goedsnoorn M.D.

Sworn to Eng Subscribed before me this Aug 31 1897

Joseph H Smith
Notary Public Fulton County Ga

Sworn to and subscribed
before me this Aug 31. 1897
Joseph H. Smith
Notary Public Fulton County Geo

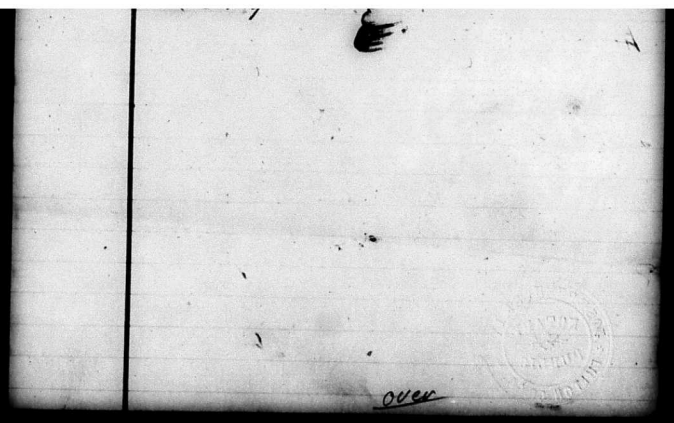
Georgia Fulton County

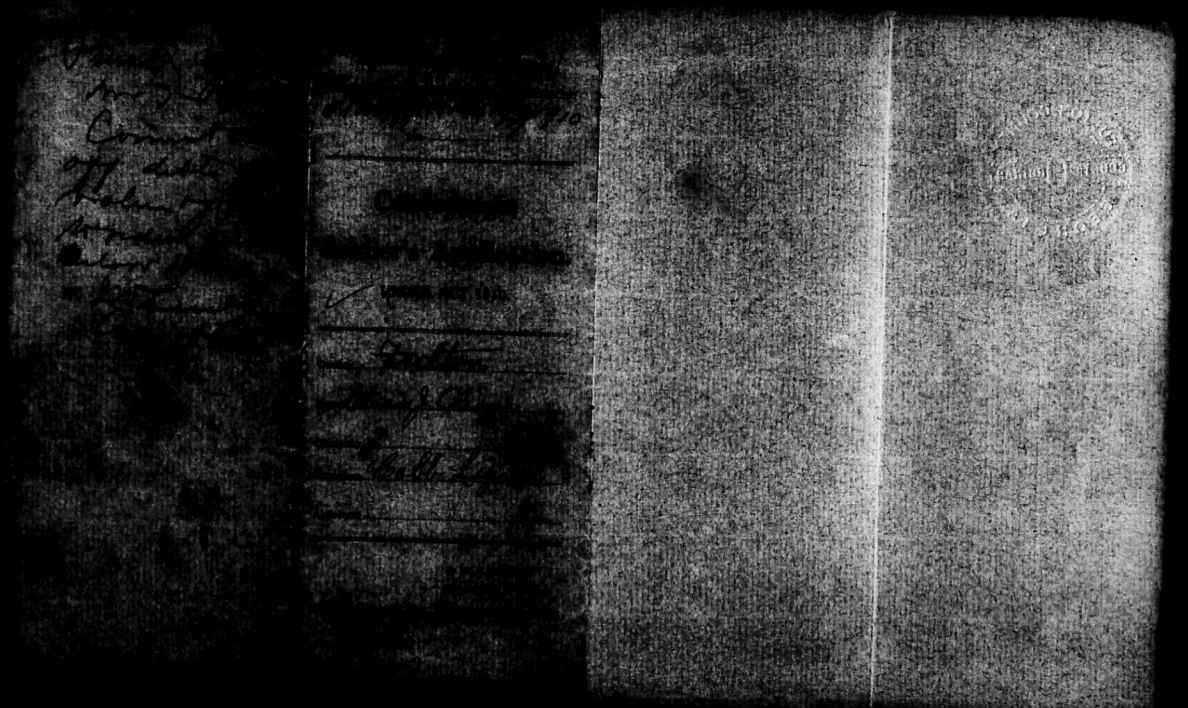
Da person before me came Henry T. Connally of Atlanta Fulton County Georgia who I certify to be trustworthy character and whose statements are entitled to full faith and credit being duly sworn says that he knows Thomas O'Keefe and has known him for years and in answer to question No 11 in the annexed application & questions for witnesses says that applicant is wholly unable to support himself because he has pulmonary consumption and is a confirmed invalid

Sworn and subscribed
before me this July 14. 1897
W. H. Henry
Ordinary

H. T. Connally

over


over



APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,
Fulton County.

Charles J. Oliver 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) Charles J. Oliver. 72 Lawton St. Atlanta Ga.

2. How long and since when have you been a continuous resident citizen of this State? fifty 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) from Athens Ga in Long Artillery Cobb Legion

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) April 1865

6. When and where was your Company and Regiment surrendered or discharged from the Service? At Appomattox Va 1st 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? I Surrendered with it

b. When did you leave the Command? I did not leave it

c. For what cause did you leave? none

d. By whose authority did you leave? By Surrender

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? not Captured

j. If so, when, and where? In what prison were you held and when were you released? None

9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) Realty & Personalty value of twenty five hundred dollars

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? Sold Roment obligations to Bowen Jackson all Realty

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). Household Furniture and Stock and wagon Severity ~~[illegible]~~ dollars

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? —

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

Sworn to and subscribed before me, this the 28th day of [illegible] 1910.

Chas. J. Oliver P. 186

[illegible] Ordinary

[illegible] County.

Confederate Soldier's Application.

UNDER ACT 1910.

County Fulton

Name Chas J. Oliver

Company

Regiment Cobb Legion

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,
Fulton County.

Henry Jennings Mitchell of said State and County is hereby presented as a witness in support of the application of C J Oliver 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? Henry Jennings Mitchell Atlanta Ga

2. How long and since when have you known C J Oliver the applicant? 50 year or more since before the war

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 Fulton Co Ga We have lived neighbors to him

4. When, where and in what Company and Regiment did C J Oliver enlist during war from 1861 to 1865? (Give date and place) 1862 Atlanta Ga Capt Buttolph's Co 3rd Ga Regt

5. How did you obtain your information of this Service? We were present

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) from 1862 until April 1865

7. When and where was his Command surrendered or disbanded (give date and place) April 1865 Appomattox Va

8. Were you personally present at the Surrender? I was

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

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

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

12. When did he leave his Command? X Where was his Command when he left it? X for what cause did he leave? X By whose authority did he leave X said how long was he granted leave? X How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) X

13. In what way was he prevented from returning to his Command? X 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? X In what prison was he held? X and when released?

Sworn to and subscribed before me this [illegible] day of [illegible] 191[illegible]

[illegible]
Ordinary,
of [illegible] County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Fulton County.

Personally before me comes C M Strickland & H Jackson who on oath says that they are freeholders residing in said County and we know C J Oliver 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.) 5 Acres of Land on Perkins St Atlanta Ga Valued at 1500 $ Apprais'd & sold Thereon is an indebtedness of about $500 Household & Kitchen furniture Value about $200 Personal property consisting of Horse Buggy & Harness Value about $100

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? X

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

4. What relation is the party to applicant? X

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

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

Sworn to and subscribed before me this the [illegible] day of [illegible] 1911

C M Strickland H Jackson
[illegible]
Ordinary,
of Fulton County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Fulton County.

John Reed Quillian Ordinary of said County, certify that I know the applicant C J Oliver for Pension in the person he represents himself to be and resides in said County. That I also know Henry Jennings Mitchell the witness swearing to the service and C M Strickland & H Jackson who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavits and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Receipts of C J Oliver shows that and wife values for tax is in 1908 $ 2000 for 1909 $ 2000 for 1910 $ 1225

Sworn to and attested and official seal of office this 13th day of Oct 191[illegible]

John R Quillian
Ordinary,
of Fulton County.

NOTES:

when he left it? ... for what cause did he leave? ...

...By whose authority did he leave ... and how long was he granted leave? ... How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) ...

13. In what way was he prevented from returning to his Command? ... How do you know? ...

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

15. Was applicant captured as a prisoner ... If so, when and where? ... In what prison was he held? ... and when released? ...

...day of ...

STATE OF GEORGIA, ... County.

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

Sworn to ... and official seal of office this ... day of ... 191...

... Ordinary.

... County.

NOTICE:

Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY.

I, T. H. Jeffries Ordinary of said County, do certify that I know Mrs Frances Oliver 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 R. A. Hemphill 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~~ my Clerk 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 15 day of Oct 1919

(SEAL)

T. 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. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1881, are entitled.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Ordinary's Certificate

Wm Frances Oliver

No. 1 Fulton County

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Fulton

Name Mrs Frances T. Oliver

Widow of James Oliver

Company Camp Artillery

Regiment

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. Jeffries Ordinary of said County, do certify that I know Mrs Francis Oliver 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 R. A. Hemphill 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 15th day of Sept 1919.

(SEAL) T. 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. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1861, are entitled.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Oliver, Frances
No. 112,205
Fulton Co.

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

County Fulton
Name Mrs. Frances E. Oliver
Widow of James Oliver
Company Fourth Artillery
Regiment
Approved

J. W. LINDSEY,
Commissioner of Pensions.
And Ex-Officio Ch. State Pension Atlanta

10-23-1919

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. Francis Oliver 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. Francis Oliver, 207 Cascade Ave 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? Jan 26 1871, Rome, Ga., to Charles James Oliver
   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.) In 1861 at Athens, Ga. in Troup Artillery
5. When and where did the commands of your husband surrender or discharge from the army? Appomattox Court House, April 9, 1865
6. Was your husband personally present at the time of the surrender or discharge of this command? Yes
7. If he was not present state clearly where he was?
8. Where was his command when he left? Never left command until after surrender
   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?
   c. 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 8, 1911, 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 herstofore 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 15th day of Sept. 1919

Mrs. Frances E. Oliver

T. H. Jeffries Ordinary
of Fulton County.

(SEAL)

Chas. H. Mason Ob Ordinary
of Fulton County.
(SEAL)

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,
Fulton COUNTY.

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

1. What is your name and where do you reside? R. A. Hemphill 1141 Peachtree Atlanta Ga

2. How long and since when have you known Mrs Francis Oliver applicant? Since 1880

3. How long and since when has she continuously resided in this State? (Give date.) Since 1880

4. When and to whom was she married? Chas J Oliver How do you know? They lived as man & wife since 1880

5. How long and since when did you know Chas J. Oliver her husband? Since 1860

6. When and where did Chas. J. Oliver the husband of applicant, die? Atlanta Ga Mch 8 1911

7. Were the applicant and her husband living together as husband and wife at the date of his death? they were

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 Chas J Oliver enlist? Troup Artillery 1861 in April at Athens Ga

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

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

12. When and where did his Command surrender, and was discharged? Appomattox Court House Apr 9 1865

13. Were you personally present when it was surrendered? no If not, where were you Prisoner and how came you there? I was captured one mad before the surrender near Farmville Va

14. Was the husband of applicant personally present at surrender? He was with the Company when I was captured, one mad before the surrender If not ~~where was he?~~ —— When, where and for what cause did he leave Command? (Give date.) —— By whose authority did he leave his Command? —— And how long was he granted leave? —— How do you know all this?

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

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

Sworn to and subscribed before me this the 29 day of Sep 1919 } R. A. Hemphill

Chas. H. Mason Ob Ordinary
of Fulton County.
(SEAL)

one Mead before the Surrender near Farmville Va.

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

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

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

Sworn to and subscribed before me this the 29 day of Sep 1919. } R. A. Hemphill

Lucie C. Mason Ob Ordinary of Fulton County.

(SEAL)

State of Georgia, Floyd County.

To any Judge of the Superior Court, Justice of the Peace, or Minister of the Gospel:

You are hereby authorized to join, Charles J. Olever and Fannie T. Shropshire, in the Holy State of Matrimony, according to the laws of this State, if they are such persons as are by law authorized to marry, and for so doing this shall be your license.

Given under my hand and official seal, this 27th day of January 1871.

H. J. Johnson, Ordinary.

I hereby certify, That on the 27th day of January 1871, Charles J. Oliver and Fannie T. Shropshire were lawfully joined in the Holy State of Matrimony by me.

J. F. Cook, M. G.

Recorded by me this 27th day of Jan 1871.

H. J. Johnson, Ordinary

J. F. Cook, M. G.

Recorded by me this 27th day of Jan 1871.

H. J. Johnson, Ordinary

O'Neal [illegible]

[illegible]

No.

O.N. Jan 1908

INDIGENT PENSION.

1908

Name Am O'Neal

County Fulton

Co. E. [illegible] Regt.

Approved _____ 190__

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

[illegible]

[illegible]

[illegible]

POWER OF ATTORNEY.

STATE OF GEORGIA, } County.

I, _____ of _____ Authority [illegible]

[illegible]

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

Executed in presence of _____ [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

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

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

_____ [L. S.]

Executed in presence of

_____

QUESTIONS FOR APPLICANT.

STATE OF Georgia
Fulton County.

of said State and County, desiring [illegible] and after being duly sworn [illegible] answers to the following questions:

1. [illegible] Co. [illegible] Regt. Ga. Vol. Inf.?
2. [illegible] Co. [illegible] Regt. Ga. Vol. Inf.?
3. [illegible] Co. [illegible] Regt. Ga. Vol. Inf.?
4. How long did you remain in such company and regiment? Until close of war
5. When and where were you last honorably discharged and [illegible]?
6. Were you present with your company and regiment when it was surrendered? Yes
7. If not present, state specifically and clearly where you were, when you left your command, by what order and by whose authority?
8. How much are you now (given) per annum by your [illegible] stockings or [illegible]? Can't Earn Enough to Live
9. What has been your occupation since 1865?
10. Upon which of the following grounds do you base your application for a pension: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty?"
11. If upon the third 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 ground, state when you nearly lost your sight, and where you lost your sight.
12. What property, real and personal, or income, do you possess and its given value?
13. 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 or [illegible] of same?
14. [illegible] Co. [illegible] Regt. [illegible] Vol. [illegible] value for taxation?
15. [illegible] Co. [illegible] Regt. [illegible] Vol. [illegible] 1901, 1902, 1903, 1904, 1905, 1906 and 1907)
16. [illegible] Co. [illegible] Regt. [illegible] Vol. [illegible] of what years, and what pension did you contribute thereto by your
17. [illegible] Co. [illegible] Regt. [illegible] Vol. [illegible] 1901, 1902, 1903, 1904, 1905, 1906 and 1907)? What pay did you
18. [illegible] Co. [illegible] Regt. [illegible] Vol. [illegible] If so, give their names and [illegible] (Give their means of support. If any are a home-
[illegible] Co. [illegible] Regt. [illegible] Vol. [illegible] and age you have employed?

PENSION APPLICATION

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Fulton COUNTY.

Wm E. McAllister of said State and County, having been presented as a witness in support of the application of Alfred M. Oneal for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? W. E. McAllister
Atlanta Fulton Co. Ga.
2. Are you acquainted with Alfred M. Oneal, the applicant; if so, how long have you known him? 42 Years
3. Where does he reside and how long and since when has he been a resident of this State?
Atlanta Fulton Co. Ga. All his life.
4. When, where and in what company and regiment did he enlist, and how do you know?
Co. E. 3 Ga. Bob Carrlogg. I served with him
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty? Nov 1864, till Close of Dec
7. When and where was his command surrendered? Athens Ga
8. Were you present when it surrendered? Yes
9. Was applicant present? Yes
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?
11. What property, effects or income has the applicant? (Give your means of knowledge.)
None to my knowledge
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907,
None
and what disposition, if any, did he make of same?
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
No
14. What is the applicant's occupation and physical condition? Carpenter
Bad Eye Sigth & Rubb
15. Is the applicant unable to support himself by labor of any sort; if so, why?
I think so. Old Age &c
16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907?
Own Labor
17. What portion of his support for these four years was derived from his own labor or income?
All
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code Bad Eye Sigth & Old Age
19. Who composes family? What property has they? Children's ages and their earning capacity?
Wife & One Child at home. No Property
20. What interest have you in the recovery of a pension by said? None

Sworn to and subscribed before me, this the 14th day of March 1908

John R. Wilkinson Ordinary.

Wm E. McAllister
Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Fulton COUNTY.

Personally came before me John W. Nelson M. D. and W. H. Whitehead M.D., both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Alfred M. Oneal, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:
we find him suffering with rheumatism and his eye sight is dim. at times can scarcely see his way.

John W. Nelson M.D.
Wm H. Whitehead

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

Sworn to and subscribed before me, this the 14th day of March 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 Alfred M. Oneal resides in said County, and has been a bona fide resident of this State since the _____ day of _____ 189__ and that the witnesses, viz. W. E. McAllister, John W. Nelson M.D. & W. H. Whitehead M.D. are of trustworthy character, and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions the applicant and each witness took the oath 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 1906 _____ Dollars of property; in 1907 _____ Dollars of property.

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

Witness my hand and seal of office, this 14th day of August 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 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.

14. What is the applicant's occupation and physical condition? Carpenter
Bad Eye Sight & Rubble

15. Is the applicant unable to support himself by labor of any sort; if so, why?
I think so. Old Age &c

16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907?
Own Labor

17. What portion of his support for these four years was derived from his own labor or income?
All

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code Bad Eye Sight & Old Age

19. Who composes family? What property has they? Children's ages and their earning capacity?
Wife & One Child at home. No Property

20. What interest have you in the recovery of a pension by [illegible]
Sworn to and subscribed before me, this the 14th day of March 1908
John R. Wickliffe Ordinary.
[illegible] Witness.

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 1906 _____ Dollars of property; in 1907 _____ Dollars of property.

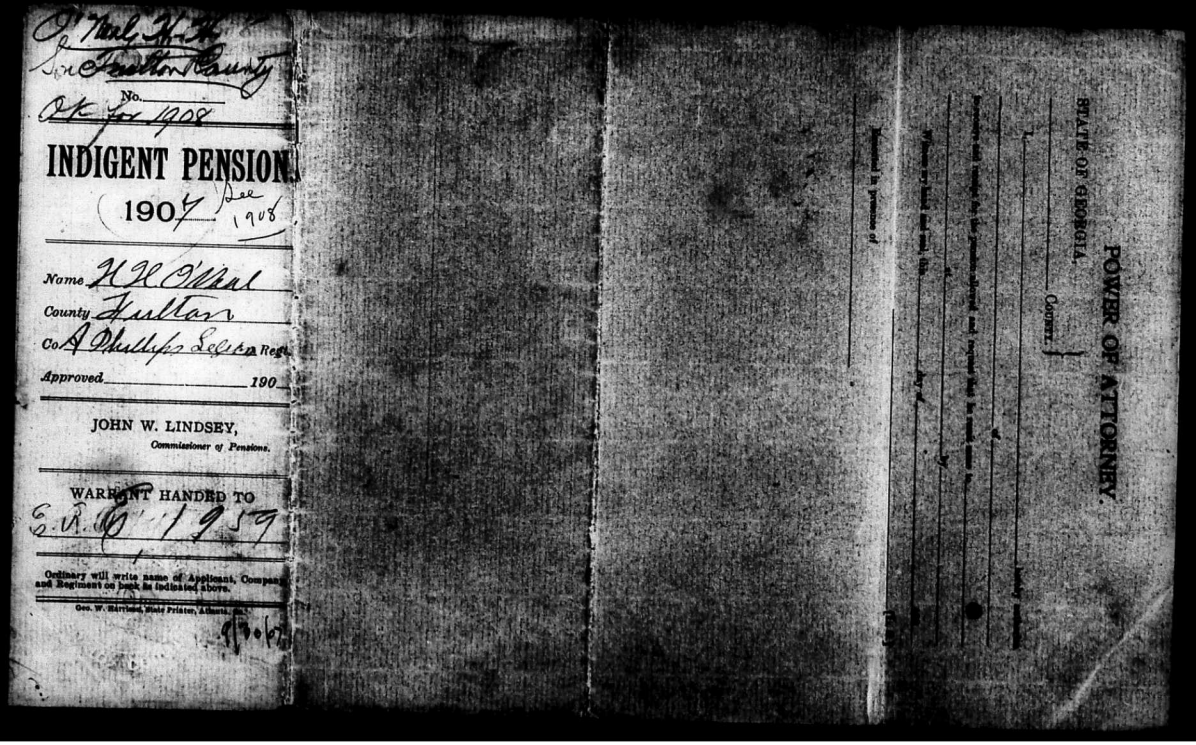
In my opinion the foregoing claim is _____ made in good faith.

Witness my hand and seal of office, this 14th day of August 1908

John R. Wickliffe 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.



O'Neal, H. H.
Sec Fulton County
No.
OK for 1908

INDIGENT PENSION

1907 See 1908

Name H H O'Neal
County Fulton
Co A Phillips Legion Regt.
Approved _____ 190__

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
E. R. C. 1959

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

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

9/30/07

POWER OF ATTORNEY.

STATE OF GEORGIA, _____ COUNTY.

I, _____ of _____ hereby constitute

Inventory and receipt for the pension allowed and request that he would make to _____

Witness my hand and seal, this _____ day of _____ 19__

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ being witness
_____ of _____
to receive and receipt for the pension allowed and request that be remit same to _____
_____ at _____ by _____

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

_____ [L. S.]

Executed in presence of

_____

INDIGENT PENSION
1904
Form
County
Approved.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
Dec 1 1904

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
_____ County.

I, W. H. O'Neal of said State and County, desiring to make application for a pension under the Act approved 1904, Order having granted his request, and after being duly sworn according to law, do hereby make answers to the following questions, to wit:

1. Your name, age, residence and occupation? (Write out in full Christian name, Surname, County and Postoffice.)
W. H. O'Neal - Atlanta Fulton Co Ga
2. How long and when have you been a resident of this State? Over 40 years
3. Where and when were you born? Jany 19th 1839 - Laurens Co Ga
4. Where and when and in what company and regiment did you enlist or serve? Atlanta Ga 1861 - Georgia Battalion - Co A - Phillips Legion
5. How long did you remain in such company and regiment? Entire War 1861-1865
6. When and where were you mustered and regularly discharged? May 1865 Appomattox Va - Union Army
7. Were you present with your company and regiment when it was surrendered? Yes.
8. If not present, state where you were, and under what circumstances you were, when you left your command, for what cause and by whose authority? I was present
9. How much service were you able to perform by your own exertions or labor? Nothing
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"? 3rd 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 when you became totally blind and how and when you lost your sight. about 10 years Old age public - Kupture - fractured leg -
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 of same, 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 - Mr Lindsey Ga -
16. Have you returned for the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? Yes I returned property & collected a bill
17. How much did you return for taxation for each of those years, and what portion did you contribute thereto by your own labor? None - None - about $10.
18. What was your occupation during 1901, 1902, 1903, 1904, 1905, 1906 and 1907? What pay did you receive in each year? I was - Sick most of the time - earned nothing
19. Have you a family? If so, who composes such family? Give their means of support. Have they a home stead, or what property? Their ages and how employed? None
20. Are you receiving any pension? If so, what amount and for what disability? None
21. Have you ever made an application for pension before? No
22. If so, when and where? If ever made the same what was?

Sworn to and subscribed before me this _____ day of _____ 190_.

_____

POOR LIGHT PRINT AND, OR BAD COPY **

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Baldwin County.

Daniel B. Sanford of said State and County, having been presented as a witness in support of the application of H. H. Oneal 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? Daniel B. Sanford
Baldwin County Ga
2. Are you acquainted with H. H. Oneal, the applicant; if so, how long have you known him? Since 1866. and long before that time
3. Where does he reside, and how long and since when has he been a resident of this State? I presume he Fulton County Ga Since 1866 in State
4. When, where and in what company and regiment did he enlist, and how do you know? Marion May 1861 - Sergt Co A 5th Ga Regt Capt Phillips Co Legion
5. Were you a member of the same company and regiment? Yes - Capt at Surrender
6. How long did he perform regular military duty? Until Captured at Battle of Sailors Creek Va Apl 6 1865
7. When and where was his command surrendered? Captured at Battle of Sailors Creek Va Apl 6 1865
I was paroled at the Surrender on April 9th 1865
8. Were you present when it surrendered? Yes & was captured on April 6 1865
9. Was applicant present? Yes I saw him in the Battle of Sailors Creek Va April 6 1865 I was present to best of recollection
10. If he was not present, where was he? When did he leave his command? April 1865 For what cause? Surrender
By what authority he left? Captured & Paroled How do you know all of this?
I was a Private in Capt Smith's Co with Father Time Since April 6. 1865

11. What property, effects or income has the applicant? (Give your means of knowledge.)
I do not Know, have not seen him for 30 years or more
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?
I do not Know He was very poor when war ended in 1865
I do not Know
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
I do not Know
14. What is the applicant's occupation and physical condition?
I do not Know have not seen him for 30 years or more
15. Is the applicant unable to support himself by labor of any sort; if so, why?
I do not Know not having seen him for so many years
16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907?
I do not Know
17. What portion of his support for these four years was derived from his own labor or income?
I do not Know
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code.
I do not Know but I Know he made a good and faithful Soldier during the war
19. Who composes family? What property have they? Children's ages and their earning capacity?
I do not Know as I have not seen him since the War ended or for many many years
20. What interest have you in the recovery of a pension by this applicant?
I only as a friend & neighbor & Comrade wish to see him get a pension

Sworn to and subscribed before me, this the 27th day of September 1907
W M Stembridge Ordinary

Daniel B. Sanford
Late Capt Co A 5th Ga Regt
Phillips Georgia Legion
Infantry

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Fulton County.

Personally came before me J M Carmichael and W M Dabham, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Harrison H. O'Neal, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

He has Varicose affection of the right inguinal glands also a Varicose vein and Swollen condition of the right leg and foot, altogether his condition is such as that he is unable to do any work and that we have no interest in said pension being allowed.

J M Carmichael M.D.
W M Dabham M.D.

Sworn to and subscribed before me, this the 26 day of Sept 1907
John R Cole Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Fulton County.

I John R Cole Ordinary, in and for said County, hereby certify that the applicant H H O'Neal resides in said County, and has been a bona fide resident of this State since the ____ day of ____ 189__ and that the witnesses, viz: Geo Hamilton

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 1906 ____ Dollars of property; in 1907 ____ Dollars of property.

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

Witness my hand and seal of office, this 30th day of Sept 1907
John R Cole 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.

20. What interest have you in the recovery of a pension by this applicant? [illegible] except all good feelings

Sworn to and subscribed before me, this the 27th day of September 1907

W. H. Steinhauer, Ordinary

Daniel R. Bradford formerly Captain of Company F Phillips Campbell Legion Infantry

of Terrell 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.

STATE OF GEORGIA,

Dooly County.

George Hamilton of said State and County, having been presented as a witness in support of the application of H. H. Bell 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? George Hamilton
   Lives at Allentown Ga
2. Are you acquainted with H. H. Bell, the applicant; if so, how long have you known him? 4 yrs
3. Where does he reside, and how long and since when has he been a resident of this State?
   Allentown all his life
4. Where, when and in what company and regiment did he enlist, and how do you know?
5. Were you a member of the same company and regiment?
6. How long did the person render 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?
    By what authority he left? How do you know of this?
11. What property, effects or income has the applicant? (Give your means of knowledge.)
    None
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907,
    None
    and what disposition, if any, did he make of same? [illegible] no note
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?
    Night Watchman – Very poor
15. Is the applicant unable to support himself by labor of any sort; if so, why?
    Yes – disable on account age & rheumatic condition – paleral
16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907?
    Partly from Labor & Partly by family
17. What portion of his support for these four years was derived from his own labor or income?
    Practically None
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code
    Old age, infirmity, rheumatic, paleral, sight & hearing very poor & generally debilitated
19. Who composes family? What property have they? Children's ages and their earning capacity?
    Self None 4 Children
20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 2nd day of Oct 1907

John Vanderbilt Ordinary

Geo Hamilton Witness

as to part 1 part

No

14. What is the applicant's occupation and physical condition?
Night Watchman — Very poor

15. Is the applicant unable to support himself by labor of any sort; if so, why?
Yes — disabled on acct age & rheumatic condition & palsied

16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907?
Partly own labor & partly by family

17. What portion of his support for these four years was derived from his own labor or income?
Practically none

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code Old age, infirmity, rheumatic palsied, sight & hearing very poor & generally disabled

19. Who composes family? What property have they? Children's ages and their earning capacity?
Self — None No children

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

Sworn to and subscribed before me, this the 30th day of Sept 1907

Witness.

John Wolfe Ordinary.

as to property

Mch 18, 1861,
Mustered out, Augusta, Ga
Mch 15, 1862,

O'Neal, Joshua E V
Fulton County
No. Ga Vol
Ok for 1920

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County Fulton
Name Joshua O'Neal
Company I
Regiment 1st Ga Vol
Approved Inf

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. Jeffries Ordinary of said County, certify that I know the applicant Joshua O'Neal for pension is the person he represents himself to be and resides in said county. That I also know J. H. Stevens the witness swearing to the service; that they are both residents of said county and were duly sworn by my Clerk 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 17 day of Oct 1919

T. H. Jeffries Ordinary
of Fulton County.

(SEAL)

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

Ordinary's Certificate

STATE OF GEORGIA,
Fulton COUNTY.

I, T. H. Jeffries Ordinary of said County, certify that I know the applicant Joshua O'Neal for pension is the person he represents himself to be and resides in said county. That I also know J. H. Stevens 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 27 day of Oct 1919

T. H. Jeffries Ordinary
of Fulton County.
(SEAL)

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

O'Neal, Joshua E.
Fulton County
No. Sgt Co Vol
Oct 1920

Confederate
Soldier's Application
Under Act 1910—As Amended by Act of 1919.

County Fulton
Name Joshua O'Neal
Company I
Regiment 1st Ga Vol
Approved Inf

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

10-31-1919

Mch 18, 1861,
mustered out, Augusta, Ga.
Mch 15, 1862,

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

Questions For Applicants to Answer

STATE OF GEORGIA,
Fulton COUNTY.

Joshua O'Neal 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) Joshua O'Neal Fulton Co Atlanta Ga 509 S. Bryon
2. How long and since when have you been a continuous resident citizen of this State? All my life of 85 years
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? Yes. Walker light Infantry of Augusta Ga
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) Company I 1st Ga Volunteer Infantry organized at Macon Ga about March 18th 1861
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) One year full term of enlistment
6. When and where was your Company and Regiment surrendered or discharged from the Service? At Augusta Ga Sometime in Mch or Apr 1862
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? Was put to work at the Arsenal at Augusta Ga after my discharge and remained there until about the close of the war.
   b. When did you leave the command?
   c. For what cause did you leave?
   d. By whose authority did you leave?
   e. For how long was your leave granted? In what way?
   f. Why did you not return to your command after leave expired?
   g. In what way were you prevented?
   h. What effort did you make to return?
   i. Were you captured during the war? 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 27 day of Oct 1919

Joshua (X) O'Neal his mark

[illegible] Ordinary
of Fulton County.
(SEAL)

Mch 18, mustered o
Mch 15, 186

Ordinary
of Fulton County.
(SEAL)

Questions for Witness as to Service

STATE OF GEORGIA,
Fulton COUNTY.

John H. Stevens of said State and County is hereby presented as a witness in support of the application of Joshua O'Neal Bibb 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? John H. Stevens 242 Jeff Davis at Macon Ga

2. How long and since when have you known Joshua O'Neal the applicant? Known him all my life (Am 76 years old)

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 Fulton Co Ga has lived in the state as long as I can remember

4. When, where and in what Company and Regiment did Joshua O'Neal list during war from 1861 to 1865? (Give date and place) About March 18th 1861 at Macon Ga Walker light infantry Co I 1st Ga Volunteers

5. How did you obtain your information of this Service? Was living near him at the time and saw him in the company in uniform before they left for Virginia

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) about March 1862 at Augusta Ga

8. Were you personally present at the ~~surrender~~ discharge? No

9. If not, where were you and how came you there? Was at home in Baldwin Co Ga. I did not enlist until 1862 I am now drawing a pension from Bibb Co Ga

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

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

12. When did he leave his command? Where was his command when he left it? For what cause did he leave? By whose authority did he leave and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically

13. In what way was he prevented from returning to his command? How do you know?

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

15. Was applicant captured as a prisoner No If so, when and where? In what prison was he held? and when released

Sworn to and subscribed before me, this the 31 day of October 1919 J. H. Stevens

Claude C. Mason Ch Ordinary
of Fulton County.
(SEAL)

Was a soldier myself a member of Co G 45th Ga Infantry Reg

long was he granted leave? ..... How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically .....

13. In what way was he prevented from returning to his command? .....
How do you know? .....

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

15. Was applicant captured as a prisoner No If so, when and where? .....
..... In what prison was he held? ..... and when released .....

Sworn to and subscribed before me, this the 31 day of October 1919 } J. H. Sturms

Claude C. Mason Clk Ordinary of Fulton County.

(SEAL)

O'Neal, Joshua

For Fulton County

1928

Application for Pension Due Deceased Pensioner

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

Thos H. Jeffries Ordinary

For Joshua O'Neal

Date of Death Sept 26 1927

Amount $100.00

Approved and ordered paid

John W. Clark

24 June 28 JOHN W. CLARK, Commissioner of Pensions.

ATLANTA, GA. June. 25 1928.

~~For funeral expenses of Mr. Joshua O'Neal.~~

J. AUSTIN DILLON COMPANY

FUNERAL DIRECTORS

502 PRYOR STREET, S. W.

PHONES { MAIN 4680 MAIN 4681 PRIVATE AMBULANCE

Sept. 26 1927

Casket $\$\$\$\$$.
Embalming & Services.
Funeral Notices.
Pallbearers Gloves.
Vault.
Grave Fee
Vault to cemetery.
Hearse.

$ 293.75

Georgia
Fulton Co.

Personally appeared before me J. Austin Dillon, who after being sworn says the above account is just, true, $\$\$\$\$\$\$\$\$\$\$\$$ and was for the funeral expense of Mr. Joshua O'Neal, who died on Sept. 26 1927.

J. Austin Dillon

A. F. Kinnear
Notary Public (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 Joshua O'Neal 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 26 day of Sept. 1927, 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 $293.75 per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

Arthur R Marbut, Ordinary
Fulton County
(Seal of Ordinary)

J Austin Dillon

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 Joshua O'Neal while in life and that this was the same person whose name appears on the Pension Roll of Fulton County, and was paid a Pension of Fifty ($50) Dollars in said County for 3rd quarter 1927, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 27 day of June, 1928

(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 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.

STATE OF GEORGIA.
COUNTY OF FULTON.

Personally before the undersigned authority now comes JOSHUA O'NEAL, who upon oath says:

That he was a member of Co. "I" 1st Ga. Vol. Inf and served with said company and regiment from March 1861 to March 1862; that he has made every effort to locate some member of said company and regiment and has been unable to do so and he now knows of no living member of said company and regiment and is, therefore, unable to make proof of his service in the Confederate Army.

Affiant attaches heretoaffidavit of J. H. Stevens, a member of Co. "G" 45th Ga. and asks that same be accepted as proof of his service in the Confederate Army.

Sworn toand subscribed before me
this October 27, 1919.

Joshua (x) his O'Neal mark

Lloyd C Mason
C C ORDINARY FULTON CO., GA.

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.

NAME O'Neal, Joshua. YEAR 1920 COUNTY Fulton.

WHEN AND WHERE BORN? Resident of Georgia all his life since 1854.

ENLISTED WHEN AND WHERE? Mar. 18,1861 at Macon, Ga.

RANK:

COMPANY AND REGIMENT? Co. X 1st Ga.Volunteer Infantry.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED:

WHEN AND WHERE SURRENDERED? Command disbanded Mar.or Apr.1862 at Augusta, Ga.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Was there but after Command disbanded went to work at the Arsenal at Augusta,Ga. and remained there until after the war.

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: J.H.Stevens----------Co. G. 45th Regiment--- --no date.

WHEN AND WHERE SURRENDERED? Command disbanded Mar.or Apr.1[illegible] at Augusta, Ga.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Was there but after Command disbanded went to work at the Arsenal at Augusta, Ga. and remained there until after the war.

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: J.[illegible] ---------- Co. G. [illegible] --no data.

[illegible]

State Dept. Public Welfare,
Atlanta, Dec. 27, 1937.

The name J. C. O'Neal has not been found on the rolls of (Ed) Co. A, 1st Battn. Confederate Inf. (Forney's), which cover, in part, period from Jan. 29, 1862 to Oct. 31, 1864, nor has any record been found of the service, capture or parole of a man of that name as a member of that organization.

(Washington record).

He was placed on the pension rolls of Clayton County, 1915, on the following statement:

"I enlisted Nov. 1862, in Co. A, 1st Confederate Battn. Inf. Surrendered, Greensboro, N. C., Apr. 26, 1865."

Director Confederate Records Div.

O'Neal, S. V. O'Neal
E Fulton County
Ga 1938

Widow's Application

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

County FULTON
Name Mrs. S.V. O'Neal
Widow of J.C. O'Neal
Date of Marriage Jan. 21 1903
Date of Husband's Death Nov. 20 1919
Company
Regiment
Approved 193
Director

CONFEDERATE DIVISION
STATE DEPARTMENT OF PUBLIC WELFARE

AUG 19 1937

Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY.

I, THOMAS H. JEFFRIES, Ordinary of said County, do certify that I know Mrs. S.V.O'Neal the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know A.G.O'Neal the witness who swears to the ~~service of husband and for 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 5 day of August 193 7.

(SEAL OF ORDINARY) , Ordinary.

of Fulton County.

INSTRUCTIONS:

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

O'Neal of Fulton Co. Ga.
Fulton Co. Ga.
1938

State Dept. Public Welfare,
Atlanta, Dec. 27, 1937.

The name J. C. O'Neal has not been found on the rolls of (2d) Co. A, 1st Batln. Confederate Inf. (Forney's), which cover, in part, period from Jan. 29, 1862 to Oct. 31, 1864, nor has any record been found of the service, capture or parole of a man of that name as a member of that organization.

(Washington record).

He was placed on the pension rolls of Clayton County, 1915, on the following statement:

"I enlisted Nov. 1862, in Co. A, 1st Confederate Batln. Inf. Surrendered, Greensboro, N. C., Apr. 26, 1865."

William Harris Kendrick
Director Confederate Records Div.

CONFEDERATE DIVISION
STATE DEPARTMENT OF PUBLIC WELFARE

AUG 19 1937

Widow's Application

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

County FULTON
Name Mrs. S.V. O'Neal
Widow of J.C. O'Neal
Date of Marriage Jan. 21 1863.
Date of Husband's Death Nov. 20. 1919
Company A 2d Batln. Cav.
Regiment 1st Confederate Inf.
Approved Aug 3 1937
Clerk

Ordinary's Certificate

STATE OF GEORGIA,
Fulton COUNTY.

I, THOMAS H. JEFFRIES, Ordinary of said County, do certify that I know Mrs. S.V.O'Neal the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know A.G.O'Neal the witness who swears to the ~~marriage of husband and wife~~ marriage; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 5 day of August 193 7.

(SEAL OF ORDINARY) _____, Ordinary.

of Fulton County.

INSTRUCTIONS:

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

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,
FULTON COUNTY.

Personally appears before me, Mrs. S.V. O'Neal 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. S.V. O'Neal, 623 Hampton St. Col. Pk. Ga. Fulton Co.
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? 84
Give date, or year, of your birth. Nov 11 1852 Age? 84
3. (1)When, (2)where and (3)to whom were you married? (1) Jan 21, 1863 (2) Clayton Co. Ga. (3) J.C. O'Neal
a. Have you married since the death of first and soldier husband? No
b. When and where did your first husband die? Nov 20-1919 Col. Pk. Ga.
c. Were you residing together when he died? Yes
d. If not, how long had you resided apart?
e. Are you now a widow? Yes
f. Have you or your husband heretofore been paid a pension by the State? Husband
g. If so, when and for what cause were you or your husband placed on the roll? As a Confederate

SECTION II. Soldier. Drew from Clayton Co. Ga.

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

1. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infantry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.
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 5th day of AUG 193 7.

H.S. Kemp S.C., Ordinary
of Fulton County.
(SEAL OF ORDINARY)

Mrs S V O'Neal
Applicant.

(SEAL OF ORDINARY) ....., Ordinary.

of Fulton County.

INSTRUCTIONS:

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

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 5th day of AUG, 193 7.

H. J. Kemp S.C., Ordinary

of Fulton County.

(SEAL OF ORDINARY)

Wm. V. Oneal

Applicant.

State of Georgia
County of Fulton.

Personally before the undersigned authority now comes A.S. O'Neal who upon oath says that he knows Mrs. S.V. O'Neal and knows that she was living with her husband J.C. O'Neal 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 5th day of Aug 1937

A.S. O'Neal

U.S. Ordinary, Fulton Co, Ga.

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

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

WHEREAS;

MRS. S. V. O'NEAL, WIDOW OF J. C. O'NEAL,

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

ORDERED;

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

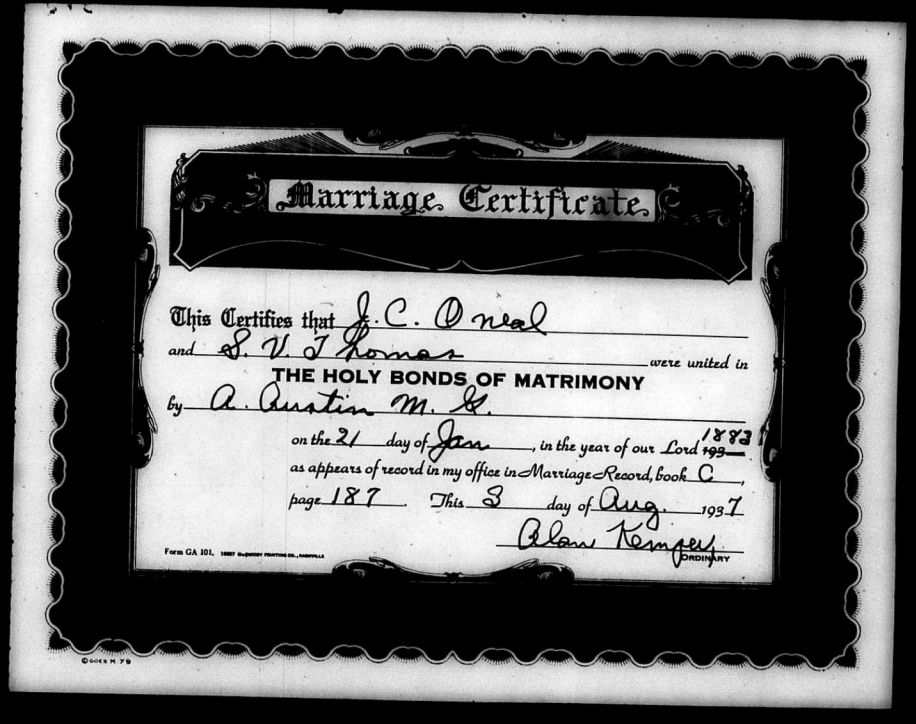
This, the 27th day of December 1937.

S. Thos. "Pat" Gilleran

Director, Confederate Division
State Department of Public
Welfare

L. Thos. "Pat" Gillon

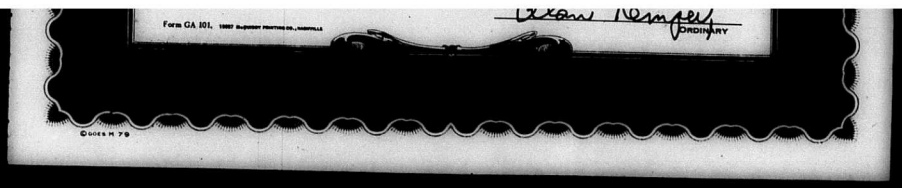
Director, Confederate Division
State Department of Public
Welfare



Marriage Certificate

This Certifies that J. C. O'neal
and S. V. Thomas were united in
THE HOLY BONDS OF MATRIMONY
by A. Austin M. G.
on the 21 day of Jan, in the year of our Lord 1883
as appears of record in my office in Marriage Record, book C,
page 187. This 3 day of Aug. 1937
Alan Kemper
ORDINARY

Form GA 101. ©GOES M 79


Form GA 101.
ORDINARY
©GOES M 79

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

_____

INDIGENT
SOLDIER'S PENSION
1907.

Name [illegible]

County Fulton

Co. B Regiment 3d Ga

WARRANT ISSUED

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT MANDED TO

No date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton. County.

Personally appears W. T. Oneal 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 7 day of Aug. 1847; that he is 60 years old and by occupation a ; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 1 year in Company B, of 3 th Regiment of Bar Vols; that his physical condition is as follows: Infirmity & poverty

that his property consists of the following items: No property

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

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

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

John R. Wilkinson Ordinary.

his
W. T. O'Neal
mark

State of Georgia,

Fulton. County.

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

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

John R. Wilkinson Ordinary Fulton. County.

Note.—Affidavit should not be executed before January 1st, 1907.

Sworn to and subscribed before me, this the
day of JAN 2- , 1907.
John R. Wilkinson Ordinary.

W. T. O'Neal
mark

State of Georgia,

Fulton. County.

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

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

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

BOARD OF ILLOINEA

Note.—Affidavit should not be executed before January 1st, 1907.

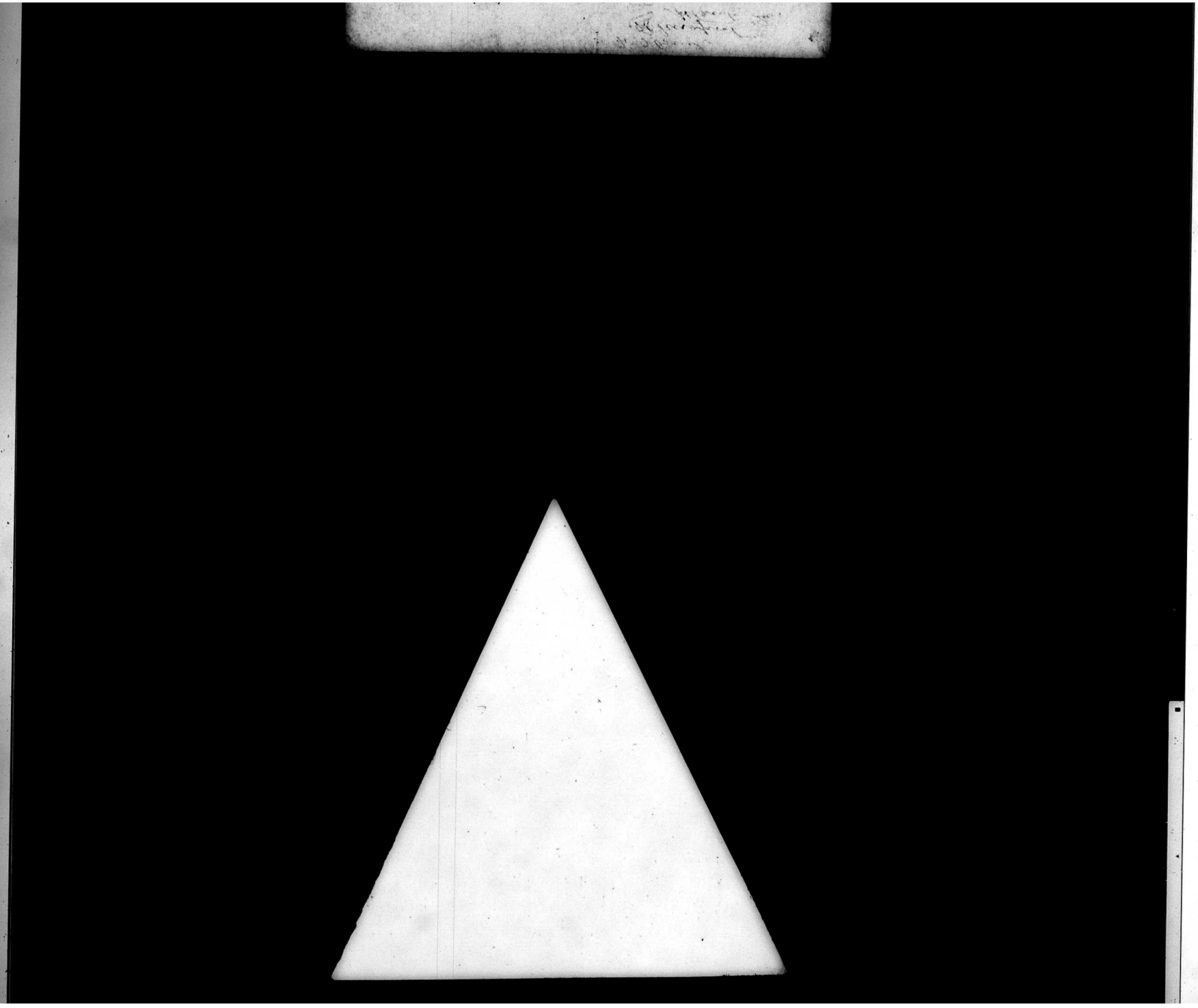
GEORGIA, Putnam County.

I, the undersigned, do certify that W J Oneal
now a Pensioner of this county, is on the Pension roll and draws a pension of Sixty Dollars for 1907. The bearer is the same man of B Company 3d Ga Regiment, who enlisted on ____ day of March 1864, and was discharged on the 9th day of April 1865, was granted a pension $ 60.00 for 1906

Proven by Henry Roby as witnesses.
Given under my hand and official seal this
the 5th day of Jan 1907

Jno S Reid
Ordinary's L. S.

(SEAL)



O'Rear, John
Fulton County
CODE SECTION 1904.
(FOR THOSE ALREADY ENROLLED.)
From Butts County 1904
No. 2738

INDIGENT
SOLDIER'S PENSION
1905.

Name John Orear
County Fulton.
Co. C Regiment 13th
Ga

WARRANT ISSUED
1/18 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Afh

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

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 _____ 1905.

Executed in the presence of _____ [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

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

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

_____ [L. S.]

Executed in the presence of

_____

O'Rear, John
Fulton County
COOK SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)
From Ctr Co. Ctr 1904
No. 2730

INDIGENT
SOLDIER'S PENSION
1905.

Name John Orear
County Fulton
Co. C Regiment 13th
Ga

WARRANT ISSUED
1/18 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Affa

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

note

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

_____

Orear, John
Fulton County
COOK SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)
No. 3604

INDIGENT
SOLDIER'S PENSION
1906.

Name John Orear
County Fulton
Co. C Regiment 13

WARRANT ISSUED
1/17 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Affa

THE FRANKLIN PRINTING AND PUBLISHING CO., COL. W. HANSON, MGR.

No data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton. County.

Pearsonally appears John Orear 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 _____ 1829; that he is 76 years old and by occupation a former, 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 y 10 m in Company C, of 13 th Regiment of Ga Vols; that his physical condition is as follows: age & infirmity

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 Butte County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the _____ day of JAN 2 1905 1905.

John Orear his mark

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 Orear the applicant in the foregoing affidavit and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 R Wilkinson
Ordinary Fulton. County.

Affix your seal here

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 John Orear 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 all his life 18__; that he is 77 years old and by occupation a none, 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 C, of 13 th Regiment of Ga. Vols; 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 1906.

John O Rear

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 Orear the applicant in the foregoing affidavit and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Wilkinson
Ordinary Fulton County.

Affix your seal here

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

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

Crear, John
Fulton Co.

Case Section 1254.
(FOR THOSE ALREADY ENROLLED)

No. 184

INDIGENT
SOLDIER'S PENSION
1907.

Name John Crear
County Fulton
Co. E Regiment 13th
no record

WARRANT ISSUED
4/4 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

Geo. W. Harrison, Staff Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton County.

Personally appears John Orear 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 _____ 1829; that he is 77 years old and by occupation a ——, that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 3 yrs in Company E, of 13th Regiment of Ga Vols; that his physical condition is as follows:

Disability
(no record given)

that his property consists of the following items:

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

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

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

John his Orear
Mark

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

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

John R. Wilkinson

Affix your seal here

Ordinary Fulton County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 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 Orear the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

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

John R. Wilkinson

Ordinary Fulton County.

Affix your seal here

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

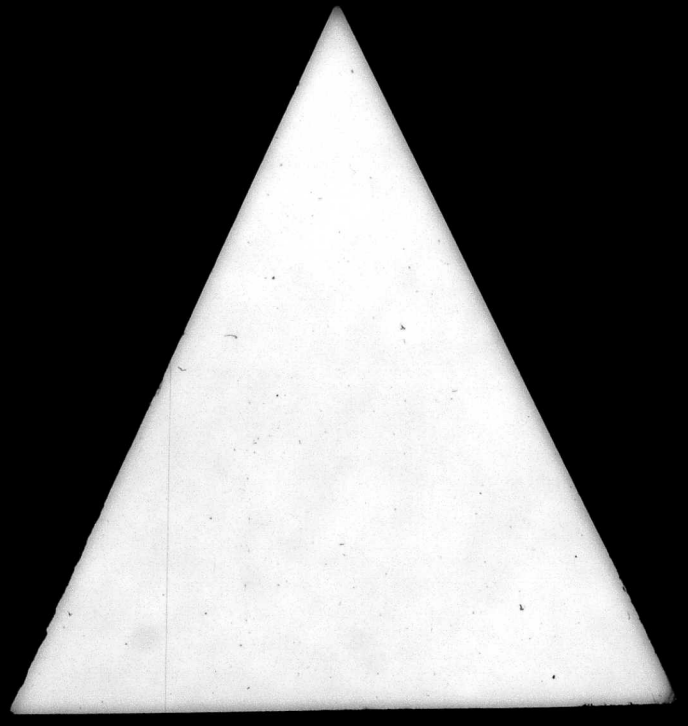
GEORGIA, Butts **County.**

I Certify, *That* John Orear *the holder of this Certificate was* an Indigent *Pensioner, and paid the sum of* Sixty ($60.00) *Dollars from this County, in* 1904, *and that he,* ~~he~~, *now resides in* Fulton *County.*

Given under my hand and official signature, this Dec. 12- 1904

J. H. Ham
Ordinary Butts Co. Ga.

J. H. Hamm
Ordinary Butts Co, Ga.



Does one Malone Hill July 1 1863
Pension Office
10/23 1906
This Man lossed his arm - at battle of Malone Hill - July 1st 1863 & this injury put him out of the military Service - the manual him Oct 30 1863
He performed no military Service as a Soldier - after she became his wife - but remained with him at home after marriage
not entitled to this Pension
J W Lindsey
Comm of Pens

Orrie, Julia
Fulton County Ga
Disapproved 10/23/1906
1869-95

No.

WIDOW'S PENSION,

190

Mrs. Julia Orrie

County of Fulton

Widow of Louis Orrie

Warrant issued 190

and handed to

J. W. LINDSEY,
Commissioner of Pensions.

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

9/25/06

52

POWER OF ATTORNEY.

STATE OF GEORGIA, COUNTY.

I, _____ of _____ hereby authorize

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

at _____ by _____

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

Executed in presence of _____ [SEAL]

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

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

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

_____ [SEAL]

Executed in presence of

_____

Approved Dec 23/1901
Atty Gen.

No. _____

WIDOW'S PENSION,

190__

Mrs. Lydia Orrie
County of Fulton
Widow of Louis Orrie
Warrant issued 190
and handed to

J. W. LINDSEY,
Commissioner of Pensions.

Geo. W. Parrott, Book and Job Printer, Atlanta, Ga.

Soldier's Application No. 1763
Widow's Application No. 2306
Certificate No. 1735
Issued Oct 23 1901
Expires Oct 23 1906
This warrant void unless presented for payment within sixty days from date of issue.
Soldier served in Co. "D" 15th Regt. Ga. Vols.
Widow's post-office address Atlanta Ga.
Soldier died Oct 30 1905
Widow married Jan 29 1863
Widow's maiden name Lydia Richmond
Soldier's post-office address Atlanta Ga.
Soldier's rank Private
Soldier's company D
Soldier's regiment 15th
Soldier's service Georgia Volunteers
Remarks:

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,
COUNTY OF Fulton } Personally came Mrs. _____
who says on oath she is the
widow of Louis Orrie to whom, in the County of
Richmond State of Georgia, she was married on the
29th day of Jan 1863, that she remained his wife up to the 30
day of October 1905, at which time he died, and that she has not since married.
At the time of his death he was a resident of Fulton County, in said State of
Georgia, and was on the invalid pension roll of the State of Georgia, having been allowed
a pension of $ 100.00 per annum on account of being a soldier in Company "D"
15th Regiment, of Volunteers or State Ga
What affliction have you and how does it affect you? Rheumatism
Severe pain in all my limbs and
backs mostly in arms and shoulders
What have you been doing to earn a support since 1st of January, 1900? not able
to do any labor try to keep house for
my Children
What property or effects had you on 1st January, 1900? none

What have you acquired since, and what income have you now? none

What disposition have you made of any property since 1st January, 1900, and at what price and for what purpose? none

Deponent further says that she is now a resident of Fulton County, and has continuously resided in the State of Georgia since the 27th day of Feby 1844
She applies for the pension provided by Act of the General Assembly, approved December 18, 1901.

Sworn to and subscribed before me, this 20 day of Dec 1905

her
Louis Orrie
mark

John R. Wickinson Ordinary of Fulton County.

NOTE.—All blank spaces must be filled before signing.

AFFIDAVIT FOR [redacted] WITNESSES.

STATE OF GEORGIA, COUNTY OF Fulton } Personally came Frank T Ryan and _____, known to me to be reputable and truthful person, who says on oath that from his own personal knowledge Mrs. Julia Orrie who made the foregoing affidavit, is the widow of Louis Orrie who died in Fulton County and State of Ga on the 30th day of October 1905 and that she has not since married; that she became his wife on the 29 day of Jan 1885, and so remained up to the time of his death, and that she has resided in this State continuously since the 27th day of Feby 1844

With what affliction does she suffer? Rheumatism

What property or income had she on 1st January, 1900? None

What has she in her possession and control now? None

How was she supported in 1900 and 1901? by her husband daughter and friends

I have no personal interest in the pension asked for { Frank T Ryan

Sworn to and subscribed before me, this 1 day of Jany 1906

John R Wilkinson
Ordinary Fulton County, Georgia.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA, COUNTY OF _____ } Personally came before me C. R. King M. D. and Chas F Benson M D, both of whom are known to me to be reputable physicians, who say on oath that they personally know Mrs Julia Orrie mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it prevents her earning a support) Rheumatism - Articular Chronic - rheumatism which totally disables her for all labor of any kind by which she could earn a support

C. R. King M. D.

Sworn to and subscribed before me, this 3rd day of Jany 1906

Chas F Benson M D
John R Wilkinson
Ordinary of Fulton County.

CERTIFICATE OF ORDINARY OF THE COUNTY OF APPLICANT'S RESIDENCE.

STATE OF GEORGIA, COUNTY OF Fulton } I, John R Wilkinson Ordinary, in and for said County of Fulton State of Georgia, hereby certify that I am acquainted with Mrs. Louis Orrie the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses) that she resides in this County, and that she has resided in the State of Georgia continuously since the _____ day of _____ 18__, and has not lived out of the State since that date. I also certify that the witnesses, to-wit: Frank T Ryan and _____ whose testimony she presents to sustain her claim, are *known to me to be truthful witnesses*, entitled to full faith and credit as such, and that the full text of the affidavit was read to and understood by them before same was signed. I am fully satisfied that this claim is made in good faith, and I have caused the applicant and the witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 1 day of Jany 1906

John R Wilkinson
Ordinary.

{SEAL}

NOTES.

The Pension is only payable to those widows whose husbands were on Pension Roll at the time of death. The marriage must have existed at the time husband was a soldier, and the widow must have remained unmarried since the death of such husband. Date of marriage is essential and must be submitted.

Proofs by one witness and two physicians will be accepted when it is shown that the same cannot be furnished, but in all cases the best proof accessible will be required, and it is incumbent on the applicant to make out a clear case covering the above points.

Affidavits must be made in presence of the Ordinary.

Ordinary of Fulton County.

A Rule nisi must be made in presence of the Ordinary.

State of Georgia,)
Richmond County.)

To any Minister of the Gospel, Judge, Justice of the Inferior Court, or Justice of the Peace, or any person authorized, to celebrate:

These are to authorize and permit you to join in the Honorable State of Matrimony, Louis Orry of the one part, and Julia A. Pool of the other part, according to the Rites of your Church: Provided there be no lawful cause to obstruct the same, and this shall be your authority for so doing.

Given under my hand, as Ordinary, for the County aforesaid, this 29th day of January, 1863.

David B. Roath, Ordinary.

I hereby Certify, That Louis Orry and Julia A. Pool were duly joined in Marriage by me this 29th day of January, 1863.

A. I. Huntington, Pastor of
1st Baptist Chh. Augusta, Ga.

State of Georgia,
RICHMOND COUNTY.

CERTIFICATE.

I, Alexander R. Walton,

Ordinary and Judge of the Court of Ordinary in and for the County and State aforesaid, and as such ex-officio Clerk of my own Court, which is a Court of Record, having a Seal, do hereby certify that the foregoing is a true and correct copy of the marriage license issued to Louis Orry, and Julia A. Pool, and of the certificate of their marriage dated the 29th day of January 1863, in

as taken from the Records of said Court of Ordinary.

I Further Certify, That all my acts as such Clerk, and this attestation are in due form, and by the proper officer; that I am the Judge of said Court of Ordinary duly commissioned and qualified, and that full faith and credit should be given to all my acts as such Judge and Clerk.

In Witness Whereof, *I have hereunto set my official signature and the seal of said Court of Ordinary, this*

19th day of December 1905.

Alexander R. Walton
Judge and Ex-Officio Clerk, Court of Ordinary, R. C.

David L. Roath, Ordinary.

I hereby Certify, That Louis Orry and Julia A. Pool were duly joined in Marriage by me this 29th day of January, 1863.

A. I. Huntington, Pastor of
1st Baptist Chh. Augusta, Ga.

as taken from the Records of said Court of Ordinary.

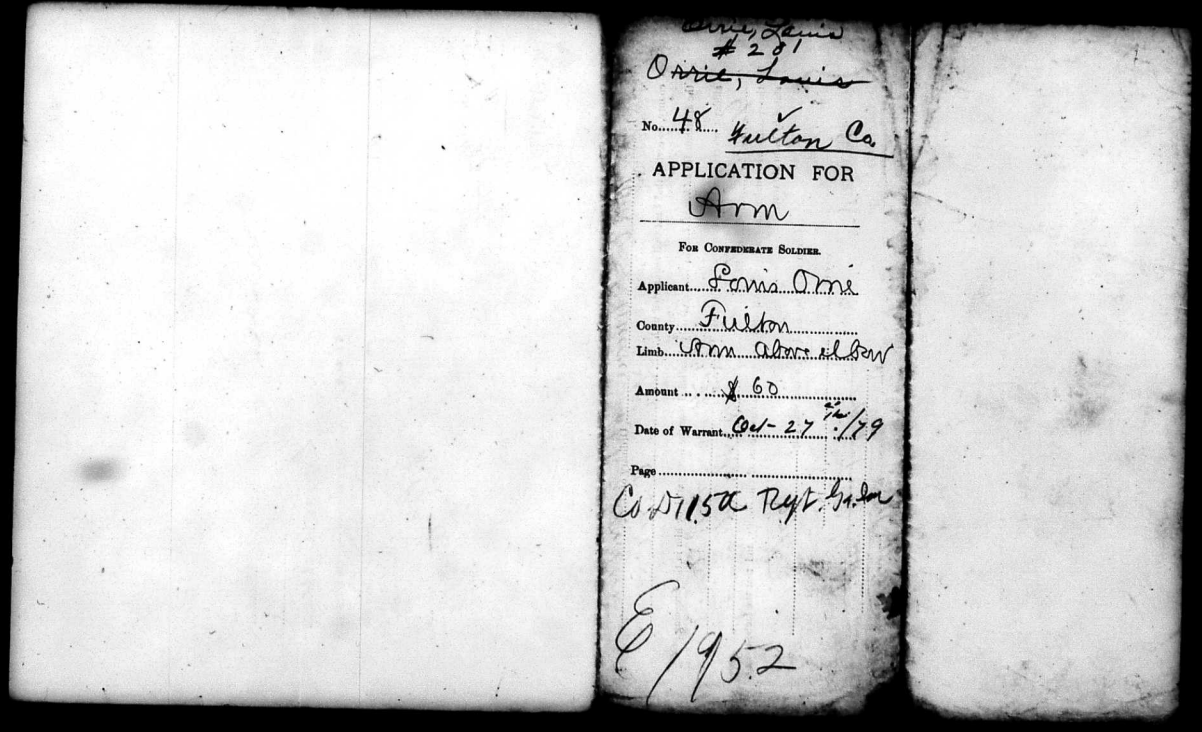
I Further Certify, That all my acts as such Clerk, and this attestation are in due form, and by the proper officer; that I am the Judge of said Court of Ordinary duly commissioned and qualified, and that full faith and credit should be given to all my acts as such Judge and Clerk.

In Witness Whereof, *I have hereunto set my official signature and the seal of said Court of Ordinary, this*

19th day of December 1905.

Alexander L. Walton

Judge and Ex-Officio Clerk, Court of Ordinary, R. C.



Orrit, Louis
#281
~~Orrit, Louis~~

No. 48 Fulton Co.

APPLICATION FOR

Arm

FOR CONFEDERATE SOLDIER.

Applicant Louis Orrie

County Fulton

Limb Arm above elbow

Amount $60

Date of Warrant Oct 27th 1879

Page

Co D 15th Regt Ga Inf

E/952

STATE OF GEORGIA.

Fulton County.

Personally appeared before me Louis Orrie 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 "D" 15th Regiment of Georgia Volunteers that while engaged in such military service, to-wit: at the battle or engagement of Malvern Hill in the State of Virginia on the First day of July 1862, he was wounded in the left arm, and that the same was amputated at the left Shoulder 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 arm

Sworn to and subscribed before me this 27th day of Oct, 1879

Louis Orrie

Daniel Pittman Ordinary F. C.

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.

Orrie, Louis
#281
Orrie, Louis
No. 48 Fulton Co.
APPLICATION FOR
Arm
FOR CONFEDERATE SOLDIER.
Applicant Louis Orrie
County Fulton
Limb Arm above elbow
Amount $60
Date of Warrant Oct 27th 1879
Page
Co D 15th Regt Ga Inf
E/1952

AN ACT

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

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

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

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

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

HENRY R. GOETCHIUS,
Secretary House Representatives.
WM. A. HARRIS,
Secretary Senate.
Approved, September 0th, 1879.

A. O. BACON,
Speaker House Representatives.
RUFUS E. LESTER,
President Senate.
ALFRED, H. COLQUITT, *Governor.*

STATE OF GEORGIA,

Fulton County.

Personally came G. A. Porthers & N. B. Harden & Thomas A. Poole who, being duly sworn, depose and say they are acquainted with Louis Orrie and know that he lost a arm in the military service during the late war; that said arm 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 27th day of Oct 1879.

Thos A. Poole
G A Porthers
N B Harden

Daniel Pittman Ordinary F.C.

STATE OF GEORGIA,

Fulton County,

I, Daniel Pittman, Ordinary of Fulton county, do certify that I am well acquainted with Louis Orrie the applicant for a arm, and am well satisfied that the facts stated by him in the foregoing affidavit are true, and that I am well acquainted with Thomas A. Poole, G. A. Porthers & N. B. Harden the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts stated by them are true.

FULTON COUNTY,
Court of Ordinary
GEORGIA.

Given under my hand and official seal, this 27th day of October 1879.

Daniel Pittman
Ordinary F.C.

Orrie Louis

No. 67

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCT. 26, 1889.

Louis Orrie

Applicant

County Fulton

Amount

Date of Warrant

Entered on Record

Feby 1889

Mar 1889

Applicant

STATE OF GEORGIA,

Fulton County.

PERSONALLY appears Louis Orrie 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 _____ 1872; 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 15th Regiment of Georgia Volunteers Toombs's Brigade; that whilst engaged in such military service, at the battle of Malvern Hill in the State of Virginia, on the 28th day of June 1862 he was wounded as follows: Gun shot wound in 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 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 February 1889 } Louis Orrie

W. L. Calhoun
Notary

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,

_____ 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.

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. Loachum Ordinary of said county, do certify that I am well acquainted with Louis Orr 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 6th day of February 1889

W. L. Loachum

Ordinary Fulton County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

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

In witness whereof I have hereunto set my hand and seal, this _____ day of _____ 188 (L. S.)

Executed in the presence of us:

_____

_____

DIRECTION:

Send money to me as follows, by _____

_____ to _____ P. O.

_____ County, Georgia.

NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of 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. Calhoun Ordinary of said county, do certify that I am well acquainted with Louis Orrie 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 11th day of February 1890

W. L. Calhoun
Ordinary Fulton County.

Orrie, Louis
Fulton Co.

1890.
Orrie, Louis

No. 908
APPLICATION FOR ALLOWANCE.
FOR THE YEAR ENDING OCTOBER 31, 1891.
FOR
Gross of Arm
Applicant, Louis Orrie
County, Fulton
Amount, 100
Date of warrant, Feb 11
Entered on record Feb 11 1890
W. H. H.
Assistant Executive Department.
WARRANT HANDED TO
Applicant

STATE OF GEORGIA,
Fulton County.

I, W. L. Calhoun Ordinary of said County, do certify that I am well acquainted with Louis Orrie 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 4th day of February 1891.

W. L. Calhoun
Ordinary Fulton County.

Orrie, Louis
Fulton Co

1891.
Orrie, Louis

No. 63
Application for Allowance
FOR THE YEAR ENDING OCTOBER 31, 1891.
FOR
Loss of Arm
Applicant, Louis Orrie
County, Fulton
Amount, 100
Date of Warrant, Feb 4
Entered on record Feb 4 1891
W. H. H.
Assistant Executive Department.
WARRANT HANDED TO
W. L. Calhoun
Geo. W. Harrison, State Printer, Atlanta, Ga.
A. D. Adair

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

PERSONALLY appears Louis Orrie 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 _____ day of _____ 1887; 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 15th Regiment of Geo Volunteers Toombs's Brigade; that whilst engaged in such military service, at the battle of Malvern Hill in the State of Va, on the 29th day of June 1862, he was wounded as follows: gun shot wound of 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 11th day of February 1890 } Louis Orrie

W. L. Calhoun
Notary

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

POWER OF ATTORNEY.

STATE OF GEORGIA
_____ County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 189_____ [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,
Fulton County.

PERSONALLY appears Louis Orrie of Fulton County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 11th day of November 1884; 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 15th Regiment of Geo Volunteers Toombs's Brigade; that whilst engaged in such military service at the battle of Malvern Hill in the State of Va, on the 29th day of June 1862, he was wounded as follows: gun shot wound of 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, 1891. I have heretofore been allowed a pension of One hundred dollars, for 1890

Sworn to and subscribed before me, this, the 4th day of February 1891. } Louis Orrie

W. L. Calhoun Notary

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, Louis Orrie of Fulton County, State of Georgia, do hereby appoint & D H Adair of Fulton 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 day of July 1891. [L. S.]

Executed in the presence of us: W H Hamson } Louis Orrie

DIRECTION.

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

to P. O.

County, Georgia.

Send money to me as follows, by

to P. O.

County, Georgia.

STATE OF GEORGIA,

Fulton County.

I, W. L. Calhoun Ordinary of said county, do certify that I am well acquainted with Louis Orrie 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. 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 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 P. O.

County, Georgia.

Fulton Co
Orrie, Louis
No. 286

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name Louis Orrie

County Fulton

Disability Long arm

Amount, $ 100

Entered on record Mch 1892.

W. H. HARRISON,
Secretary of Executive Department.

No Data

AGENT.

Applicant

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

Orrie, Louis
Fulton Co

1893.

Fulton

No. 122

Application for Allowance

For the Year Ending October 26, 1892.

FOR

Loss of Arm

Applicant, Louis Orrie

County, Fulton

Amount, 100

Date of Warrant,

Entered on record, 3/10 1893.

Wm. H. Harrison
Secretary Executive Department.

Geo. W. Harrison, State Printer, Atlanta.

No Data

116

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

PERSONALLY appears Louis Orrie 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 ____ 1871; that he enlisted in the military service of the Confederate States (or of the State of ____) during the war between the States, and served as a Private in Company ____ of 15th Regiment of Geo Volunteers Toomb's Brigade; that whilst engaged in such military service at the battle of Malvern Hill in the State of Virginia, on the 29th day of June 1862, he was wounded as follows: Gun shot wound of left arm carrying the same to be amputated 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 2nd day of March 1892.
M. L. Calhoun Ordinary.

Louis Orrie

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 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,
Fulton County.

PERSONALLY appears Louis Orrie 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 ____ 1871; 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 15th Regiment of Geo Volunteers Toomb's Brigade; that whilst engaged in such military service, at the battle of Malvern Hill in the State of Virginia, on the 29th day of June 1862, he was wounded as follows: gun shot wound of left arm carrying the same to be amputated 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, 1892. I have heretofore been allowed a pension of ____

One Hundred dollars, for 1892

Sworn to and subscribed before me, this, the 15th day of March 1893.
M. L. Calhoun Ordinary.

Louis Orrie

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

STATE OF GEORGIA,
Fulton County.

I, M. L. Calhoun Ordinary of said County, do certify that I am well acquainted with Louis Orrie 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 witnesses, before whom the foregoing affidavit was made, and power of attorney was signed, is a ____ of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 15 day of March 1893.

M. L. Calhoun Ordinary Fulton County.

POWER OF ATTORNEY.

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 _____ 1894.

_____ [L. S.]

Executed in the presence of us

DIRECTIONS.

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

_____ County, Georgia.

Orrie, Louis
Fulton Co.

(For These Already Enrolled.)

No. 1281

Soldier's Pension.

1894.

Name Louis Orrie

County Fulton

Disability Loss of arm

Amount, $ 100,

3/12 1894.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO
Applicant

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 1895.

_____ [L. S.]

Executed in presence of us

DIRECTIONS.

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

_____ County, Georgia.

Orrie, Louis
Fulton Co

(For These Already Enrolled.)

No. 113

SOLDIER'S PENSION.

1895.

Name Louis Orrie

County Fulton

Disability loss of arm

Amount, $ 100,

3/4 1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Ch

Geo. W. Harrison, State Printer, Atlanta.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

PERSONALLY appears Louis Orrie 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 1 ; 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 15 th Regiment of Geo Volunteers Toomb 's Brigade; that whilst engaged in such military service at the battle of Malvern Hill in the State of Virginia, on the 29th day of June 1862, he was wounded as follows: gun shot wound of left arm causing the same to be amputated 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. Louis Orrie

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 Louis Orrie the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Affix your seal here.

W. L. Calhoun

Ordinary Fulton County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears Louis Orrie 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 1 ; 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 15th Regiment of Geo Volunteers, Toomb 's Brigade; that whilst engaged in such military service at the battle of Malvern Hill in the State of Virginia, on the 29th day of June 1862, he was wounded as follows: gun shot wound of left arm causing the same to be amputated 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 One Hundred dollars, for the year 1894

Sworn to and subscribed before me, this, the 9th day of March 1895. Louis Orrie

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

Given under my offiicial signature and seal, this 9th day of March 1895.

Affix your seal here.

W. L. Calhoun

Ordinary Fulton County.

Ordinary Fulton County.

Ordinary Fulton County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____
day of _____ 1896.

_____ [L. S.]

Executed in presence of us

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

Orrie, Louis
Fulton Co
(For These Already Enrolled.)
No. 315

SOLDIER'S PENSION.
1896.

Name Louis Orrie
County Fulton
Disability loss of arm
Amount, $ 100
2/26 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Appt
GEO. W. HARRISON, State Printer, Atlanta.
No data

Orrie, Louis
Fulton Co
(For These Already Enrolled.)
No. 681

INVALID
SOLDIER'S PENSION.
1897.

Name Louis Orrie
County Fulton
Disability Loss of arm
Amount, $ 100.00
7/19 1897.

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,
Fulton **County.**

Personally appears Louis Orrie 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 1 ; 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 15th Regiment of Georgia Volunteers, Toomb 's Brigade; that whilst engaged in such military service in the State of Virginia, on the 29th day of June 186 2, he was wounded, injured or diseased as follows:

gun shot of left arm causing the same to be amputated 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, 1896. I have heretofore as a resident of Fulton county been allowed a pension of One Hundred dollars, for the year 189 5.

Sworn to and subscribed before me, this, the 26th day of Feby 1896. } Louis Orrie

W. L. Calhoun, Ordy

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 Louis Orrie the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feby 1896.

Affix your seal here.

W. L. Calhoun

Ordinary Fulton County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton **County.**

Personally appears Louis Orrie 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 1 ; 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 15th Regiment of Georgia Volunteers, Toomb 's Brigade; that whilst engaged in such military service in the State of Virginia, on the 29th day of June 186 2, he was wounded, injured or diseased as follows:

Gun shot of left arm causing the same to be amputation about 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, 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 189 5.

Sworn to and subscribed before me, this, the 18 day of July 1897. } Louis Orrie POST OFFICE

W. H. Halsey

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. Halsey Ordinary of said County, do certify that I am well acquainted with Louis Orrie the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 July 1897.

Affix your seal here.

W. H. Halsey

Ordinary Fulton County.

Ordinary Fulton County.

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
_____
_____

Orrie Louis
Fulton Co.

ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)
No. 2269

INVALID
SOLDIER'S PENSION.
1898.

Name Louis Orrie
County Fulton
Disability Loss of arm
Amount, $ 100.00
2/8 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
appt

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 _____ 1899.

_____ [L. S.]

Executed in presence of
_____

Orrie Louis
Fulton County

CODE SECTION 1250.
(For Those Already Enrolled.)
No. 1886

INVALID
SOLDIER'S PENSION.
1899.

Name Louis Orrie
County Fulton
Disability Loss arm
Amount, $ 100.00
2/5 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,
Fulton County.

Personally appears Louis Orrie 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 61; 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 15th Regiment of Georgia Volunteers, Toomb's Brigade; that whilst engaged in such military service in the State of Virginia, on the 29 day of June 1862, he was wounded, injured or diseased as follows:

Gun shot left arm causing same to be amputated 4

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 One Hundred Dollars, for the year 1897.

Sworn to and subscribed before me, this the 8 day of July 1898.

Louis Orrie
POST-OFFICE

W H Hulsey

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 Louis Orrie the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1898.

Affix your seal here.

W H Hulsey
Ordinary Fulton County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears Louis Orrie 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 _____ 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 D, of 15th Regiment of Ga Volunteers, Toomb's, 's Brigade; that whilst engaged in such military service in the State of Va, on the 29 day of June 1862, he was wounded, ~~injured or diseased~~ as follows:

gun shot wound left arm causing amputation said arm.

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 One hundred Dollars, for the year 189.

Sworn to and subscribed before me, this the 15 day of July 1899.

Louis Orrie
POST OFFICE

M M Mason Ordinary Fulton Co - 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 H Hulsey Ordinary of said County, do certify that I am well acquainted with Louis Orrie the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 July 1899.

Affix your seal here.

M M Mason
Ordinary Fulton County.

Ordinary Fulton County.

Ordinary Fulton County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorise _____
_____ 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

_____

Ordnance Section 198. (For Those Already Enrolled.) No. 221

INVALID SOLDIER'S PENSION. 1900.

Name Louis Orme
County Fulton
Disability Loss of Left Arm
Amount, $ 100
Warrant issued Dec 15 1900.

JOHN W. LINDSEY, Commissioner of Pensions.

WARRANT HANDED TO

Orie Louis Fulton County

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

_____ County.

personally appeared _____ of

County, State of Georgia, who being duly sworn on oath that he is a pensioned soldier of the Confederate States army, and has not received his pension voucher for the current quarter ending _____ 1901, and that he has not received the same since the _____ day of _____ 1901, and that he has not sold, assigned, transferred or delivered the same or any part thereof, or any order for the same, to any person or persons whatsoever, and that he has not received any consideration whatever for the same, and that he has not executed any power of attorney for the collection of the same, and that he has not received any part of

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears Lewis Orris 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 January 1862, 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 D, of 11th Regiment of Ga Volunteers, Toombs 's Brigade; that whilst engaged in such military service in the State of Ga, on the 27 day of June 1862, he was wounded, injured or diseased as follows:

Lost his left arm

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of $100— Dollars, for the year 1899.

Sworn to and subscribed before me, this the 16 day of July 1900.

Louis Orris

POST OFFICE

W H Kenney

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 Kenney Ordinary of said County, do certify that I am well acquainted with Lewis Orris the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1900.

W H Kenney
Ordinary Fulton County.

POWER OF ATTORNEY

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears Lewis Orris 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 January 1862, 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 D, of 11th Regiment of Ga Volunteers, Toombs 's Brigade; that whilst engaged in such military service in the State of Ga, on the 27 day of June 1862, he was wounded, injured or diseased as follows:

Lost his left arm

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 100. Dollars, for the year 1900.

Sworn to and subscribed before me, this the 3rd day of January 1901.

Lewis Orris
Postoffice Atlanta

Jno R Wilkinson

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

STATE OF GEORGIA,
Fulton County.

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

Given under my official signature and seal, this 3rd day of January 1901.

Jno R Wilkinson
Ordinary Fulton County.

POWER OF ATTORNEY

Ordinary Fulton County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Fulton County.

I, Louis Orrie hereby authorize
W. H. Harrison of Atlanta, Georgia
to receive and receipt for the pension paid hereon and request that he ~~remit~~ pay same to
in person by
at Atlanta

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 19th
day of Dec 1902.

Louis Orrie [L. S.]

Executed in presence of
C. I. [illegible]

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

Orrie, Louis
Fulton Co.

CODE SECTION 1200.
(FOR THOSE ALREADY ENROLLED.)

No. 287

DISABLED
SOLDIER'S PENSION
1902.

Name Louis Orrie
County Fulton
Co. D Regiment 15th Ga
Disability Loss of left arm
Amount, $ 100.00
1/4 1902

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]
Geo. W. Harrison State Printer, Atlanta.

No data

Orrie, Louis
Fulton County

CODE SECTION 1200.
(FOR THOSE ALREADY ENROLLED.)

No. 130

DISABLED
SOLDIER'S PENSION
1903.

Name Louis Orrie
County Fulton.
Co. D Regiment 15 Ga
Disability loss of left arm
Amount, $ 100.00
1/31 1903

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]
Geo. W. Harrison State Printer, Atlanta.

No data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton County.

Personally appears Louis Orrie 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 ____ 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 D, of 15 th Regiment of Georgia Volunteers, Toombs 's Brigade; that whilst engaged in such military service in the State of Virginia, on the 1st day of July 1862, he was wounded, injured or diseased as follows:

Lost left arm above the elbow

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 ____ day of Dec 1902. Louis Orrie
Post-office 178 Oakland Ave
John R Wilkinson

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

STATE OF GEORGIA,
Fulton County.

I, J R Wilkinson Ordinary of said County, do certify that I am well acquainted with Louis Orrie the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Dec 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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton. County.

Personally appears Louis Orrie 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 ____ 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 D, of 15 th Regiment of Ga Volunteers, Toombs 's Brigade; that whilst engaged in such military service in the State of Va, on the 1st day of July 1862, he was wounded, injured or diseased as follows:

Loss of left 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 100 Dollars, for the year 1902.

Sworn to and subscribed before me, this the ____ day of JAN 21 1903 1903. Louis Orrie
Post-office
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,
____ County.

I, John R. Wilkinson Ordinary of said County, do certify that I am well acquainted with Louis Orrie the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 21 1903 1903.

John R Wilkinson
Ordinary ____ County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1903.

POWER OF ATTORNEY

NOTE.—All vouchers and affidavits must bear date after January 1, 1903.

POWER OF ATTORNEY.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Fulton County.

I, Louis Orrie hereby authorize N R P Longworth or H L Jenkins of Atlanta Ga

to receive and receipt for the pension paid hereon and request that he remit same to ATLANTA NATIONAL BANK. ATLANTA, by bearer

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 5 day of Dec 1903.

Louis Orrie [L. S.]

Executed in presence of
Chas E. Shore Jr.

Orrie, Louis
Fulton Co

CODE SECTION 1260.
(FOR THOSE ALREADY ENROLLED.)

No. 595

DISABLED
SOLDIER'S PENSION
1903.

Name Louis Orrie
County Fulton
Co. D 15th Regiment Ga
Disability Lost left arm
Amount $100.00

4/2 1904

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Chas E. Shore Jr.
CHAS. 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 _____ 1905.

_____ [L. S.]

Executed in the presence of

Orrie, Louis
Fulton County

CODE SECTION 1260.
(FOR THOSE ALREADY ENROLLED.)

No. 116

DISABLED
SOLDIER'S PENSION
1905.

Name Louis Orrie
County Fulton
Co. E Regiment 15th Ga
Disability Lost Arm
Amount, $100.00

1/19 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Chas E. Shore Jr.
The Plumbers Printing and Publishing Co., Atlanta.
Geo. W. Harrison, Manager, 100 State Printer

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton County.

Personally appears, Louis Orrie 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 _____ 1840; 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 15th Regiment of Georgia Volunteers Toombs-Bennings's Brigade; that whilst engaged in such military service in the State of Virginia, on the 29th day of June 1862, he was wounded, injured or diseased as follows: by loss of left arm above elbow from result of wound received at Battle Savage Station Va

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of Fulton County, been allowed an invalid pension of One Hundred Dollars, for the year 1902.

Sworn to and subscribed before me, this the 16th day of Oct 1903.
John R Wilkinson

Louis Orrie
Post-office 180 Reynolds St 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, Jno. R. Wilkinson Ordinary of said County, do certify that I am well acquainted with Louis Orrie the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 16th day of October 1903.

Affix your seal here

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, 1903.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton. COUNTY.

Personally appears Louis Orrie 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 _____ 1869; 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 15th Regiment of Ga Volunteers _____'s Brigade; that whilst engaged in such military service in the State of Va., on the 28 day of June 1862, he was wounded, injured or diseased as follows:

Lost Arm. Malvern Hill.

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

Sworn to and subscribed before me, this the _____ day of JAN 2 1905 1905.
Jno R Wilkinson

Louis Orrie
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, Jno R Wilkinson Ordinary of said County, do certify that I am well acquainted with Louis Orrie the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Affix your seal here

Jno 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, 1905.

Fulton County.

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

Given under my official signature and seal, this 16th day of October 1903.

John R. McKinnon

Ordinary Fulton County.

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,
Fulton. COUNTY.

I, John R. McKinnon Ordinary of said County, do certify that I am well acquainted with Louis Orrie the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 R. McKinnon

Ordinary Fulton. County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1905.

ADAIR BROS. & CO.
COTTON.

ATLANTA, GA., 18

I hereby authorize Mr Wardeman Treasurer of the State of Georgia to pay to Mr A. D. Adair the Sum of Four dred Dollars from the Pension due me of the 1st of February. The present given to cancel a obligation contracted with said A. D. Adair

Given in Atlanta the 19 May 1890. for the amount

Louis Orrie

Co D. 15th Georgia Vols

Attested

$100
Orrie, Julia A. (Mrs)
Fulton County
No. 167

190

Application for Pension
Due Deceased Soldier

Under Act 1891.

$100
BY

Mrs. Julia A Orrie
Widow of Louis Orrie
of County Fulton
Co. Reg't Vols.

$100 —

Approved and Paid

1/18 1906

J. W. LINDSEY,
Commissioner of Pensions.

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 190 through my deceased husband who was on Pension for 1902.

Roll and paid from day of 190

Witness my hand this

Attested before me:

APPLICATION FOR PENSIONS DUE DECEASED SOLDIER.

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, Fulton County.

Personally before me come Mrs. Julia A. Orr's, of said county, after being duly sworn, on oath says that she is the widow of Louis Orrie who was duly enrolled as a Confederate Pensioner from the county of Fulton and was paid a Pension of One Hundred Dollars from Fulton county for 1905, and that the said Louis Orrie died in Fulton county on the 30th day of October 1905, and at the time of his death a Pension of $100.00 was due him from Fulton county and unpaid for 1905. Applicant further swears that she married the said Louis Orrie on the 29th day of January 1863, in Richmond county and State of Georgia and resided with him from date of marriage to his death as his lawful wife, and is now his dependant widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 18th day of January 1906.

John R. Wilkinson, ORDINARY Fulton County. } Julia A. Orrie [L.S.]

AFFIDAVIT OF WITNESS.

GEORGIA, Fulton County.

Personally before me come Andrew P. Stewart, who on oath says that he knew Louis Orrie while in life and that he knows his widow Mrs. Julia A. Orrie, the above applicant; that he knows that the said Louis Orrie and Julia A. Orrie were in due form of law married in the county of Richmond in the State of Georgia on the 29th day of January 1863, and that they resided together as husband and wife from date of marriage to the day of his death on the 30th day of October 1905, and I now know that she is his dependant widow.

Sworn to and subscribed before me this 18th day of January 1906.

John R. Wilkinson, ORDINARY Fulton County. } A. P. Stewart

Note 1st.—This form can be used by guardian of minor children where there is no widow.
2nd. Ordinary must send in all cases certified copy of marriage license attached.

on oath says that he knew Louis Orrie while in life and that he knows his widow Mrs. Julia A. Orrie, the above applicant; that he knows that the said Louis Orrie and Julia A Orrie were in due form of law married in the county of Richmond in the State of Georgia on the 29th day of January 1862, and that they resided together as husband and wife from date of marriage to the day of his death on the 30th day of October 1905, and I now know that she is his dependant widow.

Sworn to and subscribed before me this 15th day of January 1906.

John R. Wilkinson ORDINARY
Fulton County.

N. P. Stewart

Note 1st.—This form can be used by guardian of minor children where there is no widow.
2nd. Ordinary must send in all cases certified copy of marriage license attached.

Audited Feb. 6th 1889.
Wm A Wright
COMPTROLLER-GENERAL

Fulton

Maimed Soldiers.

Voucher No. 67
Amount. $ 100
Paid to Louis Orrie
For Loss of Left Arm
Feby 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. 908
Amount $ 100
Paid Louis Orrie
For Loss of Arm
Feby 11 1890

Included in warrant No.
issued to Treasurer.
18
WARRANT CLERK.

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

Applicant

No. 67

STATE OF GEORGIA, EXECUTIVE DEPARTMENT. } Atlanta, Ga. Feb 6 1889

Mr. Louis Orrie of the County of Fulton having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, Dec. 24, 1888, and the same having been allowed for Loss of Left Arm

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

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

J B Gordon
GOVERNOR.

By the Governor
W A Hamison
CLERK EXECUTIVE DEPARTMENT.

$100.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
One Hundred 00/100 Dollars,
per above voucher, this 6th of Feby, 1889.
Louis Orrie

No. 908

STATE OF GEORGIA, EXECUTIVE DEPARTMENT. } Atlanta, Ga., Feby 11 1890

Mr. Louis Orrie 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 arm

He is entitled to receive the sum of One Hundred Dollars for such disability, the same being the allowance due for the year ending October 24, 1890

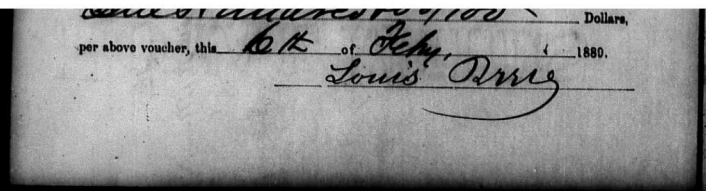
The Treasurer will pay the same and take his receipt on this voucher, and return same to Executive Department for warrant.

J B Gordon
GOVERNOR.

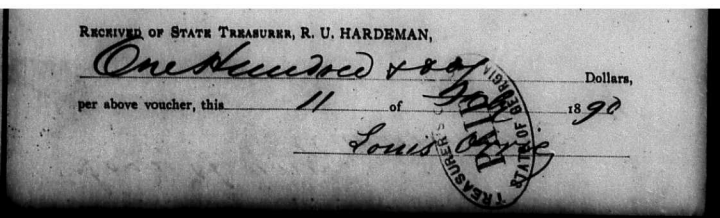
By the Governor,
W A Hamison
CLERK EXECUTIVE DEPARTMENT.

$100

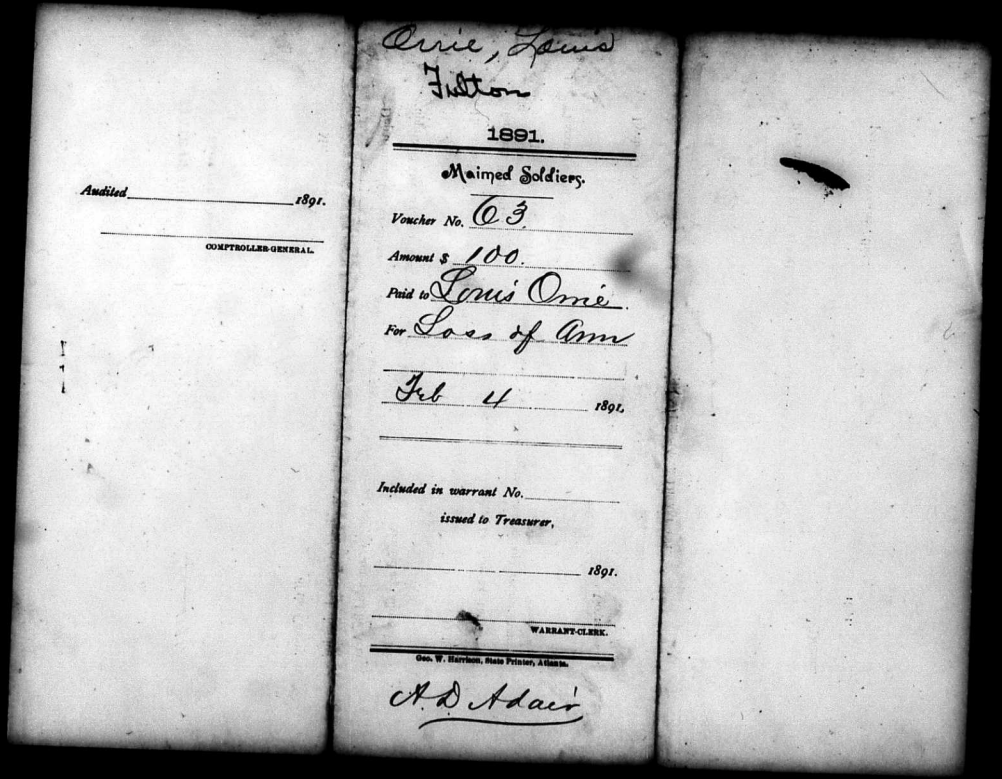
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
One Hundred 00/100 Dollars,
per above voucher, this 11 of Feby 1890
Louis Orrie



Dollars,
per above voucher, this 6th of Feby, 1880.
Louis Orrie



Received of State Treasurer, R. U. HARDEMAN,
One Hundred & 00/100 Dollars,
per above voucher, this 11 of 1890
Louis Orrie



Audited _____ 1891.
COMPTROLLER-GENERAL.

Orrie, Louis
Fulton

1891.

Maimed Soldiers.

Voucher No. 63
Amount $ 100.
Paid to Louis Orrie.
For Loss of Arm
Feb 4 1891.

Included in warrant No. _____
issued to Treasurer,
_____ 1891.
WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

A. D. Adair

1891.

No. 63

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga. Feby 4 1891.

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

He is entitled to receive the sum of One Hundred Dollars for such disability, the same being the allowance due for the year ending October 24, 1891.

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

PAID TREASURER'S OFFICE STATE OF GEORGIA

W. J. Northen
GOVERNOR.

By the Governor,
N. W. Harrison
SEC'Y EXECUTIVE DEPARTMENT.

$100 a

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

One Hundred Dollars,

per above voucher, this 4 of Feb 1891.

L Orrie
by A. D. Adair

GOVERNOR.

By the Governor,

W H Harrison

SEC'Y EXECUTIVE DEPARTMENT.

$100 a

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

One Hundred Dollars,

per above voucher, this 4 of Feb 1891.

L Orme

by A. D. Adair

Form No. 2.

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. Mary A. Osborn 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 Randall P. Osborn 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 31st day of January 1893.

{SEAL} W. L. Calhoun Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, _____ County.

KNOW ALL MEN BY THESE PRESENTS, That I, _____ of _____ County, in said State, do hereby appoint _____ of _____ my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 189__

_____ [L. S.]

Executed in the presence of us:

_____

_____

DIRECTIONS.

Send amount by _____ to me at _____, and oblige

_____

Osborn, Mary A.
Fulton County
FOR THOSE HERETOFORE PAID.

1893.
Fr. Henry Cr. 1891
No. P088

Widows' Pension,
for year ending February 15th, 1893.

—PAID TO—
Mrs. Mary A. Osborn
—OF—
FULTON COUNTY.

Warrant Issued
2/4 1893
AND HANDED TO
Applicant

Geo. W. Harrison, State Printer, Atlanta.

Form No. 2.

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. Mary A. Osborn 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 Randall P. Osborn 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 31st day of January 1893.

{SEAL} W. L. Calhoun Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, _____ County.

KNOW ALL MEN BY THESE PRESENTS, That I, _____ of _____ County, in said State, do hereby appoint _____ of _____ my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 189__

_____ [L. S.]

Executed in the presence of us:

_____

_____

DIRECTIONS.

Send amount by _____ to me at _____, and oblige

_____

Osborn, Mary A.
Fulton, Ch. 1891
FOR THOSE HERETOFORE PAID.
1893.
Fe Henry Co. 1891
No. 6088

Widows' Pension,
for year ending February 15th, 1893.
—PAID TO—
Mrs. Mary A. Osborn
—OF—
FULTON County.

Warrant Issued
2/1 1893
AND HANDED TO
Applicant

Geo. W. Barrow, State Printer, Atlanta.

Form No. 2.

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. Mary A. Osborn 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 Randall P. Osborn deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1894.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 1st day of Feby 1895.

{SEAL} W. L. Calhoun Ordinary.

Form No. 3

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 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 _____ 1895.

_____ [L. S.]

Executed in the presence of us:

_____

_____

DIRECTIONS.

Send amount by _____ to me at _____, and oblige

_____

Osborn, Mary A.
Fulton, Ch. 1891
FOR THOSE HERETOFORE PAID.
1893.
No. 605

Widows' Pension,
for year ending February 15th, 1893.
—PAID TO—
Mrs. Mary A. Osborn
—OF—
FULTON County.

Warrant Issued
Feb 1 1893
AND HANDED TO
Applicant

Geo. W. Barrow, State Printer, Atlanta.

Form No. 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of FULTON

Personally comes Mrs. Mary A. Osborn 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 1870 That she is the Widow of Randall P. Osborn who was a Soldier in Company C of the 19th Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of June 1861 and served in the Army up to August 7th 1862 That he lost his life on the 7th day of August 1862 (*State here full particulars of the husband's death, when, where and from what cause.*) (That he died of Diarrhea in Camp near Richmond Virginia

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 1847; 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 31st day of January 1893.
M. L. Calhoun Ordinary.

her
Mary A. Osborn
mark
Post-office Atlanta Ga

Form 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Fulton

Personally Comes Mrs. Mary A. Osborn 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 1870 That she is the Widow of Randall P. Osborn who was a Soldier in Company C of the 19th Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of June 1861 and served in the Army up to [illegible] That he lost his life on the 7th day of August 1862 (*State here full particulars of the husband's death, when, where and from what cause.*) (That he died of Diarrhea in Camp, near Richmond Virginia

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 1847, 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 1st day of [illegible] 1894.
M. L. Calhoun Ordinary.

her
Mary A. Osborn
mark
Post-office Atlanta Ga

W. L. Calhoun Ordinary. Post-office Atlanta Ga

Form No. 2.

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. Mary A. Osborn 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 Randall P. Osborn deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 1st day of February 1894.

{SEAL} W. L. Calhoun Ordinary.

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

KNOW ALL MEN BY THESE PRESENTS, That I, of County in said State, do hereby appoint of my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1894.

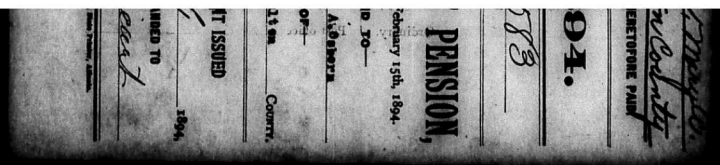
[L. S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by to me at , and oblige

Osborn, Mary A.
Fulton County
FOR THOSE HERETOFORE PAID
1894.
No. 1583
WIDOWS' PENSION,
for year ending February 15th, 1894.
—PAID TO—
Mrs. Mary A. Osborn
—OF—
Fulton County.
WARRANT ISSUED
2/1 1894,
AND MAILED TO
Applicant
Geo. W. Blackmon, State Printer, Atlanta.



Form No. 1

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Fulton

Personally comes Mrs. Mary A. Osborn

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 1820 That she is the Widow of Randall F. Osborn who was a Soldier in Company C of the 19th Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of June 1861 and served in the Army up to August 7th 1862 That he lost his life on the 7th day of August 1862 (*State here full particulars of the husband's death, when, where and from what cause.*) (That he died of Diarrhea in Camps near Richmond Virginia)

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 1848; 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. Lachmer Ordinary.

Mary A. Osborn
Mark

Post-office

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. Mary A. Osborn 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 Randall P. Osborn deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 5-th day of Feby 1896.

{SEAL} W. L. Calhoun Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

I, hereby authorise 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. A. Bulsey Ordinary in and for said County of Fulton State of Georgia, hereby certify that I am acquainted with Mrs. Mary A. Osborn 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 Randall P. Osborn 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 first day of Feby 1897.

{SEAL} M. A. Bulsey Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

I, hereby authorise 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

Widow's Pension, for year ending February 15th, 1897. No. 1110 Paid to Mary A. Osborn of Fulton County, who was the wife of Randall P. Osborn. Richard Johnson, Comptroller General. Warrant issued 2/11 1897. And mailed to applt.

Osborn, Mary A. Fulton County Ga. Widow of Randall P. Osborn Pvt. Co. [illegible] Regt. [illegible] Vol. Inf. C.S.A.

Widow's Pension, for year ending February 15th, 1896. No. 2643 Paid to Mrs. Mary A. Osborn of Fulton County, who was the wife of Randall P. Osborn. Richard Johnson, Comptroller General. Warrant issued 2/11 1896. And mailed to applt.

Osborn Mary A. Fulton County Ga. Widow of Randall P. Osborn Pvt. Co. [illegible] Regt. [illegible] Vol. Inf. C.S.A.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Fulton

Personally Comes Mrs. Mary A. Osborn

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 1820 That she is the Widow of Randall P. Osborn who was a Soldier in Company C of the 19th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of June 1861 and served in the Army up to August 7th 1862 That he lost his life on the 7th day of August 1862 (*State here full particulars of the husband's death, when, where and from what cause.*) (

That he died of diarrhoea in Camps, near Richmond Virginia

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 1843, 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, 1895, 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 Feby 1896.
W. L. Calhoun Ordinary.

her
Mary A. Osborn
Post-office Mink

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Fulton

Personally Comes Mrs. Mary A. Osborn

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 1820 That she is the Widow of Randall P. Osborn who was a Soldier in Company C of the 19th Regiment of Georgia Volunteers, that enlisted in said regiment on or about the month of June 1861 and served in the Army up to August 7th 1862 That he lost his life on the 7th day of August 1862 (*State here full particulars of the husband's death, when, where and from what cause.*)

That he died of diarrahea in Camp near Richmond Virginia,

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 1843, 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 1st day of Feby 1897.
M. Hurley Ordinary.

her
Mrs Mary A. Osborn
Post-office Atlanta

POWER OF ATTORNEY.

STATE OF GEORGIA,
Fulton County.

I, Mary A Osborn hereby authorize N C Parker of Fulton to receive and receipt for the pension paid hereon and request that he remit same to at my home

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16 day of July 1900.

Mary A. Osborn [L. S.]
mark

Executed in presence of
W H Henry
Ordinary

Osborn, Mary A.
Fulton County
To Those Heretofore Paid.

1900. 1-6

NO. 2059

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO
Mrs. Mary A. Osborn
OF
Fulton County,

Widow of

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Feb 19 1900,

AND HANDED TO
N. C. Parker

Co. W. Harrison, State Printer, Atlanta.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Fulton } Personally Comes Mrs. Mary A. Osburn

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 1822. That she is the Widow of R. P. Osburn who was a soldier in Company 13th of the Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of [illegible] 186[illegible] and served in the Army up to 186[illegible] That he lost his life on the Aug day of 1862 (*State here particulars of the husband's death, when, where and from what cause*)

Died while in the Army

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[illegible]

I have been allowed a pension as a resident of Clayton County for the year ending February 15th, 189[illegible], and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this 16th day of Feby 1900.
W H Hulsey Ordinary.

Mary A. Osborn
Post Office Mon

State of Georgia, Fulton County. } I W H Hulsey Ordinary of said County, certify that I am well acquainted with Mrs. Mary A. Osburn, 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 [illegible] day of [illegible] 18[illegible]

Given under my official signature and seal, this the 16th day of Feby 1900.

Official Seal.

W H Hulsey
Ordinary of Fulton County.

Georgia
Clayton County } I W H Hulsey Ordinary in and for said County do hereby certify that Mrs Mary Osburn has heretofore drawn a pension as the widow of a confederate soldier from said County

Witness my Official signature -
This Feb 16th 1900

W H Hulsey Ordinary
of Clayton County Ga

Witness my Official Signature -
This Feb 16th 1900
Z. T. Manson Ordinary
of Clayton County Ga

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 16th day of Feby 1900.
W H Hulsey Ordinary.

Mary A. Osborn
Post Office Mark

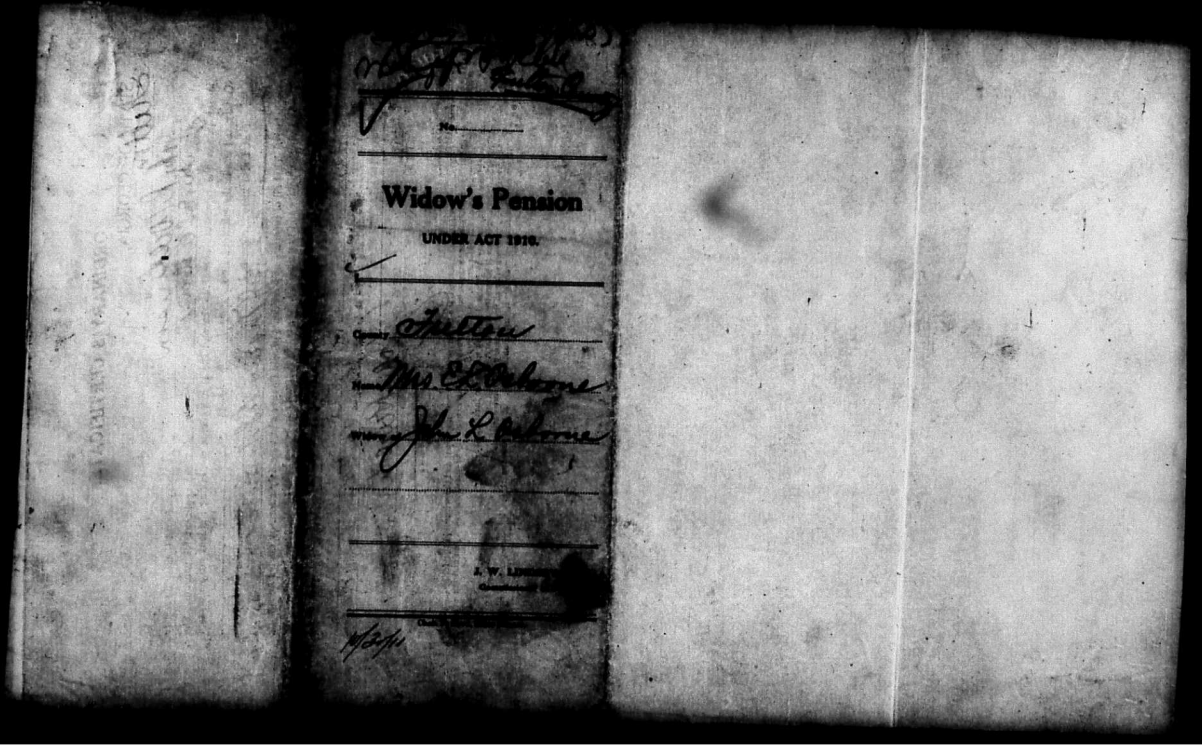
State of Georgia,
Fulton County.

I W H Hulsey Ordinary of said County, certify that I am well acquainted with Mrs. Mary A. Osburn, 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 16th day of Feby 1900.

Official Seal.

W H Hulsey
Ordinary of Fulton County.



No.

Widow's Pension

UNDER ACT 1910.

County Fulton

Name Mrs E L Osborne

Widow of John L Osborne

J. W. LINDSEY

Commissioner

10/30/11

Widow's Pension
UNDER ACT 1910.

No.

Mrs. E. L. Osborne
Fulton

Chas. P. Byrd, State Printer.

J. W. LINDSEY,
Commissioner of Pensions.

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

STATE OF GEORGIA,
Fulton County.

Personally before me comes Mrs E. L. Osborne 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 Legislature 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 E. L. Osborne Atlanta Ga
2. How long and since when have you been a continuing resident in the State of Georgia? since 1897
3. When, where and to whom were your married? John L. Osborne. Ala. 1858
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.) Old Man 1861-65 Confederate Army Ala. 5th Battalion Company K 16th Regiment.
5. When and where did the Commands of your husband surrender or discharge from the army? Don't Know
6. Was your husband personally present at the time of the surrender or discharge of this Command? no
7. If he was not present state clearly where he was? Dead
8. Where was his Command when he left? Near Nashville Tenn.
   a. For what cause did he leave his command? Captured
   b. By whose authority did he leave his Command? Yes
   c. For how long was he granted leave of absence?
   d. What was his physical condition when he left his Command? Good health
   f. What effort did he make to return to his command? Was Prisoner
   g. In what way was he prevented from going back to Command? Was Prisoner
   h. Was he captured by the enemy at any time? Yes
   i. If so, when and where captured and where held as prisoner, and when and for what cause released? Dec 16th 1864 near Nashville Tenn
   j. When and where did your husband die? Were you residing together when he died? How long had you resided apart? Was Prisoner at Nashville Tenn. Yes
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.) Lot 2 7 x 80 Corner Central Ave. and Gilmer & Atlanta Ga with small frame store house thereon worth $1250.00
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) Not Any
11. What property of any description of any value have you now? Same as above Give list and cash value? Same as above
12. What are your annual earnings or income and their value? Am always Worth $200.00 per year
13. Have you heretofore been paid a pension by the State? No
If so, when and for what cause were you struck from the Roll?

Sworn to and subscribed before me this the 5th day of Oct 1912. Mrs E. L. Osborne
John L. Webster Ordinary.
of Fulton County.

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

STATE OF GEORGIA, Alabama
Randolph County.

Personally before me comes C. C. Treadwell 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? C. C. Treadwell Reside in Randolph County Ala
2. How long and since when have you known C. L. Osborn applicant? since 1881
3. How long and since when has she continuously resided in this State? (Give date.) she has resided in Georgia since 1897
4. When and to whom was she married? How do you know? John L Osborn by personal knowledge
5. How long and since when did you know John L Osborn her husband? I have known since 1865
6. When, where and in what Company and Regiment did he enlist? Co "K" 46 Alabama
7. Were you a member of the same Company? Yes
8. How long within your personal knowledge did he perform actual military service with his Company and Regiment? for twelve months or longer
9. When, and where did his Command surrender, and was discharged? myself and John L Osborn were captured at Nashville Tenn on 16th Dec 1864 and John L Osborn Paltimore
10. Were you personally present when it was surrendered? no If not where were you I was prison and how came you there? I was captured by the Yankees
11. Was the husband of applicant personally present at surrender? no If not where was he? was dead when, where and for what cause did he leave Command? (Give date.) Hurried in Jany 1865 By whose authority did he leave his Command? — and how long was he granted leave? — How do you know all this? person knowledge Do you state if of your own personal knowledge? Yes (State all you know fully, and how you know it.)
12. For what cause, if you know of your own knowledge was he prevented from returning to his Command? Cause by his death while in prison
13. What effort did he make to return to his Command and how do you know this? Of you own knowledge or how? He was dead

Sworn to and subscribed before me this the 26th day of Sept 1910 | C. C. Treadwell

John P. Kuyler Judge of Ordinary Probate
of Randolph County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA, Fulton County.

Personally before me comes J. J. Moss & Chas C. L. Hardwick who on oath says that they are freeholders of said County and that they know Mrs E. L. Osborne 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 Not Any $
Notes and accounts due " " $
Total — $

Schedule (B).

We know the property sold or given away since Nov. 4th 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:

22 x 80 feet of land worth Central Ave $ 125.00
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 1st day of Octo 1910 | J. J. Moss, C. L. Hardwick

Mark Mitchell Hudson, Ordinary.
of Fulton County.

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

STATE OF GEORGIA, Alabama
Randolph County.

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

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, Fulton County.

I John R. Wreckinson Ordinary of said County do certify that, I know Mrs E. L. Osborn the applicant for pension. She is the person she represents herself to be and she is a bonafide continuing resident citizen of said County and was in the 4th Nov,. 1908.

That I also know ~~the witness who swears to the service of husband, and~~ J. J. Moss & C. L. Hardwick 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 Mrs E. L. Osborne Returned for Tax is for 1908 $ 525 for 1910 $ 525

Sworn under my hand and official seal of office this 21st day of Oct 1910

SEAL. John R. Wreckinson 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.
4 All affidavits must be made before the Ordinary.
3 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.

Schedule (C).

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

22 x 80 feet ~~Horses~~ of land worth Central Ave $ 125-00

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 1st day of Octo 1910

Marcellus M Kidney C.C. Ordinary.

of Fulton County.

T. J. Moss

C. L. Hardwick

The State of Alabama,)
Randolph County.)

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

What is your name and where do you reside? W.J.Osborne,Reside in Randolph County,Alabama.

How long and since when have you known E.L.Osborne,applicant? Since 1853.

How long and since when has she continously resided in this State? She has resided in Georgia,since 1897.

When and to whom was the she married? She was married to John L.Osborne in the year of 1858. How do you know? By personal knowledge.

How long and since did you know John L.Osborne,her husband? I have known him ever since I could remember.

When where and in what Company did he enlist? In Co. "K" 46 Alabama.

Wre you a member of the same Company? Yes.

How long within your personal knowledge did he perform actual ~~xxxxxx~~ military service with his Company and Regiment? About twelve months to the best of my recollection.

When and where did his Command surrender,and was discharged?

Most of the Company surrendered at Nashville,Tenn. John L.Osborne was captured at Nashville,Tenn,by the Yankees and held over there and while there John L.Osborne died.

Were you personally present when it was surrendered? No. If not where were you? I was at Home wounded.

Was the husband of applicat personally present at surrender? No. If not where were was he? He was dead.

W J Osborne

Sworn to and subscribed to b fore me,this 26th.,day of September,1910.

John T Kaylor

Judge of Probate of Randolph County,Alabama.

captured at Nashville,Tenn,by the Yankees and held over there and while there John L.Osborne died.

Were you personally present when it was surrendered? No. If not where were you? I was at Home wounded.

Was the husband of applicat personally present at surrender? No. If not where were was he? He was dead.

W J Osborne

Sworn to and subscribed to b fore me, this 26th., day of September, 1910.

John T Kaylor

Judge of Probate of Randolph County, Alabama.

Fulton County

To Those Heretofore Paid

1906.

No. 94

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO

Mrs. Nancy Osborne

OF

Fulton County,

Widow of John W. Osborne

Co. A Regiment Ga

JOHN W. LINDSEY,

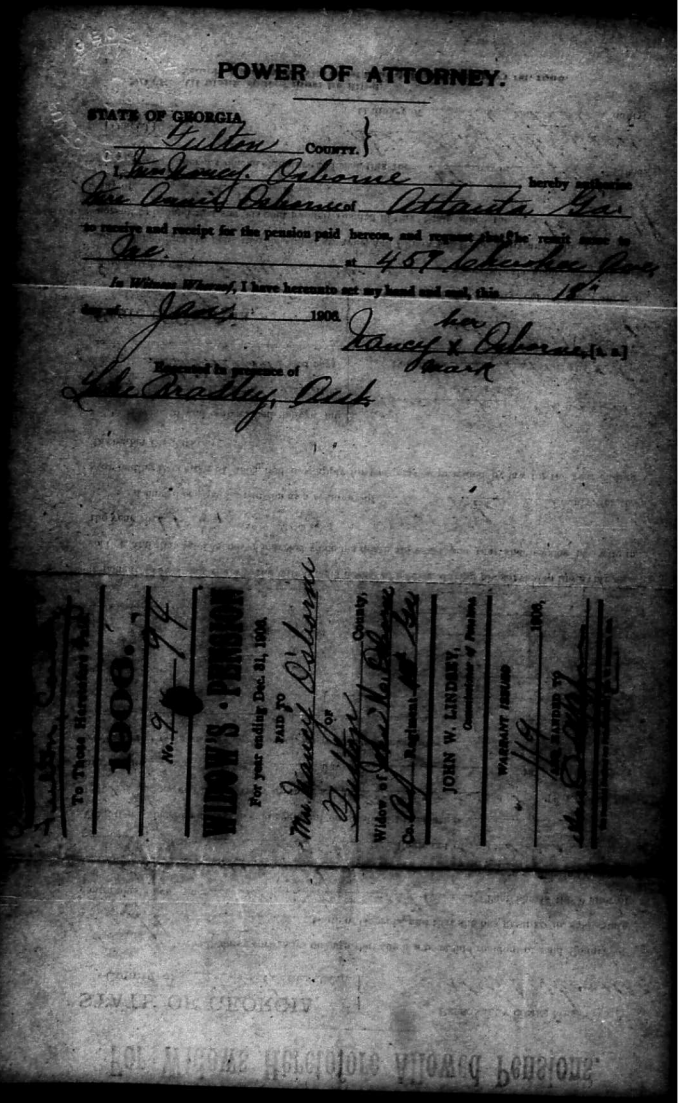
Commissioner of Pensions.

WARRANT ISSUED

119 1906,

AND HANDED TO

[illegible]



POWER OF ATTORNEY.

STATE OF GEORGIA,

Fulton County.

I, Mrs. Nancy Osborne hereby authorize Mrs. Nancy Osborne of Atlanta Ga. to receive and receipt for the pension paid hereon, and request that he remit same to me at 457 Schenker Ave.

In Witness Whereof, I have hereunto set my hand and seal, this 18th day of June 1906.

Nancy X Osborne [L. S.]

Mark

Executed in presence of

John Bradley, Clerk.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Fulton COUNTY.

I, Mrs Nancy Osborne hereby authorize Mrs Annie Osborne of Atlanta Ga. to receive and receipt for the pension paid hereon, and request that he remit same to me at 457 Cherokee Ave.

In Witness Whereof, I have hereunto set my hand and seal, this 18" day of Jan. 1906.

Nancy her x mark Osborne [L. S.]

Executed in presence of
Luke Bradley, Asst.

Osborne Nancy (Mrs)
Fulton County

To Those Heretofore Paid.

1906.

No. 94

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO Mrs. Nancy Osborne

OF Fulton County,

Widow of John W. Osborne

Co. A Regiment 40 Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 1/19 1906,

AND HANDED TO Annie F. Osborne

Geo. W. Harrison, State Printer, Atlanta.

---

a 8

POWER OF ATTORNEY.

STATE OF GEORGIA,
Fulton COUNTY.

I, Mrs Nancy Osborn hereby authorize Annie F. Osborn to receive and receipt for the pension paid hereon, and request that he remit same to me at 434 E. Ga Ave.

In Witness Whereof, I have hereunto set my hand and seal, this 18" day of Jan. 1907.

Nancy her x mark Osborn [L. S.]

Executed in presence of
Luke Bradley Asst.

Osborne, Nancy
Fulton Co

To Those Heretofore Paid.

1907.

No. 122

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO Mrs Nancy Osborne

OF Fulton County,

Widow of John W. Osborne

Co. A Regiment 40 Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 1/16 1907,

AND HANDED TO Annie F. Osborne

Geo. W. Harrison, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Fulton } PERSONALLY COMES MRS. Nancy Osborne

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 Henry Osborne who was a soldier in Company A of the 40th Regiment of Ga. Volunteers, that he enlisted in said regiment on or about the month of 1862, and served in the Army up to 12 Mos. 1863 That he lost his life on the day of 18 (State here particulars of the husband's death, when, where and from what cause.)

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 Cobb 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 18th day of Jan. 1906. John R. Wilkinson Ordinary. } Nancy her x mark Osborne Post Office Atlanta

State of Georgia, Fulton County } I, John R. Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. Nancy Osborne, 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 17th day of Jan. 1906.

{ Official Seal } John R. Wilkinson Ordinary of Fulton County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavits must bear date after January 1st, 1906.

FORM No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Fulton } PERSONALLY COMES MRS. Nancy Osborne

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 H. Osborn who was a soldier in Company A of the 40" Regiment of Ga. Volunteers, that he enlisted in said regiment on or about the month of 1862, and served in the Army up to 186 That he lost his life on the about day of 9 Mos. 18 (State here particulars of the husband's death, when, where and from what cause.)

~~No record given~~

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, 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. } Nancy her Osborn Post Office Mark 424 E. Ga Ave.

State of Georgia, Fulton County } I, John R. Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. Nancy Osborne, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of all her life 18

Given under my official signature and seal, this the 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.

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 18" day of Jan. 1906.
John R. Wilkinson, Ordinary.

Nancy her x mark Osborne
Post Office Atlanta

State of Georgia, Fulton County.

I, John R. Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. Nancy Osborne, 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 17" day of Jan. 1906.

{Official Seal}

John R. Wilkinson
Ordinary of Fulton County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavits must bear date after January 1st, 1906.

---

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. Wilkinson, Ordinary.

Nancy her x mark Osborne
Post Office 424 E. Ga. Ave.

State of Georgia, Fulton County.

I, John R. Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. Nancy Osborne, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the _____ day of all her life 18__

Given under my official signature and seal, this the _____ 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.

---

459. Cherokee Ave. execute papers.

No. 142.

Foote & Davies Co., Printers, Atlanta.

Georgia, Cobb County.

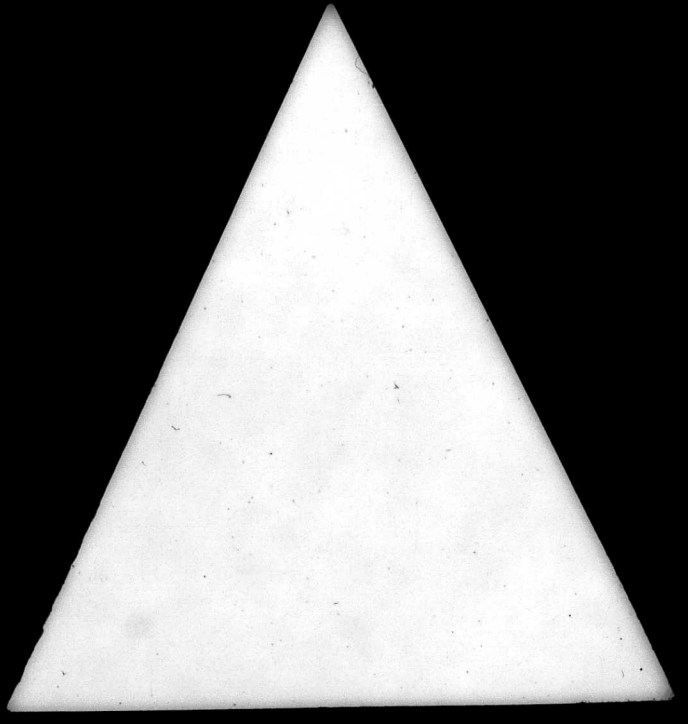
I, the undersigned do certify that Mrs. Nancy Osborne now of the County Fulton is the same person who as an Invalid, (Old class) pensioner was on the pension rolls of this county, and drew a pension of Sixty dollars for 1905, and the bearer is same person.

Given under my hand and official seal of office Dec. 19th 1905.

[SEAL]

John Awtery, [L. S.]
Ordinary.

[SEAL]



~~O'Shaughnessy, Edward~~ #1462

Fulton Co.

No. 418

Application for Allowance

FOR General disability wound in side & spine

Applicant Edd. O'Shaughnessy

County Fulton

Amount 25.

Date of Warrant Dec 29/87

Entered on Record,

Dec 29 1887

W H H

Secretary Executive Department.

E/1956

I James W. Walker do certify that Edward O'Shaughnessy was a private in Company K. 30 Regiment of Georgia Volunteers in the Confederate army at the time I was transferred from said Company to staff duty in another division of the army about first of 1864.

J. W. Walker
1st Lieutenant in
Co. K. 30 Ga

December 13 1887
Acquainted Ben

STATE OF GEORGIA,
Fulton County.

PERSONALLY came Wm. C. Wright

citizens of F 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

STATE OF GEORGIA,
Fulton County.

PERSONALLY comes before me W. L. Calhoun Ordinary of said county, Joel F. Hammond and E. von Goidtenvoss both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have carefully examined Edward O'Shaughnessy and after such examination say that the applicant has been injured as follows: The ball entered between the 7th and 8th rib of the left side and broke the spinous process of the corresponding side thereby producing partial paralysis.

Sworn to and subscribed before me, this 6th day of December 1887

Joel F. Hammond, M.D.
E. von Goidtenvoss M.D.

W. L. Calhoun
ORDINARY.

NOTE.—The physicians will state fully the extent of the wound and the disability resulting therefrom.

Disability permanent. Will probably grow worse, or may severe as age advances. Joel F. Hammond M.D. Dec. 27/87

To what extent does the partial paralysis disable applicant? Physicians will please add to their statement the answer to above question & return. & oblige Secty Ex. Dept



No. 418

Application for Allowance

for General disability wound in side & spine

Applicant Edward O'Shaughnessy

County Fulton

Amount 25.

Date of Warrant Dec 29/87

Entered on Record, Dec 29 1887

Secretary Executive Department.

I James. W. Walker do certify that Edward O'Shaughnessy was a private in Company K. 70 Regiment of Georgia Volunteers in the Confederate Army at the time I was transferred from said Company to staff duty in another division of the Army about first of 1864.

Jas W. Walker
1st Lieutenant in
Co K. 70 Ga

December 13 1887
Augusta Ga

assaye abotions. Jo C. Hammond Ord. Ga. 27/87

To what extent does the partial paralysis disable applicant? Physicians will please add to their statement the answer to above question & return. Pobligi Secty Ex. Dept

STATE OF GEORGIA,
Fulton County.

I, W. L. Calhoun Ordinary of said county, do certify that I am well acquainted with Edward O'Shaughnessy the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in 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 27th day of December 188[illegible]

W. L. Calhoun
Ordinary Fulton County.

POWER OF ATTORNEY.

STATE OF GEORGIA
_____ County.

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

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

_____ [L. S.]

Executed in the presence of us:

_____

_____

STATE OF GEORGIA,
Fulton County.

Personally appears Edward O'Shaughnessy 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 _____ day of August 1863; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a private in Company K, of 20th Regiment of Georgia Volunteers Benning's Brigade; that whilst engaged in such military service, at the battle of Chickahominy Court House in the State of Virginia, on the 6th day of May 1862, he was wounded as follows: A ball entered between the 7th & 8th rib on the left side and broke the spinous process of the corresponding side producing partial paralysis, which wound permanently disables him in his lower limbs, being substantially useless.

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

Sworn to and subscribed before me, this the 6th day of December 1887

W. L. Calhoun ordinary

his
Edward O'Shaughnessy
mark

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,
Effingham ~~Fulton~~ County.

Personally came before me Edward E Ramsay of the county of Effingham State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company K, of 20th Regiment of Georgia Volunteers, and that deponent knows E O'Shaughnessy, 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 E O'Shaughnessy, as stated by him in said affidavit. Deponent further states that said Edward O'Shaughnessy is a *bona fide* citizen of this State, and resides in Fulton county.

Sworn to and subscribed before me, this 24th day of December 1887

L. J. Pelham
Judge City Ct. Ga.

Edward E. Ramsay
2nd Lt. Co K 20th Ga Regt.

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:

If the affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be furnished:

STATE OF GEORGIA,
Fulton County.

PERSONALLY appears Edward O'Shaughnessy 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 June 1876; 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 H, of 24th Regiment of Georgia Volunteers Ramsey's Brigade; that whilst engaged in such military service, at the battle of Spotsylvania in the State of Va, on the 10th day of May 1864 he was wounded as follows: was wounded by a shot wound in back entering on the left side of back bone & passing across the spine & out laterally downwards thro' the bowels & did cause wound & present disabled condition & which is permanent & substantially unfits me for manual labor and renders these parts 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 the 6th day of February 1889
W. L. Peachman
Notary Public

his
Edward O'Shaughnessy
mark

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 John D. Hammond, Ordinary of said county, John D. Hammond and C. H. Nelson, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined Edward O'Shaughnessy and after such examination say that the applicant has been injured as follows: A gunshot wound of the back, entering at or near the 6th spinous, one of the muscles of the shoulder, and in its course, and at the point of exit, injuring the spinal cord, or the spinal column and cord, rendering all dependent and physiologically dependent organs in a state of disease, and substantially and substantially [illegible] Rendered useless.

Sworn to and subscribed before me, this 6th day of February 1889
W. L. Peachman
Ordinary.

John D. Hammond M.D.
C. H. Nelson M.D.
Physicians.

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

O'Shaughnessy, Edward
Fulton Co.
No. 127
APPLICATION FOR ALLOWANCE
FOR YEAR ENDING OCT. 26, 18__
FOR
Genl. Regulation
Application of Edward O'Shaughnessy
Co. Fulton
Amount $ 50
Date of Warrant July 9th 1889
Entered on Record
Mailed
Clerk

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.

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. Calhoun Ordinary of said county, do certify that I am well acquainted with Edward O'Shakness, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, *and that he is disabled to the extent he claims*, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit: J. F. Hammond & O. H. Smith

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 6th day of February 1889

W. L. Calhoun
Ordinary Fulton County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

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

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

(L. S.)

Executed in the presence of us:

_____

_____

DIRECTION:

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

County, Georgia.

STATE OF GEORGIA,
Fulton County.

I, W. L. Calhoun Ordinary of said county, do certify that I am well acquainted with Edward O'Shaughnessy 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 4th day of February 1890

W. L. Calhoun
Ordinary Fulton County.

O'Shaughnessy Edward
Feb 4 1890.

No. 131
APPLICATION FOR ALLOWANCE.
FOR TRAIL SERVICE OF THE
—FOR—
Disabled by body wound
Applicant, Ed. O'Shaughnessy
County, Fulton
Amount, 50.
Date of warrant, Feby 4/
Entered on record
Feby 4 1890
W. H. H.
Medical Examiner Executive Department.
Warrant handed to
Applicant

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

PERSONALLY appears Edward O'Shaughnessy 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 _____ day of 37 years 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 E, of 20th Regiment of State Georgia Volunteers Binghams's Brigade; that whilst engaged in such military service, at the battle of Spotsylvania C H in the State of Va, on the 10th day of May 1864 he was wounded as follows: In the side seriously affecting the spine and rendering him unable for 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 Fifty dollars.

Sworn to and subscribed before me, this the 4th day of February 1890

Edward his X mark O'Shaughnessy

W L Cochran

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

POWER OF ATTORNEY.

STATE OF GEORGIA
_____ County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 189__

[L. S.]

Executed in the presence of us:

_____

DIRECTION.

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

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.

Said money to me in dollars, by .....

to ..... P. O.

..... County, Georgia.

Audited ..... 1889.

COMPTROLLER-GENERAL.

Fulton

Maimed Soldiers.

Voucher No. 127

Amount. $ 50.

Paid to Ed. O. Shannon

For General disability body Deby 6. 1889.

Included in Warrant No. .....

issued to Treasurer.

..... 1889.

WARRANT CLERK.

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

Applicant

Audited Feb. 5 1890

Wm A Wright

COMPTROLLER-GENERAL.

Maimed Soldiers.

Voucher No. 131

Amount $ 50

Paid to Ed O Shannon

For Disabled by body wounds Deby 4 1890

Included in warrant No. .....

issued to Treasurer.

..... 18

WARRANT CLERK.

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

Applicant

No. 127

STATE OF GEORGIA, EXECUTIVE DEPARTMENT. } Atlanta, Ga. Feby 6, 1889

Mr. Edward O Shannasee 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 & 00/ Dollars for such disability, the same being the allowance due for the year ending October 24, 1889.

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

J. B. Gordon
GOVERNOR.

By the Governor
W. H. Harrison
CLERK EXECUTIVE DEPARTMENT.

$50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty & 00/ Dollars,

per above voucher, this 6th of Feby 1889.

Edw O Schanonee
mark

No. 131

STATE OF GEORGIA, EXECUTIVE DEPARTMENT. } Atlanta, Ga. Feby 4 1890

Mr. Ed. O Shannasee 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 injuries

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.

J. B. Gordon
GOVERNOR.

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

$50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty & 00/ Dollars,

per above voucher, this 4 of Feby 1890

Ed. O Shannasee

Wit
W J Green

$50

Received of State Treasurer, R. U. HARDEMAN,

Fifty ×oo/ Dollars,

per above voucher, this 6th of Febr 1880.

Wm C Johnson
mark

CLERK EXECUTIVE DEPARTMENT.

$50

Received of State Treasurer, R. U. HARDEMAN,

Fifty ×oo/ Dollars,

per above voucher, this 11 of Feby 1880

Ed. O Hammack

Wit
W J Green

Form No. 5.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ *County.*

Know all Men by these Presents, That I, _____
_____ of _____
County, in said State, do hereby appoint _____
of _____ my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 189__

_____ [L. S.]

Executed in the presence of us:
_____
_____

DIRECTIONS.

If allowed, send amount by _____ to me at _____, and oblige

_____

Oldaughnessy Julia
Mrs Fulton County
1891.
No. 3927
Widows' Pension
PAID TO
Mrs. Julia O'Shaughnessy
OF
Fulton COUNTY.
$100.00.
Warrant Issued
AND HANDED TO
1891

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,
_____ County.

Know all Men by these Presents, That I, _____
_____ of _____
County, in said State, do hereby appoint _____
of _____, my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 189__.

_____ [L. S.]

Executed in the presence of us:

_____

_____

DIRECTIONS.

If allowed, send amount by _____ to me at _____, and oblige

_____



Widow's Pension
PAID TO
Mrs. Julia O'Shaughnessy
OR
Julia O'Shaughnessy
COUNTY.
$100.00
Warrant Issued
1891
AND HANDED TO
Geo. W. Harrison, State Printer, Atlanta

(Mrs) Julia O'Shaughnessy
No. 3927
1891.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,
County of _____

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

Mrs. Julia O'Shaughnessy, who being sworn according to law, says under oath that she is the widow of Edward O'Shaughnessy, who was a soldier in the service of the Confederate States, and served as a member of Company I, of the 2d Regiment of Georgia Volunteers; that he enlisted in said service on or about the _____ day of _____ 1861, and was in the Confederate Army up to _____ 186__. That while in the Army, he was on the _____ day of _____ 186__, (See Note No. 1) wounded in the back & died from the effects of this wound on July 7th 1890. She had never had any disease nor complaint except that to the time of his death & up to a few years before his death the bones of his knee that had been shattered by the ball wounded them always out of the wounds. He was badly frequently taken there last when dressing & cleansing the wound. The deceased gradually from the time & appearing from the wound last his injury & he became unable to walk much seeming to suffer from a loss of the use of his knee limbs & contracted a chronic & bad heart ligament before his death he was compelled to take his bed & never arose thereafter. He received a pension from the State before his death for being permanently disabled on account of this same wound.

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 _____ th day of _____ 18__, and that she has resided in Georgia continuously since the _____ day of _____ 18__; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this the 10th day of January 1891.

W. B. Cashin
Ordinary.

her
Julia X O'Shaughnessy
mark

Post-Office _____

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

Form No. 2.

Affidavit for Three Witnesses.

State of Georgia,
County of Fulton

In person came before me, the undersigned Ordinary in and for said County, witnesses { Phil. Farley
Mrs A. L. Ehlers, and Mrs J. Ellison
and (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Julia O'Shaughnessy, of the County of Fulton, State of Georgia, is the widow of Edward O'Shaughnessy, who was a soldier in Company ____ of the ____ Regiment of ____ Volunteers.

That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the ____ day of ____ 186__. That while in said service, or by reason of said service in the Army, he lost his life as follows: He died on the 28th of Jan. 1890 under the following circumstances: He had been suffering as long as witnesses knew him from a wound in his back received on the road which caused him much pain & caused him much difficulty in walking around until it finally prostrated him in bed unable to walk at all & after being thus laid up for three months he died. Witnesses Phil Farley and Will Ellison prepared his body for burial and the wound from which he had been suffering was plainly apparent in the middle of the back just over the spine. The deceased had no other complaint but that & Witnesses are satisfied that he died from the effects of the wound

Our opportunity for knowing the facts stated in reference to death of applicant's husband were Mrs Ellison lived at time of said death next door, Mrs Ehlers across the street & Phil Farley about three blocks & all had frequent access before & immediately at the time of said O'Shaughnessy's death

We further swear that Mrs. O ____ was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in ____ County of the State of Georgia.

Sworn to and subscribed before me, this, the 10th day of June. 1891. { Phil + Farley mark
Mrs A L Ehlers
Will + Ellison mark

W. H. Harrison
Ordinary.

NOTE. Witnesses must not testify about things they may believe, but confine their statements to such facts as they personally know.

Form No. 3.

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. Julia O'Shaughnessy 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 lived out of the State since that date. I also certify that the witnesses whose testimony she presents to sustain her claim are known to me to be truthful witnesses, entitled to full faith and credit as such. 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 10th day of June, 1891.

{SEAL.}

W. L. Calhoun
Ordinary.

Form No 4.

NOTES.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

Those whose husbands were wounded in the army and have since died from the direct effects of the wounds.

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 war, 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 the testimony of three witnesses **who personally know of the enlistment of the husband and his death and the immediate cause of the death.**

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

There is no need of employing a lawer or other agent to attend to these claims. The Department will furnish *full* and specific instructions, and give ample opportunity to every claimant.

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.

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.

By order of the Governor.

W. H. HARRISON,
Sec. Ex. Department.

Ordinary.

Will Ex Ellis on Mort

NOTE. Witnesses must not testify about things they may believe, but confine their statements to such facts as they personally know.

to send the money.

By order of the Governor.

W. H. HARRISON,
Sec. Ex. Department.

Form No. 2.

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. Julia O'Shaughnessy 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 Edward O'Shaughnessy deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 1st day of February 1894.

{SEAL} W. L. Calhoun Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

KNOW ALL MEN BY THESE PRESENTS, That I, of County in said State, do hereby appoint of my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1894.

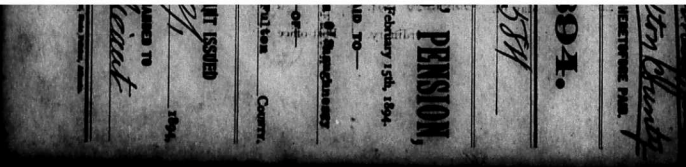
[L. S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by to me at , and oblige

O'Shaughnessy
Fulton County
FOR THOSE HERETOFORE PAID.
1894.
No. 1584
WIDOWS' PENSION,
for year ending February 15th, 1894.
—PAID TO—
Mrs. Julia O'Shaughnessy
—OF—
Fulton County.
WARRANT ISSUED
9/1 1894.
AND HANDED TO
Applicant
Geo. W. Hanson, Sub. Office, Atlanta.



Form No. 1

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Fulton

Personally comes Mrs. Julia O'Shaughnessy

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 1848 That she is the Widow of Edward O'Shaughnessy who was a Soldier in Company of the 20th Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of 1861 and served in the Army up to 186 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.*) (Was wounded in the back received while in the Confederate Army and died from the effects of the same on the July 1890.)

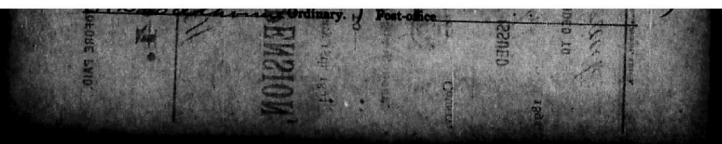
Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1840; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not 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. Calhoun, Ordinary.

Julia O'Shaughnessy
her mark

Post-office



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. Julia O'Shaughnessy 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 Edward O'Shaughnessy 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 30th day of January 1893.

{SEAL} 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 of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In Witness Whereof, I have hereunto set my hand and seal, this day of 189

[L. S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by to me at , and oblige

Julia O'Shaughnessy Fulton County

FOR THOSE HERETOFORE PAID.

1893.

No. 1477

Widows' Pension,

for year ending February 15th, 1893.

—PAID TO—

Mrs. Julia O'Shaughnessy

—OF—

FULTON COUNTY.

Warrant Issued 1893

AND MAILED TO

Applicant

Geo. W. Buchanan, State Treasurer, 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. Julia O'Shaughnessy 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 Edward O'Shaughnessy deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1894.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 1st day of February 1895.

{SEAL} W. L. Calhoun Ordinary.

POWER OF ATTORNEY. Form No. 3

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 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 1895.

[L. S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by to me at , and oblige

O'Shaughnessy Julia Fulton County

FOR THOSE HERETOFORE PAID.

1895.

No. 606

WIDOW'S PENSION,

for year ending February 15th, 1895.

—PAID TO—

Mrs. Julia O'Shaughnessy

—OF—

Fulton County.

widow of Edward O'Shaughnessy

WARRANT ISSUED Feb 1 1895.

AND MAILED TO

Applicant

Geo. W. Buchanan, State Treasurer.

Form No. 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of FULTON

Personally comes Mrs. Julia O'Shaughnessy

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 1848 That she is the Widow of Edward O'Shaughnessy who was a Soldier in Company of the 20th Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of 1861 and served in the Army up to 186__ 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.*) (Was wounded in the back received while in the Confederate Army and died from the effects of the same on the 25th July 1890)

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 1840; 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 30th day of January 1893. W. L. Calhoun Ordinary.

her Julia + O'Shaughnessy mark

Post-office Atlanta Ga

Form No. 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Fulton

Personally comes Mrs. Julia O'Shaughnessy

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 1848 That she is the Widow of Edward O'Shaughnessy who was a Soldier in Company of the 20th Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of 1861 and served in the Army up to 186__ 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.*) (was wounded in the back received while in the Confederate Army and died from the effects of the same on the July 1890

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 1840, 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 1st day of Feby 1895. W. L. Calhoun Ordinary.

her Julia + O'Shaughnessy mark

Post-office Atlanta

M. L. Calhoun Ordinary. | Post-office Atlanta, Ga.

Certificate of Ordinary of the County of Applicant's Residence. Form No. 2.

STATE OF GEORGIA, County of Fulton

I, M. L. Calhoun Ordinary in and for said County of Fulton State of Georgia, hereby certify that I am acquainted with Mrs. Julia O'Shaughnessy 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 Edward O'Shaughnessy deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 5th day of Feby 1896.

{SEAL} M. L. Calhoun Ordinary.

Form No. 3.

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. Hulsey Ordinary in and for said County of Fulton State of Georgia, hereby certify that I am acquainted with Mrs. Julia O'Shaughnessy 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 Edward O'Shaughnessy 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 17th day of July 1897.

{SEAL} M. H. Hulsey Ordinary.

Form No. 3.

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

Fulton County, Ga.

No. 1112

WIDOW'S PENSION,

for year ending, February 15th, 1897.

PAID TO

Mrs. Julia O'Shaughnessy

widow of Edward O'Shaughnessy

RICHARD JOHNSON, Commissioner of Pensions.

WARRANT ISSUED 2/17 1897

AND MAILED TO Applt.

1897.

No. 1112

Julia O'Shaughnessy

Fulton

Fulton

Edward O'Shaughnessy

2/11

Applt.

Form 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally Comes Mrs.
County of Fulton } Julia O'Shaughnesy

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 1848. That she is the Widow of Edward O'Shaughnesy who was a Soldier in Company of the 20th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of 1861 and served in the Army up to 186 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.*) (was wounded in the back received while in the Confederate Army and died from the effects of the same on the July 1890

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 1840, 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, 1895, 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 Feby 1896. } her Julia + O'Shaughnesy
W. H. Calhoun Ordinary. } Post-office Mark

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally Comes Mrs.
County of Fulton } Julia O'Shaughnesy

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 1846 That she is the Widow of Edward O'Shaughnesy who was a Soldier in Company of the 20th Regiment of Georgia Volunteers, that enlisted in said regiment on or about the month of 186 and served in the Army up to 186 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.*)

Was wounded in the back received while in the Confederate Army and died from the effects of the same on the — July 1890

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 1840, that Georgia is her home and she resided in this State 23rd 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 17th day of Feby 1897. } Mrs Julia + O'Shaughnesy
W. H. Calhoun Ordinary. } Post-office Mark Atlanta

State of Georgia
Richmond County

Personally appeared before me the undersigned, Ordinary, of said County, Patrick Hughes, Nicholas Cutter and D. S. Beechmor (each known to said Attesting Officer as truthful, reliable and reputable citizens) of said County, who, formally say under oath, that from their own personal knowledge, Mrs Julia O'Shoughessy, was the wife of Edward O'Shoughessy, during the Confederate War, and that she has not intermarried since his death, and that she resides in ~~Atlanta~~ Fulton Co Ga.

Patrick Hughes
Nicholas Cutter
D S Beechmor

Sworn to and subscribed before me this 17th day of April 1891.
Alexander R Walton
Ordinary R.C.

State of Georgia
Richmond County

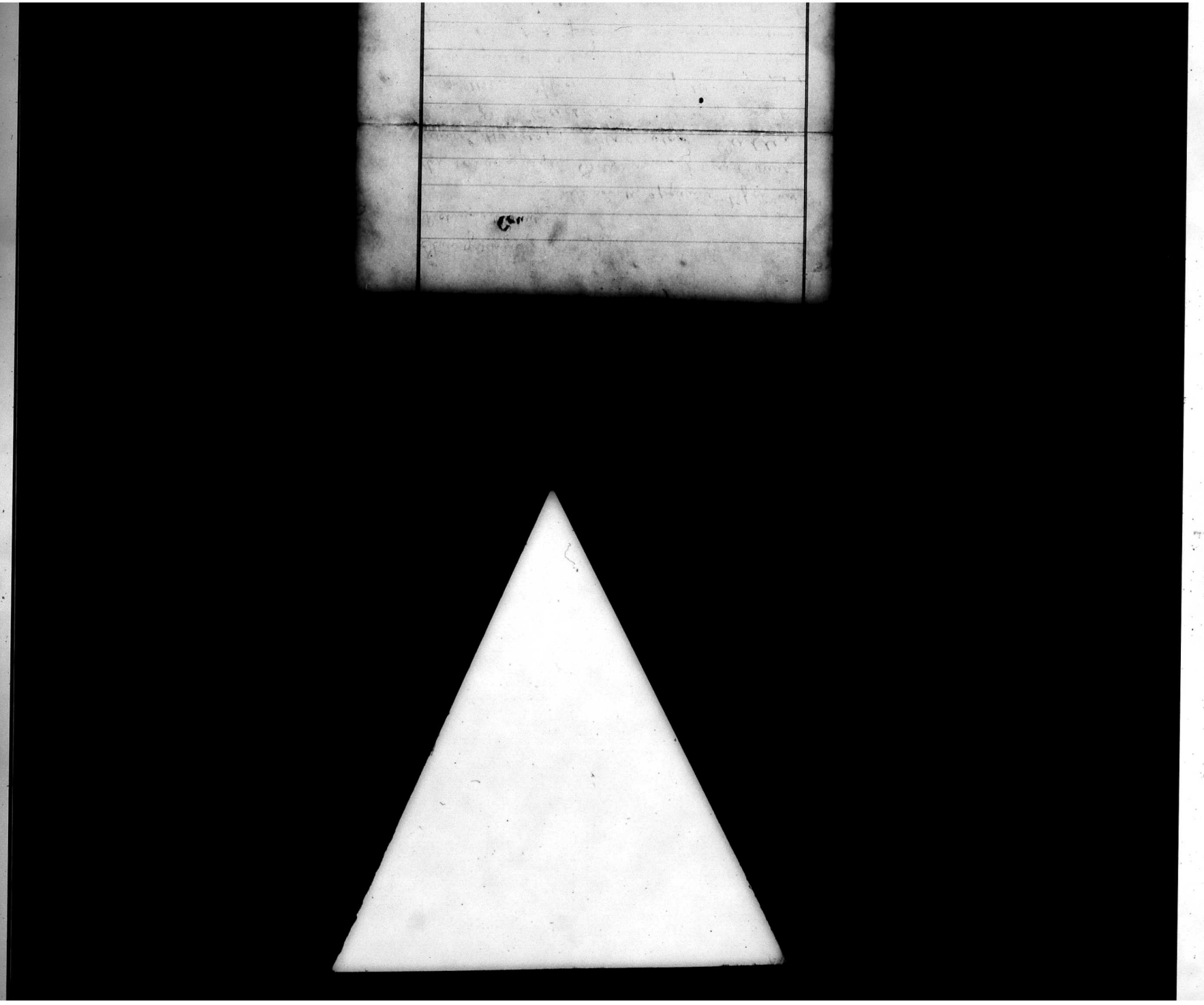
I, Alexander R. Walton Ordinary of said County, do hereby that I am acquainted with Patrick Hughes

I, Alexander R. Walton
Ordinary of said County, do hereby that
I am acquainted with Patrick Hughes

Nicholas Rotter, and D. S. Beecherer,
and know them who signed the foregoing
affidavit, and know them to be
truthful, reliable and reputable citizens
of said County,

Witness my hand and seal
this 17th day of April 1891

Alexander R. Walton
Ordinary R.C.



O'Shields, E. A. Mrs.
Fulton Co.

O.K.
ACT DEC. 16, 1901.

No. _____

WIDOW'S PENSION,

190 21

Mrs. E A O'Shields

County of Fulton

Widow of Cirum O'Shields
Co H. 38 - Ga

Warrant issued _____ 190__

and handed to

_____

J. W. LINDSEY,
Commissioner of Pensions,

Geo. W. Harrison, State Printer.

9/15-1902

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 _____ 190__

Executed in presence of

_____ [SEAL.]

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

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

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

Executed in presence of

_____ _____ [SEAL]

O'Shields, E. A. Mrs
Fulton Co

O.K.
ACT DEC. 16, 1901.

No. _____

WIDOW'S PENSION,

190 2

Mrs. E A O'Shields

County of Fulton

Widow of Hiram O'Shields
Co. H. 38 Ga

Warrant issued _____ 190__

and handed to

J. W. LINDSEY,
Commissioner of Pensions,

Geo. W. Harrison, State Printer.

9/8-1902

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,
COUNTY OF Fulton

Personally came Mrs. E A O Shields who says on oath she is the widow of Hiram O Shields to whom, in the County of Dawson State of Georgia, she was married on the 28th day of October 1858, that she remained his wife up to the 14th day of July 1902, at which time he died, and that she has not since married.

At the time of his death he was a resident of Fulton County, in said State of Georgia, and was on the Disabled pension roll of the State of Georgia, having been allowed a pension of $ 50.00 per annum on account of being a soldier in Company 16 38th Regiment, Ga Volunteers or State

What affliction have you and how does it effect you? am old and feble suffer with much pain in my breast and sholders

What have you been doing to earn a support since 1st of January, 1900? helped my husband Reddle am not able to make a support now

What property or effects had you on 1st January, 1900? Nothing

What have you acquired since, and what income have you now? Nothing

What disposition have you made of any property since 1st January, 1900, and at what price and for what purpose? had nothing

Deponent further says that she is now a resident of Fulton County and has continuously resided in the State of Georgia since the 10th day of May 1835

She applies for the pension provided by Act of the General Assembly, approved December 18, 1901.

Sworn to and subscribed before me this 15th day of August 1902

E A O Shields John R Wickinson
Ordinary of Fulton County.

NOTE.—All blank spaces must be filled before signing.

Ordinary of _____ County.

NOTE.—All blank spaces must be filled before signing.

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA, }
COUNTY OF Fulton }

Personally came F A Forrester and J W Oshields and Robt Ingram known to me to be reputable and truthful person who says on oath that from his own personal knowledge Mrs. E A Oshields who made the foregoing affidavit is the widow of Hiram O Shields who died in Fulton County and State of Georgia on the 14th day of July 1902, and that she has not since married, that she became his wife on the _____ day of October 1855, and so remained up to the time of his death, and that she has resided in this State continuously for 15 years to our knowledge since _____ day of _____ 18__

With what affliction does she suffer? is old and feeble not able to work

What property or income had she on 1st January, 1900? has nothing

What has she in her possession and control now? has nothing

How was she supported in 1900 and 1901? by husband from his pension

I have no personal interest in the pension asked for { F A Forrester, J W Oshields, Robert Ingram }

Sworn to and subscribed before me this 27th day of August 1902

John R Wilkinson
Ordinary Fulton County, Georgia.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA, }
COUNTY OF Fulton }

Personally came before me W D Vinson and D Y Pierce, both of whom are known to me to be reputable physicians, who say on oath that they personally know Mrs E A Oshields mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it prevents her earning a support) She is suffering from Chronic Articular Rheumatism all over and Neuralgia. She is old and feeble not able to earn a Support by manual labor

Sworn to and subscribed before me this 30th day of August 1902

D Y Pierce M.D. John R Wilkinson
W D Vinson M.D Ordinary of Fulton County.

CERTIFICATE OF ORDINARY OF THE COUNTY OF APPLICANT'S RESIDENCE.

STATE OF GEORGIA, }
COUNTY OF Fulton }

I, John R Wilkinson Ordinary, in and for said County of _____ State of Georgia, hereby certify that I am acquainted with Mrs. E A Oshields the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses) that she resides in this County, and that she has resided in the State of Georgia continuously since the _____ day of _____ 18 88 and has not lived out of the State since that date. I also certify that the witnesses, to-wit: F A Forrester and J W Oshields, whose testimony she presents to sustain her claim, are *known to me to be truthful witnesses*, entitled to full faith and credit as such, and that the full text of the affidavit was read to and understood by them before same was signed. I am fully satisfied that this claim is made in good faith, and I have caused the applicant and the witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 15 day of Sept 1902

{ SEAL }

John R Wilkinson
Ordinary.

NOTES.

The pension is only payable to those widows whose husbands were on Pension Roll at the time of death. The marriage must have existed at the time husband was a soldier, and the widow must have remained unmarried since the death of such husband.

Proofs by one witness and two physicians will be accepted when it is shown that the same can not be furnished, but in all cases the best proof accessible will be required and it is incumbent on the applicant to make out a clear case covering the above points.

Affidavits must be made in presence of the Ordinary.

W. D. Vinson M.D.

Ordinary of Fulton County.

Proofs by one witness and two physicians will be accepted when it is shown that the same can not be furnished, but in all cases the best proof accessible will be required and it is incumbent on the applicant to make out a clear case covering the above points.

Affidavits must be made in presence of the Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ 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

_____

O'Shields, E. A. (mo)
Fulton, County
To Those Heretofore Paid.

1903.

No. 43

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO Mrs. E. A. O'Shields

OF Fulton County,

Widow of _____

Co. _____ Regiment

JOHN W. LINDSEY, *Commissioner of Pensions.*

WARRANT ISSUED 1/22 1903

AND HANDED TO Aff

GEO. 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 _____ 1904.

_____ [L. S.]

Executed in presence of

_____

O'Shields, Elizabeth A.
Fulton, County
TO THOSE HERETOFORE PAID.

1904.

No. 49

INDIGENT WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO Mrs. E. A. O'Shields

OF Fulton County,

Widow of Hiram O.

Co. H 7 Ga Regiment.

JOHN W. LINDSEY, *Commissioner of Pensions.*

WARRANT ISSUED 1/22 1904,

AND HANDED TO Aff

Geo. W. Harrison, State Printer, Atlanta.

Form No. 1.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of Fulton

PERSONALLY COMES MRS. Elizabeth A. O'Shields

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 year 1832 That she is the Widow of Hiram O'Shields who was a soldier in Company H of the Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of August 1861, and served in the Army up to Fall 1864 That he died on the 14th day of July 1902, He had Catarrh of head and stomach caused by exposure in the Army which with consumption 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 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 29th day of January 1903. John R. Wilkinson Ordinary.

E. A. O'Shields
Elizabeth A. O'Shields
Post-Office 49 Crescent Av Atlanta Ga

State of Georgia, Fulton County. I, John R. Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. Elizabeth O'Shields 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 10th day of May 1832

Given under my official signature and seal, this the 29th day of January 1903.

Official Seal.

John R. Wilkinson
Ordinary of Fulton County.

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

Form No. 2.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of Fulton.

PERSONALLY COMES MRS. Elizabeth A. O'Shields

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 1832. That she is the Widow of Hiram O'Shields who was a soldier in Company H of the Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of August 1861, and served in the Army up to Fall 1864. That he died on the 14th day of July 1902 He had Catarrh of head & stomach caused by exposure in the Army which with consumption 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 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 _____ day of JAN 22 1904 1904. John R. Wilkinson Ordinary.

E. A. O'Shields
Post Office 117 Bedford

State of Georgia, Fulton County. I, John R. Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. Elizabeth A. O'Shields 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 10 day of May 1832

Given under my official signature and seal, this the _____ day of JAN 22 1904 1904.

Official Seal.

John R. Wilkinson
Ordinary of Fulton. County

NOTE.—All blanks must be filled.
Vouchers and Affidavit must bear date after January 1st, 1904.

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

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

_____

C. Shealds, E. A. (mis.)
Fulton County
To Those Heretofore Paid.

1905.

No. 100

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO Mrs. C. A. O. Shealds

OF

Fulton. County,

Widow of Sarah O. Shealds

Co. H. 58th Ind Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/20 1905.

AND HANDED TO
[illegible]

The Foreman Printing and Publishing Co., Atlanta.
Geo. W. Harrison, Manager, for State Printer.

Form No. 2

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of Fulton. } Personally comes Mrs. E. A. O'Shields

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 Hiram G. Shields who was a soldier in Company H. of the 36th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of _____ 186[illegible], and served in the Army up to _____ 1865. That he died on the 14 day of July 1902.

(Invalid Pensioner)

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 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.
John R. Wilkinson Ordinary.

E. A. her + O'Shields mark
Post-Office Atlanta

State of Georgia,
Fulton. County.

I, John R. Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. E. A. O'Shields, 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 _____ day of JAN 2 1905 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.

Ordinary of _____ 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

_____

O'Shealds E. A. (Mrs)
Fulton County

To Those Heretofore Paid.

1906.

No. 49

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO Mrs. E. A. O'Shealds

OF Fulton County,

Widow of Kiram O'Shealds

Co. 36th Ga. Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 1/9 1906,

AND HANDED TO [illegible]

THE FOURNIER 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

_____

O'Shealds E. A. (Mrs)
O'Shields Fulton Co

To Those Heretofore Paid.

1907.

No. 49

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO Mrs. E. A. O'Shealds

OF Fulton County,

Widow of Kiram O'Shealds

Co. No. 36th Ga. Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 1/8 1907.

AND HANDED TO [illegible]

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Form No. 2.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Fulton. } PERSONALLY COMES MRS. E. A. O'Shealds

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 1832. That she is the Widow of Hiram O'Shealds who was a soldier in Company 16 of the 38th Regiment of Ga.

Volunteers, that he enlisted in said regiment on or about the month of _____ 186__, and served in the Army up to _____ 186__. That he died on the _____ day of _____ 1911.

(Invalid pensioner)

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 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.

+ E. A. O'Shealds
Post Office Atlanta.

State of Georgia, Fulton. County. } I, John R. Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. E. A. O'Shealds, 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 _____ 1832.

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

Form No. 2

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Fulton } PERSONALLY COMES MRS. E. A. O'Shealds

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 Hiram O'Shealds who was a soldier in Company 16 of the 38" Regiment of Ga

Volounteers, that he enlisted in said regiment on or about the month of _____ 186__, and served in the Army up to _____ 186__. That he died on the _____ day of _____ 18__

(Invalid Pensioner)

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 allowed an Indigent pension as a resident of Fulton 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.

her
E. A. O'Shealds
mark
Post Office Echo Ga

State of Georgia, Fulton. County. } I, John R. Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. E. A. O'Shealds, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the _____ day of _____ 18__

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

... 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.

E A O Shealds

Post Office Atlanta.

State of Georgia, Fulton. County.

I, John R Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. E. A. O'Shealds, 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 32

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

---

year ending December 31, 1907.

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

John R. Wilkinson, Ordinary.

E A O Shealds

Post Office Echo Ft

State of Georgia, Fulton. County.

I, John R. Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. E. A. O'Shealds, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the _____ day of _____ 18

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

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.

Lucas Miller
O'Shields, Hiram

(For These Already Enrolled.)

No. 604
From Cobb Co
1893

Soldier's Pension.

1894.

Name H. O'Shields
County Fulton
Disability Disease
Amount, $ 50,
3/12 - 1894.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO
Attorney

Geo. W. Harrison, State Printer, Atlanta.

Nodata

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.

Evelyn Fulton
O'Shields, Hiram
(For Those Already Enrolled.)
No. 604
Fr. Cobb Co
1873

Soldier's Pension.
1894.

Name H. O'Shields
County Fulton ~~Sparty~~ Cobb Co
Disability Disease
Amount, $ 50,
3/4 1894.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO
Applicant
Geo. 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 Warrrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____
day of _____ 1895.

_____ [L. S.]

Executed in presence of us }
_____ }
_____ }

DIRECTIONS.

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

O'Shields, H.
Fulton Co.
(For Those Already Enrolled.)
No. 135

SOLDIER'S PENSION.
1895.

Name H. O'Shields
County Fulton
Disability Disease
Amount, $ 50
3/4 1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Applicant
Geo. W. Harrison, State Printer, Atlanta.
No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

PERSONALLY appears H.O'Shields, 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 45; 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 38 th Regiment of Georgia Volunteers Gordon 's Brigade; that whilst engaged in ~~such military service at the battle of~~ ~~in the State of~~ ~~, on the~~ ~~day of~~ ~~186~~, ~~he was wounded as follows:~~ Contracted a severe cough at Point Lookout Maryland while in prison which renders him unable to do any kind of 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 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, the 12th day of March 1894.

his Herman O'Shields
Mark

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 H.O'Shields the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Affix your seal here.

W.L. Calhoun
Ordinary Fulton County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears H.O'Shields 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 H of 38 th Regiment of Georgia Volunteers, Gordon 's Brigade; that whilst engaged in such military service at the battle of in the State of , on the day of 186 , he was wounded as follows: Contracted a severe cough at Point Lookout Maryland while in prison which renders him unable to do any kind of 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 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 4

Sworn to and subscribed before me, this, the 8th day of March 1895.

his H.O'Shields
Mark

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 H.O'Shields the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Affix your seal here.

W.L. Calhoun
Ordinary fulton County.

Ordinary Fulton County.

Ordinary fulton County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____
day of _____ 1896.

_____ [L. S.]

Executed in presence of us

_____

_____

O'Shields, H.
Fulton Co
ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 316

SOLDIER'S PENSION.

1896.

Name H. O'Shields
County Fulton
Disability disease
Amount, $ 50
2/26 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Appt
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 _____ 1897.

_____ [L. S.]

Executed in presence of

_____

_____

O'Shields, H.
Fulton Co
ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 682

INVALID

SOLDIER'S PENSION.

1897.

Name H. O'Shields
County Fulton
Disability Disease
Amount, $ 50.00
2/20 1897.

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,
Fulton **County.**

Personally appears H.O'Shields 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 45; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company ~~A~~ B of 38th Regiment of Georgia Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186__, he was wounded, injured or diseased as follows:

Contracted a severe cough at Point look out Maryland while in prison which renders him unable to do any kind of 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 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 26th day of Feby 1896. } his H + O'Shields mark

W. L. Calhoun Ordy

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 H.O'Shields the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feby 1896.

Affix your seal here.

W. L. Calhoun

Ordinary Fulton County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton **County.**

Personally appears H.O'Shields 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 ~~A~~ B of 38 th Regiment of Geo Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186__, he was wounded, injured or diseased as follows:

Contracted a severe Cough at Point look out Maryland while in prison which renders him unable to do any kind of 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 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 1896.

Sworn to and subscribed before me, this, the 20 day of Feby 1897. } his H O'Shields mark POST OFFICE

W H Hulsey

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 H O'Shields the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 20th day of Feby 1897.

Affix your seal here.

W H Hulsey

Ordinary Fulton County.

Ordinary Fulton County.

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

O'Shields H.
Fulton Co.

ACT OF 24 OCT., 1887.
(For These Already Enrolled.)

No. 2270

INVALID
SOLDIER'S PENSION.
1898.

Name Alb Shields
County Fulton
Disability Disease
Amount, $ 50.00
2/17 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Appt

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No date

O'Shields, Hyram
Fulton County

CODE SECTION 1250.
(For These Already Enrolled.)

No. 10

INVALID
SOLDIER'S PENSION.
1899.

Name H O'Shields
County Fulton
Disability
Amount, $ 50
1/20 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 H. O'Shields 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[illegible]; 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 I, of 38th Regiment of Geo. Volunteers, ____ 's Brigade; that whilst engaged in such military service in the State of ____, on the ____ day of ____ 186__, he was wounded, injured or diseased as follows:

Contracted cough at Point Lookout Maryland, which has unfitted him 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 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 189 7.

Sworn to and subscribed before me, this the 17 day of July 1898.

H. O'Shields
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. Mulkey Ordinary of said County, do certify that I am well acquainted with H. O'Shields the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

W. L. Mulkey
Ordinary Fulton County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears Hyram Oshields 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 Aug 18[illegible]; 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 [illegible] of 38th Regiment of (Barnes) Ga Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Georgia, on the ____ day of ____ 186__, he was wounded, injured or diseased as follows:

Contracted a heavy breakdown catarrh in the head- besides is old and very feeble

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 Fifty Dollars, for the year 1898.

Sworn to and subscribed before me, this the 20 day of Jan 1899.

Hyram O'Shields
his mark
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. Mulkey Ordinary of said County, do certify that I am well acquainted with Hyram O'Shields the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1899.

W. L. Mulkey
Ordinary Fulton County.

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

_____

O. Shields, Hiram
Fulton County

CODE SECTION 1320.
(For These Already Enrolled.)

No. 523

INVALID
SOLDIER'S PENSION.
1900.

Name H. O. Shields
County Fulton
Disability
Amount, $ 50
Warrant issued Mch 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 _____ 1901.

_____ [L. S.]

Executed in presence of

_____

O. Shields, Hiram
Fulton County

CODE SECTION 1320.
(For These Already Enrolled.)

No. 524

DISABLED
SOLDIER'S PENSION.
1901.

Name Hiram O. Shields
County Fulton
Disability Lung trouble
Amount, $ 50.00

Jany 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 Hyram O'Shields 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 0 day of Aug. 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 L.H., of 38th Regiment of Bomar's Volunteers, Atty Reg's Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186__, he was wounded, injured or diseased as follows:

Contracted lung trouble

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 3d day of March 1900. } H. Cohen Post Office

W. M. Murray

Hiram O'Shields

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 Hyram O'Shields the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 3d day of March 1900.

W. M. Murray
Ordinary Fulton County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears Hiram O'Shields 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 Aug 18__; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company X of 38th Regiment of Bomar's Volunteers, Atty Reg's Brigade; that whilst engaged in such military service in the State of Md, on the _____ day of _____ 186__, he was wounded, injured or diseased as follows:

Contracted lung trouble

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 Fifty Dollars, for the year 1900.

Sworn to and subscribed before me, this the 9th day of Jany 1901. } Hiram O'Shields Postoffice Atlanta Ga

John R. Wilkinson

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

STATE OF GEORGIA,
Fulton County.

I, John R. Wilkinson Ordinary of said County, do certify that I am well acquainted with Hiram O'Shields the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jan 1901.

John R. Wilkinson
Ordinary Fulton County.

Ordinary Fulton County.

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:

_____

O'Shields, Id.
Fulton G.

CODE SECTION 1200.
(FOR THOSE ALREADY ENROLLED.)

No. 33

DISABLED
SOLDIER'S PENSION
1902.

Name Id O'Shields
County Fulton.
Co. K Regiment 38th Ga
Disability Disease Lungs
Amount, $ 30.00
1/14 1902.

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 H O'Shields 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 Aug 18__; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a private in Company H of 38th Regiment of Ga Volunteers, Bonsau's Brigade; that whilst engaged in such military service in the State of Md, on the _____ day of _____ 1864, he was wounded, injured or diseased as follows:

Contracted Lung trouble

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 13 1902, 1902. } H O'Shields Post-office

J R Wilkinson

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

STATE OF GEORGIA,
Fulton. County.

I, John R. Wilkinson, Ordinary of said County, do certify that I am well acquainted with H O'Shields the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Affix your seal here

John R Wilkinson, **Fulton.** County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1902.

day of JAN 13 1902, 1902. Post-office

J. R. Wilkinson

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

STATE OF GEORGIA,
Fulton County.

John R. Wilkinson

I, John R. Wilkinson, Ordinary of said County, do certify that I am well acquainted with C O Thirlds the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Affix your seal here

John R. Wilkinson, Fulton. County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1902.

Ordinary's Certificate

STATE OF GEORGIA,

FULTON COUNTY.

I, Thomas H. Jeffries, Ordinary of said County, do certify that I know Mrs. J. W. O'Shields 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 Joseph Nichols the witness who swears to the [illegible] 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 28th day of Dec. 1937.

(SEAL OF ORDINARY) [signature], Ordinary.

of FULTON County.

INSTRUCTIONS:

1. Below 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 whole 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.

RECORD C. K.

Ex O'Shields J. W. (Mrs.)

Fulton Co. Ga. 6 Jul 1938

Widow's Application

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

County Fulton

Name Mrs. J.W.O'Shields

Widow of J.W.O'Shields

Date of Marriage June 5, 1896

Date of Husband's Death Aug. 18, 1911

Company Pt

Regiment Pt Refr. Ga. State Guards Cavalry

Approved 22/28/37 193

[signature] Director.

CONFEDERATE DIVISION

STATE DEPARTMENT OF PUBLIC WELFARE

RECEIVED

DEC 29 1937

L. THOS. GILLEN,
DIRECTOR



State Dept. Public Welfare,
Atlanta, Dec. 29, 1937.

John W. O'Shields enlisted as a private in Co. A, 4th Regt. Ga. State Guards Cavalry May 1864 Surrendered, Kingston, Ga., May 12, 1865.

Was a pensioner.

[signature]
Director Confederate Records Div

State Dept. Public Welfare,
Atlanta, Dec. 29, 1937.

John W. O'Shields enlisted as a private in Co. A, 4th Regt. Ga. State Guards Cavalry May 1864 Surrendered, Kingston, Ga., May 12, 1865.

Was a pensioner.

Allan Henderson
Director Confederate Records Div

RECORD D.K.
Ex O'Shields J.W. (Mrs)
Fulton Co. 1938

Widow's Application

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

County Fulton
Name Mrs. J.W.O'Shields
Widow of J.W.O'Shields
Date of Marriage June 5, 1896
Date of Husband's Death Aug. 18, 1911
Company
Regiment Reg. Ga. State Guards
Approved 22/24/37 193
Director.
CONFEDERATE DIVISION
STATE DEPARTMENT OF PUBLIC WELFARE

RECEIVED
DEC 29 1937
L. THOS. GILLEN,
DIRECTOR

Ordinary's Certificate

STATE OF GEORGIA,

FULTON COUNTY.

I, Thomas H. Jeffries, Ordinary of said County, do certify that I know Mrs. J. W. O'Shields 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 Joseph Nichols the witness who swears to the ~~[illegible]~~ 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 28th day of Dec. 1937.

(SEAL OF ORDINARY) [signature], Ordinary.

of FULTON County.

INSTRUCTIONS:

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

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

Fulton COUNTY.

Personally appears before me, Mrs. J. W. O'Shields 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. J. W. O'Shields; 669 Woodward Ave. S.E.
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? 12 years
Give date, or year, of your birth Sept. 2, 1861 Age? 76
3. (1) When, (2) where and (3) to whom were you married? June 5, 1896, Atlanta, Ga. Mr. J. W. O'Shields
a. Have you married since the death of first and soldier husband? No
b. When and where did your first husband die? Atlanta, Ga. Aug. 18, 1911
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? Fulton County, Ga. approved in 1909 and drew until his death
g. If so, when and for what cause were you or your husband placed on the roll? Confederate Soldier

SECTION II.

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

1. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infantry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.
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 27 day of December, 1937.

H. T. Kemp C.C., Ordinary
of Fulton County.
(SEAL OF ORDINARY)

Mrs. J. W. O'Shields
witness to mark
Applicant.

Mrs. Margaret Nichols

Given under my hand and seal of office this 28th day of Dec. 193 7.

(SEAL OF ORDINARY) ....., Ordinary.

of FULTON County.

INSTRUCTIONS:

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

e. What was his physical condition when he left his Command?.....

f. What effort did he make to return to his Command?.....

g. In what way was he prevented from going back to his Command?.....

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 27 day of December, 1937.

H.H. Kemp C.C., Ordinary

of Fulton County.

(SEAL OF ORDINARY)

Mrs. J. W. O'Shields. Applicant.

witness to mark

Mrs. Margaret Nichols

State of Georgia
County of Fulton.

Personally before the undersigned authority now comes Joseph Nichols who upon oath says that he knows Mrs J W O'Shields and knows that she was living with her husband J W O'Shields 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 27 day of Dec. 1937

Joseph Nichols

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

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

Hon. T. H. Jeffries, Ordinary,
Fulton County,
Atlanta, Ga.

WHEREAS:

MRS. J. W. O'SHIELDS, WIDOW OF J. W. O'SHIELDS,

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

ORDERED:

That said applicant be admitted to the pension roll of the State of Georgia for the month of January, 19 38, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of December 19 37.

S. Thos. "Pat" Gilleon

Director, Confederate Division
State Department of Public
Welfare

L. Thos. "Pat" Gillen

Director, Confederate Division
State Department of Public
Welfare

Court of Ordinary

FULTON COUNTY

STATE OF GEORGIA

CERTIFIED COPY OF

MARRIAGE LICENSE

AND

CERTIFICATE OF MARRIAGE

OF

MR. J. W. O'SHIELDS

AND

MISS SARAH COLLINS

Recorded in Book I Page 385

THOS. H. JENKINS

Ordinary.

MARRIAGE LICENSE

State of Georgia--Fulton County

To any Minister of the Gospel, Judge of Superior Court, Justice of the Peace, or other Person authorized to Solemnize,

You are hereby authorized and permitted to join in the honorable state of Matrimony MR. J. W. O'SHIELDS

and MISS SARAH COLLINS

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.

RETURN THIS LICENSE, WITH YOUR CERTIFICATE THEREON TO MY OFFICE FOR RECORD

Given under my Hand and Seal this 4th *day of* June 1896

W. L. CALHOUN *L. S.*
Ordinary

I hereby certify that J. W. O'SHIELDS

and SARAH COLLINS

were joined together in the HOLY BANS OF MATRIMONY

on the 5th *day of* June, 1896 *19*, *by me.*

D. A. COOK, J.P.

State of Georgia, Fulton County. S. S.

ORDINARY'S OFFICE

ATLANTA, GA. Dec. 27, 1937 *19*

I, H. T. KEMP *Clerk Court of Ordinary of said County, hereby certify that the foregoing is a true copy of the Marriage License and Certificate of Marriage of*

MR. J. W. O'SHIELDS

and MISS SARAH COLLINS

as the same appears of record in this office.

Given under my official Signature and Seal of the Court of Ordinary, the day and year aforesaid.

H. T. Kemp
Clerk, Court of Ordinary.

State of Georgia,
Fulton County.

ORDINARY'S OFFICE

S. S.

ATLANTA, GA. Dec. 27, 1937 19

I, H. T. KEMP Clerk Court of Ordinary of said County, hereby certify that the foregoing is a true copy of the Marriage License and Certificate of Marriage of

MR. J. M. O'SHIELDS

and MISS SARAH COLLINS

as the same appears of record in this office.

Given under my official Signature and Seal of the Court of Ordinary, the day and year aforesaid.

H. T. Kemp

Clerk, Court of 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 _____ 190__

_____ [L. S.]

Executed in presence of

_____

INDIGENT PENSION

1906

Name John W. Shields

County Fulton

Co. A

Approved _____ 190__

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED

Ordinary will write name of Applicant, Commissioner and Registrar on back of indigent above.

Franklin, Printing and Publishing Co., Geo. W. Barrow, Mgr., Atlanta, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

I, _____ hereby authorize

_____ of _____

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

_____ at _____ by _____

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

_____ [L. S.]

Executed in presence of

_____

INDIGENT PENSION

100 6

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Haralson COUNTY.

John W. O. Shields 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.)
John W. Shields-

2. How long and since when have you been a resident of this State?
Since 1846-

3. When and where were you born? Dec 25- 1844 - South Carolina

4. When and where and in what company and regiment did you enlist or serve?
May 1864 - 66 A. 4th Regmt Texas

5. How long did you remain in such company and regiment? May 1864 - about one year

6. When and where was your company and regiment surrendered and discharged? May - about 15 of May 1865 - at Kingston Ga

7. Were you present with your company and regiment when it was surrendered? Was paroled

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? Was present & paroled

9. How much can you earn (gross) per annum by your own exertions or labor? about $140

10. What has been your occupation since 1865? Farmer as long as able

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"? On first

12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? about five years - indigestion - Disease of Stomach Shortness of breath - bad eye sight

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

14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, by sale or gift, have you made of same? None

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

16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905? Little work and help of grown Children

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? about $100

18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year?
Farming Some - about $40 per annum

19. Have you a family? If so, who composes such family? Give their means of support. Have they a homestead, or other property? Their ages and how employed? one daughter 16 years of age - wife -

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

21. Have you ever made an application for pension before? None

22. How many applications have you ever made and under what class? None

Every Question MUST Be Answered.

Sworn to and subscribed before me this the 1 day of June 1906

John W. O. Shields his mark Applicant.

John Peterson Ordinary.
of Fulton County.

Sworn to and subscribed before me this the
day of July 1906
John R Dickinson Ordinary.
of Fulton County.

John W. O'Shield
mark
Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Hall County.

R. N. McClure of said State and County, having been presented as a witness in support of the application of John M. O'Shields for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? R. N. McClure Hall County Georgia
2. Are you acquainted with John M. O'Shields, the applicant: if so how long have you known him? Since 1864
3. Where does he reside, and how long and since when has he been a resident of this State? Fulton County Ga. in State 40 years -
4. When, where and in what company and regiment did he enlist, and how do you know? 1864 - Co A - 4 Regt Ga. Cav.
5. Were you a member of the same company and regiment? Yes - was the Captain
6. How long did he perform regular military duty? From May 1864 to May 1865
7. When and where was his command surrendered? Ringgold Ga - May 1865
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? May 1865 For what cause? Surrender
By what authority he left? Surrender How do you know all of this?
I was there - Capt of the Company.
11. What property, effects or income has the applicant? (Give your means of knowledge.)
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same?
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
14. What is the applicant's occupation and physical condition?
15. Is the applicant unable to support himself by labor of any sort; if so, why?
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905?
17. What portion of his support for these four years was derived from his own labor or income?
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code
19. Who composes family? What property have they? Children's ages and their earning capacity?
20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the
15 day of August 1906
W. A. Dyer Ordinary.

R. N. McClure
Witness.

I certify that R. N. McClure resides in Hall County, and is worthy of belief -
Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Fulton County.

Personally came before me A. H. Baskin and W. T. Brown, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully John M. O'Shields, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

That he is suffering with heart trouble, indigestion, and sight is very bad. These troubles prevents him from earning a living at any trade or calling, and they are permanent and incurable and that we have no interest in said pension being allowed.

A. H. Baskin M.D.
W. T. Brown M.D.

Sworn to and subscribed before me, this the
24 day of July 1906
John R Dickinson Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Fulton County.

I, J. R. Dickinson Ordinary, in and for said County, hereby certify that the applicant J. W. O'Shields resides in said County, and has been a bona fide resident of this State since the day of 189 and that the witnesses, viz.: Wm Payne

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 25 day of Sept 1906
John R Dickinson 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.

Sworn to and subscribed before me, this the 15 day of August 1906
W. H. Dyer Ordinary.

M. N. McElvene. Witness.

I certify that R. P. McElvene resides in Fulton County and is worthy of belief.
Ordinary.

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

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Fulton COUNTY.

William Baine of said State and County, having been presented as a witness in support of the application of John W. Shields 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? Wm Baine Fulton County Ga
2. Are you acquainted with John W. Shields, the applicant: if so how long have you known him? Yes - 8 - Years
3. Where does he reside, and how long and since when has he been a resident of this State? Fulton County - Resident of State 8 years
4. When, where and in what company and regiment did he enlist, and how do you know?
5. Were you a member of the same company and regiment?
6. How long did he perform regular military duty?
7. When and where was his command surrendered?
8. Were you present when it surrendered?
9. Was applicant present?
10. If he was not present, where was he?
When did he leave his command? For what cause?
By what authority he left? How do you know all of this?
11. What property, effects or income has the applicant? (Give your means of knowledge.) None
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same? None
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? None
14. What is the applicant's occupation and physical condition? Piddles a little Weak & feeble - unhealthy -
15. Is the applicant unable to support himself by labor of any sort; if so, why? Yes - because of his sweak and feeble condition
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? By his grown Children - Piddles a little
17. What portion of his support for these four years was derived from his own labor or income? About - one half -
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code. He has Rheumatism & Asmatic - weak and feeble
19. Who composes family? What property have they? Children's ages and their earning capacity? Wife and one minor Girl Child Can't earn anything scarcely
20. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this the 24 day of July 1906
John W. Wilson Ordinary.

William Z. Baine his mark Witness.

Brumpton - Ga of Captain Wills

about - one half -

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code He has shortness of breath - weak and subtle

19. Who composes family? What property have they? Children's ages and their earning capacity?
Wife and one minor girl child
Cant earn anything scarcely

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

Sworn to and subscribed before me, this the 24 day of July 1906

William his X mark Bayne Witness.

John H. Wilkinson Ordinary.

NAME O'Shields, John YEAR 1907 COUNTY Fulton

WHEN AND WHERE BORN? December 25, 1844 - South Carolina
Resident of Georgia since 1848

ENLISTED WHEN AND WHERE? May 1864 -

RANK.

COMPANY AND REGIMENT? Company A, 4th Regt. Finley's Cavalry

NAME OF CAPTAIN AND COLONEL? R. N. McClure - Captain

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? May 1, 1865 - Kingston, Georgia

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. R. N. McClure, Captain - same command -- No data.

RELEASED.

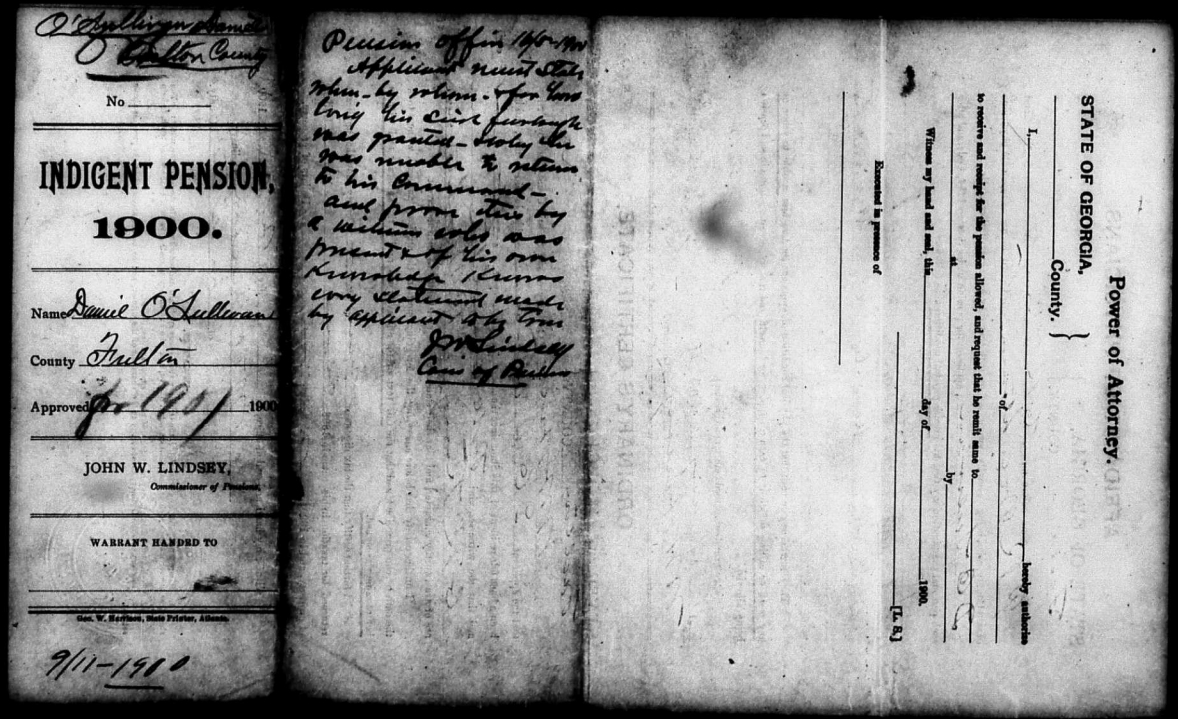
WHEN AND WHERE SURRENDERED? May 1, 1865 - Kingston, Georgia

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. R. E. McClure, Captain - same command -- No data.



O'Sullivan Daniel
O Fulton County

No _____

INDIGENT PENSION,

1900.

Name Daniel O'Sullivan

County Fulton

Approved Jan 1901 1900

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

9/11-1900

Pension Office 16/8-1900
Applicant must state when - by whom - & for how long his sick furlough was granted - & why he was unable to return to his Command -
and prove this by a witness who was present & of his own knowledge knows every statement made by applicant to be true
J W Lindsey
Com of Pensions

Power of Attorney.

STATE OF GEORGIA,
_____ County. }

I, _____ of _____ 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 _____ 1900.

Executed in presence of _____ [L. S.]

Power of Attorney.

STATE OF GEORGIA,
_____ County.

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

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

_____ [L. S.]

Executed in presence of

_____

Pension Office Nov 16-00
Applicant must sign
when by mark. Two
witnesses must
write name
& address
opposite mark
Remember this
copy cannot be used
by applicant if this
is not done

D. O'Sullivan
Atlanta
No. _____
INDIGENT PENSION,
1900.
David O'Sullivan
Fulton
Filed in Office, this 24 day of Aug 1900
JOHN W. LINDSEY,
Ordinary.
WARRANT ISSUED TO
Nov 16 1900

Questions for Applicant.

STATE OF GEORGIA,
Fulton County.

David O'Sullivan of said State and County, desiring to avail himself of the Pension Act (Section 1384, 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) David O'Sullivan Fulton County Atlanta Ga
2. How long and since when have you been a resident of this State? Forty Eight Years
3. When and where were you born? Cork Ireland 1853
4. When and where and in what company and regiment did you enlist or serve? 1861 at Camp Alfred Talbotton Ga Co B 30th Ga Regt Wright Brigade
5. How long did you remain in such company and regiment? Four Years
6. For how long a period did you discharge regular military duty? Four Years
7. When, where and under what circumstances were you discharged from service? Were you with your command at the time? Paroled at Macon Ga Came at home on Sick furlough at the end of the war
8. What is your present occupation? None unable to perform labor.
9. How much can you earn (gross) per annum by your own exertions or labor? Nothing
10. What has been your occupation since 1865? Hotel Clerk until the time I became unable.
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 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? Going Three Years I am a great sufferer from Chronic Rheumatism Rendering me feble and unable to stand on my feet for any length of time or to walk without pain
13. What property, effects or income do you possess, and its gross value? None whatever.
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 whatever
15. In what County did you reside during those years, and what property did you then return for taxation? Fulton
16. How were you supported during the years 1898 and 1899? By my Son
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? None My Son handled my expenses
18. What was your employment during 1898 and 1899? What pay did you receive in each year? Had No Employment Unable to Labor
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Son and Two Daughters My Son who is a Clerk supports his wife & myself They have no Homestead Owning no real estate whatever
20. Are you receiving any pension? If so, what amount, and for what disability? No

Every Question MUST be Answered.

Sworn to and subscribed before me this the 24 day of August 1900.
D O'Sullivan
Applicant.
John W. Lindsey
Ordinary,
of Fulton County.



No. INDIGENT 190

Sworn to and subscribed before me this the 23 day of August 1900.
W T Hutchens Ordinary, Fulton County.

D D Sullivan Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA, Fulton COUNTY.

Robert Dougherty of said State and County, having been presented as a witness in support of the application of Daniel O'Sullivan 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? My name is Robt Dougherty and I reside on Bowles Street Atlanta Ga
2. Are you acquainted with Daniel O'Sullivan, the applicant; if so, how long have you known him? Ever since 1861,
3. Where does he reside, and how long and since when has he been a resident of this State? He resides in Atlanta & has been a Citizen of Ga for many years
4. When, where and in what company and regiment did he enlist, and how do you know? He belonged to C.B. of 3rd Ga. Inf Volunteers Iam a member of same Regt
5. Were you a member of the same company and regiment? Same Regiment different Co.
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? During the war, He was a soldier & a good one serving much of the time as an Orderly to the Colonel of the Regiment I was part of the time a Courier & Scout Under the 1st Commander the 3rd Ga.
7. What property, effects or income has the applicant? (Give your means of knowledge.) I do not know whether applicant own any property or not. I understand he is very poor & I know he has no occupation & has 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? I am unable to answer this Question Not living near applicant during years mentioned.
9. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? Know nothing Only Business transactions.
10. What is the applicant's occupation and physical condition? He has no occupation His Physical Condition is very bad. He is old & feeble & Complains greatly of Rheumatism, Kidney trouble &c & is unable to labor
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is not able to support himself by reason of Physical infirmity from disease mentioned.
12. How was he supported during the years 1898 and 1899? I know he has not been able to support himself in 1899 or in 1900
13. What portion of his support for these two years was derived from his own labor or income? I do not Know as to 1898. But I know he is entitled to pension in 1899
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1264, Code? He has several Rheumatism affecting his limbs & often Confining him to bed rendering him unable to attend to any business & Requiring him from time to time any Labor of the Kidney trouble & Rheumatism
15. What interest have you in the recovery of a pension by this applicant? None.

Sworn to and subscribed before me, this the 16 day of Aug 1900.
Robt Dougherty Witness.
W T Hutchens Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA, Fulton COUNTY.

Personally came before me C R King and P R Wright Sr both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully D D Sullivan, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

He is a physical wreck from old age Nervous prostration Kidney trouble and Rheumatism

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 16 day of Aug 1900.
C R King M.D.
P R Wright Sr M.D.
W T Hutchens Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, Fulton COUNTY.

I, W T Hutchens Ordinary in and for said County, hereby certify that the applicant D D Sullivan resides in said County, and has been a bona fide resident of this State since the 16 day of Aug 1900 and that the witnesses, viz: Robt Dougherty C R King P R Wright Sr 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 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 16 day of Aug 1900.
W T Hutchens 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 such 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.) Witness.

M. Wilson Ordinary.

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

O. Sullivan, David
Fulton County

CODE SECTION 1254
(For Those Already Enrolled.)

No. 192

INDIGENT
SOLDIER'S PENSION.
1901.

Name David O. Sullivan
County Fulton

WARRANT ISSUED
Jany 15 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Appl

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 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

_____

O. Sullivan, David
Fulton Co

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 6036

INDIGENT
SOLDIER'S PENSION
1902.

Name David O. Sullivan
County Fulton
Co. B Regiment 3rd
Geo. Volunteers

WARRANT ISSUED
Sept 3 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Applicant

Geo. W. Harrison, State Printer, Atlanta.

no data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears Daniel O Sullivan of Fulton County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 15 day of June 1852; that he is 64 years old and by occupation a R R Man 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 B, of 3 th Regiment of Georgia; that his physical condition is as follows:

infirmity and Paralty

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 14 day of January 1901. Daniel O Sullivan

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 Daniel O Sullivan the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 14 day of January 1901.

Affix your seal here

John R Wilkinson
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 Daniel O Sullivan 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 _____ 1852; that he is 64 years old and by occupation a Railroad Official 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 four in Company B, of 3rd th Regiment of Georgia Infantry; that his physical condition is as follows: very infirm and feeble. suffers continuously from inflammatory rheumatism and Kidney trouble

that his property consists of the following items None .

of the value of None Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of Fulton county been allowed a pension for the year 1901.

Sworn to and subscribed before me, this the 3rd day of Sept. 1902. D O Sullivan

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 Dan'l O Sullivan the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Sept. 1902.

Affix your seal here

John R Wilkinson
Ordinary Fulton County.

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

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

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 _____ 1901.

_____ [L. S.]

Executed in presence of

_____

O'Sullivan Annie
Fulton County

CODE SECTION 1561
(For Those Already Enrolled.)
No. 12 2

INDIGENT
SOLDIER'S PENSION.
1901.

Name Dan'l O'Sullivan
County Fulton

WARRANT ISSUED
January 1st 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Agt

Geo. W. Harrison, State Printer, Atlanta.

no date

STATE OF GEORGIA.

For Applicants Heretofore Allowed Pensions.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears Daniel O Sullivan of Fulton County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 15 day of June 1852; that he is 69 years old and by occupation a R R Man 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 B, of 3 th Regiment of Georgia; that his physical condition is as follows:

infirmity and Poverty

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 14 day of Jany 1901. Daniel O Sullivan

John R Wilkinson Ordinary.

STATE OF GEORGIA,
Fulton County.

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

Given under my official signature and seal, this 14 day of Jany 1901.

Affix your seal here

John R Wilkinson
Ordinary Fulton County.

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

Ordinary.

STATE OF GEORGIA,
Fulton County.

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

Given under my official signature and seal, this 14 day of Jany 1901.

Affix your seal here

John R Wilkinson
Ordinary Fulton County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Fulton County.

I, Daniel O'Sullivan hereby authorize D W O'Sullivan of Atlanta Ga to receive and receipt for the pension allowed and request that he remit same to _____ at _____ by _____

Witness my hand and seal, this 17th day of Feb 1903.

D O Sullivan [L. S.]

Executed in presence of
John R Wilkinson
Ordinary

D W

O'Sullivan, Daniel
Fulton County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 4909

INDIGENT
SOLDIER'S PENSION
1903.

Name Daniel O'Sullivan
County Fulton.
Co. B Regiment 3rd
Ga Infy
WARRANT ISSUED
2/18 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
D W O'Sullivan

Geo. Harrison, State Printer, Atlanta.

No data

Affix your seal here

John R Wilkinson

Ordinary Fulton County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Fulton County.

I, Daniel O'Sullivan hereby authorize
D W O'Sullivan of Atlanta Ga
to receive and receipt for the pension allowed and request that he remit same to
at
by

Witness my hand and seal, this 17th day of Feb 1903.

D O Sullivan [L. S.]

Executed in presence of
John R Wilkinson
Ordinary

D W

O'Sullivan, Daniel
Fulton County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 4909

INDIGENT
SOLDIER'S PENSION
1903.

Name Daniel O'Sullivan
County Fulton.
Co. B Regiment 3rd
Ga Infty
WARRANT ISSUED
2/18 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
D W O'Sullivan

Geo. Harrison, State Printer, Atlanta.

No data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton. County.

Personally appears Daniel O'Sullivan 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[illegible]; that he is 70 years old and by occupation a Railroad Official, 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 four in Company B, of 3 th Regiment of Ga Vols, 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 Fulton, county been allowed a pension for the year 1[illegible]. D O'Sullivan

Sworn to and subscribed before me, this the ____ day of Feb 17, 1903 1903.

____ Ordinary.

STATE OF GEORGIA,
____ County.

I, John R. Williamson Ordinary of said County, do certify that I am well acquainted with Daniel O'Sullivan the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feby 1903 1903.

Affix your Seal here

John R. Williamson
Ordinary. ____ County.

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

Ordinary _____ County.

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

OFFICE OF

Comptroller General,

TAX DEPARTMENT.

Atlanta, Ga., Oct. 10 1900

Personally appeared before me Dan. O'Sullivan applicant for pension who being sworn says under oath that some weeks after the battle of Hatcher's Run in ~~fall~~ February of 1865 he was taken ill and sent to Augusta Ga on sick furlough, from there to Eatonton Ga & kept in Hospital until just before General Lee's surrender. When he started back to Virginia in company with Nathan D'Jarnette, Capt. J. K. Wright and several others who had been at home on sick leave. We came as far as Madison Georgia where we heard that General Lee had surrendered. My sick leave had been extended and I was still with an unexpired extension when I started back to the Army. I was never absent from the Army a day without proper leave of absence.

Sworn to and subscribed before me Oct 10 1900. D. O'Sullivan
W. L. Harrison Notary Public

State of Georgia } Personally appeared before
Fulton County. } me the undersigned witness
E. B. Brown personally known to me who being duly sworn deposes and says:
My name is Ebenezer B. Brown and I reside in Atlanta Ga. I am well acquainted with Daniel O'Sullivan applicant for pension and have known him nine or ten years, ever since he became a citizen of Atlanta, did not know him until then.
7. Applicant has no property, effects or income of any kind.
8. He has not had any property or effects or income since 1895.
9. He has not conveyed away any property in part four years, having had none to convey.
10. Has no occupation. His physical condition is very bad. Has rheumatism and other complaints rendering him unable to labor. Cannot stand upon his feet long at a time, nor walk without stick.
11. Applicant by reason of his infirmity unable to labor at any calling sufficient to earn his own living.
12. He was supported for 1898 & 1899 by a worthy Son.
13. For past few years he has not been able to work, had no occupation, & contributed nothing toward his own support.
14. Applicant is I judge fully 67 years old, diseased & infirm & unable to labor.
15. I have no interest in his application, or in the recovery of pension by him. E. B. Brown
Sworn to & subscribed before me Aug. 23 1900.
M. B. Kaiser Ordinary

without proper leave of absence.
Sworn to and subscribed before me Oct 10 1900.
W. L. Harrison Notary Public

Do Sullivan

nothing toward his own support.
14 Applicant is I judge fully 67 years old. diseased & infirm & unable to labor.
15 I have no interest in his application, or in the recovery of pension by him.
E B Brown
Sworn to & subscribed before me. Aug. 23 1900.
W. H. Kenney Ordinary

NAME O'Sullivan, Daniel YEAR 1901 COUNTY Fulton

WHEN AND WHERE BORN? Cork Ireland 1833-resident of Ga. since about 48 yrs.

ENLISTED WHEN AND WHERE? April 1861 Eatonton, Ga.

RANK.

COMPANY AND REGIMENT? Co. D, 3rd. Regt. Ga. Vols.
Wright's Brigade.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Was taken sick February 1863, was sent home on furlough.
Was in hospital at Eatonton, Ga.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT FURLOUGH, WHERE WERE YOU? At home on sick furlough.
Had started back to command when war ended.

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Robert Dougherty, same regiment--No date.

[illegible]

WHEN AND WHERE SURRENDERED?

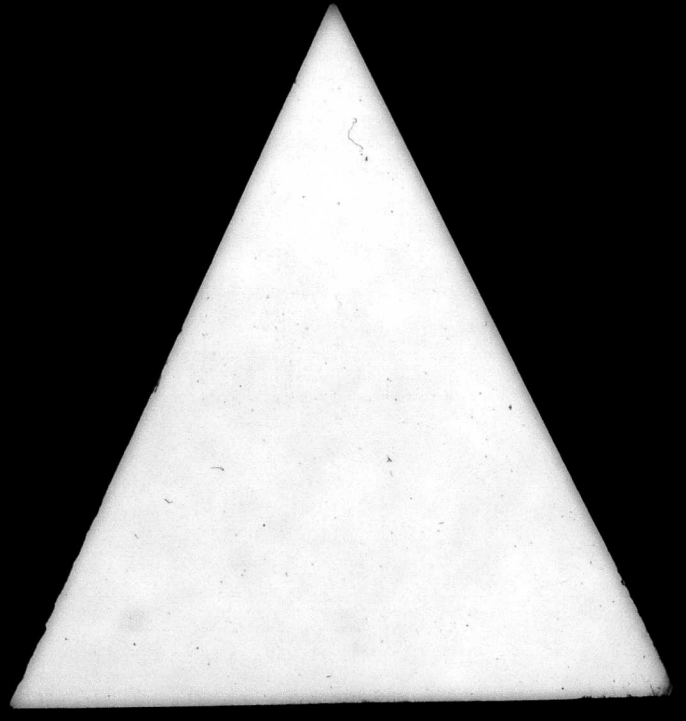
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? At home on sick furlough. Had started back to command when war ended.

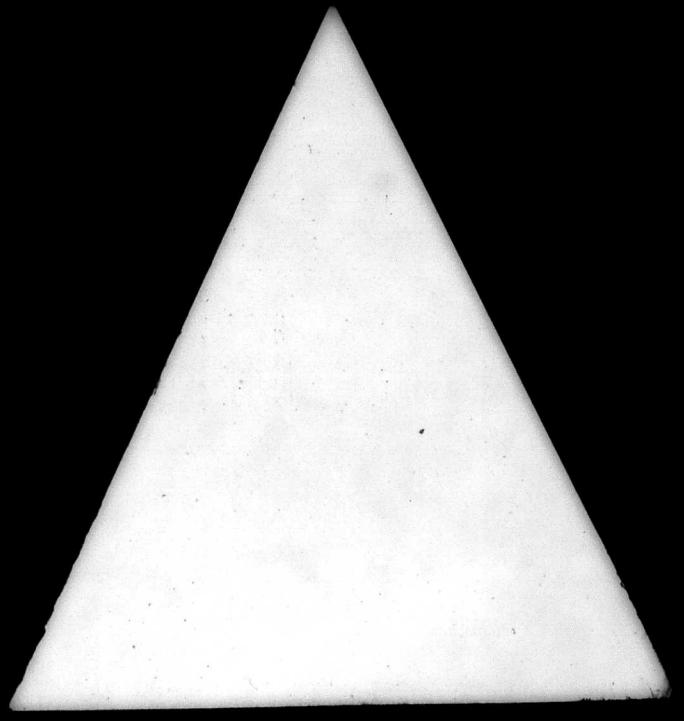
DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Robert Dougherty, same regiment--No data.

[redacted]





****LIGHT PRINT AND, OR BAD COPY ****

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 _____ 1908.

_____ [L. S.]

Executed in the presence of

_____



****LIGHT PRINT AND, OR BAD COPY ****

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 the presence of

_____

Pension Office, 20th Oct 05.
...and the Pensions are
...the Indian Wars for the
...Widow. The Act of
...hereby must be proved
...admit to earn a support at
...Kind of labor.
...duty to that
...did he belong before the
...was discharged from the ser-
...Ga. State and prove all
...J. V. Lindsay
...Com. of Pensions.

No. 22 [illegible]
1903.
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]

LIGHT PRINT AND OR BAD COPY

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Fulton COUNTY.

Barton A Causby 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, depose and answers as follows:

1. What is your name and where do you reside? (give State, County and post-office)
Barton A Causby, Atlanta Fulton Co Ga
2. How long and since when have you been a resident of this State?
Since Made 2nd 1846
3. When and where were you born?
March 2nd 1846
4. When and where and in what company and regiment did you enlist or serve?
In Madison Ga. April 6th 1861 in Co D 3rd Reg Ga Volunteers
5. How long did you remain in such company and regiment?
until June 1863 consolidated of Ball. & Madison Ga.
6. When and where was your company and regiment surrendered and discharged?
at Appomattox Ct. Va.
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?
Was disabled from [illegible] Ct. House [illegible]
9. How much can you earn (gross) per annum by your own exertions or labor?
[illegible]
10. What has been your occupation since 1865?
[illegible]
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 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 could earn a living now if I could get a [illegible] guardian in any light work
13. What property, real and personal, or income, do you possess, and its gross value?
about $50 or $75 dollars Household goods
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same?
About same as I have now
No gift or sale
15. In what County did you reside during those years, and what property did you then return for taxation?
In Fulton
16. How were you supported during the years 1899, 1900, 1901 and 1902?
By doing any work I could find to do
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?
Can't say no reliable estimate
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year?
Various kinds no means of knowing how much or little
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed?
My wife 54 yrs of age can sew
2 grand children 10 and 12 yrs of age
20. Are you receiving any pension? If so, what amount and for what disability?
Never have asked for nor received any
21. Have you ever made an application for pension before?
Never
22. How many applications have you ever made and under what class?
None
absolutely [illegible]

Every Question MUST be Answered.

Sworn to and subscribed before me this the 29th day of Sept 1903.

John R Wilkinson Ordinary,
of Fulton County.

Barton A Causby
Applicant.

Sworn to and subscribed before me this the 29th day of Sept 1903. B. H. Overby Applicant.
John R. Wilkinson Ordinary,
of Fulton County.

****LIGHT PRINT AND. OR BAD COPY ****

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Fulton County.

Wm M Key of said State and County, having been presented as a witness in support of the application of B H Overby 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? Wm M. Key
2. Are you acquainted with Barron H. Overby, the applicant; if so, how long have you known him? Since April 1861
3. Where does he reside, and how long and since when has he been a resident of this State? Fulton County. All his life
4. When, where and in what company and regiment did he enlist, and how do you know? at Madison Ga Apl 16 1861 Co D 3rd Reg Ga Vols.
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty? until June 1863
7. When and where was his command surrendered? ~~Appoma~~ at Appomattox CH Ga Apl 1865
8. Were you present when it surrendered? No in prison 3 days before surrender
9. Was applicant present? No
10. If he was not present, where was he? he was discharged under age
When did he leave his command? June 1862 For what cause? under 18
By what authority he left? act of Congress How do you know all of this? because I was there
11. What property, effects or income has the applicant? (Give your means of knowledge.) none but H H Goods Taxbooks show it
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? same as at present time
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? no had none to convey
14. What is the applicant's occupation and physical condition? very stout in flesh weighs 250 he works at most any thing he finds to do
15. Is the applicant unable to support himself by labor of any sort, if so, why? he can support himself, if he had clerical or light work now
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? by doing any work he could do
17. What portion of his support for these four years was derived from his own labor or income? most of it, aided by his wife who takes in sewing
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? age size and poverty
19. Who composes family? What property have they? Children's age and their earning capacity? wife 34 yrs old and 1 son 8 years old his wife has 249 acres said land, none in cultivation
20. What interest have you in the recovery of a pension by this applicant? none on earth

Sworn to and subscribed before me, this the 29 day of Sept 1903. Wm M Key Witness.
John R Wilkinson Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Fulton County.

Personally came before me C. B. Sewell M. D. and _____, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully B. H. Overby _____, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

He suffers from rheumatism, and excessive obesity, and I find that he is very corpulent weighting 250 lbs and from his size and age that he is unable to earn a living by manual labor, but could with light clerical work he is not absolutely destitute, but is in how means, and very poor and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the 29th day of Sep 1903. C. B. Sewell M. D. J. W. Wilkinson Care Mgr
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 B H Overby resides in said County, and has been a bona fide resident of this State since the 2nd day of March 1866 and that the witnesses, viz.: Wm M Key Moses P Strickland 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 Fulton County show that applicant returned for taxation in his name in 1899 _____ Dollars of property, and in 1900 _____ Dollars of property, in 1901 Household property _____ Dollars of property, in 1902 Fifty _____ Dollars of property.

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

Witness my hand and seal of office, this Oct day of 2nd 1903.
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 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.

Sworn to and subscribed before me, this the 29 day of Sept 1903. Mr M Key Witness.

John R Wilkinson Ordinary.

NOTE.

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

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Fulton COUNTY.

Moses P Strickland of said State and County, having been presented as a witness in support of the application of B H Overby 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? Moses P Strickland Atlanta Ga
2. Are you acquainted with B H Overby, the applicant; if so, how long have you known him? yes since 1861
3. Where does he reside, and how long and since when has he been a resident of this State? Atlanta Ga, all his life
4. When, where and in what company and regiment did he enlist, and how do you know? Spring of 1864, Athens Ga in Lumpkins Artillery
5. Were you a member of the same company and regiment? yes
6. How long did he perform regular military duty? until I surrender
7. When and where was his command surrendered? Greensboro NC in April 1865.
8. Were you present when it surrendered? yes sir
9. Was applicant present? yes
10. If he was not present, where was he? present

When did he leave his command? at surrender For what cause? surrender

By what authority he left? army was disbanded How do you know all of this? because I was there

11. What property, effects or income has the applicant? (Give your means of knowledge.) none but lot H H Goods
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 that I know of Tax book shows small lot H H Goods
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? had none to convey that I know of
14. What is the applicant's occupation and physical condition? Clerks, when he finds work - very stout weights 200
15. Is the applicant unable to support himself by labor of any sort, if so, why? if he could get clerical labor, he could
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? by his own questions aided by his wife.
17. What portion of his support for these four years was derived from his own labor or income? as above by his clerical work & his wife
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? Age large size and poverty.
19. Who composes family? What property have they? Children's age and their earning capacity? Wife & son, wife has 219 acres wild land in Laurens Co none in cultivation. Boys age is 8 years
20. What interest have you in the recovery of a pension by this applicant? none

Sworn to and subscribed before me, this the 29th day of Sept 1903. M P Strickland Witness.

John R Wilkinson Ordinary.

John R. 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 _____ 1906.

_____ [L. S.]

Executed in the presence of

_____

Overby, B. H.
Fulton County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 465

INDIGENT
SOLDIER'S PENSION
1906.

Name B. H. Overby
County Fulton
Co. D Regiment 3rd Cal.

WARRANT ISSUED
1/18 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Atty

Ten Pension Pennies and Publishing Co., Geo. W. Hammond, Mgr.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Fulton COUNTY.

I, B. H. Overby, hereby authorize Mrs. Lela Odom Overby of Atlanta to receive and receipt for the pension allowed, and request that he remit same to _____ at _____ by _____

WITNESS my hand and seal, this 15th day of Jany 1907.

B. H. Overby [L. S.]
Sign

Executed in presence of
John R. Wilkinson
Ordinary

Overby, B. H.
Fulton Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 22

INDIGENT
SOLDIER'S PENSION
1907.

Name B. H. Overby
County Fulton
Co. D Regiment 3rd Cal.

WARRANT ISSUED
1/18 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Lila Overby

Geo. W. Hammond, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Fulton County.

Personally appears B. M. Overby 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 21 day of March 1846; 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 Georgia) during the war between the States, and served for the term of 4 yrs in Company D., of 3 th Regiment of Ga. Vols; that his physical condition is as follows: Obesity & 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 1 1906 1906. B. M. Overby

Jno. R. Wilkinson Ordinary.

State of Georgia,
Fulton County.

I, Jno. R. Wilkinson Ordinary of said County, do certify that I am well acquainted with B. M. Overby the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Jno. R. Wilkinson Ordinary. Fulton County.

Affix your seal here

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 B. M. Overby of Fulton County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 18; that he is years old and by occupation a, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 yrs in Company D., of 3 th Regiment of Ga. Vols; that his physical condition is as follows: Obesity & poverty

that his property consists of the following items:

of the value of none Dollars. I am now earning by my labor, none Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

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

Sworn to and subscribed before me, this the day of JAN 2- 1907. B. M. Overby Sign

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

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

John R. Wilkinson.

Affix your seal here

Ordinary Fulton County.

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

0127

the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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. Wilkinson

Ordinary Fulton County.

Affix Seal here

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 _____ day of JAN 2 - 1907.

John R. Wilkinson.

Ordinary Fulton County.

Affix Seal here

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

0122

NAME [illegible] YEAR [illegible] COUNTY Fulton

WHEN AND WHERE BORN? [illegible]

ENLISTED WHEN AND WHERE? [illegible]

RANK.

COMPANY AND REGIMENT? [illegible]

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? [illegible]

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. [illegible]

WHEN AND WHERE SURRENDERED? April 1865, Greensboro, N. C.
At the close of war.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. [illegible]

Fulton County

CODE SEC. 1854.
(For Those Already Enrolled.)

NO. 4276

INDIGENT SOLDIER'S PENSION, 1900.

Name J. H. Everton
County Fulton

WARRANT ISSUED
May 5th 1900.

JOHN. W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
J. M. Overton

Geo. W. Harrison, State Printer, Atlanta.

Cont'd

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.]

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

_____

Overton, J. H.
Fulton County

CODE SEC. 1254.
(For Those Already Enrolled.)

No. 4276

INDIGENT
SOLDIER'S PENSION,
1900.

Name J. H. Overton
County Fulton

WARRANT ISSUED
May 52 1900.

JOHN. W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
J. M. Overton

Geo. W. Harrison, State Printer, Atlanta.

Certified

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

_____

Overton, J. H.
Fulton County

CODE SECTION 1254.
(For Those Already Enrolled.)

No. 323

INDIGENT
SOLDIER'S PENSION.
1901.

Name J. H. Overton
County Fulton

WARRANT ISSUED
Jany 14 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
J. H. Overton

Geo. W. Harrison, State Printer, Atlanta.

no date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears J H Overton 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 4th day of Aug 1832; that he is 67 years old and by occupation a —; that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served for the term of 3 years in Company B, of 18th 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 1900. I have heretofore as a resident of Fulton county been allowed a pension for the year 189 9

Sworn to and subscribed before me, this the 3 day of January 1900. J H Overton

W R Kenyon Ordinary. J M Overton

State of Georgia,
Fulton County.

I, W R Kenyon Ordinary of said County, do certify that I am well acquainted with J H Overton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 January 1900.

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 J H. Overton 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 4th day of aug 1832; that he is 68 years old and by occupation a —; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 3 years in Company B, of 18th 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 1900

Sworn to and subscribed before me, this the 4th day of January 1901. J. H. Overton

Jno R Wilkinson Ordinary.

STATE OF GEORGIA,
Fulton County.

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

Given under my official signature and seal, this 4 day of Jany 1901.

Jno R Wilkinson Ordinary Fulton County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

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

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

_____ [L. S.]

Executed in presence of

_____

Quinton S. H. Fulton G.

(FOR THOSE ALREADY ENROLLED.) CODE SECTION 1264.

No. 21

INDIGENT
SOLDIER'S PENSION
1902.

Name J. H. Quinton
County Fulton.
Co. B Regiment 15th

WARRANT ISSUED _____ 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____

Chas. 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 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

_____

Quinton S. H. Fulton Co.

(FOR THOSE ALREADY ENROLLED.) CODE SECTION 1264.

No. 54

INDIGENT
SOLDIER'S PENSION
1907.

Name J. M. Quinton
County Fulton
Co. B Regiment 15th Ga.

WARRANT ISSUED _____ 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____

Chas. W. Harrison, State Printer, Atlanta.

No date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton. **County.**

Personally appears J. H. Overton 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 4th day of Aug 1852; that he is 69 years old and by occupation a _____ that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 3 yrs in Company D, of 18th 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 1902. I have heretofore as a resident of Fulton. county been allowed a pension for the year 1901

Sworn to and subscribed before me, this the _____ day of JAN 13 1902 1902. J. H. Overton

John R. Wilkinson Ordinary.

STATE OF GEORGIA,
Fulton. **County.**

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

Given under my official signature and seal, this _____ day of JAN 13 1902 1902.

John R. Wilkinson

Affix your seal here

Ordinary Fulton. County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
Fulton. **County.**

Personally appears J. H. Overton 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 all life 18__; that he is 74 years old and by occupation a None, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 yrs in Company D, of 18th Regiment of Ga.; that his physical condition is as follows: Age + poverty

that his property consists of the following items: No property.

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

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

Sworn to and subscribed before me, this the _____ day of JAN 1907. his J. H. Overton mark

John R. Wilkinson Ordinary.

State of Georgia,
Fulton **County.**

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

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

John R. Wilkinson

Affix your seal here

Ordinary Fulton. County.

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

Ordinary _____ County.

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

Ordinary _____ Fulton. _____ 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 _____ 1903.

_____ [L. S.]

Executed in presence of

_____

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

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

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

_____ [L. S.]

Executed in the presence of

_____

Overton, James H.
Fulton County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 69

INDIGENT
SOLDIER'S PENSION
1903.

Name J. H. Overton
County
Co. B Regiment 18th
Ga

WARRANT ISSUED
1/30 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Aff

Geo. Harrison, State Printer, Atlanta.

no date

Overton, J. H.
Fulton Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 40

INDIGENT
SOLDIER'S PENSION
1904.

Name J. H. Overton
County Fulton.
Co. B Regiment 18th
Ga

WARRANT ISSUED
1/30 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Aff

Geo. W. Harrison, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton. County.

Personally appears J H Overton 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 4th day of Aug 18 32; that he is 70 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 18th Regiment of Ga ; that his physical condition is as follows : I & P

that his property consists of the following items: _____

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

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

Sworn to and subscribed before me, this the day of JAN 20 1903 1903. James H. Overton

John R Wilkinson Ordinary.

STATE OF GEORGIA,
Fulton. County.

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

Given under my official signature and seal, this _____ day of JAN 20 1903 1903.

John R Wilkinson
Ordinary. _____ County.

Affix your Seal here.

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 H Overton 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 4 day of Aug 18 32; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 3 yrs in Company B, of 18 th Regiment of Ga ; 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 20 1904 1904. J. H. Overton

John R Wilkinson Ordinary.

STATE OF GEORGIA,
Fulton. County.

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

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

John R Wilkinson
Ordinary. Fulton. County.

Affix your Seal here.

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

Ordinary _____ County.

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

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

_____

Overton, J. H.
Fulton County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 397

INDIGENT
SOLDIER'S PENSION
1905.

Name J. H. Overton
County Fulton
Co. O. Regiment 18th Cav.

WARRANT ISSUED
1/18 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
App

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

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 _____ 1906.

_____ [L. S.]

Executed in the presence of

_____

Overton, J. H.
Fulton County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 45

INDIGENT
SOLDIER'S PENSION
1906.

Name J. H. Overton
County Fulton.
Co. O. Regiment 18th Cav.

WARRANT ISSUED
1/4 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
App

THE FRANKLIN PRINTING AND PUBLISHING CO., GEO. W. HARRISON, MGR.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton. County.

Pearsonally appears J. H. Overton 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 None that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 yrs in Company B, of 18th Regiment of Ga.; 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 _____ day of JAN 2 1905 1905.

J. H. his mark Overton

John R. Wickinson Ordinary.

STATE OF GEORGIA.
Fulton. County.

I, John R. Wickinson Ordinary of said County, do certify that I am well acquainted with J. H. Overton the applicant in the foregoing affidavit and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 R. Wickinson
Ordinary Fulton. County.

Affix your seal here

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. H. Overton 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 all his life 18__; that he is 74 years old and by occupation a None, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 yrs in Company B, of 18th Regiment of Ga.; 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 _____ day of JAN 1 1906 1906.

John R. Wickinson Ordinary.

J. H. Overton

State of Georgia,
Fulton County.

I, John R. Wickinson Ordinary of said County, do certify that I am well acquainted with J. H. Overton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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. Wickinson
Ordinary Fulton County.

Affix your seal here

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

I, Jim R Wickinson Ordinary of said County, do certify that I am well acquainted with J. H. Overton the applicant in the foregoing affidavit and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Jim R Wickinson
Ordinary Fulton. County.

Affix your seal here

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

Fulton County.

I, Jim R Wickinson Ordinary of said County, do certify that I am well acquainted with J. H. Overton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Jim R Wickinson
Ordinary Fulton County.

Affix your seal here

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

Know all men by these presents:
That I, J. H. Overton detained in the county of State of Arkansas by reason of sickness have constituted and appointed, and by these presents do constitute and appoint J. M. Overton of the county of Fulton, State of Georgia, my true and lawful attorney in fact, for me and in my name and stead to sign the pension roll and receive the full amount of pension due me by the State of Georgia according to law.
And I give and grant unto my said attorney full power and authority to do and perform every legal act and thing necessary in the premices, as amply, to all intents and purposes, as I might or could do if personally present; hereby ratifying and confirming all that my said attorney shall lawfully do by virtue hereof.
In witness whereof, I hereunto set my hand and seal the 20th day of Jan. 1900 J. H. Overton
Sealed and delivered in presence of
by Notary Public or Clerk of Court.

(L.S.)

Sealed and delivered in presence of
by Notary Public or Clerk of Court.

(L.S.)

State of Arkansas
County of Pulaski

On this day personally appeared before me a County Clerk within and for the County & State aforesaid, J. H. Overton, who acknowledged to me that he had executed the within Instrument for the purposes and considerations therein mentioned & set forth.

Witness my hand as such Clerk this
Jany. 20/1900.

Chas. F. Martin Co. Clk
By R. G. Pillow D.C.

Pension Office
12/11 1899
Dear Sir —
Your claim has been approved for $60.00 payable in Jany 1900 —
Yrs
Rich. Johnson
Com. of Pens.

State of Ark
County of Pulaski

I, Anderson Mills Judge of the County & Probate Court do hereby certify that Chas. F. Martin is the Clerk of the County & Probate Courts in and for the County and State aforesaid and that he has qualified as such.

Witness my hand this the 1st February A.D. 1900.

Anderson Mills
County & Probate Judge

Dear Sir —
Your claim has been approved for $60.00 payable in Jany 1900 —
Yrs
Rich & Johnson
Com of Pur

[illegible] my hand as such Clerk this Jany 20/1900.

Chas. F. Martin Co. Clk
By R. G. Pillow D.C.

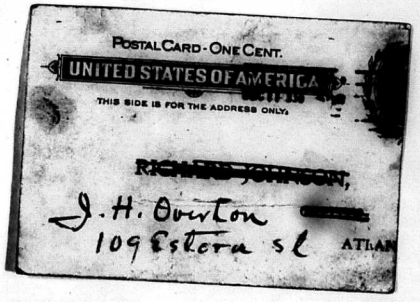
State of Ark
County of Pulaski

I Anderson Mills Judge of the County & Opobate Court do hereby certify that Chas F. Martin is the Clerk of the County & Opobate Courts in and for the County and State aforesaid and that he has qualified as such.

Witness my hand this the 1st February A.D. 1900.

Anderson Mills
County & Opobate Judge

THIS SIDE IS FOR THE ADDRESS ONLY


POSTAL CARD - ONE CENT.

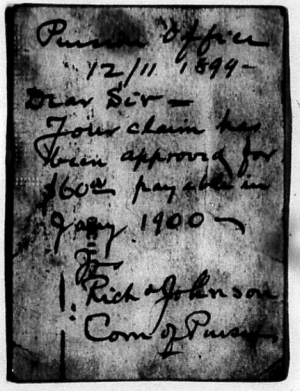
UNITED STATES OF AMERICA

THIS SIDE IS FOR THE ADDRESS ONLY.

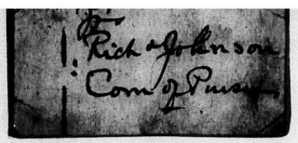
[redacted],

J. H. Overton

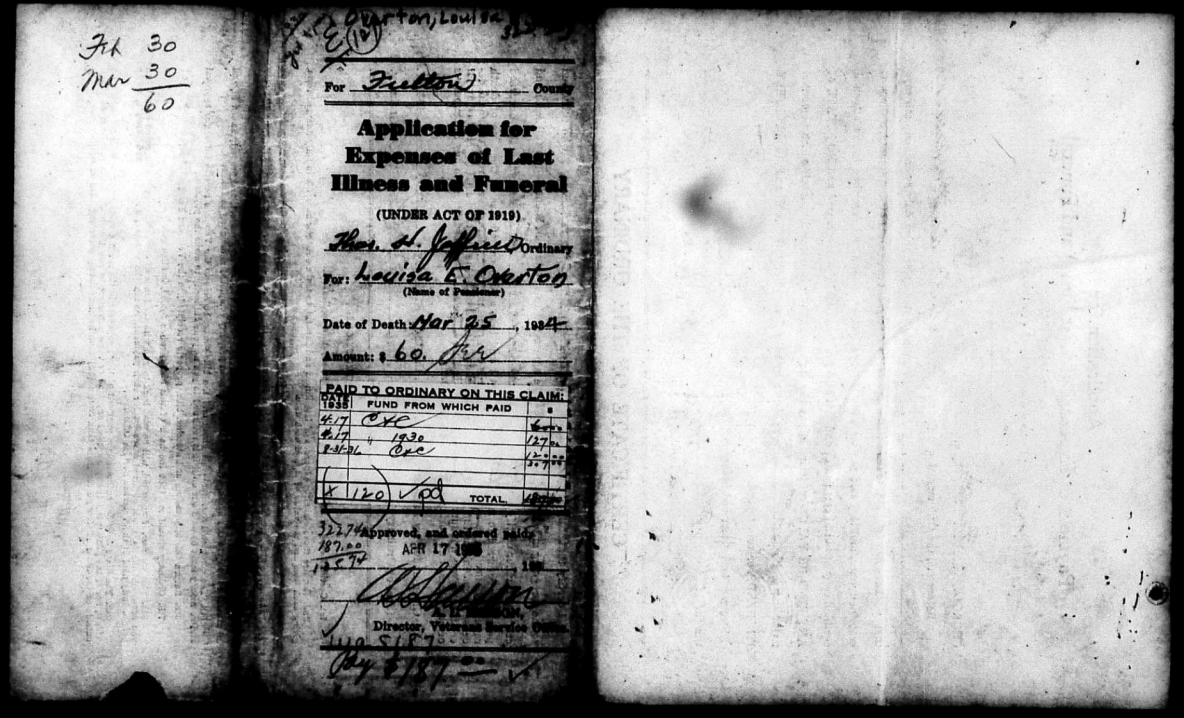
109 Estoria st ATLAN



Pursue Office
12/11 1899 –
Dear Sir –
Your claim has
been approved for
$60.00 payable in
Jany 1900 –
Yrs
Rich. Johnson
Com of Pursue



Rich. Johnson
Com of Pursuit



Feb 30
Mar 30
60

Overton, Louisa
E (12)

For Fulton County

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

Thos. H. Jaffrey Ordinary

For: Louisa E. Overton
(Name of Pensioner)

Date of Death: Mar 25, 1934

Amount: $ 60. Per

PAID TO ORDINARY ON THIS CLAIM:

DATE 1935	FUND FROM WHICH PAID	$
4-17	Exc	60.00
4-17	" 1930	127.00
8-31-36	Exc	120.00
		307.00
X 120	pd TOTAL	187.00

322.74 Approved, and ordered paid,
187.00 APR 17 1935
125.74 , 193

A. L. [illegible]
Director, Veterans Service Office

Wg 5187
By $187.00

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 T. O. Sutherland of said County, who, after being duly sworn, on oath says that he knew Mrs. Louisa E. Overton 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 $ 150 ~~00~~, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me, this the 28 day of Feb 1935.

David Mason cc, Ordinary.

T. O. Sutherland
319 Hill St

CERTIFICATE OF THE ORDINARY

GEORGIA, Fulton County.

I certify that T. O. Sutherland 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. Louisa E. Overton 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 28 day of Feby, 1935.

(Seal of Ordinary)

Thos N. Jeffries, 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 expenses of last illness and burial, nor outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

SUMTER L. LOWRY, JR., CHAIRMAN — T. T. PHILLIPS, PRESIDENT — E. L. PHILLIPS, TREASURER

GULF LIFE INSURANCE COMPANY

JACKSONVILLE, FLORIDA

Atlanta, Georgia,
Aug. 27, 1934

Mrs. Martha Jane Sutherland,
319 Hill St.,
Atlanta, Ga.

Dear Madam:

This is to advise that on March 26th, 1934 we paid Sam R. Greenberg and Company, Funeral Directors, for the funeral of $250 on Mrs. Louise E. Overton.

Very truly yours,

GULF LIFE INS. CO

L. E. Williams
Mgr.

Alfred J. Rufty
Notary Public Ga. State at Large

jtw/b

(Seal of Ordinary) _____, 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 remains in service for a widow, nor if the payment will only create a claim for such, or when application is not made within twelve (12) months [illegible] outside of the State of Georgia for more than twelve (12) months [illegible] of death.

Notary Public Ga. State at Large

jtw/b

ATLANTA, GA., March-14- 1935

Mrs Martha Jne Sutherland for medicine furnished for Mrs Louise E Overton.
319 Hill Street S.E.

IN ACCOUNT WITH

SUTHERLAND DRUG CO.
336 FAIR STREET, S. E.
PHONES: JACKSON 8773 AND JA. 9040

Sept	30	Prescription	1.00
Oct	4	Papine	75
Oct	9	Bed Pann 3.50 Oil Cloth 60	4 10
	9	Papine 35 Syringe 1.00	1 35
	11	Mineral Oil 39 12 Milk Magnesia 50	89
	13	Epsom Salts .05 19 Adhesive tape 10	15
	19	Bandage 15 Epsom Salts 05	20
	19	Ginger 10 Prescription 1.15	1 25
	26	Mustard 10 Spts Ammonia 15	25
	28	Milk Magnesia 50	50
Nov	1	Prescription 75 Med 50 [illegible]	1 25
	6	Spts Ammonia 50 Papine 60	1.10
	7	Cascara 50 19 Mustard 10	60
	19	Strychnine 10 23 Strychnine 35	45
	23	Mustard 10 Rx 75 25 Papine 50	1 35
	23	Cascara 25 Mustard 35	60
Dec	2	M-O Oil 100 Mustard 35	1 35
	5	Rubbing Alcohol 35 Mineral Oil 75	1 10
	10	Sal Hepatica 50 12 Citrate Mag 25	75
	15	Papine 75 Absorbine Jr 1.25	2 00
	18	Mustard 35 Cheracol 50	85

2284

ATLANTA, GA., _____ 193__

M _____

IN ACCOUNT WITH

SUTHERLAND DRUG CO.
336 FAIR STREET, S. E.
PHONES: JACKSON 8773 AND JA. 9040

Dec	20	Prescription 1.25 Sq Soda 25	1 50
	26	Musterole 35 Listerine 50	85
Jan	7	M-O Oil 1.00 Rx 1.00	2 00
	16	Rubbing Alcohol 35 Iodex 50	85
	17	Musterole 35 Vicks Salve 30	65
	18	Papine 75 Peruna 1.00	1 75
	24	Citrate Mag 25 Mild Magnesia 50	75
	29	Nitroglycerin Tab 35 Rub Alcohol 35	70
	30	Prescription 65 Papine 75	1 40
Feb	3	Epsotabe 25 Rectal Tube 50	75
	6	Red Cross Plaster 25 Rx 1.00	1 25
	6	Cyanide Mercury 50 Papine 75	1 25
Mar	1	Prescription 75 Milk Magnesia 50 [illegible]	1 25
	12	Red Cross Plaster 25 antiseptic 50	75
	14	Rubber Gloves 50 Iodoform 35	85
	14	Peroxide 15 Oil Cloth 60	75
	15	Swamp root 1.00 Papine 75	1 75
	19	Prescription 1.00 Peroxide 15	1 15
	22	Papine 75 Digitallin Tab 50	1 25

2145

ATLANTA, GA., _____ 193__

M _____

IN ACCOUNT WITH

SUTHERLAND DRUG CO.
336 FAIR STREET, S. E.
PHONES: JACKSON 8773 AND JA. 9040

Mar	23	Digitol 75 Milk Mag 50	1 25
	25	Prescription 85 Rub Alcohol 35	1 20

2145
2284
2145
Total ~~6674~~ 6674

Signed: T.O. Sutherland

FULTON COUNTY



GEORGIA

THOMAS H. JEFFRIES
ORDINARY AND
Judge Court of Ordinary of Fulton County
ATLANTA, GA.

February 26, 1935.

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

Dear Sir:

The enclosed funeral claim was brought to my office yesterday by Mr. T. O. Sutherland, who stated that he was instructed to do so by your office.

I have signed the necessary certificate, although I see no evidence of a valid claim in favor of Mr. Sutherland. If such claim is allowable, is not Mrs. Martha J. Sutherland the proper claimant?

Very truly yours,

Thos H. Jeffries.

ORDINARY.

Ask Capt Henson about this

GEORGIA,
FULTON COUNTY:

Personally appeared before the undersigned officer authorized to administer oath Mrs. Martha J. Sutherland who on oath says:

Several years ago she contracted for a certain burial benefits on the part of her mother, Mrs. Louise E. Overton, Confederate pensioner. She paid the premiums on this insurance until the death of her mother and when she died the Undertaker furnished by reason of said insurance a funeral of the value of $250.00.

The amount paid for this funeral, and the expenses thereof in the manner pointed out above.

Mrs. Martha J. Sutherland

Sworn to and subscribed before me
this 28 day of Jan 1935.

[illegible]

Received of Thomas H. Jeffries, Ordinary, $187.00
to apply on account of Louisa E. Overton
I certify that this account has not been paid and is now owing to me.
This 20 day of April 1935. Mrs. Martha J. Sutherland

Received of Thomas H. Jeffries, Ordinary $ 120.00
to apply on account of Louisa E. Overton.
I certify that this account has not been paid and is now owing to me.
This ____ day of _____ 1936. Mrs Martha J. Sutherland

Received of Thomas H. Jeffries, Ordinary, $187.50

to apply on account of Louisa E. Overton

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

This 20 day of April 1935. Mrs. Martha J. Sutherland

Received of Thomas H. Jeffries, Ordinary $ 180.00

to apply on account of Louisa E. Overton.

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

This ____ day of ____ 1935. Mrs Martha J. Sutherland

SUNTER L. LOWRY, JR. CHAIRMAN T. T. PHILLIPS, PRESIDENT E. L. PHILLIPS, TREASURER

Capt Henson

GULF LIFE INSURANCE COMPANY

JACKSONVILLE, FLORIDA

March 12, 1935

Mr. A. L. Henson, Director
Veterans Service Office
State Capitol
Atlanta, Georgia

Re: Louise E. Overton
Our Policy #7006930

Dear Sir,

Our records indicate that a claim was paid through our Atlanta office, beneficiary Martha Sutherland, March 26, 1934.

The premiums paid on this insurance from the time it was issued, until it matured into a claim, amounted to $40.75.

This is in reply to your inquiry of March 11, and we trust this is the information that you wish.

Very truly yours,

E. L. Phillips
Treasurer.

ELPhillips/z

M. J. YEOMANS
ATTORNEY GENERAL

STATE OF GEORGIA

DEPARTMENT OF LAW
ATLANTA

Hon. A.L. Henson, Director
The Veterans Service Office
State Capitol
Atlanta, Georgia

Dear Mr. Henson:

In Re: Mrs. Louisa Overton

Under the statements made in your letter, the pensioner, at the time of her death, had an estate created for her special benefit, and for that reason, if for no other, I am of the opinion that the State would not be authorized to pay the past accrued pension for the purpose of defraying funeral expenses.

In addition, under the law, all such checks must be sent to the Ordinary and paid out on receipted bills of the funeral director, properly itemized and verified.

Yours very truly,

M. J. Yeomans
Attorney General

MJY:LG

March 14, 1935

Received of Mrs. Martha J. Sutherland, For work in assisting to care for, and Nurse Her Mother, Mrs. Louisa E. Overton, ($40.00) Forty Dollars or $8.00 per week, for five weeks, beginning Nov. 25, 1933 and ending Dec. 30, 1933.

Signed:- Bertha Gay
365 Pittman Pl.

March 14, 1935

Received of Mrs. Martha J. Sutherland For work in assisting to do & care for Her Mother Mrs. Louisa E. Overton, ($65.00) Sixty Five Dollars, or $5.00 per week for 13 weeks. beginning Dec. 30. 1933 and ending March 31, 1934.

Signed: Janie her x mark Lattimore
147 Hunter St. S.E.

March 14, 1935

Received of Mrs. Martha J. Sutherland For work in assisting to care for and Nursing, Her Mother, Mrs. Louisa E. Overton ($72.00) Seventy Two Dollars or $9.00 per week. from October 1, 1933 to Nov. 25, 1933.

Signed: Mary Pritchard
274 George ST. S.E.

JACKSON 8773 JACKSON 9040

SUTHERLAND DRUG COMPANY
T. O. SUTHERLAND, PROPRIETOR
336 FAIR STREET, S. E.

Prescriptions, Drugs, Toilet Articles, Rubber Goods, Sundries, Etc.

ATLANTA, GA.,

Bills paid for Mrs Louisa E Overton during her last illness from September-30-33 untill her death March -25- 1934.

Doctor W.B.Watts for medical Service	99	00
Sutherland Drug Company for medicine	46	74
For assistance in handling and caring for Mrs Overton	177	00
Premiums paid on Burial Policy, 4 Years	52	00
	374	74

Mrs. Martha J. Sutherland

Mrs. Martha J. Sutherland

ATLANTA, GA. 3-15 1935

Mrs M J Sutherland

For Service Mrs L E Overton

IN ACCOUNT WITH

W. B. WATTS, M. D.

PHYSICIAN AND SURGEON

OFFICE HATTON'S DRUG STORE, EAST PAIR AND GRANT STS. — OFFICE PHONE MAIN 0866, RES. PHONE MAIN 0824

Sept	30	Visit Mrs Overton	00
Oct	1st	Do " "	00
"	3	" " "	00
"	10		00
"	17		00
"	23		00
Nov	31		00
"	8th		00
"	5th		00
"	15		00
	24th		00
Dec	2nd		00
	8th		00
	10th		00
	14th		00
	20th		00
	27th		00

Amt Fwd $ 57 00

ATLANTA, GA. 1934

Mrs M J Sutherland

For service Mrs L E Overton

IN ACCOUNT WITH

W. B. WATTS, M. D.

PHYSICIAN AND SURGEON

OFFICE HATTON'S DRUG STORE, EAST PAIR AND GRANT STS. — OFFICE PHONE MAIN 0866, RES. PHONE MAIN 0824

Jan	1st 1934	Amt forwd	57 00
	5th	Visit Mrs Overton	00
	13th		00
	22nd		00
	30th		00
Feb	4th		00
	9th		00
	17th		00
	26th		00
March	1st		00
	8th		00
	16th		00
	20th		00
	23rd		00
	24th		00
	31st		00

Paid in full May 10th 1934 Colb Watts M.D.

Total 91 00

SAM R. GREENBERG, Pres. — RAYMOND BLOOMFIELD, Sec.

SAM R. GREENBERG & Co.

AMBULANCE — FUNERAL DIRECTORS — CHAPEL

276 IVY ST., N. E. · PHONE WALNUT 7909

ATLANTA, GA.

To [redacted] Mrs Martha Jane Sutherland

Funeral expenses for Mrs Louise E Overton.

2/25/34 Complete Funeral service. $250:00

Paid in full by the Gulf Life Ins. Co 2/26/34 to Sam R. Greenberg & Co By Hugh A Sutton

Jan	1st 1934	Amt forward	51.00
	3d	Mrs Gordon	3.00
	13th		3.00
	23rd		3.00
	30th		3.00
Feb	4th		3.00
	9th		3.00
	17th		3.00
	26th		3.00
March	1st		3.00
	9th		3.00
	16th		3.00
	20th		3.00
	23rd		3.00
	27th		3.00
		Paid in Full May 10th 1934 Robt Bloom M.D.	
		Total	91.00

COPY OF CERTIFICATE OF DEATH

1112

GEORGIA DEPARTMENT OF PUBLIC HEALTH

Bureau of Vital Statistics

9775

1. PLACE OF DEATH — Registered No. 1431

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. ___ Ds. ___ NON-RESIDENT (Yes or No) ___

Street and Number (No.) 319 (Street) Mill St. S. E. — Ward

If death occurred in a hospital, give its name instead of street and number

2. FULL NAME: Louise Inger Overton

Residence (City or Town): Atlanta — (Street and Number): 319 Mill St. S.E. (Inst.) Ga.

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): 8-20-1849

7. AGE: Years 86 — Months 9 — Days 4 — If less than one day: Hours ___ Minutes ___

8. OCCUPATION: (a) Trade, profession or particular kind of work done, as spinner, weaver, bookkeeper, etc.: ___ (b) Industry or business in which work was done, as cotton mill, etc.: ___ (c) Date assumed both worked at this occupation (month and year): ___ (d) Total work (years) (months) (days): ___

9. BIRTHPLACE (P. O. Address): Alabama

10. NAME: Ma L. Inger

11. BIRTHPLACE (P. O. Address): Alabama

12. MAIDEN NAME: -- Patterson Inger

13. BIRTHPLACE (P. O. Address): Non-Obt.

14. INFORMANT (Signed): Mrs. T. O. Sutherland (Address): 319 Mill St. S. E.

15. BURIAL PLACE (Cemetery): Liberty Church (Location): Calhoun Ga. — Date: 2-24-34

16. UNDERTAKER (Signed): Geo R. Oreenbaum & Co. (Address): Atlanta Ga. — Date: 2-24-34

MEDICAL CERTIFICATE OF DEATH

18. DATE OF DEATH: 2/23 (Month, Day, Year) at 34 a.m. (Hour) (Ward)

19. I HEREBY CERTIFY, That I attended the deceased from about 1 year ... to ...

I last saw h. alive on 2/23 at 34 a.m. 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 death:

Fractured hip bone

Other contributory causes of importance:

Bed sore

A leaky cardia

What was employed (Specify) (Surgical operation, autopsy, 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? ___

Nature of injury ___

Means of injury ___

(Signed) W. R. Watts Sr. M.D.

(Address) 301 Fair S. E.

19. FILED: March 27, 1934. (Place) L. Thompson

THIS IS TO CERTIFY: That the certificate attached hereto is a true and correct copy of Death Record preserved in the State Department, as shown on the original, which has become a permanent record in the Office of the Georgia Department of Public Health.

Signed: V. T. Abercrombie, Director

Atlanta, Ga. For ___, Chief, Bureau Vital Statistics

Date: February 20, 1939.

(Cemetery) Liberty Church

(Purchase) Calhoun, Ga. 2-24-24

14. UNDERTAKER (Signed) Sam R. Greenberg & Co.

(Address) Atlanta, Ga. D. C. Flinn.

(Address) 301 Fair S. E.

15. FILED March 27, 1924.

(Signed) L. Thornton.

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

Signed H. Abercrombie

Director.

Atlanta, Ga. Per

Chief, Bureau Vital Statistics.

Date February 25, 1925.

No. 9/

INDIGENT PENSIO

1907

Name Charles J. Ewe

County Fulton

Co. D F Gas

Approved 190

JOHN W. LINDSEY,

WARRANT HA

Ordinary will write name of

and Regiment on back as indicated

Franklin Printing and Publishing Co.

Atlanta, Georgia.

9/6/07

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ of _____ hereby authorize

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

at _____ by _____

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

Executed in presence of _____ [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

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

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

_____ [L. S.]

Executed in presence of

_____

Ordinary's Office, _____ County, Ga.
Oct 1st 1907

No. 1

INDIGENT PENSION
1907

Name Charles J. Owen
County Fulton
Co'd
Approved
190

JOHN W. LINDSEY,
Ordinary _____ County.

WARRANT HANDED TO

Ordinary will write name of person to whom warrant is handed and signature in full as a receipt for same.

Pensioner will write name of Ordinary issuing warrant and signature in full as a receipt for same.

9/16/07

Every Question MUST Be Answered.

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Fulton COUNTY.

Charles J. Owen 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.)
Charles J. Owen, Atlanta, Fulton County Georgia.

2. How long and since when have you been a resident of this State?
Have resided in Ga all my life

3. When and where were you born? 31st March 1845 Talbot Co. Ga.

4. When and where and in what company and regiment did you enlist or serve? 15th April 1862 at Macon Ga. Company D 5th Ga. Regiment State Troops

5. How long did you remain in such company and regiment? Until April 1865.

6. When and where was your company and regiment surrendered and discharged?
In April 1865 at Macon Bibb Co. Ga

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

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was at my home in Talbotton Talbot County Ga. on a 30 days Sick furlough

9. How much can you earn (gross) per annum by your own exertions or labor? Possibly $100.00

10. What has been your occupation since 1865? Real estate dealing and 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 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?
Have been unable to perform manual labor for the past four years.

13. What property, real and personal, or income, do you possess, and its gross value? I own no property. Except wearing Apparel & Home in Macon

14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, by sale or gift, have you made of same? None. Except wearing Apparel.

15. In what County did you reside during those years, and what property did you then return for taxation? Resided on Macon, Bibb Co. Ga. 1901-2 in Fulton County 1903-4-5

16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905? By my own labor in 1901 & 1902 By the State in 1903 1904 & 1905.

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? $150.00 per annum with Board (Compensation) 1903-4-5.

18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year?
Soliciting 1901 & 02 about $412.50 per annum Railroad 1903-4-5

19. Have you a family? If so, who composes such family? Give their means of support. Have they a homestead, or other property? Their ages and how employed? None No Family.

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 14 day of Sept 1907.
John K. Ottley Ordinary.
of Fulton County.

C. J. Owen
Applicant.

Sworn to and subscribed before me this the 14 day of March 1907 } C. J. Owen Applicant.
John R. Wilkinson Ordinary.
of Fulton County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
_____ COUNTY. }

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

1. What is your name and where do you reside? _____
2. Are you acquainted with _____, the applicant: if so how long have you known him? _____
3. Where does he reside, and how long and since when has he been a resident of this State? _____
4. When, where and in what company and regiment did he enlist, and how do you know? _____
5. Were you a member of the same company and regiment? _____
6. How long did he pefrorm 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? _____
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.) _____
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same? Had no property
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? No property to convey
14. What is the applicant's occupation and physical condition? City Canvassing - In very feeble health
15. Is the applicant unable to support himself by labor of any sort; if so, why? Not physically able to maintain himself by any hard labor
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? _____
17. What portion of his support for these four years was derived from his own labor or income? Partially by my exertion 1901-2 - 1903-4-5 - In Soldier Home
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code. General debility. unable to make a support by my work
19. Who composes family? What property have they? Children's ages and their earning capacity? No property - No children
20. What interest have you in the recovery of a pension by this applicant? None whatever

Sworn to and subscribed before me, this the 2nd day of Sept 1907 } J. G. Ramsey Witness.
John R. Wilkinson Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Fulton COUNTY. }

Personally came before me S. T. Whitaker and L. C. Brewer, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mr. Chas. J. Owens, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

He suffers constantly with chronic constipation and neuralgia of the face and head and when suffering with neuralgia he is unable to work.

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

Sworn to and subscribed before me, this the 12th day of April 1907 } S. T. Whitaker, M.D. L. C. Brewer M.D.
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 C. J. Owen 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~~ lowgth 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 33rd made in good faith.

Witness my hand and seal of office, this 23rd day of April 1907
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 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.

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

No. property - No. Children

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

Sworn to and subscribed before me, this the 2nd day of Sept 1907

J.G. Ramsey Witness.

John W. Dickinson Ordinary.

John W. Dickinson 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.

NAME Owen, Charles J. YEAR 1908 COUNTY Fulton

WHEN AND WHERE BORN? March 31st, 1845, Talbot County, Georgia.

ENLISTED WHEN AND WHERE? April 15, 1862, Macon, Georgia.

RANK.

COMPANY AND REGIMENT? Co.D. 5th.Ga. Regt. State Troops.

NAME OF CAPTAIN AND COLONEL? Walter Paine, Captain.

WOUNDED? Thirty Day sick furlough, while in the Service.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Command surrendered April 1865, at Macon, Georgia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? At home, in Talbotton, in Talbot County, Georgia. On a 30 day sick furlough.

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. Walter Paine, Captain.- Same Command. No date.

No.

Georgia Baldwin County.

Waller Paine appears before me, having been presented as a witness to support the application of Charles J. Owen of Fulton County for pension under Section 1954 of the Code and after being duly sworn, true answers to make, deposes and says he cannot answer all of the questions propounded because, to the following by number, his answer appearing opposite the number.

1. Waller Paine, Milledgeville Baldwin Co Ga.
2. Yes; for the last forty five years.
3. Fulton County Ga. He has resided in the state forty five years or more
4. 15th April 1862 at Macon Ga. Company D. 5th Regt State Troops I know it, because I was the Captain of his Company.
5. Yes. Captain of the same Company.
6. Until the close of the War. 26th April 1865. He was discharged in Macon Ga April 1865.

I further swear that he did military service from the time of enlistment until his discharge.

Waller Paine
witness

Sworn to and subscribed before me this the 19th day of April 1907.

W.H. Stembridge
Ordinary
Baldwin Co Ga.

WHEN AND WHERE SURRENDERED? Command surrendered April 1865, at Macon, Georgia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? At home, in Talbotton, in Talbot County, Georgia. On a 30 day sick furlough.

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. Walter Paine, Captain, Same Command. No date.

mhe

discharged in Macon Ga April 1865.

I further swear that he did military service from the time of enlistment until his discharge.

Walter Paine
witness

Sworn to and subscribed before me this the 19th day of April 1907.

W. H. Stembridge
Ordinary
Baldwin Co Ga

Fulton County

No. _____

119 S. Forsyth

INDIGENT PENSION

1898.

Approved July 27-1900
for 1901 - Wednesday

Name E. B. Owen

County Fulton

~~[illegible]~~

Approved ~~[illegible]~~ 1899

~~[illegible]~~

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

12/6.99
2.25.98 - 12/31.1898 -

Pension Office 8/19 1898
All the evidence as to infirmity tends to show an inability to do manual work - but the statute provides that the infirmity must be so great as to prevent applicants earning a support at any occupation

Richd Johnson
Com^r of Pensions

Pension Office 7/17 1899
It is doubtful that applicant cannot earn a support for himself - see amendment -

Richd Johnson
Com^r of Pensions

POWER OF ATTORNEY.

STATE OF GEORGIA, }
_____ COUNTY. }

I, _____ hereby authorize

_____ of _____

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

_____ at _____ by _____

Witness my hand and seal this _____ day of _____ 1898.

Executed in presence of _____ } _____ [L.S.]

POWER OF ATTORNEY.

STATE OF GEORGIA, }
COUNTY. }

I, _____ hereby authorize

_____ of _____

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

_____ at _____ by _____

Witness my hand and seal this _____ day of _____ 1898.

Executed in presence of

_____ } _____ [L.S.]

Pension Office 6/19 1898
All the witness as to
infirmity have to show
and inability to do manual work – but the statute provides that the claimant must be so grossly infirm as to prevent application for pension being a support at any occupation
Richd Hewson
Com of Pensions

Pension Office 7/17 1899
It is doubtful what effect of disability cannot earn a support for himself – See amendment –
Richd Hewson
Com of Pensions

No. _____

INDIGENT PENSION

1898.

Witness my hand and official seal this 23 day of July 1898
M M Buckley
Ordinary

Name E. B. Owen

County Fulton

Approved _____ 1898

_____

Approved _____ 1898

_____

RICHARD JOHNSON,
Solicitor General.

WARRANT HANDED TO

12/6 9 6
2 57 1/2 5 1895

Questions for Applicant.

STATE OF GEORGIA, }
Fulton County. }

Esek B Owen 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.) Esek B Owen in Atlanta Ga Fulton City 112 S Forsyth St
2. How long and since when have you been a resident of this State? 42 years since 1856
3. When and where were you born? 1836 in Rode Island
4. When and where and in what company and regiment did you enlist or serve? June 1862 Dallas Ga company C 22 Ga Regiment
5. How long did you remain in such company and regiment? until General Lee Surrendered the close of the war
6. For how long a period did you discharge regular military duty? three years
7. When, where and under what circumstances were you discharged from service? in 1864 in Ga at the Close of the war
8. What is your present occupation? nothing
9. How much can you earn (gross) per annum by your own exertions or labor? nothing
10. What has been your occupation since 1865? Farming & Peddling
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"? infirmity & 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 had Fever Rheumatism and White Swellin So as to Render me unable to do any manual labor whatever of any Kind
13. What property, effects or income do you possess and its gross value? none
14. What property, effects or income did you possess in 1894, 1895, 1896 and 1897 and what disposition, if any, did you make of same? none
15. In what County did you reside during those years and what property did you then return for taxation? Fulton County no property
16. How were you supported during the years 1896 and 1897? By my labor & my wife & 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? $8.00 per month none
18. What was your employment during 1896 and 1897? What pay did you receive in each year? nothing
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? I have myself & wife and three one 12 year old boy 2 daughters wife not able to work daughters cant make Enough to live for themselves
20. Are you receiving any pension, if so, what amount and for what disability? none

Every Question MUST be Answered

Sworn to and subscribed before me this the 10 day of July 1898. } E B Owen Applicant.

M M Buckley Ordinary.

of Fulton County.

20. Are you receiving any pension, if so, what amount and for what disability? none

Sworn to and subscribed before me this the 15 day of July 1898. } E B Owen Applicant.

M W Hulsey Ordinary.

of Fulton County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Fulton County.

S. R. McGregor, of said State and County, having been presented as a witness in support of the application of Esek B Owen for pension under the Act approved December 15th, 1894, and after being duly sworn true answer to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? S R McGregor 156 W Fair St Atlanta Ga

2. Are you acquainted with ~~Sine 1856~~ Esek B Owen, the applicant, if so how long have you known him? Sine 1856

3. Where does he reside, and how long and since when has he been a resident of this State? 117 South Forsyth St Sine 1856

4. When, where and in what company and regiment did he enlist, and how do you know? July 1862 Co C 22 Ga Regiment I saw him enlist

5. Were you a member of the same company and regiment? I was not

6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? three years I saw him enlist in the war and saw him doing duty I was in the same army and saw him his often ~~his~~ he made a good soldier discharged at the surrender

7. What property, effects or income has the applicant? (Give your means of knowledge.) none I have lived close to him for 30 years and I know all about his standing

8. What property, effects or income did the applicant possess in 1896 and 1897, and what disposition, if any, did he make of same? none

9. Has he conveyed away any of his property in the last three years, if so, what was it and to whom? he has not

10. What is the applicant's occupation and physical condition? he has none he has Rheumatism & had white swellers so as to render him unable to do any labor

11. Is the applicant unable to support himself by labor of any sort, if so, why? he is unable to labor from Rheumatism and white swellen

12. How was he supported during the years 1896 and 1897? By the labor of his wife and children

13. What portion of his support for these two years was derived from his own labor or income? none

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? he has Rheumatism and white swellen so as to render him unable to do any kind of labor

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

Sworn to and subscribed before me, this the 15 day of July 1898. } S R McGregor Witness.

M W Hulsey Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
County.

Personally came before me Louis H Reid and Dr Geo W Wallett, both known to me as reputable physicians of said County, who being severally sworn, say on oath that they have examined carefully Mr Esek B Owen, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows: from Chronic Rheumatism from which he has been afflicted for Ten or Fifteen years also chronic Diarrhoea, & dysentery & Malaria and is physically unable to support himself being under the care of his family in [illegible] to do any [illegible] 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.

Louis H Reid M.D.
Geo W Wallett

Sworn to and subscribed before me this the 25 day of July 1898.

M W Hulsey
Ordinary.

ORDINARYS' CERTIFICATE.

STATE OF GEORGIA,
Fulton County.

I, M W Hulsey, Ordinary in and for said County, hereby certify that the applicant E B Owen resides in said County, and has been a bona fide resident of this State since the 6 day of Oct, 1896 and that the witnesses, viz.: S R McGregor are of trust worthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Fulton County show that applicant returned for taxation in his name in 1896 None Dollars of property, and in 1897 None Dollars of property.

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

Witness my hand and seal of office, this 15 day of July 1898

M W Hulsey 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.

the 15 day of July 1898. } S. R. McGregor Witness.

M. H. Hilary 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

_____

Owen, E. D.
Fulton County

CODE SECTION 1294.
(For Those Already Enrolled.)

No. 329

INDIGENT
SOLDIER'S PENSION.
1901.

Name E. D. Owen
County Fulton

WARRANT ISSUED
Jany 14 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

Geo. W. Harrison, State Printer, Atlanta.

no data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears E B Owens of Fulton County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 27 day of July 18__; that he is 66 years old and by occupation a _____ that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 3 Yrs in Company C, of 22 th Regiment of Ga; that his physical condition is as follows:

Nervous with indigestion of stomach

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 7th day of June 1901.

E B Owens

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 E B Owens the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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, 1901.

Ordinary Fulton County.

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

Questions for Witness.

State of Georgia }
Paulding County } Wyatt Lee -

of said state and county having been presented as a witness in support of the application of E. B. Owens for pension under the act approved Dec 15th 1894 and after being duly sworn true answer to make to the following questions deposes and answers as follows

1. What is your name and where do you reside Wyatt Lee Paulding County Ga.

2. Are you acquainted with E. B. Owens the applicant if so how long how you known him yes. Known him for 40 years

3 Where does he reside and how long and since when has he been a resident of this state in Atlanta Ga. for 40 years

4. When and where and in what company and regiment did he a enlist and how do you know on 10th day of May 1862 at Petersburg Va Comp. C = 22nd Ga. Vol. I was Lieutenant of same company.

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 services as a confederate soldier and the time and circumstances ~~from~~ of his discharge from the service from time of Enlistment to close of war he made a good Soldier he was discharged at Lees Surrender in Va May Apl 1865

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

Sworn to and Subscribed before me Feby. 14th 1898

Wyatt Lee

F. P. Hudson ordinary

And I further certify that Wyatt Lee is a resident of this county and as a witness is entitled to full faith and credit

Given under my hand and seal of office Feby 14 = 1898

F. P. Hudson ordy.

and regiment I. wad

STATE OF GEORGIA,
FULTON COUNTY.

Personally came before me, R. L. Jones, of said County and State, as a witness in support of the application of E. B. Owen, for Pension under the Act approved by the General Assembly of Georgia; December 16 th., 1894, and after being duly sworn, deposes and answers as follows:

FIRST:-- That he is personally and well acquainted with the said E. B. Owen, and is familiar with his condition and surroundings.

SECOND:-- That to his personal knowledge the said E. B. Owen is now physically unable to perform any kind of manual labor, and has not been able within the last two years to earn a support for those directly dependent upon him.

THIRD:-- That the said E. B. Owen has exhausted his means in an effort to give his family the support to which they were entitled, having disposed of all his possessions in his effort to supply the actual needs of himself and family, and that he and his family are now, and have been for some time, in very straightened circumstances, and are in actual need of the small amount to which he would be entitled under the said Act.

FOURTH:--That the said E. B. Owen is prevented from earning a support for himself and family on account of age and physical infirmities; he being afflicted with neuralgia to such an extent as to render him unable to earn a support at any thing.

FIFTH:-- That the said E. B. Owen has no one to whom he can apply for help, being dependent upon his own resources (He has a son in school who is ~~only~~ able to earn only small trifles after school-hours)

SIXTH:-- That this deponent is in no way interested in the recovery of the pension applied for by the said E. B. Owen, other than that of seeing his needs and recognising the justice of the claim he makes.

R. L. Jones.
Witness.

SWORN TO AND SUBSCRIBED BEFORE ME
THIS THE 31st DAY OF DEC. 1898.
W. R. Hammond ORDINARY
FULTON COUNTY GEORGIA.

GEORGIA.
FULTON COUNTY.

Personally came before me J. B. Eskew, who after being duly sworn deposes and says: Deponent has known E. B. Owen, intimately and well, for the past Eight years, has seen him almost daily within that time, and has been, and is now perfectly familiar with his condition, and knows of his physical infirmities, and to his certain knowledge, the said E. B. Owen, is now, and has been for several years past, unable to perform any kind of work, and is unable by his own efforts to supply the actual necessities for his family.

Deponent further avers that the said E. B. Owen has for some years been a great sufferer from rheumatism and neuralgia and that he is very feeble from age and infirmities, and is distitue.

Deponent is in no way interested in the recovery of the pension as applied for, by the said E. B. Owen.

J. B. Eskew

Sworn to and subscribed before me this the [illegible] day of Nov. 1898.

W. R. Hunt
W. R. Hammond Co. Ord.

FIFTH:-- That the said E. B. Owen has no one to whom he can apply for help, being dependent upon his own resources (He has a son in school who is ~~only~~ able to earn only small trifles after school-hours)

SIXTH:-- That this deponent is in no way interested in the recovery of the pension applied for by the said E. B. Owen, other than that of seeing his needs and recognising the justice of the claim so make.

- - - -

as applied for, by the said E. B. Owen.

Sworn to and subscribed before me

this the 28th day of Nov. 1899.

R. S. James

W. J. Albert

W. P. Sutton Co. Ga

pension as applied for, by the said E. B. Owen.

Sworn to and subscribed,

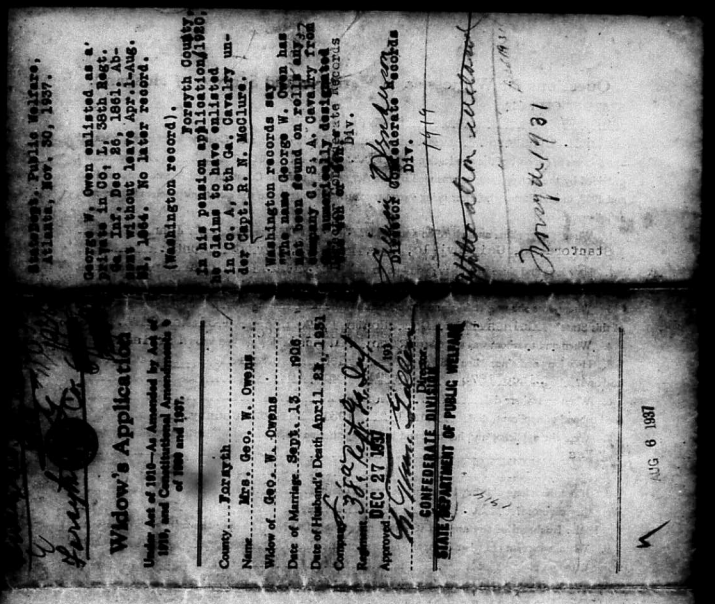
before me this the [illegible] day of.

Nov. 28 1899.

J. B. Eskew

W. J. Albert

W. P. Sutton Co. Ga



Forsyth Co. Ga.

Widow's Application

Under Act of 1910—As Amended by Act of 1919, and Constitutional Amendments 6 of 1920 and 1937.

County Forsyth

Name Mrs. Geo. W. Owens

Widow of Geo. W. Owens

Date of Marriage Sept. 13 1908

Date of Husband's Death April 22, 1931

Company Sgt. Ed. Ga. Inf.

Regiment DEC 27 1937

Approved [signature] 193

Director

CONFEDERATE DIVISION

STATE DEPARTMENT OF PUBLIC WELFARE

AUG 6 1937

State Dept. Public Welfare,
Atlanta, Nov. 30, 1937.

George W. Owen enlisted as a private in Co. L, 38th Regt. Ga. Inf. Dec 26, 1861. Absent without leave Apr.1-Aug. 31, 1864. No later record.

(Washington record).

Forsyth County,

In his pension application, 1920, he claims to have enlisted in Co. A, 5th Ga. Cavalry under Capt. R. N. McClure.

Washington records say "The name George W. Owen has not been found on rolls any company G. S. A. Cavalry from any numerically designated Ga. Inf. or Cen. Ga."

Div.

Director Confederate Records Div.

1919

Application received

Forsyth 1931

Ordinary's Certificate

STATE OF GEORGIA,

FORSYTH COUNTY.

I, T. F. Davis, Ordinary of said County, do certify that I know Mrs. Geo. W. Owens 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 John M. Stanford the witness who swears to the service of husband and/or the marriage; that both of them are now residents of said County and were duly sworn by me before signing the foregoing 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 23rd day of July 1937

(SEAL OF ORDINARY) T. F. Davis, Ordinary.

of Forsyth County.

INSTRUCTIONS:

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

State Dept. Public Welfare,
Atlanta, Nov. 30, 1937.

George W. Owen enlisted as a private in Co. L, 38th Regt. Ga. Inf. Dec 26, 1861. Absent without leave Apr. 1-Aug. 31, 1864. No later record. (Washington record).

Forsyth County.
In his pension application filed he claims to have enlisted in Co. A, 5th Ga. Cavalry under Capt. R. M. McClure.

Washington records say "The name George W. Owen has not been found on roll of Company C, 61 A. Cavalry. He apparently deserted [illegible]"

Widow's Application

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

County Forsyth
Name Mrs. Geo. W. Owens
Widow of Geo. W. Owens
Date of Marriage Sept. 13, 1908
Date of Husband's Death April 21, 1931
Company C. 61 Ga. Cav.
Regiment
Approved DEC 27 1937

CONFEDERATE DIVISION
STATE DEPARTMENT OF PUBLIC WELFARE

AUG 6 1937

Ordinary's Certificate

STATE OF GEORGIA,

FORSYTH COUNTY.

I, T. F. Davis, Ordinary of said County, do certify that I know Mrs. Geo. W. Owens 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 John M. Stanford the witness who swears to the service of husband and/or the marriage; that both of them are now residents of said County and were duly sworn by me before signing the foregoing 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 23rd day of July 193?

(SEAL OF ORDINARY) T. F. Davis, Ordinary.

of Forsyth County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
4. All applications 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 this form in the presence of the witness and Ordinary.
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,

FORSYTH COUNTY.

Personally appears before me, Mrs. Geo. W. Owens 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. Geo. W. Owens, Gainesville, Ga., Route 1, Forsyth County.

2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? 70 years (All of her life)
Give date, or year, of your birth. April 15, 1867 Age? 70 years

3. (1)When, (2)where and (3)to whom were you married?
September 13, 1908, Cornelia, Georgia, Geo. W. Owens

a. Have you married since the death of first and soldier husband? No.
b. When and where did your first husband die? April 21, 1931, Forsyth County.
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? Yes
g. If so, when and for what cause were you or your husband placed on the roll? Confederate Soldier

SECTION II.

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

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

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 23rd day of July, 193?

T. F. Davis, Ordinary

of Forsyth County.

(SEAL OF ORDINARY)

Mrs. Geo. W. Owens
Applicant.

2. Corrected affidavit may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1900, 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 blank in ten typewritten lines.
7. Don't use the long 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.

23rd day of July, 1937.

T.T. Dennis, Ordinary

of Forsyth County.

(SEAL OF ORDINARY)

Mrs. Geo. W. Owens
(Mamie)
Applicant.

An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,

County of.....

Before me, the Ordinary of said County, comes Mrs. .....,
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

..... day of ....., 193....

....., Ordinary,

.....County.

Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA,
Forsyth COUNTY.

John M. Stanford of said State and County is hereby presented as a witness in support of the application of Mrs. Geo. W. Owens 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) John M. Stanford, Gainesville, Ga., Route 1, Forsyth County.

2. How long and since when have you known Mrs. Geo. W. Owens applicant Forty Three years (43). Since the year 1894.

3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State? Gainesville, Ga., Route 1, 70 years. (All her life.)

4. When and to whom was she married? Geo. W. Owens How do you know? Marriage Certificate September 13, 1906

5. How long and since when did you know Geo. W. Owens her husband? Since 1875. Sixty Two years (62).

6. When and where did Geo. W. Owens the husband of applicant, die? April 21, 1931, Forsyth County.

7. Were the applicant and her husband living together as husband and wife at the date of his death? Yes

8. If not, how long did they live apart before his death?
Were they divorced? No.

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? amd when released?

Sworn to and subscribed before me, this the
23rd day of July, 1937.

T.T. Dennis, Ordinary
of ....., County.
(SEAL OF ORDINARY)

John M. Stanford
(Witness)

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 23rd day of July, 1937.

T. F. Davis, Ordinary

of (SEAL OF ORDINARY) County.

John M. C. Stamford
(Witness)

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

Hon. T. F. Davis, Ordinary,
Forsyth County,
Cumming, Georgia.

WHEREAS:

MRS. GEO. W. OWENS, WIDOW OF GEO. W. OWENS,

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

ORDERED:

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

This, the 27th day of December 1937.

S. Thos. "Pat" Gilleran

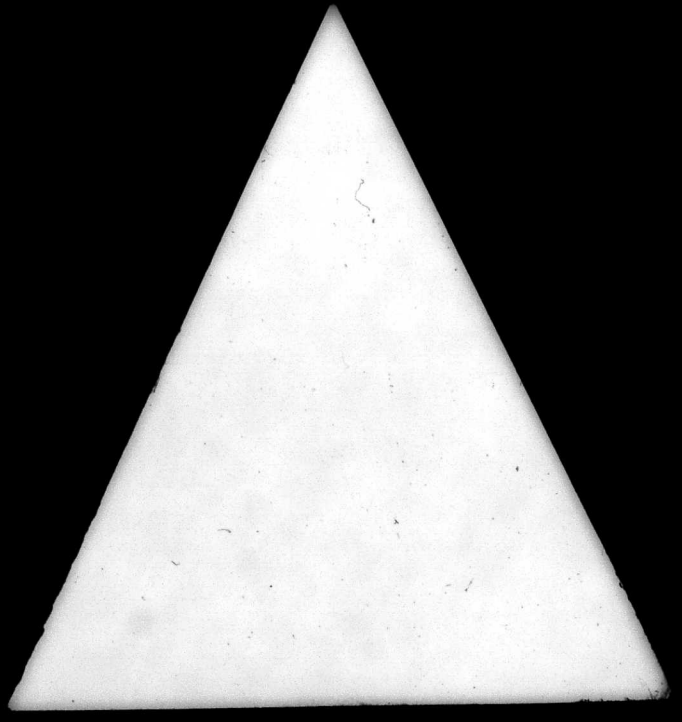
Director, Confederate Division
State Department of Public
Welfare

Ordinary of said County.

This, the 27th day of December 1937.

L. Thos. "Pat" Gilliam

Director, Confederate Division
State Department of Public
Welfare



Cobb (Mrs)
Owen, Sarah A.
OK No. Fulton County for 1905

WIDOW'S INDIGENT PENSION.

1903.

Name Sarah A. Owen
County Fulton
Widow of Jonathan Owen

Approved _____ 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

_____ 1903.

Geo. W. Harrison, State Printer, Atlanta.

10/2/03.

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 _____ 190__

Executed in presence of

_____ Ordinary, _____ County. } _____ L. S.

_____ County.

SEAL

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 _____ 190____

Executed in presence of

_____ Ordinary, _____ L. S.
_____ County.

_____ County.

SEAL

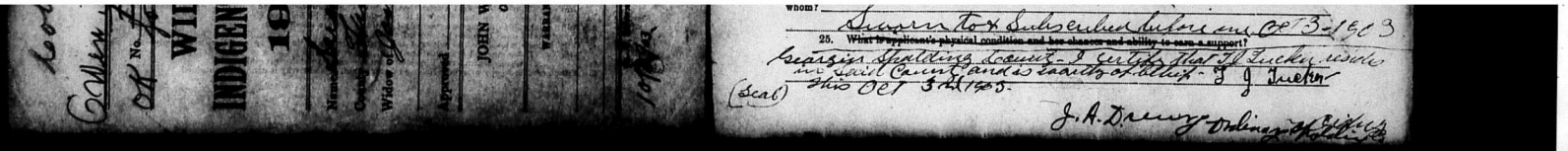
Cobb (Mrs) Colleen, South Ga.
No. 1st 1905
WIDOW'S
INDIGENT PENSION.
1903.
Name Sarah A. Brown
Ordinary Fulton County
Widow of James Thomas Brown
Approved 1903
JOHN W. LINDLEY,
Commissioner of Pensions.
GEORGIA ARCHIVES
1903

STATE OF GEORGIA,
Spalding County.

J J Tucker, of said State and County, having been presented as a witness in support of the Application of Mrs. Sarah A Brown for a Pension under the Act of 1900, 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 Tucker Henry Dist - Spalding County Ga
2. Are you acquainted with the applicant, Mrs. Sarah A Brown
If so, how long have you known her? Since Jan 1st 1863 Augt
3. Where does she reside, and how long and since when has she been a resident of this State? She resides in Butler Ga -
4. When and where was she born? X
5. Were you ever acquainted with her husband? Johnathan Brown Yes -
6. Where did she reside in 1861? X
7. When and to whom was he married? X
8. When and where was he born? X
9. How long have you known him? Since Aug 1863 - at Camp
10. When and where did Johnathan Brown enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? Aug 1863 - Henry Co Ga - C B Sloans - Floyds Regmt - Texas Troops
11. Were you a member of the same Company and Regiment? Yes -
12. How long did he perform regular military duty? Six Months or more
13. When and where was his Company and Regiment surrendered and discharged from service? Feb 1864 - At Rome Ga
14. Were you with the Command when it surrendered? Yes
15. Was Johnathan Brown the husband of applicant present? Yes -
16. If not present, where was he? He was present - old man then
17. When and where did he leave his command? Rome Ga
For what cause? Discharged from Service
By whose authority he left? His Superior Officers - time expired
How do you know all this? (State fully and clearly.) I was with him - was with him all the time and also saw him Mustered out of Service
X 18. When and where did _____ die?
19. Where did he reside at his death and how long had he been a resident of Georgia at his death?
20. Do you of your own knowledge know that applicant is the lawful widow of _____?
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?
23. What property, effects or income did applicant possess in 1899, 1900, 1901 and 1902, and what disposition did she make of it?
24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom?
Sworn to & Subscribed before me Oct 3 - 1903
25. What is applicant's physical condition and her chances and ability to earn a support?

Georgia Spalding County - I certify that J J Tucker resides in said County and is a credible person - J J Tucker
This Oct 3rd 1905.
(Seal)
J. A. Downey Ordinary



whom? Sworn to & Subscribed before me Oct 3-1903

25. What is applicant's physical condition and her chances and ability to earn a support?

Upson Spalding County. I certify that J. T. Tucker resides in said County and is Justice of Peace. J. J. Tucker

(Seal) this Oct 3rd 1903.

J. A. Dewey Ordinary U.S.C.

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

She is unable to do anything for support—because of old age & infirmity

27. How was he supported for 1899, 1900, 1901 and 1902? By her Grown Married 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?

She is old—very feeble

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

Sworn to and subscribed before me this 6th day of Oct 1903

John R Wrenn Ordinary, Fulton County. L C Chesshire Witness.

Ordinary, County. Witness.

AFFIDAVITS OF PHYSICIANS.

STATE OF GEORGIA, Fulton County.

Personally before me comes Eloyd M. Young and A D Johnson, both known to me to be reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mrs. Sarah A Owens, applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this She is from old age & she is physically unable from complications of disease with age to earn a support for herself and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 6th day of Oct 1903

John R Wrenn Ordinary, Fulton County. Eloyd M. Young M.D. A D Johnson M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, Fulton County.

I, John R Wrenn Ordinary, in and for said County, hereby certify that the applicant, Mrs. Sarah A Owens resides in said County, and has been a bona fide resident of this State since the day of 18[illegible], and that the witnesses, Mr. L C Chesshire & [illegible] 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 County shows that applicant returned for taxation in her own name in 1899 dollars worth of property, and in 1900 dollars worth of property, in 1901 dollars worth of property, and in 1902 dollars worth of property.

Witness my hand and official seal this 6th day of Oct 1903

{SEAL} John R Wrenn 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 9th April, 1865, not entitled.
5. .....Witnesses and two Physicians are necessary to make out claims.
6. Attach certified copy marriage license in every case, or show why it cannot be obtained.

STATE OF GEORGIA, Fulton County.

Sarah A Owens 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*) Sarah A Owens—Atlanta Ga
2. How long and since when have you been a resident of this State? 67 Years Bonafide
3. When and where were you born? Sept 27th 1836—Newton Co Ga
4. When and where was your husband born—state his full name, and when were you and he married? (Attach copy marriage license in every case.) 1858—Jasper Co—Johnathan Owens Married Sarah [illegible] 1854—Newton Co. Ga
5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States? July 15th 1863—Atlanta Fulton Co Ga—Co B—Known as Evans Co—Floyds Regiment
6. How long did your husband serve in said Company and Regiment? Six Months or more—Was taken sick—Never rejoined them
7. When and where did your husband's Company and Regiment surrender and was discharged? July 1864—At home Georgia
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? Yes—By reassignment—because age and the time for which he enlisted had expired.
10. When and where did your husband die? 1884—Fulton Co Geo
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? 2 first Grounds
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? Disease of old age—unable to do anything to earn a support—Old age—Feeble & infirm
13. What has been your occupation since your husband's death? None
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 years 1899, 1900, 1901, and what disposition, if any, by sale or gift, have you made of the same? Had a little at husband death—all gone to support me—sold none—
17. In what counties did you reside in 1899, 1900, 1901 and 1902, and what property did you return for taxation? Fulton
18. How have you been supported since death of husband, and especially for 1899, 1900, 1901 and 1902? By my Grown, married Children
19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income? About $100—Contributed Nothing
20. What was your employment during 1899, 1900, 1901 and 1902—how much did you receive for each year? Had none—received 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—
22. Have you ever made application for pension before? None
23. How many applications have you made for a Pension, and under what claim? None

Sworn to and subscribed before me this 5th day of Oct 1903

John R Wrenn Ordinary, of Fulton County. Sarah A Owens

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 9th April, 1865, not entitled.
5. .....Witnesses and two Physicians are necessary to make out claims.
6. Attach certified copy marriage license in every case, or show why it cannot be obtained.

Sworn to and subscribed before me this 5th day of Oct 1903. } Sarah A Owen
John R Wilkinson Ordinary,
of Fulton County.

QUESTIONS FOR WITNESSES.

STATE OF GEORGIA,
Fulton County.

L C Cheshire, of said State and County, having been presented as a witness in support of the Application of Mrs. Sarah A Owen for a Pension under the Act of 1900, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? L C Cheshire
Atlanta Fulton Co Ga
2. Are you acquainted with the applicant, Mrs. Sarah A Owen
If so, how long have you known her? Yes - 25 Years
3. Where does she reside, and how long and since when has she been a resident of this State?
Atlanta Fulton Co Ga
4. When and where was she born?
5. Were you ever acquainted with her husband? Yes -
6. Where did she reside in 1861? Dont know
7. When and to whom was he married? —
8. When and where was he born? —
9. How long have you known him? About 10 years before he died
10. When and where did enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this?
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 this Company and Regiment surrendered and discharged from service?
14. Were you with the Command when it surrendered?
15. Was the husband of applicant present?
16. If not present, where was he?
17. When and where did he leave his command?
For what cause?
By whose authority he left?
How do you know all this? (State fully and clearly.)
18. When and where did [illegible] Nathan Owen die?
about 16 years ago - in Fulton Co
19. Where did he reside at his death and how long had he been a resident of Georgia at his death?
Fulton Co - ever since I knew him
20. Do you of your own knowledge know that applicant is the lawful widow of
Yes -
21. Has she remained unmarried since her soldier husband's death, and is now his widow?
Yes
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? None - Have known her all along lived near her several years -
23. What property, effects or income did applicant possess in 1899, 1900, 1901 and 1902, and what disposition did she make of it? None - Sold none
24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom?
25. What is applicant's physical condition and her chances and ability to earn a support?
She old & feeble - Can not work at all to make a support

26. Is applicant able to earn a support? She is unable to do anything for a support - because of old age & infirmity
27. How was he supported for 1899, 1900, 1901 and 1902? By her grown married 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?
She is old - very feeble -
30. What interest have you in the recovery of this pension by the applicant? None

Sworn to and subscribed before me this 6th day of Oct 1903.
John R Wilkinson Ordinary,
Fulton County.
L C Cheshire
Witnesses.

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

25. What is applicant's physical condition and her chances and ability to earn a support?
She old & feeble - Can not work at all to make a support

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

_____

Mrs. Sarah A. Fulton County
To Those Heretofore Paid.

1905.

No. 39

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO Mrs. Sarah A. Owen

OF

Fulton. County,

Widow of Jonathan Owen

Co. A. J. Floyd Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 1/30 1905.

AND HANDED TO Affd

Text Printed on Pensions and Pensioners Co., Atlanta, Ga. W. Rose, Pensions, Atlanta, Ga. Press Printed.

Form No. 2

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of Fulton. } PERSONALLY COMES MRS. Sarah A. Owen

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 1836. That she is the Widow of Jonathan Owen who was a soldier in Company B of the Floyd Regiment of Volunteers, that he enlisted in said regiment on or about the month of 1863, and served in the Army up to Six Mos 186 . That he died on the day of 1887.

Infirmity and 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 1854

I have been allowed an Indigent pension as a resident of Fulton. County, under Act 1900, for the year ~~1904~~ 1905 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.
John R Wilkinson Ordinary.

Sarah A. Owen
Post-Office 27410 5th St
Atlanta Ga

State of Georgia,
Fulton County. } I, John R Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. Sarah A. Owen, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18

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

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

_____

Owen, Sarah A.
Fulton, County

To Those Heretofore Paid.

1906.

No. 107

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO

Mrs. Sarah A. Owen

OF

Fulton County,

Widow of Jonathan Owen

Co. A Floyd Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

May 11 1906,

AND HANDED TO

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

_____

Owen, Sarah A.
Fulton Co

To Those Heretofore Paid.

1907.

No. 44

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO

Mrs. Sarah A. Owen

OF

Fulton County,

Widow of Jonathan Owen

Co. A Floyd Reg. Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

Feb 1907.

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Form No. 2.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Fulton. } PERSONALLY COMES MRS. Sarah A. Owen

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 1836. That she is the Widow of Jonathan Owen who was a soldier in Company B. of the Floyd Regiment of _____ Volunteers, that he enlisted in said regiment on or about the month of _____ 186[illegible], and served in the Army up to Served 6 mos. 186_. That he died on the _____ day of _____ 1892.

Infirmity and 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 18[illegible].

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 JAN 1 1906. John R. Wilkinson, Ordinary.

Sarah A. Owen

Post Office Atlanta

State of Georgia, Fulton. County. } I, John R. Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. Sarah A. Owen, 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 _____ 1836.

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

Form No. 2

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Fulton. } PERSONALLY COMES MRS. Sarah A. Owen

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 1836. That she is the Widow of Jonathan Owen who was a soldier in Company B of the Floyd Regiment of Reg. Volounteers, that he enlisted in said regiment on or about the month of _____ 186[illegible], and served in the Army up to for 6 mos. 186_. That he died on the _____ day of _____ 18_.

Infirmity & 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 18[illegible].

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

Sarah Owen

Post Office 74 Marietta St

State of Georgia, Fulton. County. } I, John R. Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. Sarah A. Owen, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the _____ day of _____ 18_.

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

this day of JAN 1 1906.
John R. Wilkinson, Ordinary.

Post Office Atlanta

State of Georgia,
Fulton. County.

I, John R. Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. Sarah A. Owen, 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 _____ 1836

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

---

this _____ day of JAN 2 1907.
John R. Wilkinson, Ordinary.

Post Office 734 Marietta St

State of Georgia,
Fulton County.

I, John R. Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. Sarah A. Owen, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the _____ day of _____ 18__

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

OWENS, SARA A. (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 Sara A. Owen
Date of Death Feb 8 1924
Amount $

Approved and ordered paid
APR 29 1924
C. E. McGREGOR,
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.

Pd

Entered

ATLANTA, GA. April 26, 1924 192

M For funeral Mrs. Sara A. Owen, Feb. 8, 1924
181 East North Ave.,

TO Hunter, Blanchard, Gartrell Co. DR.

FUNERAL DIRECTORS
AMBULANCE SERVICE

PHONES IVY 0858-0859 235 IVY STREET

Casket	$145.00
Embalming	15.00
Hearse	15.00
Flowers	12.00
Funeral Notices	3.96
	190.96

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 Sara A. Owen
Sworn to and subscribed before me,
This April 26, 1924.

Foster H. Hunter

Arthur R. Marbut C.C.Ordinary.

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 Gartrell Co of said County, who, after being sworn, on oath says that he knew Sara A. Owen of said County, and that said Pensioner was on the / Pension Roll of Fulton County at the time of death, which occurred in Fulton County, in this State, on the 8 day of Feb. 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 or~~ dependent children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of $190.95, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me
this 10 day of Apr 1924
Arthur R Marbut, 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 knew Sara A. Owen while in life and that this was the same person whose name appears on the Widows Pension Roll of Fulton County, and was paid a Pension of One Hundred ($100.00) Dollars in said County for 1924, 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 10 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, and was paid one of those issues, but where the check was not cashed. THIS VOUCHER IS NOT TO BE USED IF HEIR IS LIVING, HAS PROOF CLAIM OVER THREE EXPENSES, AND MUST MAKE APPLICATION ON YELLOW BLANK.

2nd. Receive 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. Receipts or accounts must be given only those connected with the last illness, just before death when pensioner grew worse to the end. Make no account to return to 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 to the last illness (or for funeral expenses, as the case may be) of _____ who died without having sufficient property to pay this bill."

4th. The Ordinary must see to it that each bill is carefully itemized in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly filled out.

5th. The completed voucher, this blank and the indorsement to next to the Pension Department for approval and no money must be paid out until it is returned to you or your successor by order of the Pension Department.

7th. The Ordinary signs your oath, as Ordinary, for the pension and then indorses the account himself and asks pensioner, doctor, or undertaker to make oath to the items.

8th. Attend to this for nothing until you write the Pension Department, stating the circumstances in your own words. Pension Department will not answer letters from Ordinary, only when they call for information, but will write direct to pensioner.

9th. Return this instruction and attached bills with your letter and voucher to the Pension Department.

10th. Ordinary should see that the back of this blank is filled out.

Marriage License

OF

Jonathan Owen

AND

Dorothy A Eddleman

Issued Dec 31 1853

and Recorded on Page 55 Book B of Marriage Licenses

G G Dewis
ORDINARY

GRAHAM-HANSVILLE

Roll of [illegible] County, and was paid a Pension
of One Hundred ($100.00) Dollars in said County for 192[illegible],
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 26 day of [illegible], 192[illegible]

(Seal of Ordinary) [illegible], Ordinary

[illegible], County

[illegible]

[illegible]

MARRIAGE LICENSE

State of Georgia — County of Henry

To any Judge, Justice of the Peace, or Minister of the Gospel: You are hereby authorized to join Jonathon Owen and Sarah A. Eddleman 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 31 day of Dec 1853.

Henry Stocks (L.S.)
ORDINARY

...CERTIFICATE...

I Certify that Jonathon Owen and Sarah A. Eddleman were joined in Matrimony by me this 1 day of January Nineteen Hundred and 1854.

Recorded [illegible] 190[illegible].

Wily Bowman J.P.

ORDINARY

I Certify that Jonathan Evans and Sarah A. Eddleman were joined in Matrimony by me this 1 day of January Nineteen Hundred and 1854 Recorded _____ 190__.

Wily Brannan J.P.

ORDINARY

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Spalding COUNTY.

I, J. A. Drewry 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.: T. J. Tucker. a resident of Spalding Co. Ga. 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 3rd day of October 1903 ~~1900~~.

J. A. Drewry Ordinary,
of Spalding 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.

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.

Ordinary's Certificate

STATE OF GEORGIA,
Fulton COUNTY.

I, Thos H Jeffries Ordinary of said County, do certify that I know Mrs Amanda Owens 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~~ she is now residents of said County and were duly sworn ~~by me~~ my clerk 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 29 day of Oct 1920

(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 do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1881, are entitled.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Pension office
12/7-1920
Disapproved
for the reason that
the Record of Ex
Comm Service shows
that he enlisted
May 31-1861 and
was Discharged
Sept 3rd 1861 of
Wounds received
in Battle of Manassas
Lieut Dr Jeffries
Cix months actual
military service
W Kinsley
Cav of Pens

No. 12/7-1920

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Fulton
Name Mrs Amanda Owens
Widow of A J Owens
Company B
Regiment 7 Ga
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, Roo H Jeffries Ordinary of said County, do certify that I know Mrs Amanda Owens 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~~ she is 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 29 day of Oct 1920

(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 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, 1891, 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.

Ordinary's Certificate (1920) Amanda Owens
Fulton Co. 12/7-1920
No.

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

County Fulton
Name Mrs Amanda Owens
Widow of A J Owens
Company B
Regiment 7 Ga
Approved

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

10-30-1920

Received Oct 12/7-1920
Ordinary's Certificate
for Mrs Amanda Owens
widow of A J Owens
Co B 7th Ga Regt
Fulton County
Ga

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 Amanda Owens 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? Amanda Owens, College Park, Ga
2. How long and since when have you been a continuing resident of the State of Georgia? all my life
3. When, where and to whom were you married? A J Owens
In 1867 at Roswell
a. Have you married since the death of first and soldier husband? no
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.)
1861 — Roswell Ga in Co B - 7 Ga Reg and later in another Regiment by his having been Worksted and Interpreted and Exchanged
5. When and where did the commands of your husband surrender or discharge from the army?
6. Was your husband personally present at the time of the surrender or discharge of this command?
Yes
7. If he was not present state clearly where he was? ——
8. Where was his command when he left? ——
a. For what cause did he leave his command? ——
b. By whose authority did he leave his command? ——
c. For how long was he granted leave of absence? ——
e. What was his physical condition when he left his command? ——
f. What effort did he make to return to his command? Surrender
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? in Fulton Co Ga 1908
k. Were you residing together when he died? Yes
l If not, how long had you resided apart? ——
m. Are you now a widow? Yes
9. Have you or your husband heretofore been paid a pension by the State? husband Invalid roll
If so, when and for what cause were you or your husband placed on the roll? Was Wounded

Sworn to and subscribed before me this the 29 day of Oct 1920

her
Mrs Amanda + Owens
mark

Arthur R Marbut Ordinary
of Fulton County.
(SEAL)

Owens, Amanda, Ga. 1920
Fulton Co. 12/7-1920
No. 7

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Fulton

Name Mrs Amanda Owens

Widow of A J Owens

Company B

Regiment 7 Ga

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co. State Printers, Atlanta.

10-30-1920

Pension office
12/7-1920
Disapproved
for the reason that
Upper Record of Ga
Cavalry Shows
that he enlisted
May 31-1861 and
was Discharged
Sept 3rd 1861 of
Wounds received
in Battle Manassas
failed to perform
Cavalry service
Military service
W. Rinley
Cavalry of Ga

8. Where was his command when he left? —
a. For what cause did he leave his command? —
b. By whose authority did he leave his command? —
c. For how long was he granted leave of absence? —
e. What was his physical condition when he left his command? —
f. What effort did he make to return to his command? Surrender
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? in Fulton Co Ga 1908
k. Were you residing together when he died? Yes
l If not, how long had you resided apart? —
m. Are you now a widow? Yes
9. Have you or your husband heretofore been paid a pension by the State? husband Invalid roll
If so, when and for what cause were you or your husband placed on the roll? Was Wounded

Sworn to and subscribed before me this the 29 day of Oct 1920 } Mrs Amanda her x Owens mark

Arthur R. Marbut Ordinary
of Fulton County.

(SEAL)

STATE OF GEORGIA.
COUNTY OF FULTON.

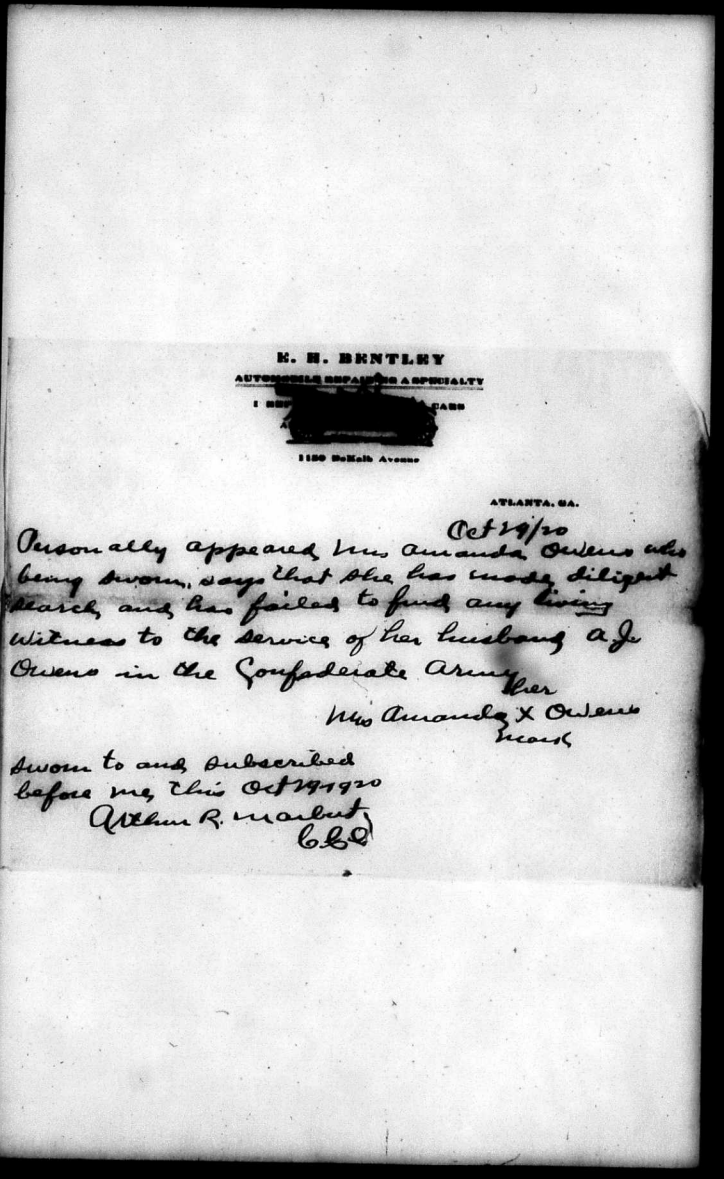
Personally before the undersigned authority now comes MRS. M. E. BENTLEY, who upon oath says:

That she knew A. J. Owens, deceased, and knows Mrs. Amanda Owens; that she knows of her own personal knowledge that the said A J Owens and the said Mrs. Amanda Owens lived together continuously as husband and wife from the year 1867 to the date of the death of the said A J Owens, who died in Fulton County, Ga., in 1908; That the said Mrs. Amanda Owens has not remarried since the death of her husband and is now his lawful widow.

Sworn to and subscribed beforeme this Oct. 29, 1920.

M. E. Bentley

Arthur R. Marbut CCO



E. H. BENTLEY

AUTOMOBILE REPAIRING A SPECIALTY

I REP[redacted] CARS

A[redacted]

1150 DeKalb Avenue

ATLANTA, GA.

Oct 29/20

Personally appeared Mrs Amanda Owens who being sworn, says that she has made diligent search and has failed to find any living witness to the service of her husband A J Owens in the Confederate Army

her
Mrs Amanda X Owens
mark

Sworn to and subscribed before me this Oct 29 1920
Arthur R. Marbut
C.C.C.

her
Mrs Amanda X Owens
mark

Sworn to and subscribed
before me, this Oct 14 1920
Arthur R. Marbut
C&D

appd for 9 N. Boulevard
$50
8/19 1899 Richd Johnson
Am of Pensions

Code Section 1280.

No.

Owens, Andrew Jackson
Fulton County

INVALID
Soldier's Pension,
1899.

Name A. J. Owens

County Fulton

Disability Arm

Amount, $ 50

1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

2/23/1899

Form No. 8.

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 by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1899.

Executed in the presence of [L. S.]

Form No. 3.

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 _____ by _____
at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____
day of _____ 1899.

_____ [L. S.]

Executed in the presence of

_____

Apld for 9 N Bedford
Cert Section 1250 8 1/2 91 Rich'd Johnson
No. Ord'y Pension
Applicant Andrew Jackson Owens
INVALID
Soldier's Pension, 1899.
Name A. J. Owens
County Fulton
Disability Arm
Amount, $ 50
_____ 1899.
RICHARD JOHNSON, Commissioner of Pensions.
WARRANT HANDED TO
Geo. W. Barrow, Signal Printer, Atlanta.
2/23/1899

Form No. 1.

For Use of Applicants Who have Not Heretofore Drawn.

STATE OF GEORGIA,
Fulton County.

PERSONALLY appears Andrew Jackson Owens of said Fulton County, State of Georgia, who being duly sworn says on oath that he was born on the 2 Dec day of May 1842, that he is a *bona fide* citizen and resident of Georgia, and has been continuously since the _____ day of August 1858, that he enlisted in the military service of the Confederate States (or the State of Georgia) on the _____ day of May 1861, during the war between the States, and served in Company B of 7th th Regiment of Georgia Volunteers Gen Barton Brigade, and was honorably discharged on the 24th day of October 1864; that whilst engaged in such military service, and in line of duty in the State of Virginia, on the 21st day of July 1861 he was disabled or wounded as follows: Gun Shot through the left arm in the first battle of Manassa July 21st 1861 which disabled me from Military Service and I have been disabled ever since and am now unable to do manual labor Caused from said Gun Shot wound in my left arm I am incapacitated from Can Make Living by Manual Labor - which I could formerly do account my wounds

The Instructions as set out in the Notes Must be Observed.

Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 1899.

Sworn to and subscribed before me, this the
28 day of Jany 1899. A J Owens mark
W W Thomas Post Office
Ordinary.

NOTE—State fully nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability. If claim is based on disease, give *full and connected history* of disease, tracing it directly to the service.
NOTE—Do not trouble to mention wounds which do not disable.
NOTE—The Ordinary will see that *all* blank spaces are filled when the affidavits are signed.

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

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

Note—The Ordinary will see that *all* blank spaces are filled when the affidavits are signed.

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,
Fulton County.

Personally appears before me, the undersigned Ordinary in and for said County, _____ and _____ personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say, under oath, that they are personally and well acquainted with Andrew J Owens whose application is herewith presented for a pension, that he has resided in this State continuously since the _____ day of August 1868 (1868), that he served in Company B of the 7th Ga Regiment of Bartows Brigade, and from our personal knowledge, he while in line of duty, was injured by the service as follows: (*give full statement, and tell in your own language when, where and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor, or can do any, state what.*)

He received Gun Shot wound in left arm during 1st Battle of Manassa on July 21 1861 and we was in his Company in the battle and said Andrew J Owens was doing his duty at time he was wounded — and the wound was so bad he was mustered out of service (discharged) from Army as he was totally disabled — for performing military duty

We personally know above stated facts. We were with him in the army and have known him ever since. He was honorably discharged or retired from the service on _____ day of _____ 186__. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18__. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this 18 day of Feby 1899.

W C Whitley
R B Hicks
E M Smith

W W Huey
Ordinary.

Note 1.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to the same.
2. Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.
3. All blank spaces *must* be filled when signed.
4. Three witnesses are required.

Physicians' Affidavit.

Form No. 3.

STATE OF GEORGIA,
Fulton County.

Personally comes before me _____ Ordinary of said County, Dr. C E Murphey and W. M. Powell M.D., both known to me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined Andrew Jackson Owen and after such personal examination, say that the present condition of applicant is as follows: Age Cavity & Infirmity. Gun Shot Wound In left Arm The bones was fractured and about 3 inches taken out of large bone in forearm, leaving and ununited fracture, which totally disabled him to do manual labor with that arm: He still suffer from this wound. This arm is at present disabled and perhaps will always remain so.

and that such condition is permanent. Said condition arises from the following facts: no union of the bone — pain when attempt to use the same, also the tissue swell and applicant suffer much pain — In fact he has no use in said arm.

We have treated applicant professionally for Ten years, and his condition, as above stated, does not arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this 18 day of Feby 1899.

C E Murphey M.D.
W. M. Powell M.D.

W W Huey
Ordinary.

Note 1. *State fully the physical condition and especially the extent of disability. If disability results from wound or injury, state its location, character and present condition. If from disease, give its nature and character, and its causes or origin, as understood by affiant.*

Note 2. The physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA,
Fulton County.

Form No. 4.

I W W Huey, Ordinary of said County, do certify that I am well acquainted with A J Owens the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, *and he is disabled, as he claims*, and I know he is the individual he represents himself to be, and that he resides in this County and has been a bona fide resident since the _____ day of _____ 18__.

I also certify that the witnesses, to-wit: W C Whitley, R B Hicks and E M Smith are persons of respectability, that their statements are worthy of full credit and belief *and that the full text of the affidavit was read to and understood by them before they signed the same.*

Given under my official signature and seal this 26 day of Feby 1899.

W W Huey
Ordinary Fulton County.

All amending proofs must be executed with the same formality as original proofs, and the Ordinary must so certify.

4. Three witnesses are required.

Ordinary Fulton County.

All amending proofs must be executed with the same formality as original proofs, and the Ordinary must so certify.

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

_____

Owens A. J.
Fulton County

CODE SECTION 1[illegible].
(For These Already Enrolled.)

No. 473

INVALID
SOLDIER'S PENSION.
1900.

Name A. J. Owens
County Fulton
Disability
Amount, $ 50
Warrant issued March 5 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]
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 _____ 1901.

_____ [L. S.]

Executed in presence of

_____

Owens A. J.
Fulton County

CODE SECTION 1[illegible].
(For These Already Enrolled.)

No. 211

DISABLED
SOLDIER'S PENSION.
1901.

Name A. J. Owens
County Fulton
Disability Wound L. Arm
Amount, $ 50
January 18 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]
Geo. W. Harrison, State Printer, Atlanta.

no date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears A. J. Owens 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 Aug. 1858; 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 7th Regiment of Ga. Volunteers, Bartow's Brigade; that whilst engaged in such military service in the State of Ga., on the 21st day of July 1861, he was wounded, injured or diseased as follows:

Wounded in the left arm

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of _____ Dollars, for the year 1899.

Sworn to and subscribed before me, this, the 2 day of March 1900. A. J. his x mark Owens POST OFFICE

M. W. Hulsey

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. J. Owens the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Affix your seal here.

M. W. Hulsey
Ordinary Fulton County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears A. J. Owens 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 Aug 1858; 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 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:

wounded in the left arm

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 _____ Dollars, for the year 1900.

Sworn to and subscribed before me, this the 3rd day of Jany 1901. A. J. his x mark Owens Postoffice Atlanta

Jno R. Wilkinson

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

STATE OF GEORGIA,
Fulton County.

I, Jno R. Wilkinson Ordinary of said County, do certify that I am well acquainted with A. J. Owens the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jany 1901.

Affix your seal here.

Jno R. Wilkinson
Ordinary Fulton County.

Ordinary Fulton County.

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
_____

Owens, A. J.
Fulton Co.

CODE SECTION 1902.
(FOR THOSE ALREADY ENROLLED.)

No. 97

DISABLED
SOLDIER'S PENSION
1902.

Name A. J. Owens
County Fulton.
Co. B Regiment 7th Ga.
Disability wound L Arm
Amount, $ 50.00
1/20 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Geo. W. Harrison, State Printer, Atlanta.

No data

Owens, A. J.
Fulton County

CODE SECTION 1903.
(FOR THOSE ALREADY ENROLLED.)

No. 67

DISABLED
SOLDIER'S PENSION
1903.

Name A. J. Owens
County Fulton.
Co. B Regiment 2 Ga.
Disability wound L Arm
Amount, $ 50.00
1/24 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 A J Owens 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 Aug 18 38; 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 7 th 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:

Wounded in left 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 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 13 1902, 1902. A J Owens Post-office Atlanta

John R. Wilkinson

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

STATE OF GEORGIA,
Fulton. County.

I, John R. Wilkinson Ordinary of said County, do certify that I am well acquainted with A J Owens the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Affix your seal here

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton. County.

Personally appears A J Owens 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 Aug 18 38; 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 7 th 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:

Wound in left 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 JAN 21 1903 1903. A J Owens 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,
____ County.

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

Given under my official signature and seal, this ____ day of ____ 1903.

Affix your seal here

John R. Wilkinson Ordinary ____ County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1903.

POWER OF ATTORNEY

Ordinary _____ County.

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 the presence of

_____

Owens, A. J.
Fulton Co.

CODE SECTION 1250.

(FOR THOSE ALREADY ENROLLED.)

No. 30

DISABLED

SOLDIER'S PENSION

1904.

Name A. J. Owens

County Fulton.

Co. B Regiment 7 Ga

Disability Sound Loan

Amount, $ Fifty

1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Hayden, 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

_____

Owens, A. J.
Fulton County

CODE SECTION 1250.

(FOR THOSE ALREADY ENROLLED.)

No. 17

DISABLED

SOLDIER'S PENSION

1905.

Name A. J. Owens

County Fulton

Co. B Regiment 7th Ga

Disability disabled Arm

Amount, $50.00

1/19 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

The Plantation Printing and Publishing Co., Atlanta.
Geo. W. Hayden, Manager, for State Printer.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton. County.

Personally appears A. J. Owens 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 Aug 1858; 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 7 th 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:

Wounded in left 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
Fulton. County, been allowed an invalid pension of
30 Dollars, for the year 1903.

Sworn to and subscribed before me, this the
day of JAN 21 1904 1904.
John R. Wilkinson

A. J. Owens
his + mark
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. Wilkinson. Ordinary of said County, do certify that I am well acquainted with A. J. Owens the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1904.

Affix your Seal here.

John R. Wilkinson
Ordinary Fulton. County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton. COUNTY.

Personally appears A. J. Owens 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 in Company B, of 7 th Regiment of Ga Volunteers 's Brigade; that whilst engaged in such military service in the State of , on the 21 day of July 1861, he was wounded, injured or diseased as follows:

Disabled Arm

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 the
day of JAN 2 1905 1905.
John R. Wilkinson

A. J. his + mark Owens
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 A. J. Owens the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Affix your Seal here.

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, 1905.

Ordinary _____ County.

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

Ordinary _____ 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

_____

Owens, A. J.
Fulton County

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 5

DISABLED
SOLDIER'S PENSION
1906.

Name A. J. Owens
County Fulton.
Co. B Regiment 7 Ga.
Disability Arm disabled
Amount, $50.00
1/17 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[signature]

The Franklin Printing Co., Ga. W. Hartman, Mgr.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Fulton. County.

Personally appears A. J. Owens 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 _____ in Company B, of 7 th Regiment of Ga. Volunteers _____'s Brigade; that whilst engaged in such military service in the State of _____, on the 21 day of July 1861, he was wounded, injured or diseased as follows:

Disabled Arm.

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 1906.

Jim R Wickinson

A J Owens
A Mark
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, Jim R Wickinson Ordinary of said County, do certify that I am well acquainted with A. J. Owens the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Jim R Wickinson
Ordinary Fulton. County.

Affix your seal here

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1st, 1906.

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

Jim R Wickinson

A J Owens
A Marsh

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, Jim R Wickinson Ordinary of said County, do certify that I am well acquainted with A. J. Owens the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Jim R Wickinson

Ordinary Fulton. County.

Affix your seal here

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1st, 1906.

Owens, J. M.

No. 326

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name J M Owens

County Fulton

Disability Don't Pay

Amount, $ 100

Entered on record Mch 2 1892.

W. H. HARRISON,
Secretary of Executive Department.

AGENT.

Applicant

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

STATE OF GEORGIA,
Pastore County.

I, W L Calhoun Ordinary of said county, do certify that I am well acquainted with J M Owens 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. Calhoun
Ordinary Fulton County.

STATE OF GEORGIA,
Fulton County.

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

Given under my official signature and seal, this 2nd day of March 1892

W. L. Calhoun
Ordinary Fulton County.

Fulton Co
Owens, J. M.
No. 326

SOLDIER'S PENSION.
1892.
FOR THE YEAR ENDING OCTOBER 26, 1892.

Name J M Owens
County Fulton
Disability Loss of Leg
Amount, $ 100
Entered on record Mar 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 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 _____ P. O. _____ County, Georgia.

Died Sept 8/93
Owens, J. M.
1893.
Fulton Co

No. 12

Application for Attorney

For the Year Ending October 26, 1892.

Applicant J. M. Owens
County Fulton
Disability Loss of Leg
Amount $ 100
Entered on record Mar 2 1893.

W. H. HARRISON,
Secretary of Executive Department.

AGENT.
Applicant

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

PERSONALLY appears J M Owens
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 10th day of March 1879; that he enlisted in the military service of the Confederate States (~~or of the State of~~) during the war between the States, and served as a Private in Company D, of 6 th Regiment of Butts Volunteers Colquitt 's Brigade; that whilst engaged in such military service at the battle of Fredericksburg in the State of Virginia, on the Thirteenth day of December 1862, he was wounded as follows: Shot in right leg which was amputated four inches below the knee

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of $100.00 One Hundred Dollars for 1891

Sworn to and subscribed before me this 2nd day of Mch 1892. J M Owens

W. L. Calhoun Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
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 authorising 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,
Fulton County.

PERSONALLY appears J. M. Owens 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 15th day of March 18 92; that he enlisted in the military service of the Confederate States (~~or of the State of~~) during the war between the States, and served as a Private in Company D, of 6 th Regiment of Butts Volunteers Colquitt 's Brigade; that whilst engaged in such military service at the battle of Fredericksburg in the State of Virginia, on the Thirteenth day of December 1862, he was wounded as follows: Shot in right leg which was amputated four inches below the knee

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1893. I have heretofore been allowed a pension of One hundred dollars, for 1892

Sworn to and subscribed before me, this, the 15th day of March 1893. J. M. Owens

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 J. M. Owens 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.

IN WITNESS WHEREOF, I have hereunto set my hand and seal of office, this 15th day of March 1893.

W. L. Calhoun Ordinary Fulton County.

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.

_____

STATE OF GEORGIA,

Fulton County.

I, W. L. Calhoun Ordinary of said County, do certify that I am well acquainted with J. H. Owens 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.

Further certify that _____ before whom the foregoing affidavit 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 15th day of March 1893.

W. L. Calhoun

Ordinary Fulton County.

Enl in Co. F.
(Capt G. A. Nichols)
2 2d Battn Heavy
Artillery July 25
1862. Deserted
July 28, 1864
Nothing to show
that this Battn
was ever designa-
ted 6th Artillery
(WR)

Pension Office
11/28-1916
This man Deser-
ted - July 28-1864
not entitled
J. W. Lindsey
Comm of Pension

No. 6 Artillery in
index. Disapproved
11/28-1916

No. 4892

WR
Write for Record

Confederate

Soldier's Application.

UNDER ACT 1910.

E

County Fulton

Name W. S. Owens

Company G. F.

Regiment ~~6th Art~~

Approved Capt Nichols (C.) 2 2d Battn Heavy Artillery

ENTERED ROSTER OF PENSIONS.
Commissioner of Pensions.

CHAS. P. BYRD, State Printer, Atlanta.

10/31/16.

Co. F. 22nd Battn. Heavy Artillery, Capt. G. A Nichols Co.

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,

Fulton County.

W. S. Owens 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) W. S. Owens 152 N. Boulevard Atlanta 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 of the Organized Militia of this State from 1861 to 1865? in Forsyth Co. 1862
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) in Co F. 22nd Artillery, Capt. Nichols Co
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) Almost five years
6. When and where was your Company and Regiment surrendered or discharged from the Service? at Savannah
7. Were you actually present with your Command when it was surrendered or discharged? No
8. If you were not actually present, state specifically and clearly where you were. I was Wounded and sent to Hospital and never able to return
   a. Where was your Command when you left it? Around Savannah Ga
   b. When did you leave the Command?
   c. For what cause did you leave? was Wounded
   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? Not able.
   g. In what way were you prevented? Wound
   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 its cash value on the 4 Nov. 1908? (Make list by items and value.) None
10. What property of any kind have you disposed of and for what purpose since 4 Nov. 1908. To whom and for what price? None
11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and its cash value? (Make itemized list). None
12. What annual or monthly income or earnings of yourself and the source derived have you? None
13. Are you drawing a pension of any amount from this State or the United States?
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 6 day of Oct 1916

W. S. X Owens

Geo Robinson Ordinary

of Fulton County.

Co. F. 22nd Battalion Heavy Artillery Capt. G. A. Nichols Co.

Enlisted in Forsyth Co. 1862. July 28 1864 Paroled at Athens Ga. May 1865

Pleasant Hill Ga. 1936-1916 Was run over by a car and killed Aug 26-1916 Buried at Pleasant Hill Cem by Relatives

Confederate

Soldier's Application.

UNDER ACT 1910.

County Fulton

Name W. S. Owens

Company F

Regiment 22nd Battn. Heavy Artillery

Commanded by Capt Nichols

Enlisted 1862

Paroled 1865

Post Office Atlanta Ga

Residence 152 N. Boulevard

Age 72 years

Color White

Occupation Retired

Remarks:

ENGRAVED BY THE BOSTER-MCKINNEY, Manufacturers of Furniture.

CHAS. P. BYRD, State Printer, Atlanta.

1913/16.

Sworn to and subscribed before me, this the 6 day of Sept 1916 | W. S. X Owens

Wm Robinson Ordinary

of Fulton County.

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

County.

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

1. What is your name and where do you reside?.....

2. How long and since when have you known.....the applicant?

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know?.....

4. When, where and in what Company and Regiment did.....enlist during war from 1861 to 1865? (Give date and place).....

5. How did you obtain your information of this Service?.....

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date).....

7. When and where was his Command surrendered or discharged (give date and place).....

8. Were you personally present at the Surrender?.....

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

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

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

12. When did he leave his Command?.....Where was his Command when he left it?.....for what cause did he leave?.....By whose authority did he leave.....and how long was he granted leave?.....How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically).....

13. In what way was he prevented from returning to his Command? ..... How do you know? .....

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

15. Was applicant captured as a prisoner.....If so, when and where?.....In what prison was he held?.....and when released

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

.....Ordinary,

of.....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 values?..... 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,

Fulton County.

I, Wm H. Jeffries Ordinary of said County, certify that I know the applicant W. S. Owens 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 Fulton Co. shows that W. S. Owens value for tax is in 1908 $ None for 1909 $ None for 1910 $ None for 1911 $ None for 1912 $ None for 1913 $ None for 1914 $ None for 1915 $ None.

Sworn under my hand and official seal of office this 3 day of Sept 1916

Wm H. Jeffries Ordinary,

of Fulton County.

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

12. When did he leave his Command?..... Where was his Command when he left it?..... for what cause did he leave?.....

By whose authority did he leave..... and how long was he granted leave?..... How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically).....

13. In what way was he prevented from returning to his Command? ..... How do you know? .....

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

15. Was applicant captured as a prisoner..... If so, when and where?.....

In what prison was he held?..... and when released .....

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

.....Ordinary,

of..... County.

the applicant W.S. Owens 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 Fulton Co' shows that W.S. Owens value for tax is in 1908 $ None for 1909 $ None for 1910 $ None for 1911 $ None for 1912 $ None for 1913 $ None for 1914 $ None for 1915 $ None.

Sworn under my hand and official seal of office this 30 day of Oct 1916

Wm H Jeffries Ordinary,

of Fulton County.

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

Atlanta, Ga. Sept. 6th, 1916.

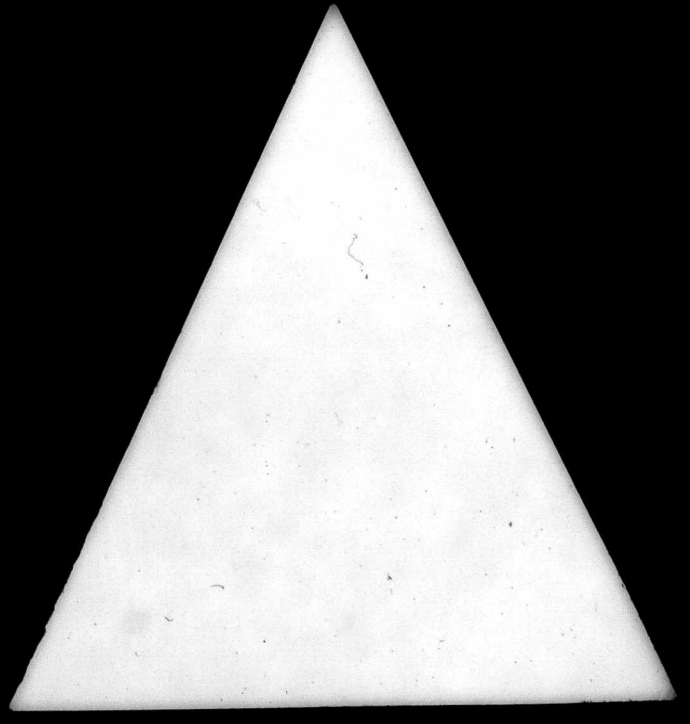
Personally appeared before me W.S. Owens, an old Confederate Soldier, who wishes to make application for a Confederate Pension, and states that he knows of no one living that he could prove his service, as all of his old combrades have died that he knew here and that he does not know of any one to write to to prove his claim to a pension, that he is poor and paralized and needs the pension,

W.S. X Owens
Mark

Sworn to and subscribed before me,
this 6th day of September, 1916.

Wm Robinson
C. C. Ordinary, Fulton Co. Ga.

G 6.Ordinary,Fulton Co.Ga.



Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY.

I, T. H. Jeffries Ordinary of said County, do certify that I know Mrs Jennie Owensby the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1908; that I also know Mrs E. S. Mathis 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 my Clerk 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 20 day of Oct 1919

(SEAL)

T. 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. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1881, are entitled.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Amendment, Jennie
Fulton County
Oct 1920

No.

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Fulton

Name Mrs. Jennie Owensby

Widow of Gabe Owensby

Company Ritter's Co.

Regiment Smith's Reg. Ga Light Artillery

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. Jeffries Ordinary of said County, do certify that I know Mrs Jennie Owensby the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1908; that I also know Mrs E A Mathis 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~~ [illegible] 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 29 day of Oct 1919

(SEAL) T. 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. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1881, are entitled.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Ordinary, Jennie Owensby (Mrs) Fulton County
Mr Ordinary 1920

No. [illegible]

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

County Fulton
Name Mrs. Jennie Owensby
Widow of Gabe Owensby
Company Ritter's Co.
Regiment Smith's Reg.
Ga Light Artillery
Approved

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

10-23-1919

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. Jennie Owensby 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. Jennie Owensby, 101 Lambert 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? Gabe Owensby, Troup Co., Ga. Dec 15, 1870
   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.) Jan. 21, 1864 Heard Co., Ga. 3rd Battery, 2nd Artillery, changed to Stephens Light Artillery and Subsequently Capt. Ritter's Co. Ga. Light Artillery (Smith's Reg)
5. When and where did the commands of your husband surrender or discharge from the army? Citronelle May 1865. Paroled at Meridian Miss. May 11 1865
6. Was your husband personally present at the time of the surrender or discharge of this command? Yes
7. If he was not present state clearly where he was?
8. Where was his command when he left? Never left command until after surrende
   a. For what cause did he leave his command?
   b. By whose authority did he leave his command?
   c. For how long was he granted leave of absence?
   e. What was his physical condition when he left his command?
   f. What effort did he make to return to his command?
   g. In what way was he prevented from going back to Command
   h. Was he captured by the enemy at any time? 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? May 12, 1894 LaGrange, 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 15 day of October 1919 Mrs Jennie Owensby

Mrs T. H. Jeffries Ordinary
of Fulton County.
(SEAL)

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 15 day of October 1919.

Mrs Jennie Owensby

Ordinary

of Fulton County.

No.

Meridian Miss May 15th 1865.

Owen S. Owensby of Company Ritter's Battery Regiment Ester Smith's Arty Brigade C. S. A., residing in Hearne Carroll Co. having been, with the approval of the proper authorities, paroled, is permitted to return to his home, not to be disturbed by the United States authorities, so long as he observes his parole and the laws in force where he may reside.

By order

Major General E. R. S. Canby, U. S. A.

G. L. Andrews

Brig. Genl. & Pro. Mar. Genl.

STATE OF GEORGIA.
COUNTY OF FULTON.

Personally before the undersigned authority now comes MRS. E. S. MATHIS, who upon oath says:

That she knows Mrs. Jennie Owensby and knew her husband, Gabe Owensby; that the said Mrs. Jennie Owensby and the said Gabe Owensby lived together as man and wife continuously for many years before the death of said Gabe Owensby; that the said Gabe Owensby died on May 12, 1894 in LaGrange, Ga; that the said Mrs. Jenie Owensby has not remarried since the death of her husband and is now his lawful widow.

Sworn to and subscribed before me this October 20, 1919.

Mrs E S Mathis

Claude C Mason

C C ORDINARY Fulton Co., Ga.

STATE OF GEORGIA.
COUNTY OF FULTON.

Personally before the undersigned authority now comes Mrs. Jennie Owensby, who upon oath says:

That she is the widow of Gabe Owensby, who was a private in Capt. Ritter's Co. Light Artillery, Smith's Regiment, and served from January 21, 1864 to May 11, 1865 as a member of said company and regiment; that she has made every effort to locate some member of his company and regiment and has been unable to do so; that she now knows of no living member of said company and regimentp she attaches hereto certain secondary evidence and asks that same be accepted as proof of the service of her husband in the Confederate Army.

Sworn to and subscribed before me this October 15, 1919.

Mrs E Jennie Owensby

ORDINARY FULTON CO., GA.

State of Georgia, Troup County

ORDINARY'S OFFICE—ss:

I, H T Wordyard, 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 Gabriel Owensby and J A Means and also copy of the certificate of the officer who performed the ceremony with the original record thereof, now remaining in this office, and the same is a correct transcript therefrom, and 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 16 day of Oct 1919.

H T Wordyard

Ordinary and ex-officio C. C. O.

... that she is the widow of Gabe Owensby, who was a private in Capt. Ritter's Co. Light Artillery, Smith's Regiment, and served from January 21, 1864 to May 11, 1865 as a member of said company and regiment; that she has made every effort to locate some member of his company and regiment and has been unable to do so; that she now knows of no living member of said company and regiment; she attaches hereto certain secondary evidence and asks that same be accepted as proof of the service of her husband in the Confederate Army.

Sworn to and subscribed before me this October 15, 1919.

[signature]

ORDINARY FULTON CO., GA.

Ace S Tennie
Owensby

I, H T Wordyard, 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 Gabrel Owensby and J A Means and also copy of the Certificate of the Office who performed the Ceremony with the original record thereof, now remaining in this office, and the same is a correct transcript therefrom, and 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 16 day of Oct 1919

H T Wordyard
Ordinary and ex-officio C. C. O.

No. 484

Marriage License

State of Georgia, Troup County

TO ANY JUDGE, JUSTICE OF THE PEACE, OR MINISTER OF THE GOSPEL.

You are hereby authorized to join Gabrel Owensby and J A Means 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 13th day of Dec 1870

H H Cary (L.S.) Ordinary.

STATE OF GEORGIA — CERTIFICATE — TROUP COUNTY

I Certify that Gabrel Owensby and J A Means were joined in Matrimony by me this 15th day of Dec ~~Nineteen~~ Eighteen Hundred and Seventy

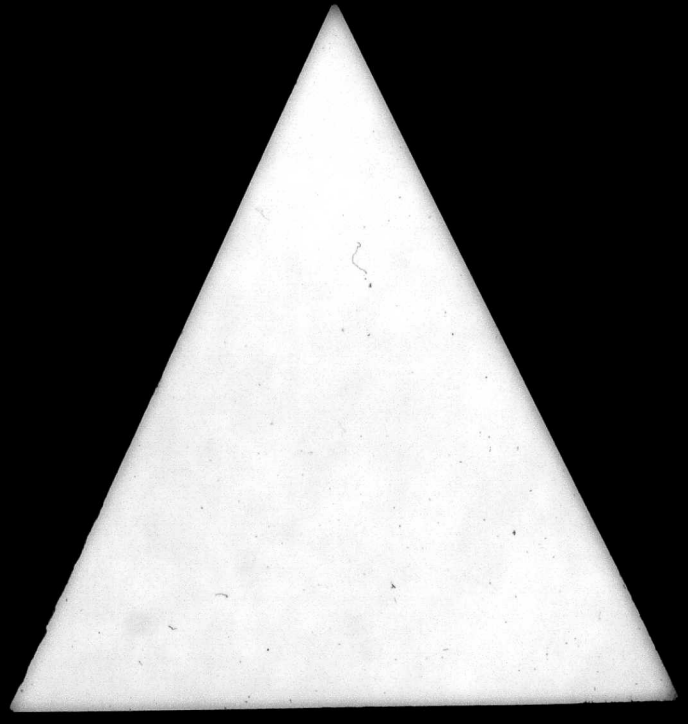
Recorded Jan 2d 1871

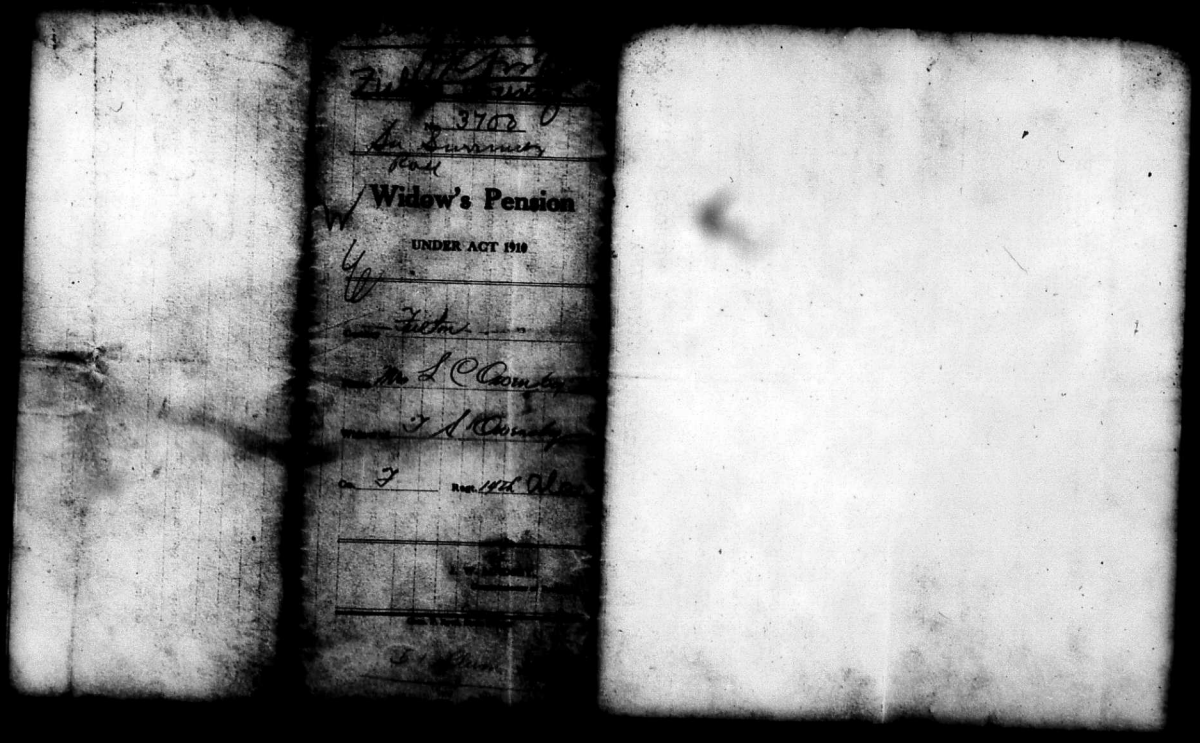
H E Cary C C Ordinary.

Jas D. Hammett N Pr Ex Off J P

LICENSE OBTAINED UNDER OATH BY

I Certify that Gabriel Owensby and J A Means
were joined in Matrimony by me this 15th day of Dec ~~Nineteen~~ Eighteen Hundred
and Seventy
Recorded Jan 2d 1871 Jas D. Hammett N Pr Ex
H E Cary C C Ordinary. Off J P




Widow's Pension
UNDER ACT 1910

Widow's Pension

UNDER ACT 1910

Co. F Regt. 14th Ala

J. W. LINDSEY,
Commissioner of Pensions

Quas. F. Byrd, State Printer



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

STATE OF GEORGIA,
Fulton County.

Personally before me comes L. C. Owensby 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? L. C. Owensby, Atlanta Ga. 51 Plum St.
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? Heard Co. To J. A. Owensby on Febrnon 14 - 1856
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.) Co. F. 14th Alabama Regiment
5. When and where did the Commands of your husband surrender or discharge from the army? Appermattox April 9 1865
6. Was your husband personally present at the time of the surrender or discharge of this Command? Yes
7. If he was not present state clearly where he was? —
8. Where was his command when he left? Appomattox
a. For what cause did he leave his Command? Surrendered
b. By whose authority did he leave his Command? —
c. For how long was he granted leave of absence? —
e. What was his physical condition when he left his Command? —
f. What effort did he make to return to his Command? —
g. In what way was he prevented from going back to Command? the war was over
h. Was he captured by the enemy at any time? No
i. If so, when and where captured and where held as a prisoner, and when and for what cause released? —
j. When and where did your husband die? Rockmart Ga. about Aug. 15 1878
k. Were you residing together when he died? yes
l. If not, how long had you resided apart? —
9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908? (State same by items and where situated) 1 House & Lot $900.00
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) none
11. What property of any description of any value have you now? Give list and cash value 1 House & Lot Value $900.00
12. What are your annual earnings or income from any source and their value? none
13. Have you or your husband heretofore been paid a pension by the State? No
If so, when and for what cause were you or your husband placed on the Roll?

Sworn to and subscribed before me this the 18 day of Sept 1916

Mrs L C Owensby

Thos H. [illegible] Ordinary.

of Fulton County.

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 and where situated). 1 House & Lot $900.00

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

11. What property of any description of any value have you now? Give list and cash value 1 House & Lot Value $900.00

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

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

Sworn to and subscribed before me this the 18 day of Sept 1918 } Mrs L C Owensby

Thos H Jeffries Ordinary.

of Fulton County.

For Fulton County

1929

Application for Pension Due Deceased Pensioner

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

Thos H Jeffries Ordinary

For Mrs L C Owensby

Date of Death Jan 3 1929

Amount $100.00

Approved and ordered paid by

John W. Clark

18 Feby 29 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.

Ad 6/19/29

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 Lucretia C. Owensby 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 3 day of Jan 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 $163.80, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

Arthur R. Marbut, 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 Mrs L C Owensby while in life and that this was the same person whose name appears on the Pension Roll of Fulton County, and was paid a Pension of Two Hundred ($200.00) Dollars in said County for 1928, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 7 day of Jan, 1929

(Seal of Ordinary)

Thos 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.

M Funeral expenses for Mrs. Lucretia C Owensby Lb. (4)

IN ACCOUNT WITH

HARRY G. POOLE

FUNERAL DIRECTOR

184 PRYOR STREET, S. W.

ATLANTA, GA.

1896 1928

WALNUT 6356 6359

Jan. 7th, 1929

Jan. 3rd, 1929

To,

Casket	$ 100.00
Embalming and services	15.00
Grave Fee	12.00
Funeral Notice	7.80
One Car	10.00
Pallbearer Gloves	1.50
Box to cemetery	2.50
Hearse	15.00
	163.80

Atlanta, Ga,
Fulton, Co.

I hereby certify that the above account was for the funeral expenses of Mrs. Lucretia C Owensby who died in Atlanta, Ga. on the 2nd of Jan. 1929, with out sufficient funds to pay her burial expenses and is just, true, true and unpaid.

Sworn to & subscribed before me this Jan 7-1929

Arthur R Marbut
C C Ordinary

Harry G. Poole

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.

GEORGIA.
FULTON COUNTY.

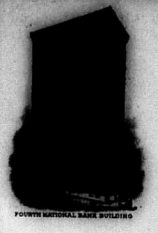
In person came MRS. JULIA WALLACE, who on oath says that she was present at the marriage of T. A. OWENSBY and MISS LUCRETIA COX on the fourteenth day of February, 1856, and witnessed the ceremony; that she knows of her own knowledge that the above named parties lived together as man and wife until T. A. Owensby died, and that the said Lucretia Cox Owensby is now the widow of said T. A. Owensby, she never having remarried.

Sworn to and subscribed before me this 18th day of September, 1915.

her
Mrs. Julia (X) Wallace
mark.

Thos. H. Johnson
Ordinary.
Fulton Co. Ga.

Attest:
A. K. Sherman



FOURTH NATIONAL BANK BUILDING

FOURTH NATIONAL BANK

ATLANTA, GA.,
Nov. 3-1915.

JAMES W. ENGLISH, PRESIDENT
JOHN K. OTTLEY, VICE PRESIDENT
CHARLES I. RYAN, VICE PRES. & CASHIER
WM. T. PERKERSON, ASST. CASHIER
STEWART McGINTY, ASST. CASHIER
F. M. BERRY, ASST. CASHIER
HATTON S. ROGERS, ASST. CASHIER

Mrs. L. C. Owensby,
#51 Plum St.,
Atlanta, Ga.

Dear Madam:-

Please pardon my delay in giving you the information you desire in regard to your husband.

I find that he was a member of the 14th Alabama Regiment, and that General Lee surrendered him with others April 9, 1865. There were 118 of his Regiment at the Surrender. The records do not show the company, nor can I find the name of the officers who commanded it at that time.

Atlanta Ga. 11 34

Regretting that I can give you no further information, I am,

Very respectfully,

J. W. English

JWE/S

Thos. H. Dolvin
Ordinary.
Fulton Co. Ga.

Attest:
A. L. Sherard

further information, I am,

Very respectfully,

J. W. Englehardt

JWE/S

GEORGIA.
FULTON COUNTY.

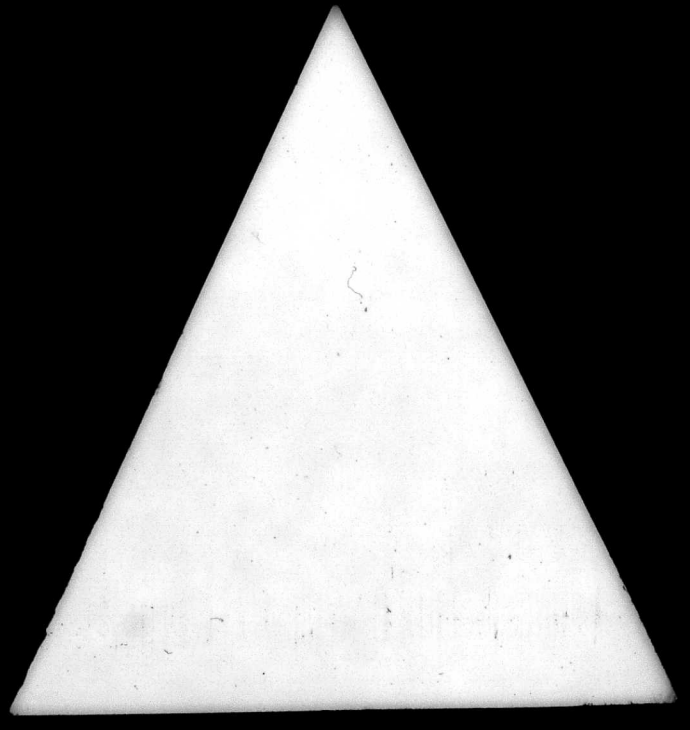
In person comes MRS. L. C. OWENSBY, who on oath says that she has madediligent search for witnesses to the service of her husband, T. A. Owensby, in the Confederate Army, and that, while many were known to her of his comrades in arms, all are dead, and that she has been unable to find a single living witness to that service.

Mrs L C Owensby

Sworn to and subscribed before me this 18th day of September, 1916.

Thos. H. Dolvin
Ordinary.

Thos. H. Johnson
Ordinary.



POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,

_____ *County.*

Know all Men by these Presents, That I, _____

_____ of _____

County, in said State, do hereby appoint _____

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 189__

_____ [L. S.]

Executed in the presence of us:

_____

_____

DIRECTIONS.

If allowed, send amount by _____ to me at _____, and oblige

Ex Dept. Clerk
July 7, 1891

Part of the proofs here presented were executed before a Notary Public in face of the rule prescribed by the Governor requiring the proofs made before the Ordinary. It is also desirable to have each of the witnesses go into full history of the deceased, explain precisely how they [illegible] Mr. Hamm's application [illegible] death in 1874 was a direct result of injury he received in the army. More they [illegible] at his death - or [illegible] they said see him [illegible] his last illness. Has [illegible] never a time after the war [illegible] he was free from [illegible] [illegible] he was [illegible] [illegible] [illegible]

[illegible]

1891.

No. H292

Widows' Pension

—PAID TO—

Mrs. Malcom Owings

of

Fulton County.

$100.00.

Warrant Issued

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,
_____ County.

Know all Men by these Presents, That I, _____

of _____

County, in said State, do hereby appoint _____

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 189__.

_____ [L. S.]

Executed in the presence of us:

_____

_____

DIRECTIONS.

If allowed, send amount by _____ to _____ me at _____, and oblige.

Bank of the Empire State
Pay to the order of _____
Thousand upon presentation
for a lottery ticket in
the Louisiana State Lottery Co.
[illegible]

Application for Pension
Widow of _____
Co. _____ Regt. _____
Georgia Volunteers
Filed _____ 1891.
No. 4992
WIDOWS' PENSION
PAID TO
Malvina Owings
Atlanta Ga.
$100.00.
Warrant Issued

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,
County of Fulton.

In person came before me, the undersigned Ordinary in and for the County of Fulton.

Mrs. Malvina Owings, who being sworn according to law, says under oath that she is the widow of A. J. Owings, who was a soldier in the service of the Confederate States, and served as a member of Company K, of the 7th Regiment of Georgia Volunteers; that he enlisted in said service on or about the _____ day of May 1861, and was in the Confederate Army up to _____ 186__ That while in the Army, he was on the _____ day of _____ 186__, (See Note No. 1)

Attacked by Diarrhoea, or became ill from the effects of Diarrhoea. That attributed the attack to exposure in the ~~Confederate~~ Confederate Army. And, that from some cause he remained ill a great while, and was eventually sent to a Hospital for sick Soldiers at Columbus, Ga. but, did not recover. That he was ill from some disease at the time of the Surrender. Came home very ill, and remained an invalid under Doctors, Physicians and Plans of treatment, and finally died from the effects of said disease on the 22 January 1874.

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 _____ th day of November 1839, and that she has resided in Georgia continuously since the _____ day of _____ 1859; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this the 1st day of June 1891.

Malvina Owings

W. H. Calhoun
Ordinary.

#15 Corput St, Atlanta Ga.

NOTE 1. State in blank above the date of the death of the husband, and how, and when, and where he died. And in case his death resulted from disease, state how the disease is *known* positively to have resulted from the service of the soldier in the Army and not from any other cause.

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

County of Fulton

In person came before me, the undersigned Ordinary in and for said County witnesses Dr. J. F. Alexander Charles K. Maddox and W. L. Hubbard and Pat. J. McCullough and W. C. Horton (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Malana Owings, of the County of Fulton, State of Georgia, is the widow of A. Y. Owings, who was a soldier in Company K of the 7th Regiment of Georgia Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the day of May 1861 That while in said service, or by reason of said service in the Army, he lost his life as follows:

He Contracted Diarrhoea, from which he was ill a great while, and finally died from the effects of said disease, we believe as stated in physician's affadavit appended to this instrument or application for a Pension.

Said W. L. Hubbard swears well the above stated facts but not as to the following

W. C. Horton swears that said A. Y. Owings had chronic Diarrhea for years and died of said disease and that Malana Owings was his wife & is his widow and that she has not married since his death

We further swear that Mrs. Malana Owings was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in Fulton County of the State of Georgia.

Sworn to and subscribed before me, this, the 8th day of July 1891.

W. L. Calhoun
Ordinary.

+ C. K. Maddox, Capt. Co. K. 7th. Ga. Inf.
+ P. J. McCullough
W. L. Hubbard
W. C. Horton

Form No. 3.

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. Malana Owings 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 lived out of the State since that date. I also certify that the witnesses whose testimony she presents to sustain her claim are known to me to be truthful witnesses, entitled to full faith and credit as such. 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 8th day of July 1891.

SEAL

W. L. Calhoun
Ordinary.

I W. L. Calhoun Ordinary

Form No. 4.

NOTES.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

Those whose husbands were wounded in the army and have since died from the direct effects of the wounds.

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 war, 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 the testimony of three witnesses **who personally know of the enlistment of the husband and his death and the immediate cause of the death.**

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

There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish *full* and specific instructions, and give ample opportunity to every claimant.

If witnesses live in another County from that wherein applicant resides, they must *go before the Ordinary* and testify. The attestation of a Justice of the Peace or Notary will not answer.

Fill out Power of Attorney authorizing some one who can call at Treasurer's office in [illegible] receive the money, to receipt for same.

Fill out the "*directions*" below Power of Attorney, so that your Agent will know [illegible] to send the money.

By order of the Governor.

W. H. [illegible]

Ordinary. W. C. Horton

By order of the Governor. W. H.

Form No. 2.

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. Malana Owings 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 A. Y. Owings, deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 1st day of February 1894.

{SEAL} W. L. Calhoun Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

KNOW ALL MEN BY THESE PRESENTS, That I, of County in said State, do hereby appoint of my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1894.

[L. S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by to me at , and oblige

Owings
Fulton County
FOR THOSE HERETOFORE PAID.
1894.
No. 1585
WIDOWS' PENSION,
for year ending February 15th, 1894.
PAID TO
Mrs. Malana Owings
OF
Fulton County.
WARRANT ISSUED
2/2 1894.
AND HANDED TO
Applicant

Form No. 1

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Fulton

Personally comes Mrs. Malana Owings

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 1859. That she is the Widow of A.Y.Owings who was a Soldier in Company K of the 7th Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of May 1861 and served in the Army up to 186 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.*) (Attacked by Diarrhoea, or become ill from the effects of Diarrhoea That attributed the attack to exposure in the Confederate Army And, that from some cause he remained ill a great while, and was eventually sent to a hospital for sick soldiers, at Columbus Ga, but did not recover, That he was ill from some disease at the time of the Surrender. Came home very ill, and remained an invalid under various Physicians and plans of treatment, and finally died from the effects of said disease on the 22 January, 1874.)

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 1839; 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. Calhoun, Ordinary.

Malana Owings
Post-office

W. L. Calhoun, Ordinary. Post-office

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. Malana Owings 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 A. Y. Owings deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1894.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 1st day of Feby 1895.

{SEAL} W. L. Calhoun Ordinary.

POWER OF ATTORNEY.

Form No. 3

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 as a widow of a Confederate Soldier, as stated in the foregoing affidavit, hereby authorizing my said Attorney to receive in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In Witness Whereof, I have hereunto set my hand and seal, this _____ day of _____ 1895.

_____ [L. S.]

Executed in the presence of us:

_____

_____

DIRECTIONS.

Send amount by _____ to me at _____, and oblige

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. Malana Owings 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 A. Y. Owings deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 5th day of Feby 1896.

{SEAL} W. L. Calhoun Ordinary.

POWER OF ATTORNEY.

Form No. 3.

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

_____

_____

Owings, Malana
Fulton, County

FOR THOSE HERETOFORE PAID.

1895.

No. 607

WIDOW'S PENSION

for year ending February 15th, 1895.

PAID TO

Malana Owings

OF

Fulton County

widow of A. Y. Owings

WARRANT ISSUED

Feb. 1 1895.

AND MAILED TO

Applicant

Geo. W. Harrison, State Printer.

Owings Malana
Fulton County

FOR THOSE HERETOFORE PAID.

1896.

No. 2344

WIDOW'S PENSION

for year ending February 15th, 1896.

PAID TO

Malana Owings

OF

Fulton County

widow of A. Y. Owings

WARRANT ISSUED

Feb 1 1896.

AND MAILED TO

Applic

Geo. W. Harrison, State Printer.

Form 2.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Fulton } Personally Comes Mrs. Malane Owings

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 59 That she is the Widow of A.Y.Owings who was a Soldier in Company K of the 7th Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of May 186 1 and served in the Army up to 186 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.*) (

Attacked by Diarrhoea,or became ill from the effects of Diarrhoea That attributed the attack to exposure in the Confederate Army And,that from some cause he remained ill a great while,and was eventually sent to a hospital for sick soldiers at Columbus Ga.,but did not recover,that he was ill from some disease at the time of the surrender. Came home very ill,and remained an invalid under various Physicians and plans of treatment,and finally died from the effects of said disease on the 22 January 1874.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 59, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this 1st day of Feby 1895. W.L.Calhoun Ordinary. } Malane Owings Post-office

Form 2.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Fulton } Personally Comes Mrs. Malane Owings

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 59 That she is the Widow of A.Y.Owings who was a Soldier in Company K of the 7th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of May 186 1 and served in the Army up to 186 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.*) (

Attacked by Diarrhoea,or became ill from the effects of Diarrhoea that attributed the attack to exposure in the Confederate Army and, that from some cause he remained ill a great while,and was eventually sent to a hospital for sick soldiers at Columbus Ga. but didi not recover,that he was ill from some disease at the time of the surrender. Came home very ill,and remained an invalid under various Physicians and plans of treatment,and finally died from the effects of said disease on the 22nd January,1874

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 59, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of Fulton County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this 1st day of Feby 1896. W.L.Calhoun Ordinary. } Malane Owings Post-office

Form No. 2.

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

STATE OF GEORGIA, County of Fulton

I, W. H. Hulsey Ordinary in and for said County of Fulton State of Georgia, hereby certify that I am acquainted with Mrs. Malana Owings 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 A. J. Owings 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 30 day of Feby 1897.

{SEAL} W. H. Hulsey Ordinary.

Form No. 3.

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

_____

_____

Owings, Malana
Fulton County

FOR THREE HERETOFORE PAID.

1897.

No. 1111

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO

Mrs. Malana Owings

OF

Fulton County.

widow of A. J. Owings

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/3 1897,

AND HANDED TO

appel

GEO. W. MORRISON, STATE PRINTER, ATLANTA.



Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Fulton

Personally Comes Mrs. Malana Owings

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 1859 That she is the Widow of A. J. Owings who was a Soldier in Company K of the 7th Regiment of Georgia Volunteers, that enlisted in said regiment on or about the month of May 186 1 and served in the Army up to 186 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.*)

Became ill from the effect of diarhea Contracted in Confederate Army, Afterwards sent to Hospital in Columbus Ga, Came home very ill and remained an invalid under various Physicians and plans of treatment, and finally died from the effects of said illness Jan 25nd 1874

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of 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 3 day of Feby 1897.
M. [illegible] Ordinary.

Malana Owings
Post-office Atlanta

PENSION

Ordinary. Post-office

PENSION

Georgia,
Fulton County.

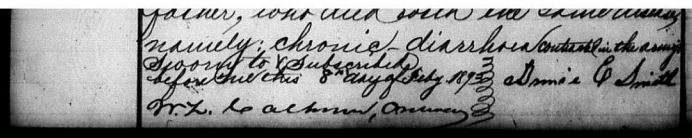
Personally before me W. S. Calhoun, Ordinary of Fulton County, came Addie E. Smith, known to me, who being duly sworn deposes and says: that she is the daughter of N. G. Owings & her maiden name formally being Addie E. Owings. That she remembers her father N. G. Owings at the time that he returned from the army. That at said time he came home sick and continued sick with the same trouble, from that time until the time of his death. That she was constantly with her father from the time he came home from the army until the time of his death. That the disease he had and which he died with was chronic diarrhoea, from which he suffered from the time he came out of the army until the time of his death. Deponent further says that she had a brother, a son of her said father, who died with the same disease, namely: chronic diarrhoea contracted in the army.

Sworn to & Subscribed before me this 8th day of July 1892. Addie E. Smith

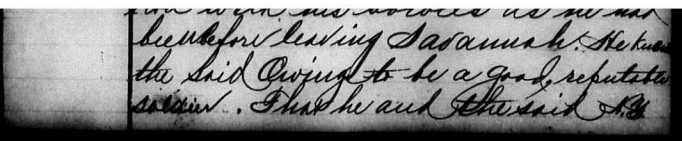
W. S. Calhoun, Ordinary

Georgia,
Fulton County

Personally before me W. S. Calhoun, Ordinary of Fulton County came Richard [illegible] who is a reputable citizen of Fulton County known to me, & who being duly sworn deposes and says: That he knew N. G. Owings during his life time; that in Nov. 1864 he met the said Owings at Savannah Ga. where he and the said Owings with others were in the Confederate service at that time and afterwards; that during their said service at Savannah he was closely associated with the said Owings and heard him complain of his bowels and he was running to the bushes very frequently; that when he first came there into the service he was not that way; he was as strong & healthy man in appearance at that time as when he first came into the service; that they left Savannah coming to Atlanta, on the same train; that he was in the same condition with his bowels as he had been before leaving Savannah. He knew the said Owings to be a good, reputable soldier. That he and the said N. G.



father, who died with the same disease, namely: chronic diarrhoea contracted in the army.
Sworn to & Subscribed before me this 8th day of Feby 1893. Bruce E Smith
W. L. Calhoun, Ordinary



[illegible] with his [illegible] as he had been before leaving Savannah. He knew the said Owings to be a good, reputable soldier. That he and the said N. Y.

Georgia,
Fulton County.

I, W. L. Calhoun, Ordinary in & for Fulton County State of Georgia, hereby certify that I am acquainted with Mrs. Malana Owings 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 lived out of the state since that date. I also certify that the witnesses whose testimony she presents to sustain her claim are known to me, to be truthful witnesses, entitled to full faith and credit as such. 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 the proofs read they sign. That the said applicant is still unmarried. In witness whereof I have hereunto set my hand and affixed the seal of my office, this 20 day of Feby 1893
W. L. Calhoun
Ordinary

Affidavit of
R. J. Johnson.

Owings separated in the Service, in May 1862
Sworn to & Subscribed before me, this 2nd day of February 1893.
W. L. Calhoun
Ordinary
R. J. Johnson

day sign. That the said applicant is still unmarried. In witness whereof I have hereunto set my hand and affixed the seal of my office, this 20 day of Feby 1893

W. L. Calhoun
Ordinary

State of Georgia,
Fulton County.

Personally appears before me, A G Manning a N P & a Justice of the Peace, in and for said State and County, Mrs. M. J. Johnson, who upon being sworn, deposes and says that she knew A. G. Owings during his lifetime. That she was perfectly familiar with his physical condition at the time he contracted Chronic Diarrhoea: that he was a soldier at the time, a member of Company 7 Ga. Regt. Vol, and that he was sent to hospital where he did not grow better, and where medical aid failed to be of material benefit. She farther deposes and says that she saw him at the moment of his return from the war, at the close of the revolution, and, that he was suffering from Chronic Diarrhoea; that he was not able again to labor for support. And, that the disease continued to afflict him constantly until on the 22nd. January, 1874, he departed this life from the effects of the disease as named and described above.

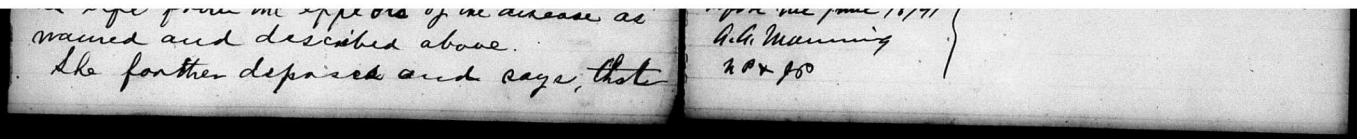
She farther deposes and says, that

State of Georgia,
Fulton County. Personally came before me,

A. G. Manning a N P & a Justice of the Peace, in and for said State and County, Dr. Joel H. Hammond, known to me as a reputable physician, who upon being sworn, deposes and says that he knew A. G. Owings during life, and that he was his attending physician during his last illness. And, that the said A. G. Owens died ~~from the effects~~ on the 22nd. January, 1874. The cause of his death being Chronic Diarrhoea. He farther deposes and says, that the disease was evidently of long duration; and, that he believes from the character of the disease, and the extremely emaciated condition of the deceased, that the declaration that the disease was contracted in the Army was true.

Joel H. Hammond, M.D.

Sworn to & subscribed before me June 18/91
A. G. Manning
a N & J.P.



a life from the effects of the disease as named and described above.
She farther deposes and says, that

before me June 18/91
A.G. Manning
N.P. & J.P.

that the applicant for Pension, Mrs.
Walona Owings was the legal wife of the said A.G. Owings; that he lived with her as his wife during the war of the Rebellion, or the civil war of 1860-65; and, that he was still ~~residing~~ living with at the time of his death. She farther testifies and says that Mrs. Walona Owings has not been married since the demise of A.G. Owings. And, that she is a Citizen of Fulton County, Georgia.

M. I. Johnson

Sworn to & subscribed before me June 18/91
A.G. Manning
N.P. & J.P.

Sworn to and signed acknowledged before me. February 1st 1893
W. L. Mallow
Ordinary

that the applicant for Pension, Mrs.
Walona Owings was the legal wife of the said A. G. Owings; that he lived with her as his wife during the war of the Rebellion, or the civil war of 1860-65; and, that he was still ~~residing~~ living with at the time of his death. She farther testifies and says that Mrs. Walona Owings has not been married since the demise of A. G. Owings. And, that she is a Citizen of Fulton County, Georgia.

Sworn to & subscribed before me June 18/91
A. L. Manning
N. P. & J. P.

M. I. Johnson

Sworn to and signed acknowledged before me. February 1st 1893
W. L. Leathers
Ordinary

[illegible]

[illegible] Feb[illegible] 1st 1893

[illegible]

[illegible]

Ordinary's Certificate

STATE OF GEORGIA,
Fulton COUNTY.

I, Thos H. Jeffries Ordinary of said County, do certify that I know Mrs Cornelia Ozburn 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.W. Wallis 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~~ my clerk 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 1920

(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 do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1881, are entitled.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Ozburn, Cornelia
P No. Fulton Co

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Fulton
Name Cornelia Ozburn
Widow of J. B. Ozburn
Company E
Regiment 4th Ga.
Approved

ENTERED ROSTER OFFICE

J. W. LINDSEY,
Commissioner of Pensions.

Revd Printing Co., State Printers, Atlanta.

10-30-1920

Ordinary's Certificate

STATE OF GEORGIA,
Fulton COUNTY.

I, Thos H. Jeffries, Ordinary of said County, do certify that I know Mrs Cornelia Ozburn 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.W. Wallace 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 27 day of Oct 1920

(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 do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1861, are entitled.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Ozburn, Cornelia (Mrs.) Apr 1920
No. Fulton

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

County Fulton.
Name Cornelia Ozburn
Widow of J. B. Ozburn
Company I
Regiment 4th Ga.
Approved

Dec 1920
Jan Certificate

ENTERED POSTER OFFICE

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

10-30-1920.

M-1559-W

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. Cornelia Ozburn 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. Cornelia Ozburn, 45 Buena Vista Ave., Atlanta, Ga.
2. How long and since when have you been a continuing resident of the State of Georgia? All my life, except twelve years spent in Texas about thirty eight years ago
3. When, where and to whom were you married? March 15 1874 in Clayton County Ga., to James Benton Ozburn
   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.) In 1863 in Clayton County Ga. in Co. "E" 4th Ga. Reg of Vol. Inf.
5. When and where did the commands of your husband surrender or discharge from the army? Griffin Ga., 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?
8. Where was his command when he left?
   a. For what cause did he leave his command?
   b. By whose authority did he leave his command?
   c. For how long was he granted leave of absence?
   e. What was his physical condition when he left his command?
   f. What effort did he make to return to his command?
   g. In what way was he prevented from going back to Command
   h. Was he captured by the enemy at any time? 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? June 9. 1914 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 27 day October 1920 } Mrs Cornelia Ozburn
Thos H. Jeffries Ordinary
of Fulton County.
(SEAL)

Ordinary
of Fulton County.
(SEAL)

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,
Fulton COUNTY.

Personally before me comes J. W. Wallis 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. Wallis, Riverdale Ga. Clayton County
2. How long and since when have you known Mrs. Cornelia Osburn applicant? All her life
3. How long and since when has she continuously resided in this State? (Give date.) All her life except a short time spent in Texas
4. When and to whom was she married? J. B. Osburn How do you know? Lived near them at the time
5. How long and since when did you know James Benton Osburn her husband? All his life
6. When and where did James Benton Osburn the husband of applicant, die? Atlanta Ga about six years ago
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? Never resided apart
Were they divorced? No
9. When, where and in what Company and Regiment did James Benton Osburn enlist? Clayton Co., Ga. 1863 in Co. "E" 4th Ga. Reg. of Vol. Inf
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? My general knowledge is that he served from his enlistment to the surrender in 1865
12. When and where did his Command surrender, and was discharged? Griffin Ga., April 1865
13. Were you personally present when it was surrendered? No If not, where were you Was member of State Militia and was at home and how came you there? Had been captured and paroled at time of surrender
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 lived in Clayton Co., Ga. with J B Osburn and saw him mustered into service in 1863 and have heard him and others state that he served with his command until after the surrender at Griffin Ga in 1865
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 4 day of Oct 1920

his
J. W. (X) Wallis
mark

Ordinary
of Fulton County.
(SEAL)

Sworn to and subscribed before me this the
4 day of Oct 1920
Claudel Mason Ordinary
of Fulton County.
(SEAL)

J. W. (x) Wallis
mark

State of Georgia,
Clayton County.

To any Minister of the Gospel, Justice of the Peace or Judge of the Superior Court to celebrate:

You are hereby authorized and permitted to join in the honorable state of matrimony James B. Osbern and Miss Cornelia J. Allums according to the rites of your church provided there be no 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 the I4th day of March, I874. J. A. McConnell Ordinary.

I hereby certify that James B. Osbern and Cornelia J. Allums were joined together in the Holy Bonds of Matrimony on the I5th day of March, I874 by me.

J. M. DeFoor, M. G.

Georgia, Clayton County.

I, Wm. H. Reynolds, Ordinary and ex-officio Clerk of the Court of Ordinary of said county, do hereby certify that the above and foregoing paper is a true and correct copy ofthe Marriage License of the parties named therein as the ~~xx~~ said Marriage License is recorded on page I73 of Book "B" of the Marriage License Records in the office of the Ordinary of Clayton County, Georgia.
In witness whereof I have hereunto set my hand and affixed the seal of the Court of Ordinary of said Clayton County this the 24th day of August, I920.

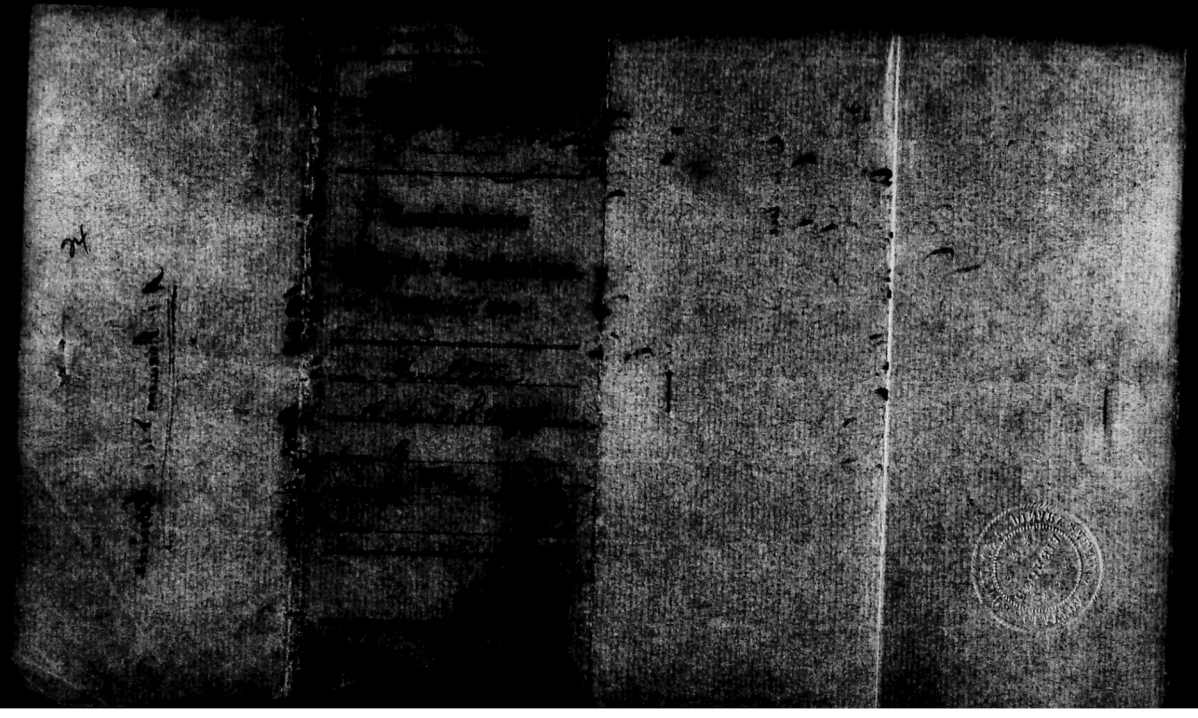
Wm H. Reynolds
Ordinary and ex-officio Clerk
of the Court of Ordinary,
Clayton County, Georgia.

recorded on page 173 of Book "B" of the Marriage License Records in the office of the Ordinary of Clayton County, Georgia.

In witness whereof I have hereunto set my hand and affixed the seal of the Court of Ordinary of said Clayton County this the 24th day of August, 1920.

Wm. H. Reynolds

Ordinary and ex-officio Clerk
of the Court of Ordinary,
Clayton County, Georgia.



AFFIDAVIT OF TWO [illegible]

STATE OF GEORGIA.

Clayton County.

Personally before me came [illegible] who says that they are freeholders residing in said County and on oath [illegible] the applicant for pension and we know the property that is now in the [illegible] and wife and of its cash value to wit: (Make List by Items and Value.)

10 Acres of Farm Land in Clayton County Ga Valued at $1000 - Personal Property Valued at One Thousand Dollars

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?

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? No

Sworn to and subscribed before me, this the [illegible] day of [illegible] 1913.

A. P. Johnson

Walt Wright

Ordinary

Clayton County

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Clayton County.

I, Walt Wright, [illegible] County, State aforesaid, do hereby certify that the applicant, [illegible] County, and that [illegible] services and [illegible] they are all [illegible] Tax Receiver [illegible] value [illegible]

Walt Wright

Ordinary

NOTE 1.

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA.

Fulton County.

I, Robert L McBurnett of said State and County, hereby applies for the benefits provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with his own signature, 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) Robert L McBurnett Atlanta, Fulton Co Ga

2. How long and since when have you been a continuous resident citizen of this State? 66 years Since 1846

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

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) Light Artillery Clayton Co Ga Co B 30th Ga

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) Dec 1st 1862 Left 1863

6. When and where was your Company and Regiment surrendered or discharged from the Service? Do not know personally, was a prisoner of war

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

8. If you were not actually present, state specifically and clearly where you were and why you were not. Was in prison Camp Douglas Chicago Ill

a. Where was your Command when you left it? Chattanooga Tenn Was Captured and sent to Camp Douglas Chicago Ill

b. When did you leave the Command? July 1863

c. For what cause did you leave? Sick and prisoner

d. By whose authority did you leave? Captured

e. Had you any furlough or leave granted? In what way?

f. Why did you not return to your Command after leave expired? In prison

g. In what way were you prevented? In prison

h. What effort did you make to return? Ex Order 13 1865 & discharged

i. Were you captured during the war? Yes Camp Douglas Chicago Ill

If so, when, and where? In what prison were you confined? Sept 1863 & Chicago Ill

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.) Personal Property Household & Kitchen furniture & Office Furniture Value $1000.00

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? Nothing

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 inventory list. 10 Acres of Land in Clayton County Ga Valued at $1000 and Personal Property Valued at One Thousand Dollars

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

13. Have you ever applied for any Georgia Pension and had it refused? If so when, where and why? No

Sworn to and subscribed before me, this the [illegible] 1913.

Robt L McBurnett

[illegible]

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Personally before me came [illegible] who says that they are freeholders residing in said County and [illegible] the applicant for pension and we know the property that is now in the [illegible] and wife and of its cash value to wit: (Make List by Items and Value)

10 Acres of Farm Land [illegible] Ga. Valued at One Thousand Dollars

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?

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 the property made in good faith and full value? or was it made to obtain a pension? No

Sworn to and subscribed before me, this the [illegible] day of June 1912

A. D. Coleman

Will Corbett

Ordinary

Chaytor County

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Chaytor County

I, Will Wright [illegible] the applicant [illegible] service and [illegible] they are all residents of said [illegible] they are all [illegible]

Tax Receiver's [illegible]

Value [illegible]

Remarks [illegible]

Notes: [illegible]

APPLICATION FOR CONFEDERATE PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA.

Fulton County.

I, Robert E. McEwen of said State and County, hereby applies for the benefits provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with his testimony to which I sign the same, and after being duly sworn true answers to make to the questions propounded, as follows, to wit:

1. Your name and where do you reside? (Give County and Post-office) Robert E. McEwen Atlanta, Fulton Co. Ga

2. How long and since when have you been a continuous resident citizen of this State? 66 years Since 1846

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

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) 1st Sergt Co. F 5th Ga. Cav. Co. B 30th Ga.

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) Co. F. 1861 Co. B 1863

6. When and where was your Company and Regiment surrendered or discharged from the Service? Was not [illegible] was a prisoner of War

7. Were you actually present with your Command when it was surrendered or discharged? No Except [illegible]

8. If you were not actually present, state specifically and clearly where you were [illegible] Prison Camp Douglas Chicago Ill and Captured and [illegible]

a. Where was your Command when you left it? [illegible]

b. When did you leave the Command? Sept 10th 1863

c. For what cause did you leave? Sick in Prison

d. By whose authority did you leave? Captured

e. How long was you leave granted? In what way?

f. Why did you not return to your Command after leave expired? In Prison

g. In what way were you prevented? In Prison

h. What effort did you make to return? Exchanged Dec 1864 Discharged

i. Were you captured during the war? Yes Camp Douglas Chicago Ill Buckner

j. If so, when and where? In what prison were you confined? Sept 10th 1863 Chicago Douglas Ill

9. What property of every description was owned, in the [illegible] possession and control of yourself and wife and its cash value on the 4 Nov. 1908? (Make list by items and value.)

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908. To whom and for what price? Nothing

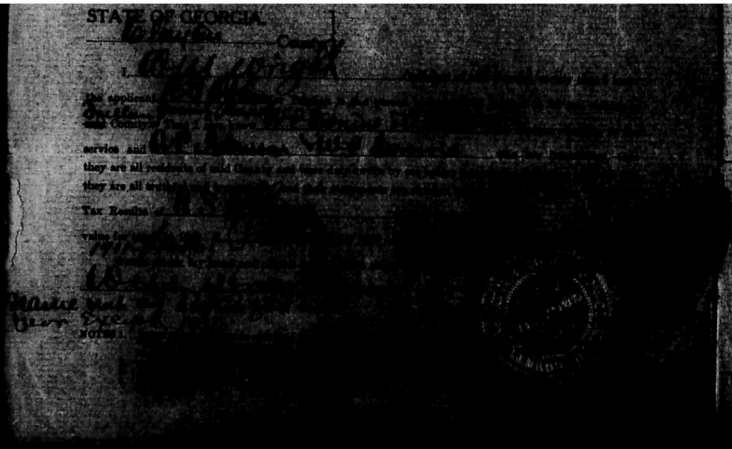
11. What property of any description of any kind, real or any value now owned and in the use possession and control of yourself and wife and its cash value? (Make items and list)

12. [illegible]

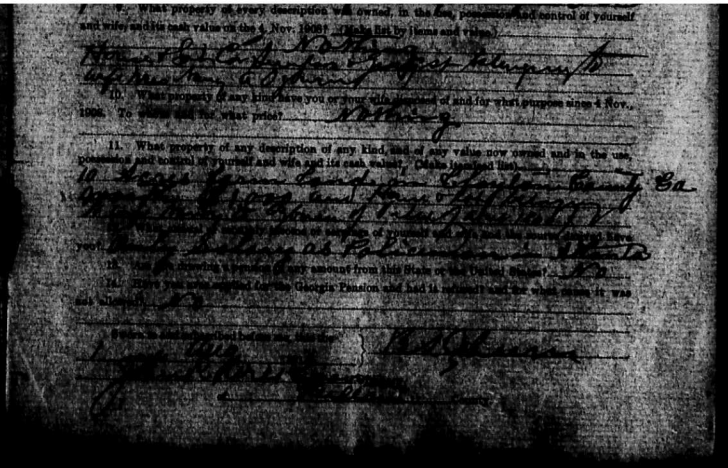
13. [illegible]

14. [illegible]

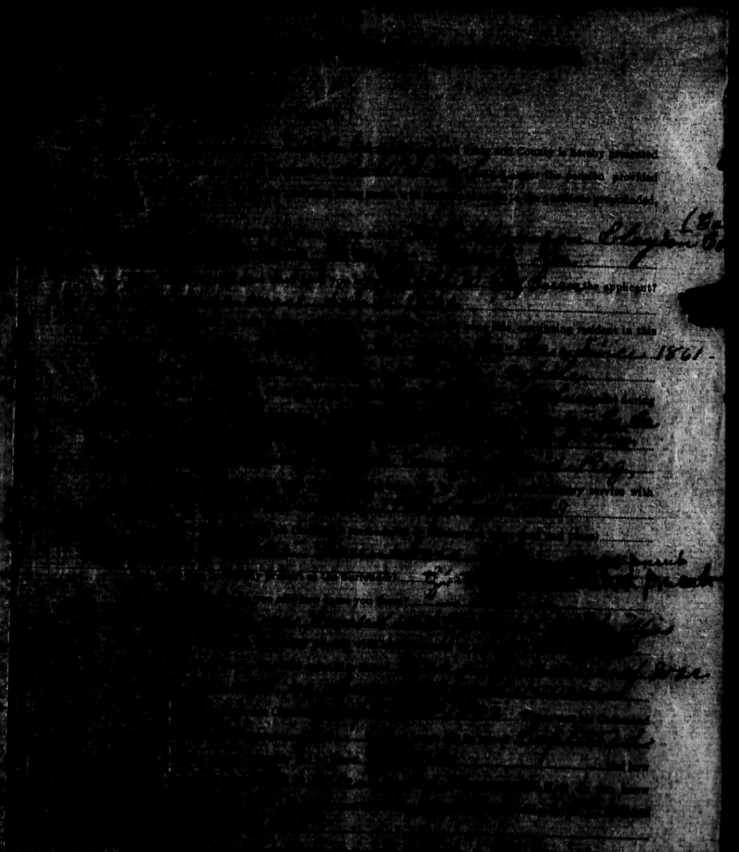
[illegible]



STATE OF GEORGIA.







Ozburn, R. E. (or R. S)
Fulton County
1922

Application for Pension Due Deceased Pensioner

(UNDER ACT 1904)
(To pay expenses of last illness or funeral)

Thos H. Jeffries Ordinary
For Robt E. Ozburn*
of Fulton County
Old or New Class? Old
Died Apr 17 1922
Amount $

Approved and ordered paid.

1922.
J. W. LINDSEY,
Commissioner of Pensions.

* All other pension records of this man show name as Robt S. Ozburn.

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.

Paid ✓

JOS. W. AWTRY, PRES. & TREAS. FRANK E. LOWNDES, VICE-PRES. & MGR.

ATLANTA, GA., April 27th, 1922. 192

M Estate of Robert S. Osburn

c/o J. W. Hollingsworth, City.

TO AWTRY & LOWNDES CO., DR.
FUNERAL DIRECTORS
AUTO AMBULANCE
JUNCT. CARNEGIE WAY AND ELLIS ST.

PHONE ITY 5018
PHONE ITY 5014

Funeral expenses of Robert S. Osburn.

April 17th, 1922:	To Casket		$200.00
	Embalming		15.00
	Hearse		15.00
	Concrete Vault & Drayage		60.00
	6 Limousines @ $14.00		84.00
	Constitution	11 Lines	1.98
	" "	32 " "	5.76
	Journal	35 " "	6.30
	Georgian	34 " "	6.12
			$394.16

Personally appeared Jos W. Awtry who swears the above bill is just due & unpaid
Jos W. Awtry

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

Jno. Autry of said County, who, after being sworn, on oath says that he knew Robt E. Osburn* of said County, and that said pensioner was on the Pension Roll of Fulton County at the time of death, which occurred in Fulton County, in this State, on the 17 day of April 1912, and that a Pension of 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 $34.50 per sworn statement fully and completely itemized, hereto attached.

Sworn to and subscribed before me this 18 day of April 1912

Arthur R Markuta Ordinary.

Fulton County.

J. W. Autry.

AFFIDAVIT OF ORDINARY

GEORGIA, Fulton County.

I, Thos H Jeffries Ordinary of said County, do certify that I personally know Jno. Autry, 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 Robt E. Osburn* 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 $15.00 Dollars in said County for 1912, and I now believe said pensioner to be dead.

Given under my hand and official seal, this 18 day of April, 1912

(SEAL)

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 owning personal property to pay such expenses. The widow of a soldier, if she is living, has prior claim to apply for pension, and must make application on pension blank.

2nd. Funeral expenses claimed recoverable for expenses of last illness, and expenses of funeral, to make out their account in full, itemizing each item and the price of it, and when paid.

3rd. Funeral expenses cannot be paid—only those connected with the last illness, just before death when pensioner grew worse.

4th. Account must be sworn to before the Ordinary, and in the following form: (Do not use the terms "just, true, &c.") "I do solemnly swear that 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 the bill."

5th. Ordinary must see, or know, that the bill is correct, reasonable, customary, and proper, before he signs it. He must attach to the bill, when sworn to, and all vouchers presented, and must make application on pension blank.

6th. The bill and papers must be sent to the Pension Office for approval and no money will be paid until approved.

7th. The Ordinary must certify, on the bill, that he has not, directly or indirectly, paid the money himself, and that no person, for the purpose of defrauding the pensioner's estate, has paid the money to the undertaker, or any other person, or relative-in-law, and not charged the estate for same, and that he has not received any part thereof.

8th. The above papers, when attached, with receipt, must be sent to the Pension Office.

9th. Ordinary receives no fees for his services, when he makes application on pension blank.

10th. Ordinary receives no fees for his services, when he makes application on pension blank.

11th. Ordinary receives no fees for his services, when he makes application on pension blank.

12th. Ordinary receives no fees for his services, when he makes application on pension blank.

13th. Ordinary receives no fees for his services, when he makes application on pension blank.

14th. Ordinary receives no fees for his services, when he makes application on pension blank.

15th. Ordinary receives no fees for his services, when he makes application on pension blank.

16th. Ordinary receives no fees for his services, when he makes application on pension blank.

17th. Ordinary receives no fees for his services, when he makes application on pension blank.

18th. Ordinary receives no fees for his services, when he makes application on pension blank.

19th. Ordinary receives no fees for his services, when he makes application on pension blank.

20th. Ordinary receives no fees for his services, when he makes application on pension blank.

21st. Ordinary receives no fees for his services, when he makes application on pension blank.

22nd. Ordinary receives no fees for his services, when he makes application on pension blank.

23rd. Ordinary receives no fees for his services, when he makes application on pension blank.

24th. Ordinary receives no fees for his services, when he makes application on pension blank.

25th. Ordinary receives no fees for his services, when he makes application on pension blank.

26th. Ordinary receives no fees for his services, when he makes application on pension blank.

27th. Ordinary receives no fees for his services, when he makes application on pension blank.

28th. Ordinary receives no fees for his services, when he makes application on pension blank.

29th. Ordinary receives no fees for his services, when he makes application on pension blank.

30th. Ordinary receives no fees for his services, when he makes application on pension blank.

31st. Ordinary receives no fees for his services, when he makes application on pension blank.

32nd. Ordinary receives no fees for his services, when he makes application on pension blank.

33rd. Ordinary receives no fees for his services, when he makes application on pension blank.

34th. Ordinary receives no fees for his services, when he makes application on pension blank.

35th. Ordinary receives no fees for his services, when he makes application on pension blank.

36th. Ordinary receives no fees for his services, when he makes application on pension blank.

37th. Ordinary receives no fees for his services, when he makes application on pension blank.

38th. Ordinary receives no fees for his services, when he makes application on pension blank.

39th. Ordinary receives no fees for his services, when he makes application on pension blank.

40th. Ordinary receives no fees for his services, when he makes application on pension blank.

41st. Ordinary receives no fees for his services, when he makes application on pension blank.

42nd. Ordinary receives no fees for his services, when he makes application on pension blank.

43rd. Ordinary receives no fees for his services, when he makes application on pension blank.

44th. Ordinary receives no fees for his services, when he makes application on pension blank.

45th. Ordinary receives no fees for his services, when he makes application on pension blank.

46th. Ordinary receives no fees for his services, when he makes application on pension blank.

47th. Ordinary receives no fees for his services, when he makes application on pension blank.

48th. Ordinary receives no fees for his services, when he makes application on pension blank.

49th. Ordinary receives no fees for his services, when he makes application on pension blank.

50th. Ordinary receives no fees for his services, when he makes application on pension blank.

51st. Ordinary receives no fees for his services, when he makes application on pension blank.

52nd. Ordinary receives no fees for his services, when he makes application on pension blank.

53rd. Ordinary receives no fees for his services, when he makes application on pension blank.

54th. Ordinary receives no fees for his services, when he makes application on pension blank.

55th. Ordinary receives no fees for his services, when he makes application on pension blank.

56th. Ordinary receives no fees for his services, when he makes application on pension blank.

57th. Ordinary receives no fees for his services, when he makes application on pension blank.

58th. Ordinary receives no fees for his services, when he makes application on pension blank.

59th. Ordinary receives no fees for his services, when he makes application on pension blank.

60th. Ordinary receives no fees for his services, when he makes application on pension blank.

61st. Ordinary receives no fees for his services, when he makes application on pension blank.

62nd. Ordinary receives no fees for his services, when he makes application on pension blank.

63rd. Ordinary receives no fees for his services, when he makes application on pension blank.

64th. Ordinary receives no fees for his services, when he makes application on pension blank.

65th. Ordinary receives no fees for his services, when he makes application on pension blank.

66th. Ordinary receives no fees for his services, when he makes application on pension blank.

67th. Ordinary receives no fees for his services, when he makes application on pension blank.

68th. Ordinary receives no fees for his services, when he makes application on pension blank.

69th. Ordinary receives no fees for his services, when he makes application on pension blank.

70th. Ordinary receives no fees for his services, when he makes application on pension blank.

71st. Ordinary receives no fees for his services, when he makes application on pension blank.

72nd. Ordinary receives no fees for his services, when he makes application on pension blank.

73rd. Ordinary receives no fees for his services, when he makes application on pension blank.

74th. Ordinary receives no fees for his services, when he makes application on pension blank.

75th. Ordinary receives no fees for his services, when he makes application on pension blank.

76th. Ordinary receives no fees for his services, when he makes application on pension blank.

77th. Ordinary receives no fees for his services, when he makes application on pension blank.

78th. Ordinary receives no fees for his services, when he makes application on pension blank.

79th. Ordinary receives no fees for his services, when he makes application on pension blank.

80th. Ordinary receives no fees for his services, when he makes application on pension blank.

81st. Ordinary receives no fees for his services, when he makes application on pension blank.

82nd. Ordinary receives no fees for his services, when he makes application on pension blank.

83rd. Ordinary receives no fees for his services, when he makes application on pension blank.

84th. Ordinary receives no fees for his services, when he makes application on pension blank.

85th. Ordinary receives no fees for his services, when he makes application on pension blank.

86th. Ordinary receives no fees for his services, when he makes application on pension blank.

87th. Ordinary receives no fees for his services, when he makes application on pension blank.

88th. Ordinary receives no fees for his services, when he makes application on pension blank.

89th. Ordinary receives no fees for his services, when he makes application on pension blank.

90th. Ordinary receives no fees for his services, when he makes application on pension blank.

91st. Ordinary receives no fees for his services, when he makes application on pension blank.

92nd. Ordinary receives no fees for his services, when he makes application on pension blank.

93rd. Ordinary receives no fees for his services, when he makes application on pension blank.

94th. Ordinary receives no fees for his services, when he makes application on pension blank.

95th. Ordinary receives no fees for his services, when he makes application on pension blank.

96th. Ordinary receives no fees for his services, when he makes application on pension blank.

97th. Ordinary receives no fees for his services, when he makes application on pension blank.

98th. Ordinary receives no fees for his services, when he makes application on pension blank.

99th. Ordinary receives no fees for his services, when he makes application on pension blank.

100th. Ordinary receives no fees for his services, when he makes application on pension blank.

* All other records of this man show Robert E. Osburn.

State Georgia / Fulton County / Personally appeared before the undersigned R D Osburn who after being duly sworn says he owns no property of any kind or value in Fulton County and the property appearing on the tax digest in his name as an error as it should be in his wife's name, Nancy A Osburn and has never been in his use, possession or control & he has no interest therein.

R D Osburn

Sworn to and subscribed before me Nov 7th 1911

Marcellus M Anderson

Clerk

I hereby Certify that I have examined the deed to the property above referred to and the deed shows Mrs Nancy A Osburn to be the owner & the said deed is dated December — 1902 and is from Jno A Osburn & wife and that title to said has never been in R D Osburn

this Nov 7th 1911

Marcellus M Anderson

Clerk

(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 owning sufficient property to pay such expenses. The widow of a soldier, if she is living, has prior claim.

2nd. Executors, administrators or other persons who pay for burial of sick, disease, and expenses of funeral, to make out their account in duplicate forms, giving date and time of the illness of sick person, date of death, and cause of death. Claims cannot be paid--only those connected with the last illness, just before death when pensioner grew worse and died.

3rd. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "just, true, etc.") "I swear 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 on.....; the said account is correct, and all articles charged therein were furnished, and all services rendered, as stated therein, and no payment has been received on account thereof, except as credited thereon, and I have not, nor has any person for my use, any other account against the estate of said deceased, nor any interest therein, except as stated in said account. Sworn to and subscribed before me this.....day of.....19.....

4th. The Ordinary must certify to the correctness of the account, and the necessity thereof, before the same will be paid by the Pension Office. The Ordinary himself will not be paid for services rendered in his own case. Proper vouchers for expenditures must accompany the account.

5th. Attach this application and affidavit with your seal, endorsed to the Pension Office.

6th. Forward account to the Pension Office, Washington, D. C., as soon as it can be prepared. Accounts presented more than two years after the death of the soldier, will not be paid by the Pension Office.

7th. Persons claiming pensions must be residents of the State, when the act of June 27, 1890, and all previous pension laws were passed, and have been residents of the State ever since, or they will not be entitled to pension. Soldiers who were not residents of the State when the pension laws were passed, cannot be pensioned, although they may have been residents of the State for many years.

* All other records of this man show Robert S. Osburn.

Marcellus A. Stovall
Clerk

NAME Osburn, Robert S. YEAR 1913 COUNTY Fulton

WHEN AND WHERE BORN? Resident of Georgia since 1843(68 years).

ENLISTED WHEN AND WHERE? September 25, 1861, Clayton County, Georgia.

RANK

COMPANY AND REGIMENT Co. F, 50th Georgia Infantry.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE? Captured September 19, 1863, at Chickamauga, Tenn. Imprisoned in Camp Douglas, Ill.

RELEASED (Paroled May 15, 1865.
(Discharged

WHEN AND WHERE SURRENDERED? Command surrendered, April 26, 1865, Greensboro, North Carolina.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? In prison, Camp Douglas, Chicago, Ill.

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. A. P. Adamson - Same Command.
W. P. Conine - Same Command. No date.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Fulton County.

John R. Wilkinson Ordinary of said County do certify that I know Robert S. Osburn the applicant for pension. She (he) is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was in the 4th Nov., 1908.

That I also know the witness who swears to the above statement, 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 Fulton R. S. Osburn Returned for Tax is for 1908 $ 1910. for 1910 $ 1913.

Sworn under my hand and official seal of office this 7th day of Jan. 191[illegible]

SEAL. John R. Wilkinson Ordinary,
Fulton County

(SEAL.)

NOTE 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that the evidence you are about to give in case of the application named you and the evidence

2 Additional evidence may be required if the proper facts are insufficient.

3 All applicants must be residents of Georgia prior to January 1870, are entitled.

4 Proof of marriage should be given. If not, prove marriage, by some person, or by general reputation.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? In prison, Camp Douglas, Chicago, Ill.

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. A. P. Adamson - Same Command.
W. P. Conine - Same Command. No date.

(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 evidence may be attached if blank spaces are insufficient.
3. All addresses must be made before the Ordinary.
4. Only widows who married prior to June January 1870, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by same person, or by general reputation.

Ozburn and Thomas

No. Fulton G.

On 1902

INDIGENT PENSION,

1902.

Ozburn

Name Thomas O. Ozburn

County Fulton

Co. B Cobb Legion Reg'm'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.

9/20-1902

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 _____ 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 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

_____

_____

Every Question MUST be Answered.

Questions for Applicant.

STATE OF GEORGIA,

Fulton County.

Thomas O Osborn of said State and County, desiring to avail himself of the Pension Act (Georgia 1864, Cent), hereby submits his proofs, and after being duly sworn (true answers to make to the following questions, formed and answers as follows):

1. What is your name and where do you reside? (give State, County and postoffice)
Thos O Osborn Atlanta Fulton Co. Atlanta

2. How long and since when have you been a resident of this State? All of my life

3. When and where were you born? Dec 1842 Newton County Geo

4. When and where and in what company and regiment did you enlist or serve? July 1864 Atlanta Georgia Company B Cobbs Legion Cavalry

5. How long did you remain in such company and regiment? To the Surrender in April 1865

6. When and where was your company and regiment surrendered and discharged? I was in Prison at Fort Delaware and don't know of my own knowledge

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? Fort Delaware. Was captured in Feb 1864 at Cold Harbor Ford Va

9. How much can you earn (gross) per annum by your own exertions or labor? Nothing (almost)

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"? Third

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 two years
Tenth

13. What property, real or personal, or income, do you possess, and its gross value? House hold goods (only) Value Fifty dollars

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? A part House hold goods Got them out

15. In what County did you reside during those years, and what property did you then return for taxation? Fulton County The goods mentioned above

16. How were you supported during the years 1899, 1900 and 1901? By the Afternoon by C Gibson

17. How much did your support cost by each of those years, and what portion did you contribute thereto by your own labor or income? One hundred & fifty dollars per year Almost nothing

18. What was your employment during 1898, 1899 and 1901? What pay did you receive in each year? Watchman when I could get anything to do Almost nothing

19. Have you a family? If so, who composes such family? Give their means of support? Have they a home? Yes. Wife No means. She is an invalid Any by Mrs Thos Bates

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 dates? None

Sworn to and subscribed before me this the 26th day of Sept 1902.

Thos O Osborn
Applicant.

John D Hammond
Ordinary.
Fulton County.

No. Osborn Thos
Fulton
Feb 1902

INDIGENT PENSION.
1902
Osborn
Thos A Fulton
Fulton
Atlanta
Pvt
Co
Regt

22. How many applications have you ever made and under what class? none

Sworn to and subscribed before me this the 20th day of Sept 1902. — T. D. Bg Lima, Applicant.

John D Williamson, Ordinary. Fulton County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA, Fulton COUNTY.

Charles H Nelson, of said State and County, having been presented as a witness in support of the application of Thomas O Osburn 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? Charles H Nelson Atlanta Rogers
2. Are you acquainted with Thomas O Osburn, the applicant: if so, how long have you known him? Yes, Over Forty Years
3. Where does he reside, and how long and since when has he been a resident of this State? Atlanta All the time I have known him (over 40 yrs)
4. When, where and in what company and regiment did he enlist, and how do you know? July 1861 Atlanta Ga Co B. Cobb Legion Cavalry I was present
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty? All during the War until 1865
7. When and where was his command surrendered? I dont Know of my own Knowledge as I was a prisoner at Fort Delaware
8. Were you present when it surrendered? Yes
9. Was applicant present? No
10. If he was not present, where was he? He was in prison at Fort Delaware When did he leave his command? Feb 1864 For what cause? He was Captured By what authority he left? Being Captured How do you know all of this? I was present and captured at the same time he was and remained in prison with him until the September 1865
11. What property, effects or income has the applicant? (Give your means of knowledge) I dont Know of any thing Have been in Prison
12. What property, effects or income did the applicant own in 1896, 1897, 1898, 1899, 1900 and 1901, and what disposition, if any, did he make of same? Nothing
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? not to My knowledge
14. What is the applicant's occupation and physical condition? He has no occupation He is very feeble and infirm
15. Is the applicant unable to support himself by labor of any sort, if so, why? not Physically Able to perform Manual labor His age and infirmities
16. How was he supported during the years 1898, 1899, 1900 and 1901? By his Children Assistance
17. What portion of his support for these four years was derived from his own labor or income? I dont know I would say almost nothing
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? His age and general Feeble Condition
19. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 20th day of Sept 1902. — C A Nelson, Witness.

John D Williamson, Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA, Fulton COUNTY.

Personally came before us E Griffin M D and J H Nelson M D, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully & examined T O Osburn, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

He is feeble from age and infirmities having treated him frequently since the war of 1865 for different diseases with which he has suffered and which has rendered him incapable of making a living for himself or family and that we have no interest in said pension being allowed.

E Griffin M D. J H Nelson M D.

Sworn to and subscribed before me, this the 20th day of Sept 1902.

John D Williamson, Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, Fulton COUNTY.

I, John D Williamson, Ordinary in and for said County, hereby certify that the applicant Thomas O Osburn resides in said County, and has been a bona fide resident of this State since the ____ day of ____ 189__ and that the witnesses, viz. Charles H Nelson

to ____ 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 20th day of Sept 1902.

John D Williamson, 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 touch 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.

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 _____ 1903.

_____ [L. S.]

Executed in presence of

_____

Osburn, Thomas O.
Fulton County
CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 1022

INDIGENT
SOLDIER'S PENSION
1903.

Name Thos O Osburn
County Fulton
Co. B Regiment
Cobb Leg Cavy
WARRANT ISSUED
1/30 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Aff
Geo. Harrison, State Printer, Atlanta.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ County.

I, _____ hereby authorize

_____ of _____

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

_____ at _____

by _____

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

_____ [L. S.]

Executed in the presence of

_____

Osburn, Thos. O.
Fulton Co
CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 234

INDIGENT
SOLDIER'S PENSION
1904.

Name Thos O Osburn
County Fulton
Co. B Regiment Ga
Cobb Legion
WARRANT ISSUED
1/30 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Aff
Geo. W. Harrison, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton. County.

Personally appears Thos O Ozburn of said County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the ____ day of Dec 1832; that he is Born 1832 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of ____) during the war between the States, and served for the term of 4 years in Company B, of ____th Regiment of Cobbs Legion Cavy; that his physical condition is as follows:

A & 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 said county been allowed a pension for the year 1903

Sworn to and subscribed before me, this the ____ day of JAN 20 1903 1903. Thos O Ozburn

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 Thos O Ozburn the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this ____ day of JAN 20 1903 1903.

Affix your Seal here

John R Wilkinson
Ordinary ____ County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton. County.

Personally appears Thos O Ozburn 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 Dec 1832 that he is ____ years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of ____) during the war between the States, and served for the term of 4 yrs in Company B, of ____th Regiment of Cobbs Leg Cavy Eyes; that his physical condition is as follows:

Age & Infirmity

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 1904. Thos O Ozburn

John R Wilkinson Ordinary.

STATE OF GEORGIA,
____ County.

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

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

Affix your Seal here

John R Wilkinson
Ordinary Fulton. County.

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

Ordinary _____ County.

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

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

_____

Osburn, T. A.
Fulton County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 72
As Margaret Co 1406

INDIGENT
SOLDIER'S PENSION
1905.

Name T. C. Osburn
County Fulton
Co. B. Regiment
Cobbs Legion

WARRANT ISSUED
1/8 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Affy

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton. County.

Pearsonally appears T. O. Osburn 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 4 yrs in Company A, of ____th Regiment of Cobbs Legion Cav. V. ; that his physical condition is as follows: Age and poverty

that his property consists of the following items: ____

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

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

Sworn to and subscribed before me, this the 2 day of JAN 1905. 1905. T O Osburn

Jno R Wilkinson Ordinary.

STATE OF GEORGIA.
Fulton. County.

I, Jno R Wilkinson Ordinary of said County, do certify that I am well acquainted with T. O. Osburn the applicant in the foregoing affidavit and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Jno R Wilkinson
Ordinary Fulton. County.

Affix Seal Here

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

County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the day of JAN 2 1905 1905. T O Osburn

Jno R Wilkinson Ordinary.

STATE OF GEORGIA.

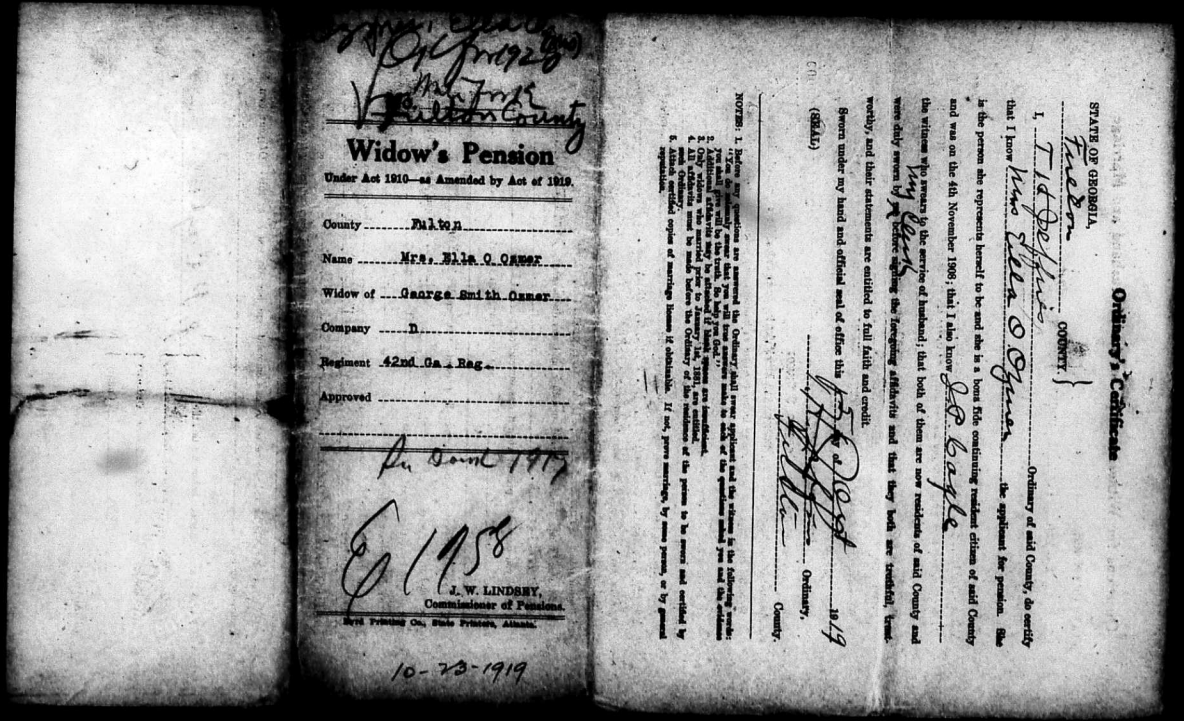
Fulton. County,

I, Jno R Wilkinson Ordinary of said County, do certify that I am well acquainted with T. O. Osburn the applicant in the foregoing affidavit and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Jno R Wilkinson Ordinary Fulton. County.

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



Ordinary's Certificate

STATE OF GEORGIA,
Fulton COUNTY.

I, Tid Delphis Ordinary of said County, do certify that I know Mrs Ella O Ozmer 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. P. Eagle the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by my clerk 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 15 day of Oct 1919

(SEAL) [signature] Ordinary,
[signature] 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, 1891, 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.

Fulton County

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Fulton

Name Mrs. Ella O Ozmer

Widow of George Smith Ozmer

Company D

Regiment 42nd Ga. Reg.

Approved

Dec Dec 1919

E 1958

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 Jeffries Ordinary of said County, do certify that I know Mrs Ella O Ozmer 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.P. Cagle the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by my Clerk 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 5 day of Oct 1919

(SEAL)

T 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. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1881, are entitled.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Ozmer, Ella O.
Oct 1 1919
Fulton County

No. 1 Fulton County

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Fulton
Name Mrs. Ella O Ozmer
Widow of George Smith Ozmer
Company D
Regiment 42nd Ga. Reg.
Approved

Ap Sept 1919

E 1958

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

10-23-1919

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. Ella O Ozmer 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. Ella O Ozmer, 225 South Ave., Atlanta, Ga.
2. How long and since when have you been a continuing resident of the State of Georgia? Fifty-one years
3. When, where and to whom were you married? George Smith Ozmer, in DeKalb Co., Ga., January 13, 1870
   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.) March 4, 1862, in DeKalb Co., Ga. Co. D. 42nd Ga. Reg. Vol.
5. When and where did the commands of your husband surrender or discharge from the army? Greensboro, N. C., April 26, 1865
6. Was your husband personally present at the time of the surrender or discharge of this command? Yes
7. If he was not present state clearly where he was?
8. Where was his command when he left? Greensboro, N. C.
   a. For what cause did he leave his command? Surrender
   b. By whose authority did he leave his command?
   c. For how long was he granted leave of absence?
   e. What was his physical condition when he left his command? In Fair health
   f. What effort did he make to return to his command? Company disbanded
   g. In what way was he prevented from going back to Command Company discharged
   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? May 19, 1886, DeKalb Co., 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 on roll

Sworn to and subscribed before me this the 5 day of September 1919

Mrs Ella O Ozmer

Claude C Mason Ordinary of Fulton County.

(SEAL)

Claude E. Mason Ordinary
of Fulton County.
(SEAL)

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,
Fulton COUNTY.

Personally before me comes J. P. Cagle 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. P. Cagle, 50 Western Ave., Atlanta, Ga.

2. How long and since when have you known Mrs. Ella O Ozmer applicant? Just met her

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

4. When and to whom was she married? Geo S Ozmer How do you know?

5. How long and since when did you know George S Ozmer her husband? Since March 1862

6. When and where did George S Ozmer the husband of applicant, die? ~~[illegible]~~ Dont know

7. Were the applicant and her husband living together as husband and wife at the date of his death? Dont know

8. If not, how long did they live apart before his death? Dont know Were they divorced? Dont know

9. When, where and in what Company and Regiment did George S Ozmer enlist? March 4, 1862, at Decatur, Ga., Co. D, 42nd Ga.

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

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? From March 4, 1862 to April 26, 1865

12. When and where did his Command surrender, and was discharged? April 26 1865 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? Yes If not where was he? When, where and for what cause did he leave Command? (Give date.) Never left command 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 from date of enlistment to 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 5 day of September 1919 J. P. Cagle

Claude E. Mason Ordinary
of Fulton County.
(SEAL)

Ordinary
of Fulton County.
(SEAL)

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,
Fulton COUNTY.

Personally before me comes J. W. McWilliams, Sr. 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. McWilliams, Sr., East Atlanta
2. How long and since when have you known Mrs. Ella O Osmer applicant? Over twenty-five years
3. How long and since when has she continuously resided in this State? (Give date.) Since I have known her
4. When and to whom was she married? Geo S Osmer How do you know? .....
5. How long and since when did you know George S Osmer her husband? Since March 1862
6. When and where did George S Osmer the husband of applicant, die? Dont know
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? Dont know Were they divorced? .....
9. When, where and in what Company and Regiment did George S Osmer enlist? March 1862 at Decatur, Ga., Co. D, 42nd Ga. Reg. Vol.
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 March 1862 to surrender in 1865
12. When and where did his Command surrender, and was discharged? At Bentonville, N. C.
13. Were you personally present when it was surrendered? No If not, where were you Home on 60 day furlough and how came you there? On Furlough from hospital in Marion Alabama
14. Was the husband of applicant personally present at surrender? Dont know If not where was he? Dont know When, where and for what cause did he leave Command? (Give date.) Dont know By whose authority did he leave his Command? And how long was he granted leave? How do you know all this? To the best of my information and belief, Geo S Osmer was with the company to the date of surrender and was never absent from command without leave
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 5 day of September 1919

J. W. McWilliams

Adam R. Mankin Ordinary
of Fulton 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 5 day of September 1919 } J. W. McWilliams

Arthur R. Marbuty Ordinary of Fulton County. }

(SEAL)

STATE OF GEORGIA.
COUNTY OF FULTON.

Personally before the undersigned authority now comes MRS. GUSSIE O. MERCHANT, who upon oath says:

That she has known Mrs. Ella O. Ozmer over forty years and knew her husband, George Smith Ozmer, deceased; that she knows of her own personal knowledge that the said Mrs. Ella O. Ozmer and the said George Smith Ozmer resided together continuosly as man and wife from the year 1880 to the date of the death of said George Smith Ozmer on May 19, 1886; that the said Mrs. Ella O. Ozmer has not remarried since the death of the said George Smith Ozmer and is now his lawful widow.

Sworn to and subscribed before me this September 12, 1919.

(Mrs.) Gussie O. Merchant

Claude C. Mason
Ordinary Fulton County, Ga.

State of Georgia, }
DeKalb County. }

To any Minister of the Gospel, Judge of the Superior Court or Justice of the Peace to Celebrate:

You are hereby authorized and permitted to join in thr Honorable State of Matrimo Matrimony, George S. Ozmer and Miss Ella O. Gunby according to the Rites of your Church provided there be no lawful cause to obstruct, according to the Constitution and Laws of this State, and for so doing this shall be your suffic ient license.

Given under my hand and seal this 11th day of January, 1870.

J. B. Wilosn (L.S.)
Dep Clk Ordy

I hereby certify that G. S. Ozmer and Ella O. Gunby were joined together in the Holy Bans of Matrimony on the 13th day of January, 1870, by me.

Angus McLeod, J. P.

Georgia, DeKalb County.

I, James R. George, Ordinary in and for said coubty, do hereby certify that the above and foregoing copies of marriage license and certificate of marriage, are true, corret, and complete copies of the Marriage license and Certificate of marriage of George S. Ozmer and Miss Ella O. Gunby, as the same appear of record in Book "B", record of Marriages, Page 297.

In witness whereof, I have hereunto set my hand and affixed the seal of said Court of Ordinary at Decatur, Georgia, this 25th day of May, 1919.

James R. George
Ordinary and ex-officio Clerk Court Ordinary in and for Dekalb County, Georgia.

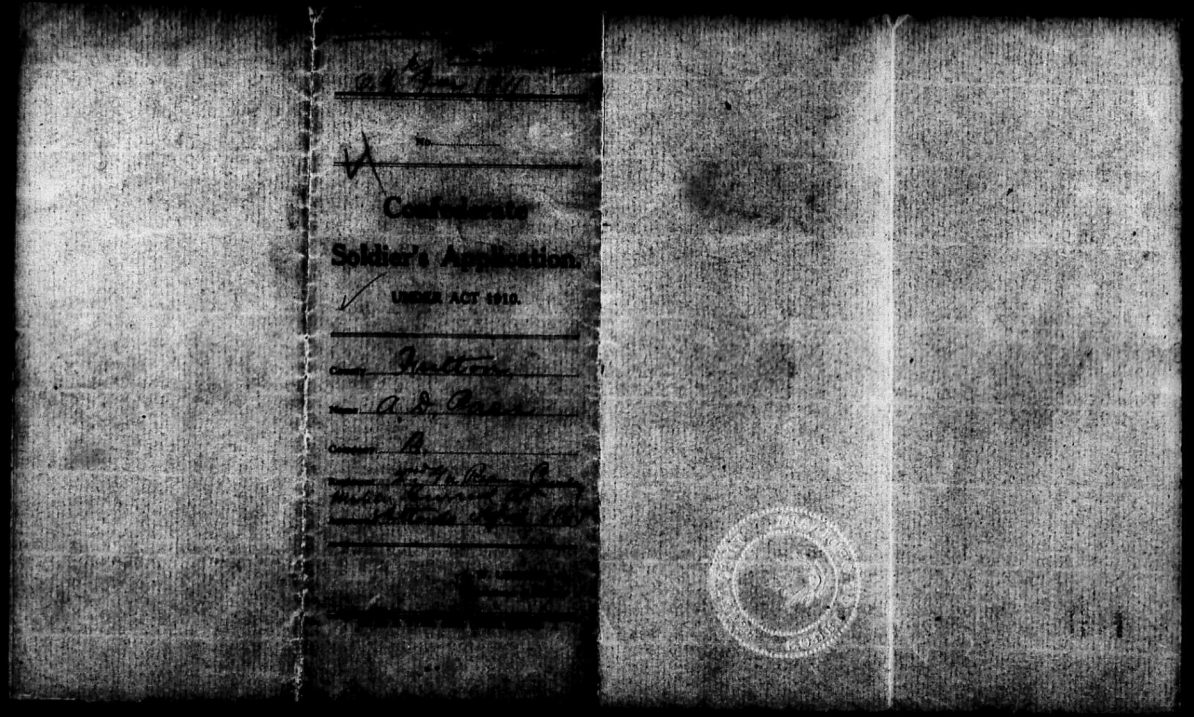
Ordinary Fulton County, Ga.

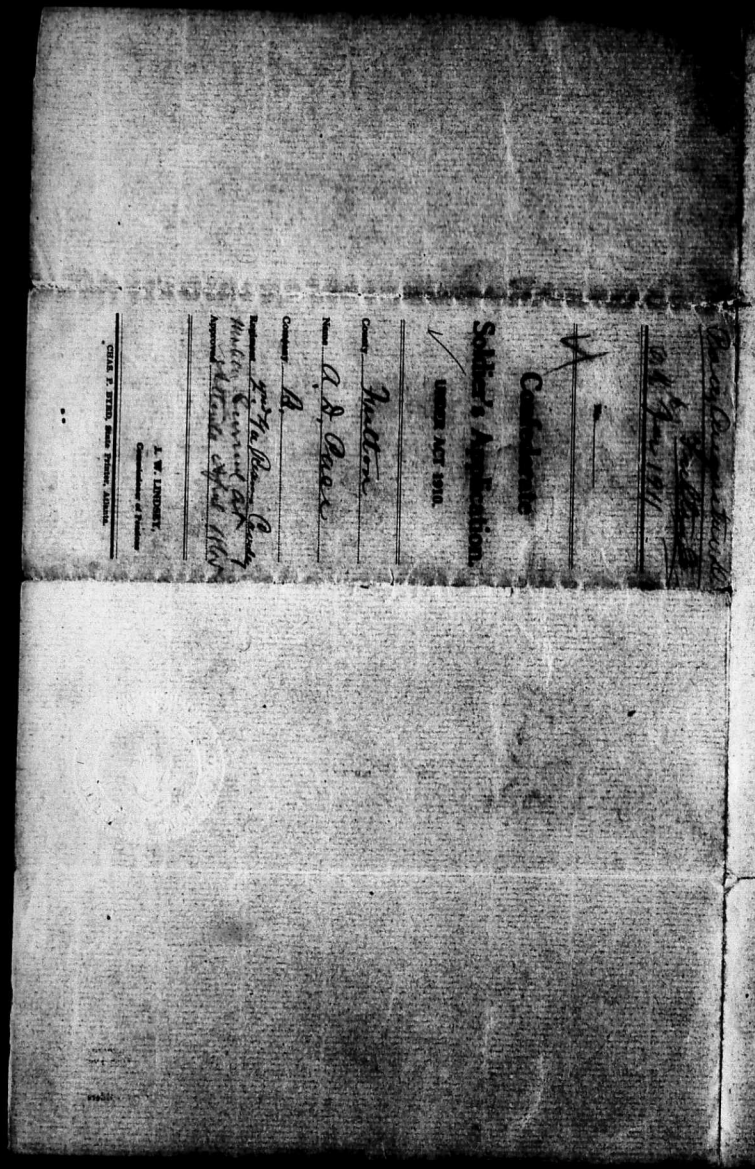
that the above and foregoing copies of marriage license and certificate of marriage, are true, corret, and complete copies of the Marriage license and Certificate of marriage of George S. Osmer and Miss Ella O. Gunby, as the same appear of record in Book "B", record of Marriages, Page 297.

In witness whereof, I have hereunto set my hand and affixed the seal of said Court of Ordinary at Decatur, Georgia, this 28th day of May, 1919.

James R. George

Ordinary and ex-officio Clerk Court Ordinary in and for Dekalb County, Georgia


Confederate
Soldier's Application.
UNDER ACT 1910.



CHAS. P. BYRD, State Printer, ATLANTA.

Confederate
Soldier's Application
UNDER ACT 1910.

Filed in Office this 6th day of Jan 1911

Recorded in Book ___ Page ___

Clerk.

Comd. Hutton's

Co. A. S. Rifles

Regt. Col. McRae's Regt.

Brig. Gen. Clayton's

Div. Lt. Gen. A. P. Hill's

Army Northern Va.

J. W. LINDSEY,
Attorney at Law,
Monticello, Ga.

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer:

STATE OF GEORGIA,
...County.

I, [illegible], 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 in answer to the same, and does hereby swear true answers to make to the questions propounded to him as follows, to-wit:

1. Where do you now reside? (Give County and Post-office address in full.) Augusta Ga.

2. How long and from what have you been a continuous resident citizen of this State? All my life except from June about 30 to 1900

3. Did you serve in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? Co. A, 3rd Georgia Battalion Sharp Shooters Ordnance

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and date of Service.) Aug 1864 at Macon Ga Co A of 3rd Ga Battalion

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge.) At Surrender April 26/1865

6. What rank did you have your Company and Regiment surrendered or discharged from the Service? Private Co A 3rd Battalion Ga Sharp Shooters

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? Surrendered Atlanta

b. When did you leave the Command?

c. For what cause did you leave?

d. By whose authority did you leave?

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

f. Why did you not return to your Command after leave expired?

g. In what way were you prevented?

h. What effort did you make to return?

i. Were you captured during the war? 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.)

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price?

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

12. What annual or monthly income or earnings of yourself and wife and the source derived from?

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

14. Have you ever applied for the Georgia Pension and how is disposed and for what cause it was not allowed? If so

Sworn to and subscribed before me, this the

Augustus D. Cain Bills

Notary Public, ...County, Ga.

...

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,
Henry County.

J. W. Riley of said State and County is hereby presented as a witness in support of the application of A. D. Pace 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. W. Riley Henry County
2. How long and since when have you known A. D. Pace the applicant? 50 Years
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? Atlanta Ga all his life
4. When, where and in what Company and Regiment did A. D. Pace enlist during war from 1861 to 1865? (Give date and place) Sept 1864 Macon Ga Co A 5th Ga Cav
5. How did you obtain your information of this Service? I was a member of same Co.
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) From Sept 64 to Surrender
7. When and where was his Command surrendered or discharged (give date and place) Atlanta Ga April 15th 1865
8. Were you personally present at the Surrender? Yes
9. If not, where were you and how came you there? —
10. Was the applicant personally present with his Command at surrender? Yes
11. If not where was he and how came him there? —
12. When did he leave his Command? —— Where was his Command when he left it? —— for what cause did he leave? Surrendered By whose authority did he leave U.S. and how long was he granted leave? —— How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) ——
13. In what way was he prevented from returning to his Command? —— How do you know? ——
14. What effort did he make to return to his Command and how do you know? ——
15. Was applicant captured as a prisoner No If so, when and where? —— In what prison was he held? —— and when released? ——

Sworn to and subscribed before me, this the 10 day of Oct 1910 } J. W. Riley
A. G. Harris Ordinary,
of Henry County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Henry County.

Personally before me came H. C. Riley & J. W. Riley who on oath says that they are freeholders residing in said County, and we know A. D. Pace 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) 50 Acres Land $750.00

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

Sworn to and subscribed before me, this the 10 day of Oct 1910 } J. W. Riley
H. C. Riley
A. G. Harris Ordinary,
of Henry County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Henry County.

I, A. G. Harris Ordinary of said County, certify that I know the applicant A. D. Pace (for Pension is the person he represents himself to be and resides in said County. That I also know J. W. Riley the witness swearing to the service and H. C. Riley & J. W. Riley who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of —— shows that —— and wife value for tax is in 1908 $ 400. for 1909 $ 400. for 1910 $ 400.

Sworn under my hand and official seal of office this 10 day of Oct 1910
A. G. Harris Ordinary,
of Henry County.

NOTE 1: [illegible]

12. When did he leave his Command? — Where was his Command when he left it? — for what cause did he leave? Discharged By whose authority did he leave U.S. and how long was he granted leave? — How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)

13. In what way was he prevented from returning to his Command? — How do you know? —

14. What effort did he make to return to his Command and how do you know? None

15. Was applicant captured as a prisoner no If so, when and where? — In what prison was he held? — and when released?

Sworn to and subscribed before me, this the 10th day of Oct 1910 } J. W. Riley

A. G. Harris Ordinary,

of Henry County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, Henry County.

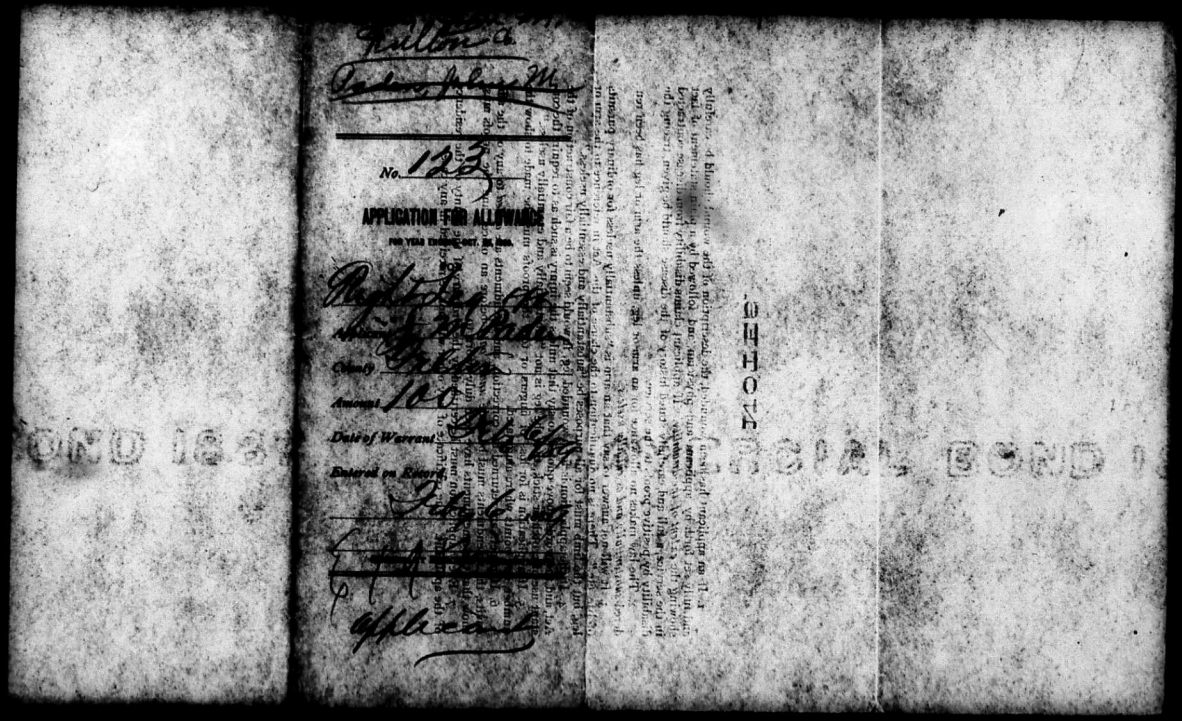
I, A. G. Harris Ordinary of said County, certify that I know the applicant A. D. Pace for Pension is the person he represents himself to be and resides in said County. That I also know J. W. Riley the witness swearing to the service and H. C. Riley & J. W. Riley who are freeholders, that they are all 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 shows that and wife value for tax is in 1908 $ 400. for 1909 $ 400. for 1910 $ 400.

Sworn under my hand and official seal of office this 10 day of Oct 1910

A. G. Harris Ordinary,

of Henry County.

NOTES: [illegible]



Fulton A.

~~Paden, John M.~~

No. 123

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCT. 31, 1866.

Right Leg Ab

Applicant J. M. Paden

County Fulton

Amount 100

Date of Warrant Feb 6 1867

Entered on Record

Feb 6 1867

~~[illegible]~~

Applicant

NOTES

GOND 183

ARSIAL BOND 1

STATE OF GEORGIA,
Fulton County.

I, W. L. Calhoun Ordinary of said county, do certify that I am well acquainted with John M. Pace, 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 6th day of February 1889

W. L. Calhoun
Ordinary County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

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

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

(L. S.)

Executed in the presence of us:

_____

_____

DIRECTION:

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

_____ County, Georgia.

Fulton Co.
Pace, John M.
No. 1233
APPLICATION FOR ALLOWANCE
FOR THE DISTRICT OF ALL SOUTH
Applicant
County
Amount
Date of Warrant
Entered on Record
Fulton
Pace, John M.
Applicant

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.

PERSONALLY appears J. M. Paden 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 6th day of January 1884; 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 26, of 16th Regiment of Georgia Volunteers Wofford's Brigade; that whilst engaged in such military service, at the battle of 2nd Battle Cedar Run in the State of Virginia, on the 19th day of October 1864, he was wounded as follows: Gun shot wound in the right leg causing the amputation of the same at the middle third above the knee

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

Sworn to and subscribed before me, this the 6th day of February 1889 } Jno M Paden

W. L. Calhoun

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,

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. Calhoun Ordinary of said county, do certify that I am well acquainted with John M. Paden 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 6th day of February 1890

W. L. Calhoun

Ordinary Fulton County.

STATE OF GEORGIA,
Fulton County.

I, W. L. Calhoun Ordinary of said County, do certify that I am well acquainted with John M. Paden 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 9th day of Feb 1891.

W. L. Calhoun

Ordinary Fulton County.

Paden, John M.
Fulton Co.

1890.

Paden, John M.

No. 405

APPLICATION FOR ALLOWANCE.

FOR THAT BEHIND OFFICER 24, 1891.

FOR

Loss of Leg

Applicant, Jno M Paden

County, Fulton

Amount, 100

Date of warrant, Feby 6.

Entered on record Feby 6 1890

Clo H H

No data

WARRANT HANDED TO

Applicant

Paden, John M.
Fulton Co.

1891.

Paden, John M.

PAID 1891, No.

No. 319

Application for Allowance

FOR THAT BEHIND OFFICER 24, 1891.

FOR

Loss of Leg

Applicant John M Paden

County, Fulton

Amount, 100

Date of Warrant, Feb 9

Entered on record Feb 9 1891

Clo H H

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

Applicant

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

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

PERSONALLY appears John M. Paden 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~~ birth ~~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 26, of 16th Regiment of Geo Volunteers Wofford's Brigade; that whilst engaged in such military service, at the battle of Cedar Creek in the State of Va, on the 18th day of October 1864 he was wounded as follows: Gun shot wound of right leg causing amputation just above the knee

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

Sworn to and subscribed before me, this the 6th day of February 1890. } Jno M Paden

W L Calhoun
Ordinary

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

POWER OF ATTORNEY.

STATE OF GEORGIA
County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 189__ [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,
Fulton County.

PERSONALLY appears John M. Paden 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 Birth 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 26, of 16th Regiment of Geo Volunteers Wofford's Brigade; that whilst engaged in such military service at the battle of Cedar Creek in the State of Va, on the 18th day of October 1864 he was wounded as follows: Gun shot wound of right leg causing amputation of the same above the knee at the middle third

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 9th day of Feb 1891. } John M Paden

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.

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 1891. [L. S.]

Executed in the presence of us:

DIRECTION.

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

DIRECTION.

Send money to me as follows, by _____

_____ to _____ P. O.

_____ County, Georgia.

DIRECTION.

Send money to me as follows, by _____

_____ to _____ P. O.

_____ County, Georgia.

STATE OF GEORGIA,

Fulton County.

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

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

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 the injury received as aforesaid in the military service of the Confederate States (or of the 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.

Fulton Co
Paden, John M.
No. 2

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name J M Paden

County Fulton

Disability Loss by

Amount, $ 100

Entered on record Mch 1 1892.

W. H. HARRISON,
Secretary of Executive Department.

No Sales

AGENT.

Applicant

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

Paden, J. M.
Fulton

1893

Fulton

No. 122

Application for Appropriation

Loss of Sight

Applicant J. M. Paden

County Fulton

Amount, 100

Date of Warrant

Entered on record 3/16 1893

Cont'd

Warrant Handed

Applicant

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

PERSONALLY appears John M Padin 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 6 Sixth day of January 1841; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company A of 16 th Regiment of Georgia Volunteers Wofford's Brigade; that whilst engaged in such military service at the battle of Cedar Creek in the State of Virginia, on the Eighteenth day of October 1864 he was wounded as follows: Right Leg above knee the same being amputated

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

Sworn to and subscribed before me this the First day of March 1892. John M Padin

W. L. Calhoun Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
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,
Fulton County.

PERSONALLY appears John M. Padin 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 6th day of January 1841; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company A of 16 th Regiment of Georgia Volunteers Wofford's Brigade; that whilst engaged in such military service at the battle of Cedar Creek in the State of Virginia, on the 18th day of October 1864, he was wounded as follows: right leg above knee the same being amputated

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. J M Padin

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.

DIRECTION.

I, W. L. Calhoun Ordinary of said County, do certify that I am well acquainted with John M. Padin 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, warrant made, and power of attorney, was signed, is a [illegible] Country and the said affidavits and [illegible] are genuine.

Given under my official signature and seal, this 16th day of March 1893.

W. L. Calhoun
Ordinary Fulton County.

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 _____ 1894.

_____ [L. S.]

Executed in the presence of us

_____

_____

DIRECTIONS.

Send money to me as follows, by _____

_____ to _____ P. O.

_____ County, Georgia.

_____

Fulton Co.
Paden J. M.
(For Those Already Enrolled.)
No. 1732

Soldier's Pension.
1894.

Name J.M. Paden
County Fulton
Disability Loss of Leg
Amount, $ 100.

1894.
W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO
J.M. Paden

Geo. 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 _____ 1895.

Executed in presence of us _____ [L. S.]

_____

_____

DIRECTIONS.

Send money to me as follows, by _____

_____ to _____ P. O.

_____ County, Georgia.

_____

Paden J. M.
Fulton Co.
(For Those Already Enrolled.)
No. 114

SOLDIER'S PENSION.
1895.

Name J.M. Paden
County Fulton
Disability Loss of leg
Amount, $ 100.

3/4
1895.
RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Atlt

Geo. W. Harrison, State Printer, Atlanta.

No date

For Applicants Heretofore Allowed Pensions.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

PERSONALLY appears John M.Paden 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 6th day of January 18 41; 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 16 th Regiment of Georgia Volunteers Wofford's Brigade; that whilst engaged in such military service at the battle of Cedar Creek in the State of Virginia, on the 18th day of October 186 4 he was wounded as follows: right leg above knee the same being amputated

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 189 3

Sworn to and subscribed before me, this, the 13th day of March 1894. } J M Paden

W. L. Calhoun Ordinary

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

STATE OF GEORGIA,
Fulton County.

I, W.L.Calhoun Ordinary of said County, do certify that I am well acquainted with John M.Paden the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Affix your seal here.

W.L.Calhoun

Ordinary Fulton County.

BOARD OF PENSION

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears John M.Paden 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 6th day of January 18 41; 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 16th Regiment of Georgia Volunteers, Wofford's Brigade; that whilst engaged in such military service at the battle of Cedar Creek in the State of Virginia, on the 18th day of October 186 4, he was wounded as follows: right leg above knee the same being amputated

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of One Hundred dollars, for the year 189 4

Sworn to and subscribed before me, this, the 9th day of march 1895. } J M Paden

W.L.Calhoun Ordinary

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

STATE OF GEORGIA,
Fulton County.

I, W.L.Calhoun Ordinary of said County, do certify that I am well acquainted with John M.Paden the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Affix your seal here.

W.L.Calhoun

Ordinary Fulton County.

BOARD OF PENSION

Ordinary Fulton County.

Ordinary Fulton County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____
day of _____ 1896.

_____ [L. S.]

Executed in presence of us

_____

_____

Paden, J. M.
Fulton Co
AUT. OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 317

SOLDIER'S PENSION.

1896.

Name J. M. Paden
County Fulton
Disability loss of leg
Amount, $ 100
2/26 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Appch
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 _____ 1897.

_____ [L. S.]

Executed in presence of

_____

_____

Paden, J. M.
Fulton Co
AUT. OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 683

INVALID
SOLDIER'S PENSION.

1897.

Name J. M. Paden
County Fulton
Disability loss of leg
Amount, $ 100
2/23 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Appch
GEO. W. HARRISON, STATE PRINTER, ATLANTA.
No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears John M. Paden 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 6th day of January 18 61; 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 16th Regiment of Georgia Volunteers, Wofford's Brigade; that whilst engaged in such military service in the State of Virginia, on the 18th day of October 186 4; he was wounded, injured or diseased as follows:
right above knee the same being amputated

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 One Hundred dollars, for the year 189 5.

Sworn to and subscribed before me, this, the 26th day of Feby 1896. } J M Paden

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 M. Paden the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feby 1896.

W. L. Calhoun
Ordinary Fulton County.

POWER OF ATTORNEY

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears John M Paden 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 6th day of Jan 18 61; 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 16th Regiment of Ga Volunteers, Wofford's Brigade; that whilst engaged in such military service in the State of Virginia, on the 18th day of Oct 1864, he was wounded, injured or diseased as follows:

Right above knee the same being amputated

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Fulton county been allowed an invalid pension of One hundred Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 22 day of Feb 1897. } John M Paden
POST OFFICE Atlanta Ga

M M Bailey

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

STATE OF GEORGIA,
Fulton County.

I, M M Bailey Ordinary of said County, do certify that I am well acquainted with John M Paden the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1897.

M M Bailey
Ordinary Fulton County.

STATE OF GEORGIA,
Fulton County.

I, W. L. Calhoun Ordinary of said County, do certify that I am well acquainted with John M. Paden the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feby 1896.

W. L. Calhoun
Ordinary Fulton County.

POWER OF ATTORNEY

M M Bailey

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

STATE OF GEORGIA,
Fulton County.

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

Given under my official signature and seal, this 22d day of July 1897.

M M Bailey
Ordinary Fulton County.

Audited Feb. 6 1889.
Wm. M. Smith
COMPTROLLER-GENERAL

Fulton.

Maimed Soldiers.

Voucher No. 126
Amount. $ 100
Paid to J M Paden
For Right Leg
Feby 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. 405
Amount $ 100.
Paid to Jno M Paden
For Loss of Leg
Feby 6 1890.

Included in warrant No.
issued to Treasurer.
18

WARRANT CLERK.

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

applicant

No. 123

STATE OF GEORGIA, EXECUTIVE DEPARTMENT. } Atlanta, Ga. Feby 6 1889

Mr. J. M Paden of the County of Fulton having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, Dec. 24, 1888, and the same having been allowed for Loss of Right Leg

He is entitled to receive the sum of One Hundred 00/ Dollars for such disability, the same being the allowance due for the year ending October 24, 1889.

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

J. B. Gordon
GOVERNOR.

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

$100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
One Hundred 00/ Dollars,
per above voucher, this 6 of Feby 1889.
Jno M Paden

No. 405

STATE OF GEORGIA, EXECUTIVE DEPARTMENT. } Atlanta, Ga. Feby 6 1890

Mr. John M Paden 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 Leg

He is entitled to receive the sum of One Hundred Dollars for such disability, the same being the allowance due for the year ending October 24, 1890

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

J. B. Gordon
GOVERNOR.

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

$100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
One Hundred 00/ Dollars,
per above voucher, this 6 of Feby 1890
Jno M Paden

One Hundred ——— Dollars,
per above voucher, this 6 of Feby 1889.
Jno M Paden

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
One Hundred & 00/ Dollars,
per above voucher, this 6 of Feby 1890
Jno M Paden

Audited _____ 1891.

COMPTROLLER-GENERAL.

Paden, John M.
Fulton

1891.

Maimed Soldiers.

Voucher No. 319
Amount $ 100
Paid to John M Paden
For Loss of Leg

Feby 9 1891.

Included in warrant No. _____
issued to Treasurer,

_____ 1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Applicant

1891.

No. 219

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feby 9th 1891.

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

He is entitled to receive the sum of One Hundred Dollars for such disability, the same being the allowance 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.

TREASURER'S OFFICE PAID STATE OF GEORGIA

M. J. Northen
GOVERNOR.

By the Governor,

W. H. Harrison
SEC'Y EXECUTIVE DEPARTMENT.

$100

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

One Hundred 00/ Dollars,

per above voucher, this 9 of Feby 1891.

John M Arden

W H Hanson
SEC'Y EXECUTIVE DEPARTMENT.

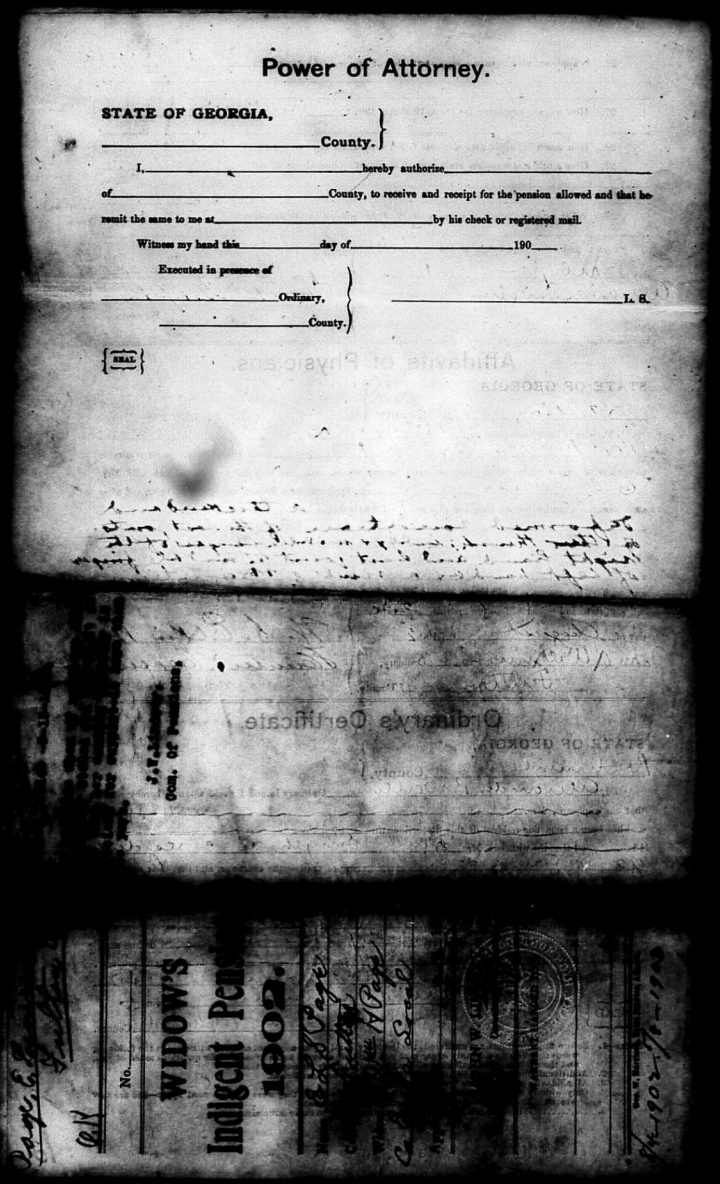
$100

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

One Hundred & 00/ Dollars,

per above voucher, this 9 of Feby 1891.

J M Parker



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 _____ 190__.

Executed in presence of

_____ Ordinary, _____ L. S.

_____ County.

{SEAL}

J. W. Lindsey,
Com. of Pensions.

Ordinary's Certificate

STATE OF GEORGIA,

Page, E. E.

Co. H

No.

WIDOW'S

Indigent Pens

1902.

Name E. E. Page

Witness Wm H Page

Co. Ed. Lowe

Appr.

Dec. 12, 1902 To-1903

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 _____ 190____

Executed in presence of

_____ Ordinary, _____ L. S.

_____ County.

SEAL

J. V. Lindsey,
Com. of Pensions.

WIDOW'S
Pe
FOR

Questions for Applicant.

STATE OF GEORGIA,

Fulton County.

Edonia Shingleton Page 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.) Edonia Shingleton Page 80 Hood St. Atlanta
2. How long and since when have you been a resident of this State? Was born in Augusta Ga July 27/1834. and always lived in Georgia
3. When and where were you born? July 27/1834 Augusta Ga.
4. When and where was your husband born—state his full name, and when were you and he married? State of Alabama, William H. Page. June 12th 1861.
5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States? Sept 29-1862 Augusta Ga. 6th Ga.
6. How long did your husband serve in said Company and Regiment? Sept 29-1862 April 28th 1865
7. When and where did your husband's Company and Regiment surrender and was discharged? April 28th 1865 Augusta Ga.
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? Atlanta Ga July 27/1902
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? Age & 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? Age and Youth, Also Rheumatism at times will Paralyze Rheumatism my hands being affected. For the last 5 or 6 years I could not have earned a living
13. What has been your occupation since your husband's death? Mr Page died July 27th 1902. Since then by care of a child and sewing
14. How much can you earn gross, by your own exertion or labor? How it has been all to earn a living
15. What property, real or personal, or income do you have or possess, and its gross value? $150 Household & Kitchen furniture
16. What property, real or personal, did you possess at death of husband or he left you, and of the years 1899, 1900, 1901, and what disposition, if any, by sale or gift, have you made of the same? The above is all I have, I have not disposed of any part of it since being a widow
17. In what counties did you reside in 1899-1900 and 1901, and what property did you return for taxation? Fulton Co. but the Household furniture
18. How have you been supported since death of husband, and especially for 1899, 1900 and 1901? Since Feb 27/1902 I have been care of a child & the sum accruing from the 3 boarders and by
19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income? per year. I by my own labor contributed about $25.00 per month
20. What was your employment during 1899, 1900 and 1901—how much did you receive for each year? Sewing & Care of Child about $125.00 per year
21. Have you a family? If so, who composes such family? Give their means of support? Have they any lands or other property? I have no family.
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 29th day of July 1902 — Edonia S. Page

John R. Wilkinson Ordinary,

of Fulton County.

Sworn to and subscribed before me this 29th day of July 1902 } E Louisa S Page
John R Wilkinson Ordinary,
of Fulton County.

Questions for Witnesses.

STATE OF GEORGIA,
Richmond County.

Frank Smyth, of said State and County, having been presented as a witness in support of the Application of Mrs. E Louisa Stringfellow Page for a Pension under the Act of 1900, 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? Frank Smyth 829 Greene st Augusta Ga
2. Are you acquainted with the applicant, Mrs. E Louisa Stringfellow Page. If so, how long have you known her? yes 40 years.
3. Where does she reside, and how long and since when has she been a resident of this State? Atlanta Ga. 40 years.
4. When and where was she born? Dont Know.
5. Were you ever acquainted with her husband Wm H. Page. yes.
6. Where did he reside in 1861? Augusta Ga.
7. When and to whom was he married? Dont Know
8. When and where was he born? Dont Know.
9. How long have you known him? About 40 years.
10. When and where did Wm H Page enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? Sept 29. 1863. Augusta Ga. Co E. Local Troops of Augusta Ga. Twas Captain.
11. Were you a member of the same Company and Regiment? yes
12. How long did he perform regular military duty? From Sept 29. 1863 to April 28. 1865.
13. When and where was his Company and Regiment surrendered and discharged from service? April 28th 1865. Augusta Ga
14. Were you with the Command when it surrendered? yes.
15. Was William H Page the husband of applicant present? yes.
16. If not present, where was he? was present
17. When and where did he leave his Command? Augusta Ga. April 28. 1865. For what cause? Surrender. By whose authority he left? Superior officers. How do you know all this? (State fully and clearly.) Twas Captain of the Company & know all of this of my own knowledge.
18. When and where did William H Page die? Dont Know
19. Where did he reside at his death and how long had he been a resident of Georgia at his death? Dont Know
20. Do you of your own knowledge know that applicant is the lawful widow of William H Page? Dont Know
21. Has she remained unmarried since her soldier husband's death, and is now his widow? Dont Know
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? Dont Know
23. What property, effects or income did applicant possess in 1899 and 1900, and what disposition did she make of it? Dont Know
24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom? Dont Know
25. What is applicant's physical condition and her chances and ability to earn a support? Dont Know
26. Is applicant able to earn a support at labor of any sort, if not why? Dont Know
27. How was she supported for 1899, 1900 and 1901? Dont Know
28. How much did applicant contribute to her support for last two years? Dont Know
29. Give a full and complete statement of applicant's physical condition? Dont Know
30. What interest have you in the recovery of this pension by the applicant? None.

Sworn to and subscribed before me this 26th day of July 1901
Alexander R Walton Ordinary,
Richmond County.
} Frank Smyth Witnesses.

Affidavits of Physicians.

STATE OF GEORGIA,
Fulton County.

Personally before me comes W S Elkin MD and Hunter P Cooper MD, both known to me to be reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mrs. E L S Page, applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this - a thickened and deformed condition of the last joints of the thumb, index & middle fingers of the right hand and last joint of middle finger of left hand as a result of rheumatism. and we have no interest in said pension if allowed.

Sworn to and subscribed before me this June day of August 1902
John R Wilkinson Ordinary,
Fulton County.
} W. S. Elkin MD
Hunter P. Cooper MD.

Ordinary's Certificate.

STATE OF GEORGIA,
Richmond County.

I, Alexander R Walton Ordinary in and for said County, hereby certify that the ~~applicant, Mrs.~~ ~~resides in said County and has been a bona fide resident of this State since the day of 18 and that the witness~~, Mr. Frank Smyth is a resident of said County & is 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 County shows that applicant returned for taxation in her own name in 1899 dollars worth of property, and in 1900 and 1901 dollars worth of property.~~

Witness my hand and official seal this 26th day of July 1902.

SEAL

Alexander R Walton ~~Ordinary,~~
Ordinary Richmond 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.

whom? Dont Know

25. What is applicant's physical condition and her chances and ability to earn a support?
Dont Know

Ordinary's Office Richmond 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.

Questions for Witnesses.

STATE OF GEORGIA,
Fulton County.

C H Glyrandeau of said State and County, having been presented as a witness in support of the Application of Mrs. E L D Page for a Pension under the Act of 1900, 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? C H Glyrandeau Atlanta Ga
2. Are you acquainted with the applicant, Mrs. E L D Page If so, how long have you known her? two years
3. Where does she reside, and how long and since when has she been a resident of this State? 80 Hood St Atlanta Ga to my knowledge 10 years
4. When and where was she born? dont know
5. Were you ever acquainted with her husband? yes
6. Where did he reside in 1861? dont know
7. When and to whom was he married? " "
8. When and where was he born? " "
9. How long have you known him? two years
10. When and where did ..... enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? dont know
11. Were you a member of the same Company and Regiment? Yes
12. How long did he perform regular military duty? dont know
13. When and where was his Company and Regiment surrendered and discharged from service? dont know
14. Were you with the Command when it surrendered? .....
15. Was ..... the husband of applicant present?
16. If not present, where was he? dont know
17. When and where did he leave his Command? .....
For what cause? .....
By whose authority he left? .....
How do you know all this? (State fully and clearly.) .....
.....
W E Page dec
18. When and where did X Atlanta Ga Feby 27/1902 die?
19. Where did he reside at his death and how long had he been a resident of Georgia at his death? 87 Hood St Atlanta Ga two years to my knowledge
20. Do you of your own knowledge know that applicant is the lawful widow of Yes
21. Has she remained unmarried since her soldier husband's death, and is now his widow? Yes
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? None except a little furniture
23. What property, effects or income did applicant possess in 1899 and 1900, and what disposition did she make of it? Nothing
24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom? Nun
25. What is applicant's physical condition and her chances and ability to earn a support?
She is 65 years old + suffering with Rheumatism

26. Is applicant able to earn a support by reason of age, and if not why? No. She is old Feeble Crippled with Rheumatism
27. How was she supported for 1899, 1900 and 1901? Assisted by Sister Landrum Living on funds by Renting a Cloak
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? She old age and rheumatism Feeble Deaf Sight and effect that she cannot sustain herself by her own exertion
30. What interest have you in the recovery of this pension by the applicant? Nothing

Sworn to and subscribed before me this 2nd day of August 1902.
John R Wilkinson Ordinary, Fulton County.

C H Glyrandeau
Witness.

Affidavits of Physicians.

STATE OF GEORGIA,
..... County.

Personally before me comes ..... and ....., both known to me to be reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mrs. ....., applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this .....
.....
.....
.....
.....

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this ..... day of ..... 190..
..... Ordinary, ... County.

Ordinary's Certificate.

STATE OF GEORGIA,
Fulton County.

I, John R Wilkinson Ordinary in and for said County, hereby certify that the applicant, Mrs. E L D Page resides in said County, and has been a bona fide resident of this State since the 27th day of February 1834, and that the witnesses, Mr. C H Glyrandeau ..... 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 were 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 ..... dollars worth of property, and in 1900 and 1901 ..... dollars worth of property.

Witness my hand and official seal this 5th day of August 1902.
SEAL
John R Wilkinson Ordinary,
Fulton County.

Notes—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 26th April, 1865, not entitled.
5. ..... Witnesses and two Physicians are necessary to make out claims.

24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom? Nor

25. What is applicant's physical condition and bread-winning and ability to earn a support?
She is 65 years old + suffering with Rheumatism

Fulton County.

Notice—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following manner: You do swear that you will true answers make to such questions as shall be asked of you.

2. A
3. C
4. W
5. .....

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
_____

Page E. L. P. (Mrs)
Fulton County
TO THOSE HERETOFORE PAID.

1904.

No. 46

INDIGENT WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO
Mrs E. L. Page
OF
Fulton County,
Widow of Grimke
Co. E, 1st Ga. Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/3 2 1904.

AND HANDED TO
[illegible]

Geo. W. Harrell, State Printer, Atlanta.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS

STATE OF 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 _____ 1905.

_____ [L. S.]

Executed in presence of
_____

Page, E. L. P. (Mrs)
Fulton County
To Those Heretofore Paid.

1905.

No. 46

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO
Mrs E. L. P. Page
OF
Fulton County,
Widow of Grimke Page
Co. E, 1st Ga. Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/30 1906.

AND HANDED TO
[illegible]

The Franklin Printing and Publishing Co., Atlanta, Ga. C. Williams, Manager, and Harry Pulliam.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS

STATE OF GEORGIA

Form No. 2.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of Fulton. } Personally comes Mrs. E L S Page

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 Wm H. Page who was a soldier in Company E of the 1st Ga Local Regiment of Sept 29 Volunteers, that he enlisted in said regiment on or about the month of 1862, and served in the Army up to 3 1/2 yrs 186__. That he died on the 27th day of Feb 1902

a & 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 18__

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 __ day of JAN 22 1904 1904. John R Wilkinson Ordinary. } E. L. S. Page Post Office. __

State of Georgia, Fulton, County. } I, John R. Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. E L S Page, 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 22 1904 1904.

{Official Seal.} John R Wilkinson Ordinary of Fulton. County

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1904.

Form No. 2

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of Fulton. } Personally comes Mrs. E L S Page

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 William H. Page who was a soldier in Company E of the 1st Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of __ 1862, and served in the Army up to Close Star 186__. That he died on the __ day of __ 1901.

age and 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 1891

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. John R Wilkinson Ordinary. } E. L. S. Page Post-Office Atlanta Ga

State of Georgia, Fulton. County. } I, John R Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. E L S Page, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the __ day of __ 18__

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

Official Seal

John R. Wilkinson

Ordinary of Fulton. County

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1904.

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

_____

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

_____

Page E. L. S. (mo)
Fulton County

To Those Heretofore Paid.

1906.

No. 26

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO Mrs. E. L. S. Page OF Fulton County,

Widow of John H. Page Co. E. 1st Ga Regiment.

JOHN W. LINDSEY, *Commissioner of Pensions.*

WARRANT ISSUED 1/19 1906,

AND HANDED TO [illegible]

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

Page, E. L. S. (Mrs.)
Fulton Co

To Those Heretofore Paid.

1907.

No. 44

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO Mrs. E. L. S. Page OF Fulton County,

Widow of John H. Page Co. E. 1st Ga Regiment.

JOHN W. LINDSEY, *Commissioner of Pensions.*

WARRANT ISSUED 1/18 1907.

AND HANDED TO [illegible]

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Form No. 2

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Fulton. } PERSONALLY COMES Mrs. E. L. S. Page

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 William H. Page who was a soldier in Company E of the 1st Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of _____ 186 2, and served in the Army up to close of war 1865 That he died on the 27th day of Feby 1902

Age and 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 1861

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 JAN 1 1906. John R. Williamson, Ordinary. } E. L. S. Page Post Office 27 Magnolia

State of Georgia, Fulton County. } I, John R. Williamson Ordinary of said County, certify that I am well acquainted with Mrs. E. L. S. Page, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the _____ day of _____ 18____

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

{ Official Seal } John R. Williamson Ordinary of Fulton. County.

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

Form No. 2

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Fulton. } PERSONALLY COMES MRS. E. L. S. Page

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 Wm. H. Page who was a soldier in Company E of the 1st Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of _____ 186 2, and served in the Army up to close of war 186 5 That he died on the _____ day of _____ 18____

Age and 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 18 61

I have been allowed an Indigent pension as a resident of Fulton. 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. Williamson, Ordinary. } E. L. S. Page Post Office 10 Cooper Street

State of Georgia, Fulton County. } I, John R. Williamson Ordinary of said County, certify that I am well acquainted with Mrs. E. L. S. Page, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the _____ day of _____ 18____

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

State of Georgia,
Fulton County.

I, John R. Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. E. L. S. Page, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the _____ day of _____ 18__

Given under my official signature and seal, this the _____ day of JAN 1 1903.

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.

State of Georgia,
Fulton County.

I, John R. Wilkinson Ordinary of said County, certify that I am well acquainted with Mrs. E. L. S. Page, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the _____ day of _____ 18__

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

Ammendment

Georgia
Fulton County

Personaly comes before me S. R. Jones, a judicial officer authorized to hold a court of enquiry in and for said county.

Mrs S. A. Wiggins, who on oath says that she was present at the marriage of William H. Page, and E. Louisa Stringfellow, on the twelfth (12) day of June 1861 officiating Minister and Pastor Rev. J. R. Wilson, 1st Presbyterian Church of Agusta Georgia.

~~Sworn to and subscribed~~
~~to before me this the 23rd day~~
~~S. R. Jones, N.P.A.~~
~~1508 Dist. 9th Pol. Ward Ga.~~

Mrs S. A. Wiggins,

Fulton County Ga

Personaly appeared before me Mrs S A Wiggins who on oath says the above statement is true and I certify that she is of good character and her testimony is entitled to full faith and credit

This Jan 23rd 1903

John R Wilkinson
Ordinary

Ammendment

Georgia Fulton County

Wishing to comply with the order of the Pension Commissioner Lindsay to ammend my claim I testify that since said application was made, I have lost the care of child mentioned in said claim under Items 18 & 19 I have no means of support of any kind I am old and not able to work to support myself. I am infirm being troubled with Rheumatism.

I also present witness to my marriage as required by Mr Lindsey

Mrs E. L. S. Page

Sworn to and subscribed before me this Jan 23rd 1903 and I hereby certify that said Mrs E L S Page is of trustworthy character and her testimony is entitled to full faith and credit

This Jan 23rd 1903

John R Wilkinson
Ordinary

John R. Wilkinson
Ordinary

JOHN R. WILKINSON,
ORDINARY
AND
JUDGE COURT OF ORDINARY,
FULTON COUNTY.

Atlanta, Ga. Jany 21 1903

Ammendment

Fulton Co Ga

Personally appeared before me Charles H. Giraudeau who being duly sworn deposeth and says. I personally know Mrs E. Louise A. Payne within applicant for pension that since the making the claim she has lost the care of the child which was then the her only means of support. that since she has been deprived of care of child she has had no other means of support.

Sworn to and subscribed before me this 21 day of January 1903

Charles H. Giraudeau

John R Wilkinson
Ordinary

I certify that Chas H Giraudeau is of trustworthy character and his testimony is entitled to full faith and credit

This 21st day of Jany 1903

John R Wilkinson
Ordinary Fulton Co Ga

21 day of January 1903

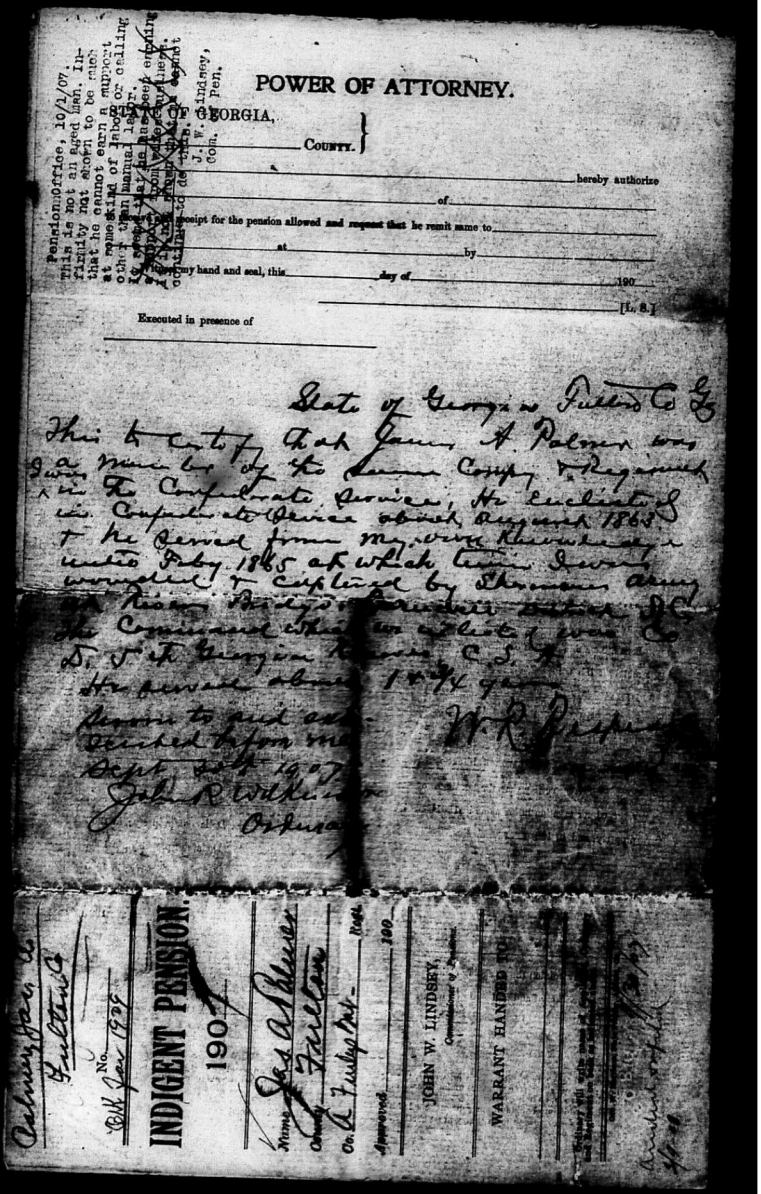
Chas. H. Giraudeau

John R Wilkinson
Ordinary

I certify that Chas H Giraudeau is of trustworthy character and his testimony is entitled to full faith and credit

This 21st day of Jany 1903

John R Wilkinson
Ordinary Dutton Georgia



Pension Office, 10/1/07.
This is not an aged man. Infirmity not shown to be such that he cannot earn a support at some kind of labor or calling other than manual labor.
He seems that he has been evening a support from wife's business. I am not shown that he cannot continue to do this.
J. W. Lindsey,
Com. of Pen.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

_____ hereby authorize
_____ of _____
to receive and receipt for the pension allowed and request that he remit same to _____
_____ at _____ by _____
Witness my hand and seal, this _____ day of _____ 190__
_____ [L. S.]

Executed in presence of
_____

State of Georgia Fulton Co Ga
This to certify that James A. Palmer was a member of the Same Company & Regiment I was in the Confederate Service, He enlisted in Confederate Service about August 1863 & he served from my own knowledge until Feby 1865 at which time I was wounded & captured by Sherman's army at Rivers Bridge & [illegible] Dutch [illegible] The Command which we enlisted was Co D. 5th Georgia Reserves C. S. A.
He served about 1 & 3/4 years
Sworn to and exhibited before me
Sept 20th 1907
John R. Wilkinson
Ordinary

W. R. Respe[illegible]

Calvin Jas. A. Fulton Co
No.
B.H. Jan 1909

INDIGENT PENSION.
1907

Name Jas A Palmer
County Fulton
Co. A Finley Pat. Regt.
Approved _____ 190__

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will write name of pensioner and Regiment on back of this Pension Office.

Ordinary [illegible]

Pension Office, 10/1/07.
This is not an Application. The Family may employ Attorney to prosecute claim, but no fee can be charged or collected by him unless claim is allowed. Any person who shall demand or receive any fee, reward or consideration for services rendered in connection with any claim for pension, except as provided by law, shall be guilty of a misdemeanor and punished accordingly.
J. L. Gilmore, Com. Pen.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
_____ COUNTY. }

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

Given under my hand and seal, this _____ day of _____ 190__.

_____ [L. S.]

Executed in presence of

_____

State of Georgia Fulton Co Ga
This is to certify that James A. Palmer was a member of the Seventh Company Regiment in the Confederate Service, He enlisted in Confederate Service about August 1863 & he served from May 1863 Thereafter in the Confederate Service until Feby 1865 at which time he was wounded & captured by Sherman army at Rivers Bridge & paroled at Hardee Station Ga The Command which he enlisted was Co D. 5th Georgia Reserves C. S. A. He served about 1 1/2 years
Sworn to and subscribed before me
Sept 5th 1907
John R Wilkinson
Ordinary

W. R. Palmer

Indigent Pension. 1907
Bill No. 1338
Col. A. Palmer
Fulton
Ga.
Rec'd Feby 1908
Issued
Mailed
Entered
Indexed
Examined

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA, }
Fulton COUNTY. }

James A Palmer 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, thereto and answers as follows:

1. What is your name and where do you reside? (Give State, County and Postoffice.) James A Palmer Atlanta Fulton Co. P.O. Atlanta
2. How long and since when have you been a resident of this State? all of my life
3. When and where were you born? Palmers Co Ga June 26 - 1846
4. When and where and in what company and regiment did you enlist or serve? August 1863 first in the Rucker Battalion it was merged with other troops in 1864 I served in Co D.
5. How long did you remain in such company and regiment? until close of war
6. When and where was your company and regiment surrendered and discharged? Greensboro NC
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? after battle of Bentonville I was sent to Hospital Greensboro NC was given furlough after Gen Johnston surrendered to remain home until exchanged & never returned to command
9. How much can you earn (gross) per annum by your own exertions or labor? I am not fully able to work
10. What has been your occupation since 1865? Mercantile General Manufacturing
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"? Infirmity + 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. no I am suffering on account of Rheumatism & Kidney affection & have been for 10 yrs unable to perform labor
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? in Hancock county Ga
16. How were you supported during the years 1901, 1902, 1903, 1904, 1905, 1906, 1907 and 1907? working on a farm for my self
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? I took from crop and my own labor clothe + fed myself
18. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906, 1907? What pay did you receive in each year? I worked for Wm A Palmer Hancock Co Ga Farming orchard & Stand
19. Have you a family? If so, who composes such family? Give their means of support. Have they a homestead, or other property? Their ages and how employed? Have one invalid wife one daughter 17 yrs old one 16 yrs old one 14 yrs old not able to work
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 16th day of October 1907
John R Wilkinson Ordinary,
at Fulton County.

Jas A Palmer Applicant.

Every Question MUST Be Answered.

Pension Office, 10/1/07.
This is not an Application. The Family may employ Attorney to prosecute claim, but no fee can be charged or collected by him unless claim is allowed. Any person who shall demand or receive any fee, reward or consideration for services rendered in connection with any claim for pension, except as provided by law, shall be guilty of a misdemeanor and punished accordingly.
J. L. Gilmore, Com. Pen.

Fulton Co. Ga.

No. Roll Jan 1928

INDIGENT PENSION

1907

Jas A. Palmer

Fulton Co.

Fulton Co. Ga.

W. HINDMAN

HAMPTON

stead, or other property? Their ages and how employed? Have one invalid wife one daughter 11 years old one 16 years old one 16 years old not hired works

30. Are you receiving any pension? If so, what amount and for what disability? No

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

32. How many applications have you ever made and under what class? None

Sworn to and subscribed before me this the 16th day of October 1907

Jas A. Palmer Applicant.

John W. Stevens Ordinary,

of Fulton County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Burke County.

Walter Rhodes of said State and County, being duly sworn, on oath says that he is a citizen of the United States, and is a resident of Fulton County, Georgia, and is over the age of sixty years, and is a competent witness, and is not interested in the result of the application of Jas A. Palmer as a witness in support of the application of Jas A. Palmer for a pension under section 1234, Code, and after being duly sworn to answer the questions hereinafter propounded, answers as follows:

1. What is your name and where do you reside? Walter Rhodes Waynesville Ga

2. Are you acquainted with Jas A. Palmer, the applicant, if so how long have you known him? Forty five years

3. Where does he reside, and how long and where did he live as a resident prior to his residence in Fulton? Atlanta Ga he has lived in Fulton Co since 1865

4. When, where and in what command and regiment did he serve? In 1863 in Miss in Co

5. Were you a member of the same company and regiment? I was not

6. How long did he perform regular military duty? Until the close of the war

7. When and where was his command surrendered? Greensboro North Carolina

8. Were you present when it surrendered? No

9. Was applicant present? No

10. If he was not present, where was he? He was in Hospital at Abbeville S C

When did he leave his command? He left there in May 1865

By what authority he left? Was detailed by the Company to Raise Corn

Were you ever on of that

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

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? Nothing None

13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?

14. What is the applicant's occupation and means of support? He prepares Deeds & Notes for People

15. Is the applicant unable to support himself by labor of any kind? If so, state the nature of his disability. He is old & feeble and has rheumatism & other troubles

16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? By his children

17. What pecuniar[illegible]

18. Give a full and complete statement of the service of the applicant, as required by Section 1234, Code.

19. Who constituted his company officers?

20. [illegible]

CERTIFICATE OF PHYSICIANS.

We [illegible] and [illegible], both of [illegible], in said State, do on our respective oaths say that we are practicing physicians, and have been for [illegible] years last past; that we have examined carefully [illegible] and that we are of opinion that he is [illegible] from chronic rheumatism and other troubles and is unable to earn a support by manual labor.

[illegible]

[illegible]

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

[illegible] County.

I, [illegible], Ordinary, in and for said County, hereby certify that Jas A. Palmer, whose name is subscribed to the foregoing application, personally appeared before me in said County, and has been a resident of said County for [illegible] years last past, and that the statements made in said application are true, to the best of my knowledge and belief.

I further certify that before entering the foregoing application for signature and seal, witness took the oath prescribed; and that said oath of said witness was [illegible] before me, and signed.

I further certify that the said Jas A. Palmer is a resident of [illegible] County, Georgia, and has been for [illegible] years last past; that he is [illegible] years of age; that he is a [illegible] and is [illegible] from chronic rheumatism and other troubles and is unable to earn a support by manual labor.

I further certify that the said Jas A. Palmer is a resident of Fulton County, Georgia, and has been for [illegible] years last past; that he is [illegible] years of age; that he is a [illegible] and is [illegible] from chronic rheumatism and other troubles and is unable to earn a support by manual labor.

Sworn to and subscribed before me this the 16th day of October 1907

John W. Stevens Ordinary.

Fulton County.

I, [illegible], Ordinary of said County, do hereby certify that Jas A. Palmer, whose name is subscribed to the foregoing application, personally appeared before me in said County, and has been a resident of said County for [illegible] years last past, and that the statements made in said application are true, to the best of my knowledge and belief.

I further certify that before entering the foregoing application for signature and seal, witness took the oath prescribed; and that said oath of said witness was [illegible] before me, and signed.

I further certify that the said Jas A. Palmer is a resident of [illegible] County, Georgia, and has been for [illegible] years last past; that he is [illegible] years of age; that he is a [illegible] and is [illegible] from chronic rheumatism and other troubles and is unable to earn a support by manual labor.

I further certify that I am not related to the said Jas A. Palmer by blood or marriage; that I am not interested in the result of his application; that I have no property interest in the property of said Jas A. Palmer; that I have no property interest in the property of any person who is interested in the result of said application; that I have no property interest in the property of any person who is related to said Jas A. Palmer by blood or marriage; that I am not related to any person who is interested in the result of said application; that I have no property interest in the property of any person who is related to said Jas A. Palmer by blood or marriage.

Sworn to and subscribed before me this the [illegible] day of [illegible] 190[illegible]

[illegible]

[illegible]

State of Georgia
Fulton County } Personally came before me Dr. W. L. Champion and Dr. G. P. Huguley both to me known, as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mr. J. A. Palmer applicant for pension under Sec. 1754 Code, and after such examination say that his precise physical condition is as follows:—

Mr J. A. Palmer has a complete right inguinal hernia which endangers his life and incapacitates him for manual labor.

W. L. Champion M.D.
G. P. Huguley M.D.

Sworn to and subscribed before me Febry 4th 1908
John R. Wilkinson
Ordinary

State of Georgia
Fulton County

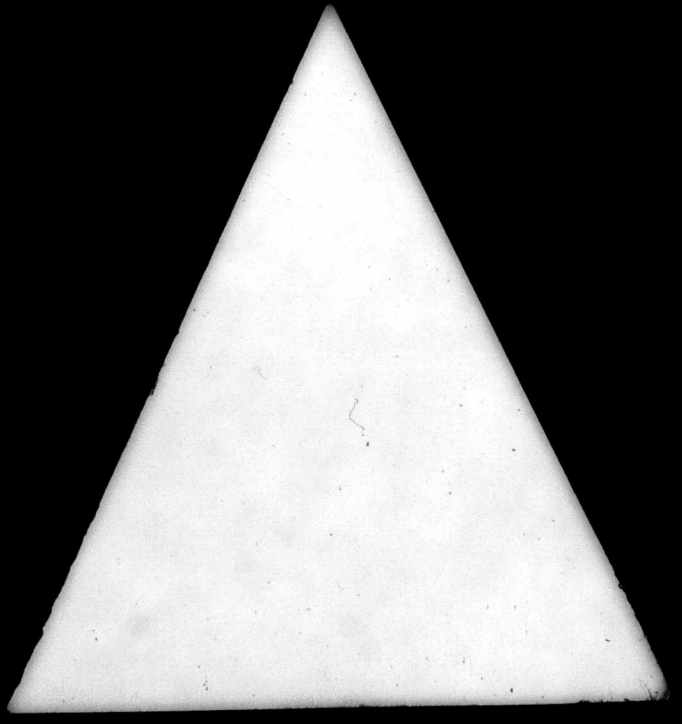
Personally appeared before me J. A. Bondurant who being duly sworn deposits and says — he knows — J. A. Palmer the applicant for pension as confederate soldier and of his own knowledge he has no property either personal or real in 1901 1902 1903 1904 1905 1906 & 1907.

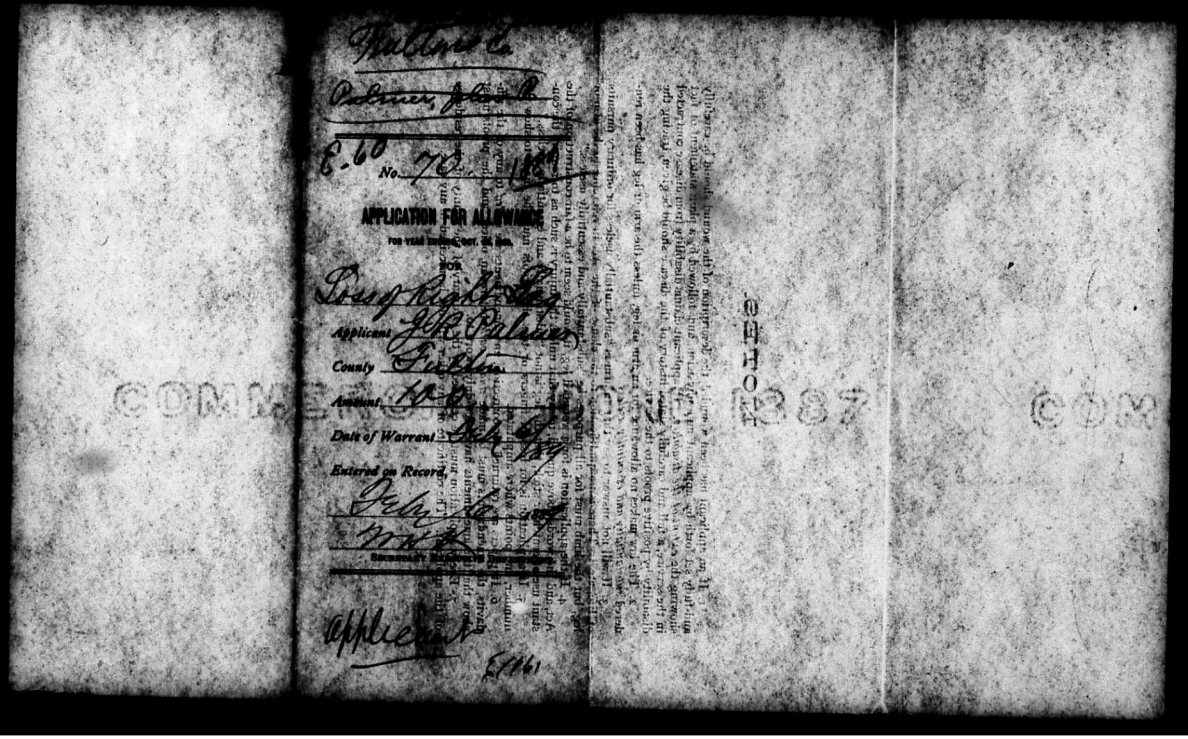
Sworn to & subscribed before me Jany 23/08
J. A. Bondurant
John R. Wilkinson
Ordinary

G. P. Huguley M.D.

Sworn to and subscribed
before me Feby 4th 1908
John R. Wilkinson
Ordinary

before me Jany 23/08
John R. Wilkinson
Ordinary





Fulton Co

Palmer, John R.

E-60 No. 70 1889

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCT. 31, 1888.

FOR

Loss of Right Leg

Applicant J. R. Palmer

County Fulton

Amount 10 0

Date of Warrant July 6/89

Entered on Record

July 6 1889

W. H. H.

SECRETARY MEDICAL DEPARTMENT

Applicant

E1161

COMMISSION 1887 COM

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. Cochran Ordinary of said county, do certify that I am well acquainted with John R. Palmer, 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 6th day of February 1889

W. L. Cochran

Ordinary Fulton County.

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

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

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

(L. S.)

Executed in the presence of us:

_____

_____

DIRECTION:

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

_____ County, Georgia.

to P.O.

County, Georgia.

Fulton Co.

Palmer, John R.

E. 60 No. 70 1889

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCT. 26, 1889.

FOR

Loss of Right Leg

Applicant J. R. Palmer

County Fulton

Amount 12 Dollars

Date of Warrant July 6 1889

Entered on Record July 10 1889

W. H. [illegible]

Secretary Executive Division

Applicant E. [illegible]

STATE OF GEORGIA,

Fulton County.

PERSONALLY appears John R. Palmer 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 1889; 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 60 th Regiment of Georgia Volunteers Gordon 's Brigade; that whilst engaged in such military service, at the battle of Fishers Hill in the State of Virginia, on the 7th day of August 1864, he was wounded as follows: Gun shot wound in the right leg above the knee causing amputation of the same just below the hip 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 6th day of February 1889

John R. Palmer

W. L. Calhoun

Notary

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,

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. Calhoun Ordinary of said county, do certify that I am well acquainted with John R. Palmer 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 4th day of February 1890.

W. L. Calhoun
Ordinary. Fulton County.

STATE OF GEORGIA,
Fulton County.

I, W. L. Calhoun Ordinary of said County, do certify that I am well acquainted with John R. Palmer 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. Calhoun
Ordinary Fulton County.

Palmer, John R.
Fulton Co.
1890.

No. 233

APPLICATION FOR ALLOWANCE.
FOR THAT REGION OCTOBER 26, 1890.

FOR
Loss of Leg
Applicant, J. R. Palmer
County, Fulton
Amount, 100 a
Date of warrant, Feby 5
Entered on record
Feby 5 1890
W. H. H.
No data
SECRETARY EXECUTIVE DEPARTMENT.
WARRANT HANDED TO
Applicant

Palmer, John R.
Fulton Co.
1891.
Palmer, John R.

PAID 1891 No. 20

Application for Allowance
FOR THAT REGION OCTOBER 26, 1891.

FOR
Loss of Leg
Applicant, J. R. Palmer
County, Fulton
Amount, 100
Date of Warrant, Feb 3/
Entered on record
Feb 3 1891
W. H. H.
SECRETARY EXECUTIVE DEPARTMENT.
WARRANT HANDED TO
No data
Applicant

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

PERSONALLY appears John R. Palmer 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 9 day of 1810; 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 6 2 th Regiment of Georgia Volunteers Gordon's Brigade; that whilst engaged in such military service, at the battle of Fisher's Hill in the State of Va, on the 22 day of August 1864, he was wounded as follows: gun shot wound of right Leg causing Amputation of right Knee

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

Sworn to and subscribed before me, this the 4th day of February 1890
W. L. Calhoun

John R. Palmer

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

POWER OF ATTORNEY.

STATE OF GEORGIA
_____ County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 189 [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,
Fulton County.

PERSONALLY appears John R. Palmer 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 _____ 1887; 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 6 2 th Regiment of Georgia Volunteers Gordon's Brigade; that whilst engaged in such military service at the battle of Fisher's Hill in the State of Va, on the 22 day of August 1864 he was wounded as follows: Gun shot wound of right leg causing Amputation of same Above the Knee

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

Sworn to and subscribed before me, this the 3rd day of Feb 1891.
W. L. Calhoun Atty

John R Palmer

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 authorising my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 1891. _____ [L. S.]

Executed in the presence of us:

DIRECTION.

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

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by _____

_____ to _____ P. O.

_____ County, Georgia.

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:

DIRECTION.

Send money to me as follows, by _____

_____ to _____ P. O.

_____ County, Georgia.

Calmer J. A. Fulton Co

1893

Fulton

No. 1230

Application for Allowance

For the Year Ending Dec. 31st 1893

FOR

Dens of Ga

Applicant, J. A. Fulton

County, Fulton

Amount, 100

Date of Warrant, 3/7

Entered on record, 1893

Secretary Treasurer

Warrant Number

Allen

No Note

****LIGHT PRINT AND. OR BAD COPY ****

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

PERSONALLY appears J. R. Palmer 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 _____ 1842; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Private in Company Co. of 10 th Regiment of Georgia Volunteers Gordon's Brigade; that whilst engaged in such military service at the battle of Fishers Hill in the State of Va, on the 7th day of August 1864 he was wounded as follows: Bus shot wound of right thigh causing amputation above the knee

1890

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

Sworn to and subscribed before me, this, the 15th day of March 1893. J. R. Palmer

W. L. Calhoun

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 J. R. Palmer 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 day of March 1893.

W. L. Calhoun
Ordinary Fulton County.

STATE OF GEORGIA,
Fulton County.

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

Given under my official signature and seal, this 30th day of March 1892

W. L. Calhoun

Ordinary Fulton County.

Fulton Co
Palmer, J. R.
No. 1317

SOLDIER'S PENSION.
1892.
FOR THE YEAR ENDING OCTOBER 26, 1892.

Name J R Palmer
County Fulton
Disability Loss of Leg
Amount, $ 100
Entered on record Mch 5 1892.

W. H. HARRISON,
Secretary of Executive Department.
W. D. Slater
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 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.
Palmer J R
(For Those Already Enrolled.)
No. 1317

Soldier's Pension.
1894.

Name J. R. Palmer
County Fulton
Disability Loss of Leg
Amount, $ 100.
3/c 1894.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO
Applicant

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Fulton County. }

PERSONALLY appears J. R. Palmer
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 ____ 1848; 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 60 th Regiment of Georgia Volunteers Gordon 's Brigade; that whilst engaged in such military service at the battle of Fisher's Hill in the State of Va, on the 7 day of Sept 1864 he was wounded as follows: Gun shot wound of right thigh causing amputation of right thigh 4 inches above the knee

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of ____ One Hundred Dollars for 1894

Sworn to and subscribed before me this the 3rd day of March 1892. } J. R. Palmer
W. L. Calhoun Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA, }
____ 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, }
Fulton County. }

PERSONALLY appears J.R.Palmer 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 ____ 1848; that he enlisted in the military service of the Confederate States (or of the State of ____) during the war between the States, and served as a Private in Company ____, of 10 th Regiment of Georgia Volunteers Gordon 's Brigade; that whilst engaged in such military service at the battle of Fishers Hill in the State of Va, on the 7th day of August 1864 he was wounded as follows: Gun shot wound of right thigh causing amputation above the knee

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of One Hundred dollars, for the year 1893

Sworn to and subscribed before me, this the ~~18th~~ day of March 1894. } J R Palmer
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 J.R Palmer the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Send money to me as follows, by _____

_____ to _____ P. O.

_____ County, Georgia.

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 Warrrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

day of _____ 1895.

_____ [L. S.]

Executed in presence of us

_____

_____

DIRECTIONS.

Send money to me as follows, by _____

_____ to _____ P. O.

_____ County, Georgia.

_____

Palmer J. R. Fulton G.

(For Those Already Enrolled.) No. 115

SOLDIER'S PENSION. 1895.

Name J. R. Palmer

County Fulton

Disability loss of leg

Amount, $ 100. 3/1 1895.

RICHARD JOHNSON, Secretary Executive Department.

WARRANT HANDED TO

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 _____ 1896.

_____ [L. S.]

Executed in presence of us

_____

_____

Palmer J. R. Fulton G.

ACT OF 1894, SEC.

(For Those Already Enrolled.) No. 318

SOLDIER'S PENSION. 1896.

Name J. R. Palmer

County Fulton

Disability loss of leg

Amount, $ 100 2/26 1896

RICHARD JOHNSON, Secretary Executive Department.

WARRANT HANDED TO

No date

STATE OF GEORGIA, County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, County.

For Applicants Heretofore Allowed Pensions.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, Fulton County.

Personally appears J.R. Palmer 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 1848; 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 10th Regiment of Georgia Volunteers, Gordon 's Brigade; that whilst engaged in such military service at the battle of Fishers Hill in the State of Va, on the 7th day of August 1864, he was wounded as follows: gun shot wound of right thigh causing amputation above the knee

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of One Hundred dollars, for the year 1894

Sworn to and subscribed before me, this the 9th day of March 1895. J R Palmer

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 J.R. Palmer the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 J.R. Palmer 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 48, 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 10th Regiment of Georgia Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Virginia, on the 7th day of August 1864, he was wounded, injured or diseased as follows:

gun shot of right thigh causing amputation above the knee

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of Fulton county been allowed a pension of One Hundred dollars, for the year 1895.

Sworn to and subscribed before me, this the 26th day of Feby 1896. J R Palmer

W.L. Calhoun, Ord.

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 J.R. Palmer the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feby 1896.

W.L. Calhoun

Ordinary Fulton County.

Ordinary Fulton County.

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
_____
_____

Palmer, J. R.
Fulton Co.
ACT OF 26 OCT., 1897.
(For Those Already Enrolled.)
No. 684

INVALID
SOLDIER'S PENSION.
1897.

Name J. R. Palmer
County Fulton
Disability Loss of Leg
Amount, $ 100.00
2/23 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Appt
GEO. W. ROBINSON, 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
_____
_____

Palmer, J. R.
Fulton Co.
ACT OF 26 OCT., 1897.
(For Those Already Enrolled.)
No. 2272

INVALID
SOLDIER'S PENSION.
1898.

Name J. R. Palmer
County Fulton
Disability Loss of Leg
Amount, $ 100.00
7/17 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Appt
GEO. W. ROBINSON, STATE PRINTER, ATLANTA.
No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears J. R. Palmer 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 _____ 1848; 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 10th Regiment of Georgia Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Virginia, on the 7th day of August 1864, he was wounded, injured or diseased as follows:

Gun shot wound righ thigh causing amputation above the knee.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Fulton county been allowed an invalid pension of One hundred Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 22 day of July 1897. J R Palmer POST OFFICE

M H Hulsey

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. R. Palmer the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 July 1897.

Affix your seal here.

M H Hulsey

Ordinary Fulton County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears J. R. Palmer 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 _____ 1848; 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 10th Regiment of Georgia Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Va., on the 7th day of August 1864, he was wounded, injured or diseased as follows:

Gun shot wound right thigh causing amputation above knee

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 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, the 17 day of July 1898. J R Palmer POST-OFFICE

M H Hulsey

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. R. Palmer the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Affix your seal here.

M H Hulsey

Ordinary Fulton County.

Ordinary Fulton County.

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

_____

Palmer S.C. Fulton County

CODE SECTION 120.
(For Those Already Enrolled.)
No. 1887

INVALID
SOLDIER'S PENSION.
1899.

Name J.P. Palmer
County Fulton
Disability
Amount, $ 100
Warrant issued July 6 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Agent.

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 _____ 1900.

_____ [L. S.]

Executed in presence of

_____

Palmer S.C. Fulton County

CODE SECTION 120.
(For Those Already Enrolled.)
No. 2054

INVALID
SOLDIER'S PENSION.
1900.

Name J.P. Palmer
County Fulton
Disability
Amount, $ 100
Warrant issued July 6 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Agent.

Geo. W. Harrison, State Printer, Atlanta.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears J. R. Palmer 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 _____ 1848; 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 10th Regiment of Geo. Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Va, on the 7 day of Aug. 1864, he was wounded, injured or diseased as follows:

Gun shot wound right thigh causing amputation above thee

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 $100.00 Dollars, for the year 1898.

Sworn to and subscribed before me, this, the 15 day of July 1899. } J. R. Palmer POST OFFICE

W. H. Halsey

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. Halsey Ordinary of said County, do certify that I am well acquainted with J. R. Palmer the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 July 1899.

Affix your seal here

W. H. Halsey
Ordinary Fulton County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears J. R. Palmer 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 _____ 1848; 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 10th Regiment of Geo. Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Va, on the 7 day of Aug. 1864, he was wounded, injured or diseased as follows:

Gun shot wound ~~left~~ right thigh - amputation above thee

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 $100.00 One hundred Dollars, for the year 1899.

Sworn to and subscribed before me, this, the 2 day of May 1900. } J. R. Palmer POST OFFICE

W. H. Halsey

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. Halsey Ordinary of said County, do certify that I am well acquainted with J. R. Palmer the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 May 1900.

Affix your seal here

W. H. Halsey
Ordinary Fulton County.

Ordinary Fulton County.

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

_____

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

_____

Palmer, J. R.
Fulton County

CODE SECTION 1259.
(For Those Already Enrolled.)

No. 238

DISABLED
SOLDIER'S PENSION.
1901.

Name J. R. Palmer
County Fulton
Disability wound Right Thigh
Amount, $100.00
Jany 18 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Geo. W. Harrison, State Printer, Atlanta.

no data

Palmer, J. R.
Fulton Co.

CODE SECTION 1259.
(FOR THOSE ALREADY ENROLLED.)

No. 47

DISABLED
SOLDIER'S PENSION
1902.

Name J. R. Palmer
County Fulton
Co. C Regiment 10th Ga.
Disability wound R. Thigh
Amount, $100.00
Jan 1902.

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 R Palmer 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 _____ 1848; 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 10th Regiment of Georgia Volunteers, Gardens's Brigade; that whilst engaged in such military service in the State of Va, on the 7 day of Aug 1864, he was wounded, injured or diseased as follows:

Gun Shot Wound right thigh amputated above Knee

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 $100.00 Dollars, for the year 1900.

Sworn to and subscribed before me, this the 7th day of Jan 1901. J R Palmer Postoffice Atlanta Ga
John R Wilkinson

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

STATE OF GEORGIA,
Fulton County.

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

Given under my official signature and seal, this 7th day of Jan 1901.

Affix your seal here

John R Wilkinson
Ordinary Fulton County.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton County.

Personally appears J R Palmer 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 _____ 1848; 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 10th Regiment of Ga Volunteers, Gardens's Brigade; that whilst engaged in such military service in the State of Va, on the 7 day of Aug 1864, he was wounded, injured or diseased as follows:

Wound in right thigh amputated above Knee

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 _____ day of JAN 13 1902 1902. Post-office J R Palmer
John R Wilkinson

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

STATE OF GEORGIA,
Fulton County.

I, John R. Wilkinson Ordinary of said County, do certify that I am well acquainted with J R Palmer the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Affix your seal here

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
_____

Palmer, J. R.
Fulton County

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 53

DISABLED
SOLDIER'S PENSION
1903.

Name J R Palmer
County Fulton
Co. C Regiment 10 Ga
Disability Lost R leg
Amount, $ 100.00
1/31 1903.

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 _____ 1904.

_____ [L. S.]

Executed in the presence of
_____

Palmer J. R.
Fulton Co.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 43

DISABLED
SOLDIER'S PENSION
1904.

Name J R Palmer
County Fulton.
Co. C Regiment 10 Ga
Disability Lost R leg
Amount, $ 100.00
1/31 1904.

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,
_____ County.

Personally appears J R Palmer 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 1 1848; 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 G, of 10 th Regiment of Ga Volunteers, Gardens 's Brigade; that whilst engaged in such military service in the State of Va, on the 7 day of Aug 1864, he was wounded, injured or diseased as follows:

low 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 100 Dollars, for the year 1902.

Sworn to and subscribed before me, this the _____ day of JAN 21 1903 1903. J R Palmer Post-office _____

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,
_____ County.

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

Given under my official signature and seal, this _____ day of _____ 1903.

John R Wilkinson
Ordinary _____ County.

Affix your seal here

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 J R Palmer 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 1 1848; 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 10 th Regiment of Ga Volunteers Gordons Brigade; that whilst engaged in such military service in the State of Va, on the 7 day of Aug 1864, he was wounded, injured or diseased as follows:

Loss 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 100 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. J R Palmer Post-office _____

John R Wilkinson

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

STATE OF GEORGIA,
Fulton. County.

I, John R. Wilkinson Ordinary of said County, do certify that I am well acquainted with J R Palmer the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 _____ 1904.

John R Wilkinson
Ordinary Fulton. County.

Affix your seal here

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

Affix your seal here

Ordinary _____ County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1903.

Affix your seal here

Ordinary Fulton. County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton. County.

Personally appears J R Palmer 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 day of 1843; that he enlisted in the military service of the Confederate States (or of the State of Geo) during the war between the States, and served as a private in Company C, of 10 th Regiment of Geo Volunteers, Gardner's Brigade; that whilst engaged in such military service in the State of Va, on the 7 day of Aug 1864, he was wounded, injured or disease as follows:

Lost 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 100 Dollars, for the year 1903.

Sworn to and subscribed before me, this the 21 day of JAN 21 1903 1903. J R Palmer Post-office _____

John R 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 R. Williamson, Ordinary of said County, do certify that I am well acquainted with J R Palmer the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1903 day of JAN 21 1903 1903.

John R Williamson
Ordinary _____ County.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton. County.

Personally appears J R Palmer 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 1 1843; that he enlisted in the military service of the Confederate States (or of the State of Geo) during the war between the States, and served as a Private in Company C, of 10 th Regiment of Geo Volunteers Gardner's Brigade; that whilst engaged in such military service in the State of Va, on the 7 day of Aug 1864, he was wounded, injured or disease as follows:

Loss 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 Fulton. County, been allowed an invalid pension of 100 Dollars, for the year 1903.

Sworn to and subscribed before me, this the 21 day of JAN 21 1904 1904. J R Palmer Post-office _____

John R 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 R. Williamson, Ordinary of said County, do certify that I am well acquainted with J R Palmer the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 _____ 1904.

John R Williamson
Ordinary Fulton. County.

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

Palmer, J. R.
Fulton County

CODE SECTION 1260.
(FOR THOSE ALREADY ENROLLED.)

E-60 No. 130

DISABLED
SOLDIER'S PENSION
1905.

Name J. R. Palmer
County Fulton.
Co. B Regiment 60th Ga.
Disability Lost Leg.
Amount, $100.00
1/19 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Self

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA
GEO. W. HARRISON, MANAGER, FOR STATE PRINTER

no date 1/16

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

Palmer, J. R.
Fulton County

CODE SECTION 1260.
(FOR THOSE ALREADY ENROLLED.)

E-60 No. 18

DISABLED
SOLDIER'S PENSION
1906.

Name J. R. Palmer
County Fulton.
Co. B Regiment 60th Ga.
Disability Lost Leg.
Amount, $100.00
1/18 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Self

THE FRANKLIN PRINTING AND PUBLISHING CO., GEO. W. HARRISON, MAN.

no date

210

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton COUNTY.

Personally appears J. R. Palmer 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 50 yrs 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 E, of 60 th Regiment of Ga. Volunteers _____'s Brigade; that whilst engaged in such military service in the State of Va, on the 7 day of Aug 1864, he was wounded, injured or diseased as follows:

lost leg Fishers Hill, 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 One Hundred Dollars, for the year 1904.

Sworn to and subscribed before me, this the _____ day of JAN 2 1905 1905.
Jim R Wickinson

J R Palmer
Post-office Fath. 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, Jim R Wickinson Ordinary of said County, do certify that I am well acquainted with J. R. Palmer the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Affix your seal here.

Jim R Wickinson
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 J. R. Palmer 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 _____ in Company E, of 60 th Regiment of Ga Volunteers _____'s Brigade; that whilst engaged in such military service in the State of Va, on the 7 day of Aug. 1864, he was wounded, injured or diseased as follows:

Lost Leg. Fishers Hill, 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 One Hundred Dollars, for the year 1905.

Sworn to and subscribed before me, this the _____ day of JAN 1 1906 1906.
Jim R Wickinson

J R Palmer
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, Jim R Wickinson Ordinary of said County, do certify that I am well acquainted with J. R. Palmer the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Affix your seal here.

Jim R Wickinson
Ordinary Fulton County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1st, 1906.

Affix your seal here.

John R. Wickerson
Ordinary Fulton County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1905.

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

Affix your seal here.

John R. Wickerson
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 authorise _____ 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

_____

Palmer J. R.
Fulton Co.

E-60

Code Section 1250.
(FOR THOSE ALREADY ENROLLED)

No. 49

DISABLED
SOLDIER'S PENSION
1907.

Name J. R. Palmer
County Fulton
Co. Regiment 60 Ga
Disability Lost leg
Amount $100.00
1907

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Add

Geo. W. Harrison, State Printer, Atlanta.

no data E.M.

Audited Feb. 6th 1889.
Wm A Wright
COMPTROLLER-GENERAL.

Fulton

Maimed Soldiers.

Voucher No. 70
Amount. $ 100
Paid to John R. Palmer
For Loss of Right Leg
Feby 6, 1889.

Included in Warrant No.
issued to Treasurer.
1889.

WARRANT CLERK.

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

Applicant

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton. County.

Personally appears J. R. Palmer of Fulton County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the ____ day of ____ 18__; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company D, of 60th Regiment of Ga Volunteers Gardner's Brigade; that whilst engaged in such military service in the State of Va, on the 7 day of Aug. 1864, he was wounded, injured or diseased as follows:

Lost leg at Fishers Hill, Va

Deponent makes application for the pension to which he is entitled for the year ending October 24th, 1907. I have heretofore, under said law, as a resident of Fulton. County, been allowed an invalid pension of One Hundred Dollars, for the year 1906.

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

John R. Wilkinson.

J. R. Palmer mark

Postoffice 210 Hylie 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 J. R. Palmer the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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, 1897.

No. 70

STATE OF GEORGIA, EXECUTIVE DEPARTMENT. Atlanta, Ga. Feb 6 1889

Mr. John R. Palmer of the County of Fulton having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, Dec 24, 1888, and the same having been allowed for Loss of Right Leg.

He is entitled to receive the sum of One Hundred 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 this voucher, and return same to Executive Department for warrant.

J. B. Gordon
GOVERNOR.

By the Governor
W. A. Hanson
CLERK EXECUTIVE DEPARTMENT.

$ 100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
One Hundred 00/ Dollars,
per above voucher, this 6th of Feby 1889.
John R Palmer

I, John R. Wilkinson, Ordinary of said County, do certify that I am well acquainted with J. R. Palmer the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

One Hundred 00/ Dollars,

per above voucher, this 6th of Feby 1889.

John R Palmer

Audited Feb. 5 1890

Wm A Wright
COMPTROLLER-GENERAL.

Maimed Soldiers.

Voucher No. 233

Amount $ 100.

Paid to J R Palmer

For Loss of left Leg

Feby 5 1890

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK.

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

Applicant

Audited 1891.

COMPTROLLER-GENERAL.

Palmer, J. R.
Fulton

1891.

Maimed Soldiers.

Voucher No 20

Amount $ 100

Paid to J R Palmer

For Loss of Leg

Feb 5 1891.

Included in warrant No.
issued to Treasurer,

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Applicant

No. 200

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga., Feby 5 1890

Mr. J R Palmer 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 right leg

He is entitled to receive the sum of One Hundred Dollars for such disability, the same being the allowance due for the year ending October 24, 1890

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

J B Gordon
GOVERNOR.

By the Governor,
W H Harrison
CLERK EXECUTIVE DEPARTMENT.

$100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
One Hundred 00/ Dollars,
per above voucher, this 5 of Feby 1890

1891.

No. 20

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga. Feby 3, 1891.

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

He is entitled to receive the sum of One Hundred Dollars for such disability, the same being the allowance 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. Northen
GOVERNOR.

By the Governor,
W H Harrison
SEC'Y EXECUTIVE DEPARTMENT.

$100 00

RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.
One Hundred 00/ Dollars,
per above voucher, this 3 of Feby 1891.
J R Palmer

per above voucher, this 5 of Feby 1890 Dollars,

One Hundred & 00/ Dollars,
per above voucher, this 3 of Feby 1891.
J R Palmer

NAME, Palmer, J. R.

WHEN AND WHERE BORN? 1847

ENLISTED WHEN AND WHERE?

COMPANY AND REGIMENT? Private, Co. E, 60th Regiment Ga. Vols. Gordons Brigade.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? At Fishers Hill Va., Aug. V, 1864 shot in right leg above knee.. leg amputated.

CAPTURED, WHEN AND WHERE?

RELEASED,

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES, None.

P.O. 1889 COUNTY. Fulton

DIED, WHEN AND WHERE?

BURIED,

WITNESSES, None.

P.O. 1889 COUNTY. Fulton

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—As Amended by Act of 1919.

County Fulton

Name Margaret Palmer

Widow of Wm M Palmer

Company

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Printing Co., State Printers, Atlanta.

10-30-1920

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
Richmond COUNTY.

I, Alexander Walton Ordinary of said County, do certify that I know Mrs. Margaret Palmer 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 State and was on the Seven for years more than 25 years

That I also know Alice E. Smith witness as to marriage, and I also know that both of the foregoing witnesses are known by me before signing the respective affidavits, and that they are truthful and trustworthy and the statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 31st day of May 1920.

(SEAL.) Alexander Walton Ordinary.

Richmond 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.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
Richmond COUNTY.

I, Alexander R Walton Ordinary of said County, do certify that I know Mrs. Margaret Palmer 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~~ State and has been for years more than 25 years on the ~~day~~ of

That I also know Alice E. Smith 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 31st day of May 1920.

(SEAL) Alexander R Walton Ordinary.

Richmond 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.

Atlanta, Ga. 5-31-20

No. 1772

Widow's Application

To be Filed in Her Own Right Who Husband Was on the Indigent Roll or Put on Under Act of July 11, 1919, As Amended by Act of 1923.

County Fulton

Name Margaret Palmer

Widow of Wm Palmer

Regiment

Approved

J. V. LINDSEY, Commissioner of Pensions.

Approved 5-31-1920

FILED
SEP 25 1935
VETERAN SERVICE OFFICE
A. L. HENSON, Director

Sept 30

FILED
DEC 5
VETERAN SERVICE OFFICE
A. L. HENSON, Director

FILED
SEP 25 1935
VETERAN SERVICE OFFICE
A. L. HENSON, Director

E/ 188.

For Fulton County

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

Thos H Jeffries, Ordinary

For: Mrs. Margaret Palmer
(Name of Pensioner)

Date of Death: Sep 21 1935 193

Amount: $ 30.00

PAID TO ORDINARY ON THIS CLAIM:

DATE	FUND FROM WHICH PAID	
11-12	Etc	30 00
12-31-36	Etc	150 00
		180 00
	TOTAL	

150 VPL

Approved, and ordered paid,
NOV 14 1935 193

K. L. HENSON,
Director, Veterans Service Office.

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,
Fulton COUNTY.

Personally before me comes Mrs. Margaret Palmer of said County, who, after being duly sworn, says that she is the widow of William M. Palmer to whom, in the County of Richmond State of Georgia she was married on the 24 day of Dec. 18 74, and that she remained his wife, and resided with him to the date of his death in May 10 1920 and that she has not since his death remarried. At the time of his death he was a resident of Richmond County, in said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of $ 100.00 in Richmond County for 19 20 per annum, on account of being a soldier in Company Regiment (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of Fulton and she has so continuously resided ~~INDEX~~ about six years day not 19

Sworn to and subscribed before me, this the 28 day of May 19 20
Thos. H. Jeffries Ordinary
of Fulton County.
(SEAL)

Mrs Margaret Palmer.
404 Courtland St.

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

STATE OF GEORGIA,
Richmond — COUNTY.

Personally before me comes Alice E Smith known to be responsible and truthful person, residing in said County, who after having been duly sworn, say: that of her own personal knowledge Mrs. Margaret Palmer, who made the foregoing affidavit, is the lawful widow of Wm M Palmer who died in Richmond County in said State of Georgia on 10th day of May 1920 and that she has not since remarried. That she became the wife of Wm M Palmer on the 24th day of December 18 74, and that she and he had resided together as man and wife continuously since 24th day of December 1874, and that the Wm M Palmer was the same Wm M Palmer who was on the pension roll of said State of Georgia from Richmond County when he died.

Sworn to and subscribed before me, this the 31st day of May 1920
Alexander Walton Ordinary
of Richmond County.
(SEAL)

Alice E Smith

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 James J Condon, for Brandon-Bond-Condon, of said County, who, after being duly sworn, on oath says that he knew Mrs. Margaret Palmer 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 $ 188.00, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me, this the 24 day of Sept, 1925.
A S Battle Ordinary.

Brandon-Bond-Condon
By Jas J Condon, Agt

CERTIFICATE OF THE ORDINARY

GEORGIA, Fulton County.

I certify that James J. Condon 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. Margaret Palmer 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. 1925 tax Digest shows no return of any property.

Given under my hand and seal of office, this the 24 day of Sept, 1925.

(Seal of Ordinary) Thos. H. Jeffries, 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 the 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.

...day of May 1920

Alexander R. Walton Ordinary

of Richmond County.

(SEAL)

Alice E. Smith

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.

BRANDON-BOND-LONDON
FUNERAL DIRECTORS
880 PEACHTREE ST., N. E. PHONE HEMLOCK 6001
ATLANTA, GA.
AMBULANCE SERVICE

SOLD TO W. P. Harker

233 Courtland St. NE

Funeral expenses Mrs Margaret Palmer

9/21/1935 Casket	125.00
Outside Burial Case	15.00
Embalming	15.00
Dressing	15.00
Call Room gloves	3.00
Hearse	15.00
	$188.00

Personally appeared before me Jno. J. London, Agt. Brandon-Bond-London who on oath says this bill is due & unpaid.

Notary Public, Fulton County, Georgia
My Commission Expires May 1939 Belle Bond.

Received of Thomas H. Jeffries, Ordinary, $ 150.00

to apply on account of Mrs. Margaret Palmer.

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

This 2 day of Sep 1936.

Brandon Bond & London
By Ed Bond

STATE OF GEORGIA
FULTON COUNTY

Received of Thos H. Jeffries, Ordinary, Fulton County, Ga. the sum of $50.00 on the funeral account of Mrs. Margaret Palmer, deceased, widow of Confederate Pensioner.

November 15th 1935.

Brandon, Bond & London
Belle Bond
Asst.

STATE OF GEORGIA,)
(
RICHMOND COUNTY,)

TO ANY MINISTER OF THE GOSPEL, JUDGE, JUSTICE OF THE PEACE, OR ANY PERSON AUTHORIZED TO CELEBRATE:

THESE are to authorize and permit you to join in the HONORABLE STATE OF MATRIMONY William M. Palmer of the one part, and Miss Maggie Wing of the other part, according to the Rites of your Church: Provided there be no lawful cause to obstruct the same, and this shall be your authority for so doing.

Given under my hand, as Ordinary for the County aforesaid, this 24 day of Dec. 1874.

Saml. Levy, Ordinary.

I HEREBY CERTIFY, That Wm. M. Palmer and Maggie Wing were duly JOINED IN MARRIAGE by me, this 24 day of December, 1874.

J. S. Patterson, M.G.

Recorded Book H. page 363)

STATE OF GEORGIA,)
RICHMOND COUNTY,)

I, ALEXANDER R. WALTON, Ordinary of said County, hereby certify that the foregoing is a true and correct copy of the Marriage License issued to William M. Palmer and Miss Maggie Wing, and of the certificate of their Marriage dated the 24th day of December, 1874. as taken from the Records of said Court of Ordinary.

In Witness Whereof I have hereunto set my hand and seal, this Third day of September, 1920.

Alexander R. Walton
ORDINARY, RICHMOND CO. GA.

Brandon Bond & Condon
By Ed Bond

STATE OF GEORGIA
FULTON COUNTY

Received of Thos H. Jeffries, Ordinary, Fulton County, Ga. the sum of $80.00 on the funeral account of Mrs. Margaret Palmer, deceased, widow of Confederate Pensioner.

November 15th 1935.

Brandon Bond & Condon
Bille Bond
Treas.

RICHMOND COUNTY,

I, ALEXANDER R. WALTON, Ordinary of said County, hereby certify that the foregoing is a true and correct copy of the Marriage License issued to William M. Palmer and Miss Maggie Wing, and of the certificate of their Marriage dated the 24th day of December, 1874. as taken from the Records of said Count of Ordinary.

In Witness Whereof I have hereunto set my hand and seal, this Third day of September, 1920.

Alexander Walton
ORDINARY, RICHMOND CO. GA.

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

1. PLACE OF DEATH — Registered No. 4018

County Fulton — Militia District (Number and Name) — State of Georgia
City or Town Atlanta — Length of residence in this city or town: Yrs. Mos. Ds. NON-RESIDENT (Yes or No.)
Street and Number (No. (Street) Grady Hospt. — Ward
(If death occurred in a hospital, give its name instead of street and number)

2. FULL NAME Mrs. Margaret Palmer.
Residence (City or Town) 119 Pine St., (Street and Number) (State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female — 4. COLOR or RACE: white — 5. Single, Married, Widowed, Divorced (write the word): Widow

6. DATE OF BIRTH (month, day, year): Nov. 30th. 1856

7. AGE: Years 78 — Months 9 — Days 30 — If less than one day: Hours Minutes

8. OCCUPATION
(a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:
(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 (F. O. Address) S. C.

FATHER
10. NAME Joseph Wing
11. BIRTHPLACE (F. O. Address) D. K.

MOTHER
12. MAIDEN NAME D. K.
13. BIRTHPLACE (F. O. Address) D. K.

14. INFORMANT
(Signed) A. P. Markey
(Address) Atlanta, Ga.

15. BURIAL PLACE
(Cemetery)
(Funeral Dir.) Augusta, Ga. (Date) 9/27/35

20. UNDERTAKER
(Signed) Brandon - Redd Condon Co.
(Address) Atlanta, Ga.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept. 21st., 1935 3:20 A.M. (Month, Day, Year) (Hour)

I HEREBY CERTIFY, That I attended the deceased from 9/18/35 to 9/21/35, that I last saw her alive on 9/21/35, 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:

Inter fracture l ft femur

Other contributory causes of importance:

Hypostatic

What test confirmed diagnosis: clin & lab. (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): accident.
Where did injury occur? Atlanta, Ga. (Specify city or town, if outside of limits, the county, and also the state)
Did injury occur in a home, public place or industry? Pub. Pl.
Manner of injury: Fall
Nature of injury: Fracture.

(Signed) Anthony A. Adam, M.D.
Grady Hospt.
(Address)

17. FILED 9/23/35
(Signed) L. Brandon (Local Registrar)

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

GEORGIA,
FULTON COUNTY.

Atlanta, Ga., 9/24/35

I hereby certify that the foregoing is a true and correct copy of the record of death Number 4018 of the series of 1935 for Mrs. Margaret Palmer, as appears on file in the office of the Registrar of Vital Statistics of the City of Atlanta.

SEAL

(Signed) A. P. Kennedy M.D.
LOCAL REGISTRAR

(Address) Atlanta, Ga.

19. BURIAL PLACE
(Cemetery)
(Possible) Augusta, Ga. (Date) 9/27/35

20. UNDERTAKER
(Signed) Brandon & Redd Gordon Co.
(Address) Atlanta, Ga.

(Signed) Aubrey A. Adam, M. D.
Grady Hospt.
(Address)

15. FILED 9/25/35 19
(Signed) (Local Registrar)

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

GEORGIA,
FULTON COUNTY.

Atlanta, Ga., 9/24/35

I hereby certify that the foregoing is a true and correct copy of the record of death Number 4018
of the series of 1935 for Mrs. Margaret Pelzer,
as appears on file in the office of the Registrar of Vital Statistics of the City of Atlanta.

(Signed) A. P. Kennedy M.D.
LOCAL REGISTRAR

SEAL

Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY.

I, T. H. Jeffries Ordinary of said County, do certify that I know Mrs Martha J Palmer 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~~ She is now residents of said County and were duly sworn by ~~me~~ my clerk before signing the foregoing affidavits and that ~~they both are~~ she is truthful, trustworthy, and ~~their~~ her statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 7th day of Oct 1919

(SEAL)

T. 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. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1881, are entitled.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Palmer Martha J. E
E-60 Oct 1920
No. Fulton County

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Fulton 1920

Name Martha J. Palmer

Widow of J. R. Palmer

Company E

Regiment 60th Ga.

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-23-1919 E 1461

Ordinary's Certificate

STATE OF GEORGIA,
Fulton COUNTY.

I, T. H. Jeffries Ordinary of said County, do certify that I know Mrs Martha J Palmer 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~~ she is now residents of said County and were duly sworn by ~~me~~ my clerk before signing the foregoing affidavits and that ~~they both are~~ she is truthful, trustworthy, and ~~their~~ her statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 10 day of Oct 1919

(SEAL) T. 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. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1881, are entitled.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Palmer Martha J. C
E-60 Oct 1920
Fulton County

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Fulton 1920
Name Martha J. Palmer
Widow of J. R. Palmer
Company E
Regiment 60th Ga.

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-23-1919 E 1961

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. Martha J. Palmer 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. Martha J. Palmer, 210 Wylie St. Atlanta, Ga.
2. How long and since when have you been a continuing resident of the State of Georgia? All my life
3. When, where and to whom were you married? Dec. 6, 1877, DeKalb Co., Ga. to J. R. Palmer
a. Have you married since the death of first and soldier husband? No
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) 1861 Co. "E", 60th Ga.
5. When and where did the commands of your husband surrender or discharge from the army?
6. Was your husband personally present at the time of the surrender or discharge of this command? No
7. If he was not present state clearly where he was? In hospital
8. Where was his command when he left? Fisher's Hill, Va.
a. For what cause did he leave his command? Wounded and lost right leg
b. By whose authority did he leave his command? Commanding officers
c. For how long was he granted leave of absence? Permanent
e. What was his physical condition when he left his command? Severely wounded
f. What effort did he make to return to his command? Unable to return
g. In what way was he prevented from going back to Command Loss of right leg
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? Feb. 19, 1918, 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? Yes
If so, when and for what cause were you or your husband placed on the roll? Husband on Disabled roll of Fulton County and drew pension in 1918

Sworn to and subscribed before me this the 10 day of Sept 1919 } Mrs Martha J (X) her mark Palmer

[signature] Ordinary
of Fulton County.
(SEAL)

Ordinary
of Fulton County.
(SEAL)

STATE OF GEORGIA.
COUNTY OF FULTON.

Personally before the undersigned authority now comes Mrs. Martha J. Palmer, who upon oath says:

That she is the widow of James R. Palmer, who died in Fulton Co., Ga. on Feb. 19, 1918; that said Jas. R. Palmer was a member of Co. "E", of the 60th Ga. Reg. and served from the beginning of the war to Aug. 1, 1864 with said company and regiment; that on August 1, 1864 he lost his right leg from wounds received in battle at Fisher's Hill, Va. and was never able for active service again. That she knows of no living member of said company and regiment who could make affidavit as to her husband's service in the Confederate Army, and she asks that the record on the Disabled Roll of Fulton Co. be accepted as sufficient proof of his service in the Confederate Army.

Sworn to and subscribed before me
this Sept. 30, 1919.

her
Mrs Martha J (X) Palmer
mark.

C C ORDINARY FULTON CO., GA.

STATE OF GEORGIA.
COUNTY OF FULTON.

Personally before the undersigned authority now comes MRS. O.M. MCCARTHY, who upon oath says:

That she has known Mrs. Martha J. Palmer all of her life and knew her husband J. R. Palmer for ever fifty years before his death; That she knows of her own personal knowledge that the said Mrs. Martha J. Palmer and the said J. R. Palmer lived together continuously as man and wife from the date of their marriage in 1877 to the date of the death of said J R Palmer in 1918; that the said Mrs. Martha J Palmer has not remarried since the death of her husband and is now his lawful widow.

Sworn to and subscribed before me
this October 2, 1919.

Mrs O. M. McCarthy

C C Ordinary Fulton Co., Ga.

Marriage License

State of Georgia, DeKalb County.

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

You are hereby authorized to join J. R. Palmer and Miss Mattie Howell 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.

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 5 day of Dec. 1877.

H. V. Bayne (. L. S.)
Ordinary.

I Certify that J. R. Palmer and Mattie Howard were joined in matrimony by me. this 6th day of Dec. Eighteen Hundred and Seventy Seven.

Joseph M. Carey, M. G.

Georgia, DeKalb County.

I, James R. George, Ordinary and ex-officio Clerk Court Ordinary in and for said county, do hereby certify that the above and foregoing copies of marriage license and certificate of marriage, are true, correctand complete copies of the marriage license and certificate of marriage of J. R. Palmer and Miss Mattie Howell (or Howard) as the same appear of record in "C", Record of Marriages, Page Fifty [50).

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court of Ordinary, at Decatur, Georgia, this 29th day of September, 1919.

James R. George
Ordinary & ex-officio Clerk Court Ordinary
DeKalb County, Georgia.

STATE OF GEORGIA.
COUNTY OF FULTON.

Personally before the undersigned authority now comes MRS. O.M. MCCARTHY, who upon oath says:

That she has known Mrs. Martha J. Palmer all of her life and knew her husband J. R. Palmer for over fifty years before his death; That she knows of her own personal knowledge that the said Mrs. Martha J. Palmer and the said J. R. Palmer lived together continuously as man and wife from the date of their marriage in 1877 to the date of the death of said J R Palmer in 1918; that the said Mrs. Martha J Palmer has not remarried since the death of her husband and is now his lawful widow.

Sworn to and subscribed before me this October 2, 1919.

Mrs O. M. McCarthy

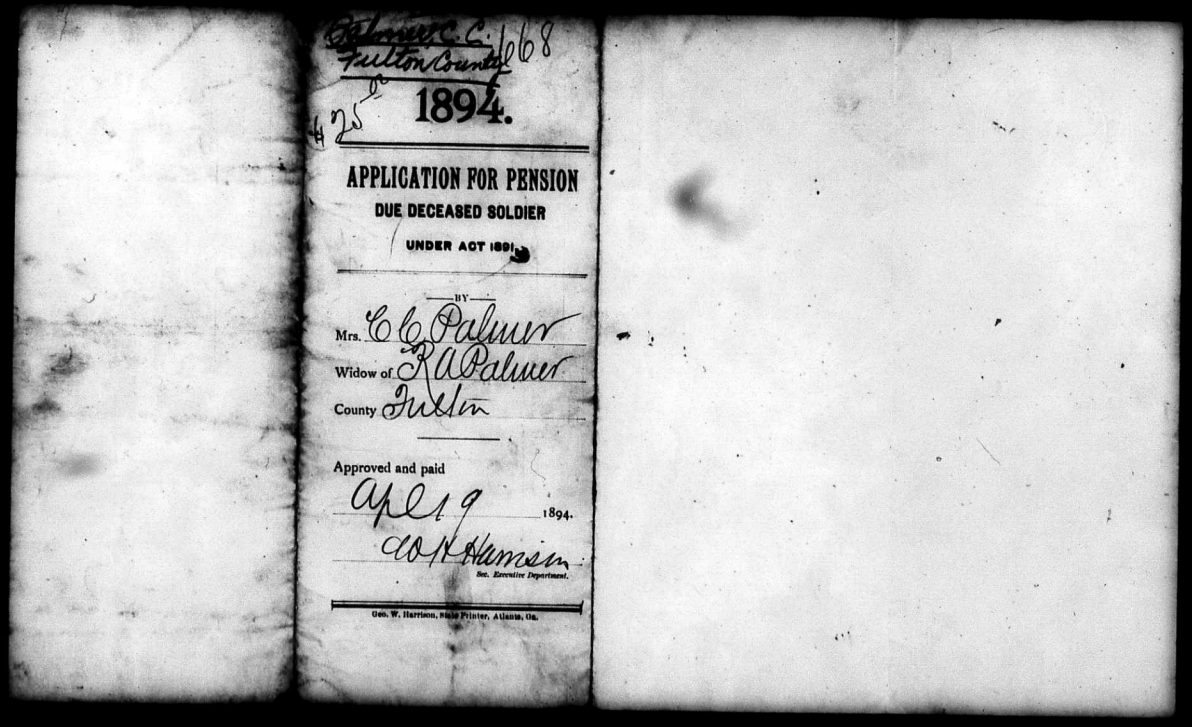
Ex O Ordinary Fulton Co., Ga.

Howell (or Howard) as the same appear of record in "C", Record of Marriages, Page Fifty [50].

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court of Ordinary, at Decatur, Georgia, this 29th day of September, 1919.

James R Lunge

Ordinary & ex-officio Clerk Court Ordinary
DeKalb County, Georgia.



Palmer, C. C.
Fulton County 668

$25.00

1894.

APPLICATION FOR PENSION

DUE DECEASED SOLDIER

UNDER ACT 1891.

BY

Mrs. C C Palmer

Widow of R A Palmer

County Fulton

Approved and paid

Apl 19 1894.

W H Harrison

Sec. Executive Department.

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

APPLICATIONS FOR PENSIONS DUE DECEASED SOLDIERS.

Under Act Approved October 9, 1891.

STATE OF GEORGIA,
COUNTY OF Fulton }

Personally appears before me Mrs. C. C. Palmer
of said County of Fulton State of Georgia, who, being duly sworn, says on oath that she is the widow of R. A. Palmer
who was a disabled Confederate soldier, and whose name had been duly enrolled as entitled to a pension of _____ Dollars annually from the State of Georgia. That said R. A. Palmer died on the 18th day of December 1892, in Richmond County and that at his death, his right to said pension for the year ending October 26, 1892 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 }
17th day of April 1894 }
W. L. Calhoun Ordinary.

If allowed, I authorize Percy B. Murray to receive and receipt for the amount.

Attest: Mrs C C Palmer

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, W. L. Calhoun, Ordinary of said County, do certify that I am personally acquainted with Mrs. C. C. Palmer and I know personally, or from *sworn* testimony of witnesses before me, that she is the widow of R. A. Palmer, 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 17th day of April 1894

SEAL.

W. L. Calhoun
Ordinary.

Pension Office, 11/21/10.

Must submit some definite proof of exact date of marriage. Send copy of marriage license. This must be clearly proven in all cases.

J.W. Lindsey, Com. of Pensions.

Rosa M. Pannell

Pay any funds

See Amendment

No. Marriage Licence

C

Widow's Pension

UNDER ACT 1910.

County Fulton

Name Mrs Rosa M. Pannell

Widow of John R. Pannell

J. W. LINDSEY,
Commissioner of Pensions.

Chas. Frost, State Printer.

9/30/10

Pension Office, 11/21/10.

Must submit some definite proof of exact date of marriage. Send copy of marriage license. This must be clearly proven in all cases.

J.W. Lindsey, Com. of Pensions.

Rosa M. Pannell
Pay any [illegible]
[illegible] 11/20/10
See Amendment
Marriage License

Widow's Pension

UNDER ACT 1910.

County Fulton

Name Mrs Rosa M. Pannell

Widow of John R. Pannell

J. W. LINDSEY,
Commissioner of Pensions.

Chas. Pickrell, State Printer.

9/30/10
1/10/10

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

STATE OF GEORGIA,
Fulton County.

Personally before me comes Rosa M. Pannell 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? Rosa M. Pannell Fulton Co. Ga
2. How long and since when have you been a continuing resident in the State of Georgia? 62 years - Since 1848 John R. Pannell
3. When, where and to whom were you married? [illegible] 1864 Fulton Co. Ga
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) 1862 Cobb County Ga Co E. 22nd Ga Reg. Confederate Army
5. When and where did the Commands of your husband surrender or discharge from the army? April 9th 1865 Appomattox Vas
6. Was your husband personally present at the time of the surrender or discharge of this Command? Yes he was present
7. If he was not present state clearly where he was?
8. Where was his Command when he left?
   a. For what cause did he leave his command?
   b. By whose authority did he leave his Command?
   c. For how long was he granted leave of absence?
   e. What was his physical condition when he left his Command?
   f. What effort did he make to return to his command?
   g. In what way was he prevented from going back to Command?
   h. Was he captured by the enemy at any time?
   i. If so, when and where captured and where held as a prisoner, and when and for what cause released?
   j. When and where did your husband die? Were you residing together when he died? If not, how long had you resided apart? Dec 1877 Dekalb Co Ga - Yes
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.) Nothing
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) Nothing at all
11. What property of any description of any value have you now? Nothing
Give list and cash value?
12. What are your annual earnings or income and their value? Nothing
Supported by grown Children
13. Have you heretofore been paid a pension by the State? No
If so, when and for what cause were you struck from the Roll?

Sworn to and subscribed before me this the 19th day of Sept 1910 Rosie M. Pannell C.K.C.
Mr. Ellis N. Anderson Ordinary.
of Fulton County.

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

STATE OF GEORGIA,
Fulton County.

Personally before me comes James H. Loftis who after being duly sworn true answers to make to the following questions, answers as follows:

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

STATE OF GEORGIA,
Fulton County.

Personally before me comes James H Loftis 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. H. Loftis Fulton Co Ga
2. How long and since when have you known Rosa M Pannell applicant? 1869
3. How long and since when has she continuously resided in this State? (Give date.) Since 1869 – 43 years
4. When and to whom was she married? How do you know? 1869 E. J. R. Pannell
5. How long and since when did you know John R Pannell her husband? Since 1862 about 48 years
6. When, where and in what Company and Regiment did John R Pannell enlist? 1862 – April – ~~Milton~~ Cobb Co Co 22nd Ga Reg
7. Were you a member of the same Company? I was
8. How long within your personal knowledge did he perform actual military service with his Company and Regiment? From 1862 in April till April 1865 over 3 yrs
9. When, and where did his Command surrender, and was discharged? 9th April 1865 Appomattox Va
10. Were you personally present when it was surrendered? Yes If not where were you ..... and how came you there? .....
11. Was the husband of applicant personally present at surrender? He was there If not where was he? He was present when, where and for what cause did he leave Command? (Give date.) Surrender By whose authority did he leave his Command? ..... and how long was he granted leave? ..... How do you know all this? ..... Do you state if of your own personal knowledge? (State all you know fully, and how you know it.)
12. For what cause, if you know of your own knowledge was he prevented from returning to his Command? .....
13. What effort did he make to return to his Command and how do you know this? Of you own knowledge or how? .....

Sworn to and subscribed before me this the 26th day of Sept 1910 J. H. Loftis

Marcellus M Anderson Co Ordinary.
of Fulton County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Fulton County.

Personally before me comes J A Burdett 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 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		$

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	Nothing	$
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 26th day of Sept 1910 J. A. Burdett

Marcellus M Anderson Co Ordinary.
of Fulton County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Fulton County.

I, John R Pennell Ordinary of said County do certify that, I know Rosa M Pannell the applicant for pension. She is the person she represents herself to be and she is a bonafide continuing resident citizen of said County and was in the 4th Nov. 1908.

That I also know J. H. Loftis the witness who swears to the service of husband, and J A Burdett 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 Rosa M Pannell Returned for Tax is for 1908 $ none for 1910 $ none

Sworn under my hand and official seal of office this 29th day of Sept 1910

SEAL. John R Pennell 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.
4 All affidavits must be made before the Ordinary.
3 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.

~~State of Georgia } I – – Ordinary~~
~~Milton County } of said County certify that~~
~~I know – – – witnesses~~
~~on the within affidavit who reside in~~
~~this county and are entitled to be believed~~
~~Given under my hand and seal of office~~
~~This – day of – 1910~~

Ordinary