

# 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. J.P.Fields

and Miss A.E.Stewart

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 25 day of May, 1886 ~~192~~

Dan'l Pittman L. S.  
Ordinary

I hereby certify that Mr. J. P. Fields

and Miss A.E.Stewart

were joined together in the HOLY BANS OF MATRIMONY

1886  
on the 27 day of May, ~~1922~~, by me.

I.N. Craven, M.G.

State of Georgia,  
Fulton County.

ORDINARY'S OFFICE

E. B. ATLANTA, GA., May 4, 1931 192

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. J.P.Fields

and Miss A.E.Stewart

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

Court of Ordinary  
Fulton County  
STATE OF GEORGIA

CERTIFIED COPY OF  
MARRIAGE LICENSE  
AND  
CERTIFICATE OF MARRIAGE  
OF

Mr. J. P. Fields

AND

Miss A. F. Stewart

Recorded in Book C

page 18

Thos. B. Jeffries

Ordinary

Georgia Soldier Roster Commission

408 State Capitol

COMMISSION:  
L. G. HARDMAN, Governor  
R. G. T. LAWRENCE, Commissioner of Penitentiaries  
HOMER G. PARKER, Adjutant General

LILLIAN HENDERSON, Superintendent  
SOPHIA MYERS, Clerk

Atlanta, Ga., May 4, 1931.

I, Lillian Henderson, Superintendent Georgia Soldier Roster Commission, hereby certify that the rolls of Co. H, 7th Regiment Georgia Infantry show that

James K. P. Fields enlisted as a private May 31, 1861. Paroled, Lynchburg, Va., Apr. 13, 1865.

*Lillian Henderson*  
Supt. Ga. Soldier Roster Commission.

GEORGIA, FULTON COUNTY.

Personally appeared Edward R. McClellan who swears that he was personally acquainted with the first husband of Mrs. Eva Ray, who was Jas. K. Polk Field, also personally acquainted with her second husband Jas. P. Ray, he further swears that the said Jas. K. Polk Field died in Fulton County, Georgia in the year 1888, and that her second husband Jas. P. Ray died in ~~Fulton County~~ Gadsden, Alabama, in the month of April, 1912, and that the said Mrs. Eva Ray is now a widow.

*E. R. McClellan*

Sworn to and subscribed before me,  
this 4th day of May, 1931.

*Thomas B. Jeffries*  
C. C. ORDINARY.



State of Georgia  
Fulton County

Mrs. Eva Ray, appearing before the Ordinary  
of Fulton County, states that she recalls that Sanford  
Faden and James Cox served in the same Company with her  
husband, James K. P. Fields, (Co. H, 7th Regt. Ga. Vol.  
Inf.)

Witness

A. B. Marshall

Mrs. Eva Ray  
ma

GEORGIA, FULTON COUNTY.

Personally appeared Mrs. Eva Ray who makes affidavit  
that she has made diligent search and has been unable to find any  
witness to the service of her deceased husband, James K. Polk  
Field a confederate soldier.

Sworn to and subscribed before me  
this 2nd day of May, 1931.

Mrs. Eva Ray  
ma

A. B. Marshall  
C.C. ORDINARY.

19 Hills Ave.  
Ray James P.  
Fulton Co

INDIGENT PENSION  
1898.

Name J P Ray  
County Fulton

Approved 1898.

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta

2126-95

POWER OF ATTORNEY.

STATE OF GEORGIA.

Fulton COUNTY.

I, James P. Ray hereby authorize

to receive and receipt for the pension allowed and request that he remit same James P. Ray

at his office by his name he gets it

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 1898.

Executed in presence of \_\_\_\_\_ [LS]

Fulton COUNTY.

I, James P. Ray Atlanta hereby authorizeto receive and accept for the pension allowed and request that he remit same James P. Ray  
at his office by Richard Johnson he get it

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 1898.

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

[L.S.]

INDIGENT PENSION

1898.

Name

J P Ray

County

Fulton

Approved

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

RICHARD JOHNSON, COMMISSIONER OF PENSIONS, ATLANTA.

2726.45

## STATE OF GEORGIA.

Fulton County, Georgia.

James P. Ray 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? James P. Ray Atlanta Georgia
2. How long and since when have you been a resident of this State? 51 years
3. When and where were you born? Greenville Ga C. March 7/1843
4. When and where and in what company and regiment did you enlist or serve? April 1862 County of Decatur Co Company 36 Georgia
5. How long did you remain in such company and regiment? Three years and six months
6. For how long a period did you discharge regular military duty? 3 years & 6 months
7. When, where and under what circumstances were you discharged from service? 1865 I was discharged after service in May
8. What is your present occupation? I have no any an account of disability
9. How much can you earn (gross) per annum by your own exertions or labor? not over \$20.00
10. What has been your occupation since 1865? None
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 & 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? very much the worse I have been in bed 6 months
13. What property, effects or income do you possess and its gross value? None any
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 any
15. In what County did you reside during those years and what property did you then return for taxation? Fulton County no taxation
16. How were you supported during the years 1896 and 1897? By the aid of my labor children & do the best I could
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? not anything all I made my self
18. What was your employment during 1896 and 1897? What pay did you receive in each year? not anything
19. Have you a family? If so, who compose such family? Give their means of support? Have they a homestead? Yes 6 Boys & Daughters By word labor
20. Are you receiving any pension, if so, what amount and for what disability? No pension of any kind

Sworn to and subscribed before me this the

26 day of May 1898.

of

Fulton County.

Ordinary.

Applicant.

Every Question must be Answered

2-19 11/14/98  
Ray, James P.  
Fulton Co

# QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Fulton County.

William M. Russell of said State and County, having been presented as a witness in support of the application of James P. Ray for pension under the Act approved December 15th, 1894, and after being duly sworn true answer to make to the following questions, depose and answers as follows:

1. What is your name and where do you reside? William M. Russell  
Decatur County
2. Are you acquainted with James P. Ray, the applicant, if so how long have you known him? Attending him for 50 years
3. Where does he reside, and how long and since when has he been a resident of this State? He resides in Atlanta Ga all of his life
4. When, where and in what company and regiment did he enlist, and how do you know? April 1862 in Company I 3d Ga Reg
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? I knew him 6 months he was a fine soldier he was not discharged until General Lee surrendered
7. What property, effects or income has the applicant? (Give your means of knowledge) He has no property at all because he has never made any money
8. What property, effects or income did the applicant possess in 1896 and 1897, and what disposition, if any, did he make of same? Not any & he also made no disposition any
9. Has he conveyed away any of his property in the last three years, if so, what was it and to whom? No for he has none
10. What is the applicant's occupation and physical condition? Disorderly physical condition is bad and very weak and has been so ever since the war
11. Is the applicant unable to support himself by labor of any sort, if so, why? No he is not able to support his wife in any way. as a result of bad health
12. How was he supported during the years 1896 and 1897? By care of his children
13. What portion of his support for these two years was derived from his own labor or income? Not any all he needs was given by children
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 a slave of his body with cancer by exposure in the army
15. What interest have you in the recovery of a pension by this applicant? Not any at all

Sworn to and subscribed before me, this the 26 day of July, 1898.

W. M. Russell Ordinary.

STATE OF GEORGIA.

Fulton County.

Personally came before me James T. Gordon and W. D. Vinson, both known to me as reputable physicians of said County, who being severally sworn, say on oath that they have examined carefully

James P. Ray, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:  
We have shortly examined said James P. Ray and find him afflicted & Physical Decline Suffering from the White Swelling Cancerous with Rheumatism

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

Sworn to and subscribed before me this the 26 day of July, 1898.

W. D. Vinson Ordinary.  
James T. Gordon

## ORDINARYS' CERTIFICATE.

STATE OF GEORGIA.

Fulton County.

I, W. D. Vinson Ordinary in and for said County, hereby certify that the applicant James P. Ray resides in said County, and has been a bona fide resident of this State since the 26 day of July, 1896 and that the witnesses, viz.: W. M. Russell and James T. Gordon are of trust worthy 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 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 26 day of July, 1898

W. D. Vinson 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 this 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 \_\_\_\_\_ 1899.

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

CODE SEC 1234

For Those Already Enrolled

No. 563

INDIGENT

SOLDIER'S PENSION,

1899.

Name James P. Ray  
County FULTON

WARRANT ISSUED

4/18

1899

RICHARD JOHNSON,

(Commissioner of Pensions)

WARRANT HANDED TO

at

JOHN W. LINDSEY, State Printer Atlanta

Ray, J. P.  
Fulton Co.

# POWER OF ATTORNEY.

STATE OF GEORGIA.

Fulton County. }  
I, J. P. Ray, hereby authorize James P. Ray of Atlanta Ga to receive and receipt for the pension allowed, and request that he remit same to his own use at \_\_\_\_\_ by \_\_\_\_\_

Witness my hand and seal, this 14th day of January 1907.

Executed in presence of

W. P. Coleman  
Ordinary

CODE SEC 1234  
FOR THOSE ALREADY ENROLLED

No. 563

INDIGENT

SOLDIER'S PENSION

1907.

Name J. P. Ray  
County F.  
Regiment 36th

WARRANT ISSUED

1907

JOHN W. LINDSEY,

(Commissioner of Pensions)

WARRANT HANDED TO

James P. Ray

at

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

FULTON County.

Personally appears James P. Ray 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 18th day of June 1862; that he is 56 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 years in Company 5, of 36th Regiment of Infantry; that his physical condition is as follows:

Chronic 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 1896. I have heretofore as a resident of FULTON county been allowed a pension for the year 1895.

Sworn to and subscribed before me, this, the

18th day of June 1899.

Ordinary.

J. P. Ray

State of Georgia,

FULTON County.

I, W. H. HULSEY,

Ordinary of said County,

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

Given under my official signature and seal, this

day of June 1899.

Ordinary

FULTON

County.

NOTE.—The blank space 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 James P. Ray of \_\_\_\_\_

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the \_\_\_\_\_ day of \_\_\_\_\_ 1862; that he is 68 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 years in Company 5, of 36th Regiment of Infantry; 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 1907. I have heretofore, as a resident of Fulton County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the

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

John R. Wilkinson Ordinary.

J. P. Ray

State of Georgia,

Fulton County.

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

do certify that I am well acquainted with James P. Ray the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 2nd 1907.

Ordinary

County.

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

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 1900.

[L. S.]

Executed in presence of

*Clay James R.*  
*Charlton County*

CODE SEC. 1284.  
(For Those Already Enrolled.)

NO. 357

INDIGENT

SOLDIER'S PENSION,  
1900.

Name

County

TULTON

WARRANT ISSUED

1900.

JOHN. W. LINDSEY,

Commissioner of Pensions

WARRANT HANDLED TO

Geo. T. Harrison, State Printer, Atlanta.

*W. J. T. R.*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

FULTON

County.

Personally appears James P. Ray 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 \_\_\_\_\_ 1887; that he is 57 years old and by occupation a \_\_\_\_\_ that he enlisted in the military service of the Confederate States for or the State of Ga. during the war between the States, and served for the term of 3 1/2 years in Company F, of 30th Regiment of Ga. that his physical condition is as follows:—

General Disability

that his property consists of the following items:—

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1891, 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 \_\_\_\_\_

15 day of June, 1900.

Matthew

Ordinary.

J. P. Ray

State of Georgia,

FULTON

County.

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

Ordinary of said County,

do certify that I am well acquainted with James P. Ray the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 June, 1900.



Matthew

Ordinary.

FULTON

County.

NOTE.—The blank spaces must be filled.

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



# POWER OF ATTORNEY.

STATE OF GEORGIA

*Fulton* County

I, *Al Laine* hereby authorize *Al Laine* at *Fulton Co* to receive and receipt for the pension allowed and request that he remit same to *Al Laine* at *Atlanta* by *May 1st 1901*

Witness my hand and seal, this *1st* day of *May* 1901.

*Al Laine*  
*J. P. Ray*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Fulton* County.

I, *J. P. Ray* hereby authorize *James H. Ray* of *Atlanta, Ga.* to receive and receipt for the pension allowed, and request that he remit same to *J. P. Ray* at *Atlanta* by *May 1st 1901*

Witness my hand and seal, this *1st* day of *May* 1901.

Executed in the presence of  
*Luke Bradley*

For Those Already Enrolled.

INDIGENT  
SOLDIER'S PENSION.  
1901.

Name *Al Laine*  
County *Fulton*

WARRANT ISSUED  
*May 1st*  
JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDLED TO  
*Al Laine*  
at *Atlanta*

*Ray J. P.*  
*Fulton County*

Class Section 1254  
(FOR THOSE ALREADY ENROLLED.)

No. *11*  
INDIGENT  
SOLDIER'S PENSION.  
1906.

Name *J. P. Ray*  
County *Fulton*  
Co. *36th*

WARRANT ISSUED  
*117* 1906.  
JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDLED TO  
*J. P. Ray*

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County }

Personally appears

*J. P. Ray* of *Fulton* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *1st* day of *Jan* 1868; that he is *68* years old and by occupation a *farmer*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 1/2* years in Company *2* of *36*th Regiment of *Infantry*; that his physical condition is as follows: *Infirmary and poverty*.

That his property consists of the following items:

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

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

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

*J. P. Ray* Ordinary.

STATE OF GEORGIA,

County }

I, *J. P. Ray* Ordinary of said County,

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

Given under my official signature and seal, this \_\_\_\_\_ day of \_\_\_\_\_, 1906.

*J. P. Ray* Ordinary.

Note.—The blank spaces must be filled.

Note.—Affidavits should not be attested before January 1st, 1906.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

*Fulton* County.

Personally appears *J. P. Ray* 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 *60* day of *Apr* 18; that he is *65* years old and by occupation a *farmer*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 1/2* years in Company *2* of *36*th Regiment of *Infantry*; that his physical condition is as follows: *Infirmary and poverty*.

that his property consists of the following items:

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

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

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

*J. P. Ray* Ordinary.

State of Georgia,

County }

I, *J. P. Ray* Ordinary of said County,

do certify that I am well acquainted with *J. P. Ray* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

*J. P. Ray* Ordinary.

Norm.—The blank spaces must be filled.

Norm.—Affidavits should not be attested before January 1st, 1906.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

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

of \_\_\_\_\_

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

at \_\_\_\_\_

by \_\_\_\_\_

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

—[L. S.]

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

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

of \_\_\_\_\_

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

at \_\_\_\_\_

by \_\_\_\_\_

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

—[L. S.]

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

CODE SECTION 124.  
(FOR THOSE ALREADY ENROLLED.)

No. 34

INDIGENT

SOLDIER'S PENSION  
1902.

Name *J. P. Ray*

County \_\_\_\_\_

Co. *36th* Regiment *4th*

WARRANT ISSUED

1902.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

*[Signature]*

Gen. W. Harrison, State Printer, Atlanta.

*no data*  
*Ray J. P.*  
*Chilton County*

CODE SECTION 124.  
(FOR THOSE ALREADY ENROLLED.)

No. 27

INDIGENT

SOLDIER'S PENSION  
1905.

Name *J. P. Ray*

County \_\_\_\_\_

Co. *4th* Regiment *36th*

WARRANT ISSUED

1905.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

*[Signature]*

THE PRINTER IN CHARGE AND THE PRINTING OFFICE, ATLANTA, GA.

*no data*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
Fulton County.)

Personally appears Jas P Ray 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 1848; 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 Georgia) during the war between the States, and served for the term of 3 1/2 years in Company F, of 36th Regiment of     ; that his physical condition is as follows: Infirmary Debility

that his property consists of the following items

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of      county been allowed a pension for the year 1901

Sworn to and subscribed before me, this the 1st day of Jan, 1902.

R. P. Wilkerson Ordinary.

STATE OF GEORGIA,  
Fulton County.)

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

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. Ray 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 3 1/2 years in Company F, of 36th Regiment of Georgia; that his physical condition is as follows: Infirmary and poverty

that his property consists of the following items

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

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

Sworn to and subscribed before me, this the 2nd day of JAN, 1905.

J. P. Ray Ordinary.

STATE OF GEORGIA,  
Fulton County.)

I, J. P. Ray Ordinary of said County, do certify that I am well acquainted with J. P. Ray the applicant in the foregoing affidavit and am well satisfied that the statements made by him in his said affidavit are true, and I know 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, 1905.

J. P. Ray Ordinary Fulton County.

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Fulton* County }

*James P. Ray*

hereby authorize *James Hough*

of *Atlanta Ga*

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

*me*

at *Atlanta Ga*

by

Witness my hand and seal this

*10th*

day of

*June*

1903.

[L. S.]

Executed in presence of

*John R. Wilkinson*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Fulton* County }

*James P. Ray*

hereby authorize

*James Hough* of *Atlanta Ga*

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

*me at Atlanta Ga*

by

Witness my hand and seal, this *5th* day of *June*

1904

[L. S.]

Executed in the presence of

*B. R. Dillingham* *J. P. Ray*  
*Fulton Ga*

*Ray, James P.*  
*Fulton County*  
COPIES SECTION 134  
(FOR THOSE ALREADY ENROLLED)  
No. *18*

INDIGENT

SOLDIER'S PENSION  
1903.

Name *James P. Ray*

County

Co. *F* Regiment *36th*

*Warrant*

WARRANT ISSUED

*1903*

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*1844*

Geo. Harrison, State Printer, Atlanta

*no data*

*Ray, J. P.*  
*Fulton County*

COPIES SECTION 134  
(FOR THOSE ALREADY ENROLLED)

No. *111*

INDIGENT

SOLDIER'S PENSION  
1904.

Name *J. P. Ray*

County

Co. *F* Regiment *36th*

*Warrant*

WARRANT ISSUED

*1904*

1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*1904*

*Warrant*

*1904*

*no data*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.)

Personally appears *Jas P Ray* 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 *1848*; 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 *Georgia*) during the war between the States, and served for the term of *3 1/2 yrs* in Company *F*, of *36th* Regiment of *Georgia* that his physical condition is as follows: *J. & P.*

that his property consists of the following items:

of the value of *0* 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 *5th* day of *Jan* 1904

Ordinary

STATE OF GEORGIA,

Fulton County.)

I, *Jas P Ray* 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 *5th* day of *Jan* 1904.

*John R. Wilkinson*  
Ordinary

County.

Note.—The blank spaces must be filled.

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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.)

Personally appears *J. P. Ray* 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 *1846*; 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 *Georgia*) during the war between the States, and served for the term of *3 1/2 yrs* in Company *F*, of *36th* Regiment of *Georgia* that his physical condition is as follows: *Impaired*

that his property consists of the following items:

of the value of *0* 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 1903.

Sworn to and subscribed before me, this the *5th* day of *Jan* 1904

Ordinary

STATE OF GEORGIA,

Fulton County.)

I, *Jas P Ray* 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.

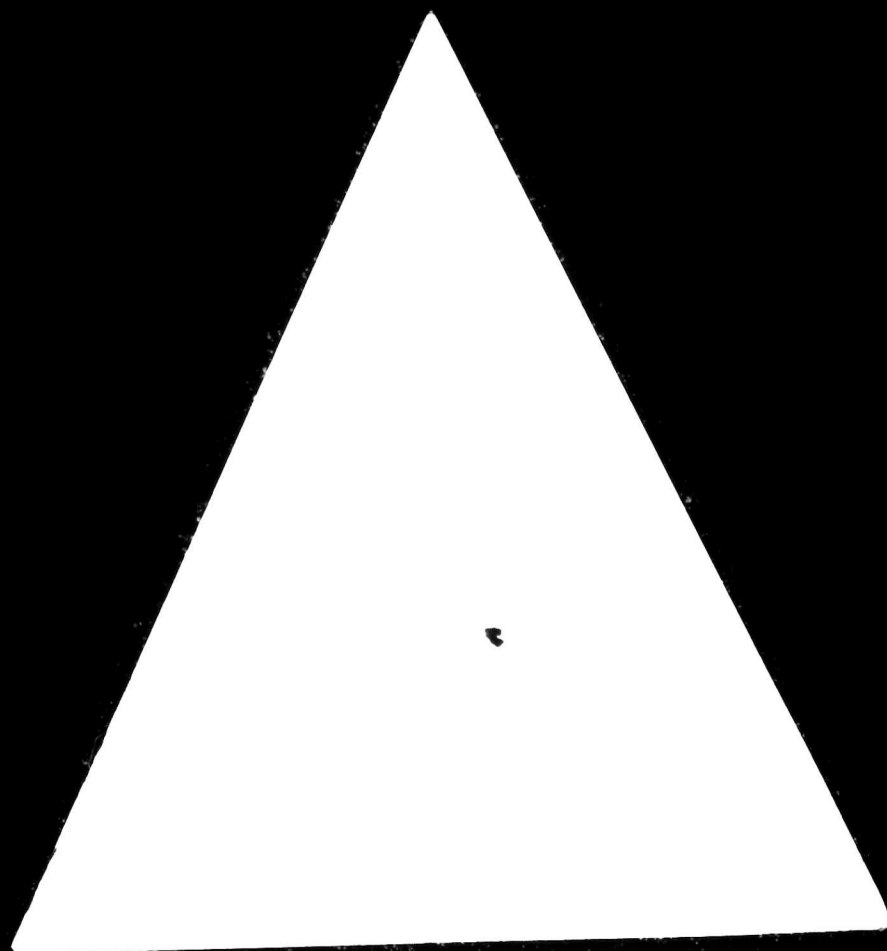
Given under my official signature and seal, this *5th* day of *Jan* 1904.

*John R. Wilkinson*  
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, }

hereby authorize

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

at

by

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  
day of \_\_\_\_\_ 1897.

Executed in presence of

[L. S.]

*Fulton Co*  
*Ray, W. M.*

ACT OF 24 OCT., 1897.  
(For Those Already Enrolled.)

No. *696*

INVALID  
SOLDIER'S PENSION.  
1897.

Name *W. M. Ray*  
County *Fulton*  
Disability *Disabled Arm*  
Amount, \$ *50.00*  
*2/19* 1897

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDED TO

*appt*

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

*No Dots*



# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

of

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

by

at

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

day of \_\_\_\_\_ 1897.

[L. S.]

Executed in presence of

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

of

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

by

at

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

day of \_\_\_\_\_ 1898.

[L. S.]

Executed in presence of

INVALID

SOLDIER'S PENSION.

1897.

Name *Wm. D. Daulton*

County *Daulton*

Disability *Discharged*

Amount, \$ *50.00*

*2/19*

1897.

RICHARD JOHNSON

Commissioner of Pensions

WARRANT HANDED TO

*appch*

SEE W. J. JOHNSON, STATE PRINTER, ATLANTA

*No later*

INVALID

SOLDIER'S PENSION.

1898.

Name *Wm. D. Daulton*

County *Daulton*

Disability *Discharged*

Amount, \$ *50.00*

*2/17*

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

*appch*

SEE W. J. JOHNSON, STATE PRINTER, ATLANTA

*No later*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears H.M. Ray 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 20th day of Nov 1865; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company E, of 42nd Regiment of North Carolina Volunteers, Martin's Brigade; that whilst engaged in such military service in the State of Virginia, on the 24th day of Aug 1864, he was wounded, injured or diseased as follows:

The right arm - broken and & same.

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

\$50.00 Dollars, for the year 1896.  
Sworn to and subscribed before me, this, 24th day of Dec 1897, POST-OFFICE

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

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this 24th day of Dec 1897.



Ordinary. Fulton County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears H.M. Ray 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 20th day of Nov 1865; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company E, of 42nd Regiment of N.C. Volunteers, Martin's Brigade; that whilst engaged in such military service in the State of Virginia, on the 24th day of Aug 1864, he was wounded, injured or diseased as follows:

The right arm - broken and & same.

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

\$50.00 Dollars, for the year 1897.  
Sworn to and subscribed before me, this, 24th day of Dec 1898, POST-OFFICE

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

STATE OF GEORGIA,

Fulton County.

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

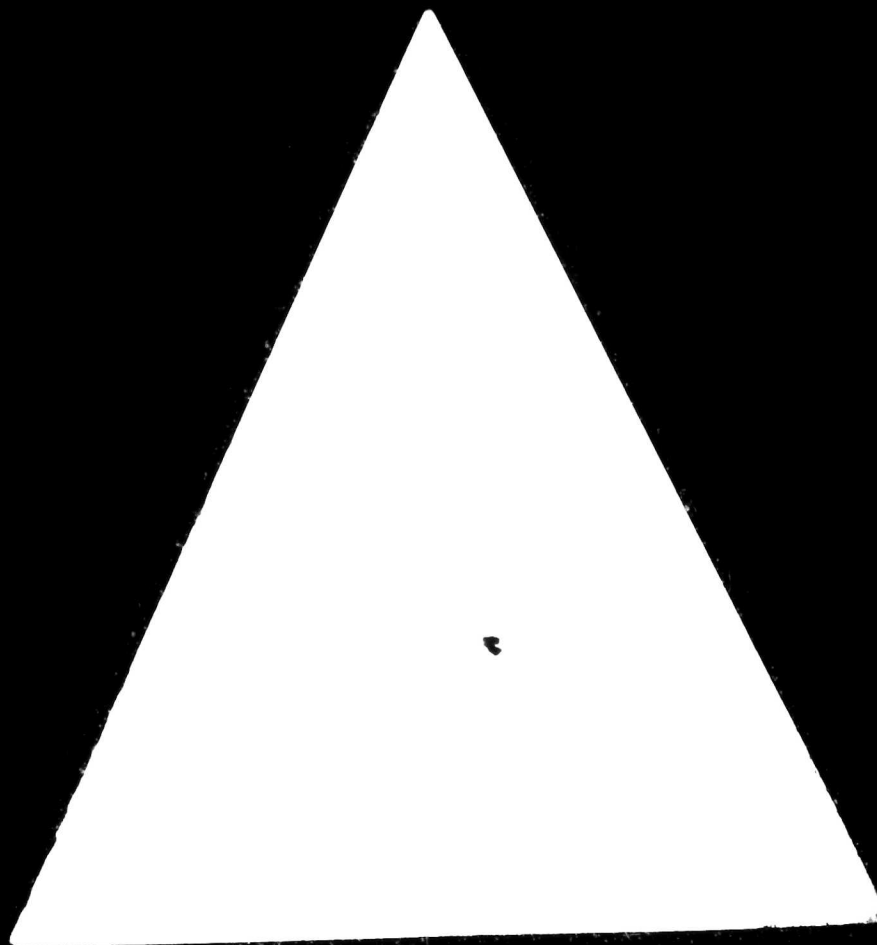
Given under my official signature and seal, this 24th day of Dec 1898.



Ordinary. Fulton County.

{  
here  
}

Ordinary . *Fuller* 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 \_\_\_\_\_, 1902.

[I. S.]

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

CODE SECTION 186.

(FOR THOSE ALREADY ENROLLED.)

No. 72

*From Jasper 1901*  
**INDIGENT**  
*To Jasper 1903*  
**SOLDIER'S PENSION**  
**1902.**

Name David A. Rea  
County Fulton. *County of Jasper*  
Regiment \_\_\_\_\_

WARRANT ISSUED

1/14 1902.  
JOHN W. LINDSEY,  
*Commissioner of Pensions.*

WARRANT HANDED TO

x/y  
Geo. W. Harrison, State Printer, Atlanta.

*no data*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
Fulton County.

Fulton.

Personally appears David A. Rea 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 20 day of June 1843; that he is \_\_\_\_\_ years old and  
by occupation a House painter that he enlisted in the military service of the Con-  
federate States (or of the State of Geo) during the war between the  
States, and served for the term of 4 yrs in Company E, of 10th Regiment  
of Geo Simmes Brigade; that his physical condition is as  
follows:

Physical disability

that his property consists of the following items

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

Deponent desires to participate in the benefits of the Act, approved December 16th,  
1894, and the Acts amendatory thereof, and makes application for the pension to which he  
is entitled for the year 1902. I have heretofore as a resident of Georgia  
county been allowed a pension for the year 1 1901 of A. Rea

Sworn to and subscribed before me, this the

13th day of June 1902.

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.

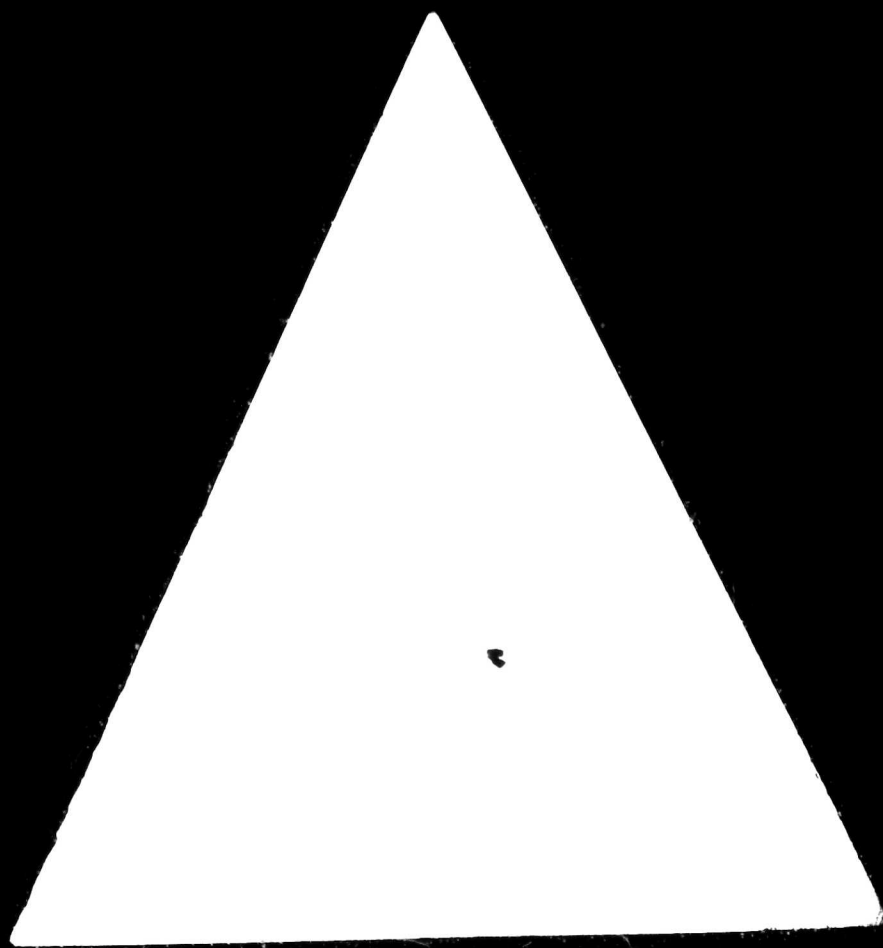
Given under my official signature and seal, this 13th  
day of June 1902.

John R. Wilkinson  
Ordinary  
Fulton County.

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



State of Georgia - Jackson County.  
 Ordinary's Office. Wt Chambers.  
 D. Adial J. Florence, ordinary of said County, do hereby certify  
 that the bearer, David H. Rea, is an Indigent Confederate  
 soldier, and has been enrolled on the Pension List of said  
 County and has been drawing sixty dollars per year from  
 the Pension Department in Atlanta, Ga. for the last three  
 years, and he desires to be transferred from Jackson County to  
 Gordon County, Ga. Witness my hand and seal of Office, this  
 13th day of November, 1901. Adial J. Florence, Ordinary, J. C.



# NOTES.

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

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a sworn statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive records to the service.
2. The law makes no allowance for a crippled hand, nor for a crippled foot, nor for an arm or leg, unless the arm or leg has been rendered *substantially and essentially* useless.
3. It will not answer to say that an arm is "substantially" useless for ordinary purposes of life, etc. There is no qualification to the clause of "the Act" in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially" useless.
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially" useless.
5. It is more difficult to say, when an arm is "substantially and essentially" useless. The words are strong ones, however, and the injury must be very severe, and the arm in a badly damaged condition, to entitle one to the allowance mentioned in the Act. The Legislature intended to limit these payments to such as were *most seriously wounded and disabled*. In the future they will doubtless provide for all who were badly injured, but the present law does not reach many worthy, needy cases. It was inaugurated as an experiment; if abused, it will naturally become unpopular and be repealed. If properly administered, will do great good.
6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made *under oath*, and the proofs must show that the amendments have been duly sworn to.
7. The Ordinance know the condition of applicants better than the Governor or his Secretaries, and they are earnestly requested to discourage any man from making application unless he is entitled under the law. Hundreds of applications have been received and disallowed because they were not disabled so as to entitle them under the law. This entails much unnecessary work upon this office, it causes delays in making payments to those who are entitled; it puts parties to expense and trouble, and in the end causes bitter disappointment and mortification.
8. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

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

Ex Deft. Atlanta Ga.  
Oct 21, 1888.  
The provisions in  
Tennessee are not alluded  
to in numerous cases  
presented, thus resulting  
in Georgia.  
It can be seen that  
we are not entirely equal  
to the best of states when  
signing any matter  
and that we are at the  
date mentioned to be  
in arrears.  
W. H. H.

Application for Allowance  
FOR  
Total disability Head Wound  
Applicant W. H. H.  
County Multon  
Amount 20  
Date of Warrant Oct 18/88  
Entered on Roll Oct 18/88  
1888  
Secretary



# NOTES.

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

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

2. The law makes no allowance for a crippled hand, nor for a crippled foot, nor for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.

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

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

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

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

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

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

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

## STATE OF GEORGIA.

PERSONALLY appears

*James H. Keagan* of *Dutton* 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 *16* day of *September* 1877; 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 & Commissary* in Company *B*, of *1st* *th* Regiment of *Georgia* Volunteers (*Artillery*) *1st* Brigade, then whilst engaged in such military service, at the battle of *Seven Pines* in the State of *Virginia* on the *20* day of *May* 1862, he was wounded as follows: *Ball entering an inch above symphysis pubis, passing through the left femur, shelling off a piece of left thigh bone, lodging under left hip joint, permanently disabling said hip joint, & rendering Keagan is disabled from all manual labor.*

Deponent desires to participate in the benefits of the Act approved October 24, 1897, and makes application for the allowance to which he is entitled thereunder.

Sworn to and subscribed before me this

*24* day of *September* 1898, *H. T. Hoggan*, *Attorney at Law*, *Dutton*.

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

## Commissioned Officer's Affidavit.

## STATE OF GEORGIA.

*James H. Keagan* came before me, *Samuel* of the county of *Coffee* State of *Georgia*, who, being duly sworn, says that he was a commissioned officer in Company *B* of *1st* *th* Regiment of *Georgia* Volunteers, and that deponent knows *James H. Keagan* 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 *James H. Keagan* as stated by him in said affidavit. Deponent further states that said *James H. Keagan* is a *bona fide* citizen of *Georgia* and resides in *Dutton* county.

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

Sworn to & subscribed before me this  
the *24*th day of *Sept* 1898.

*Attorney at Law*  
*Notary Public*

## Application for Allowance

FOR

*James H. Keagan*

*Dutton*

*County*

*Amount \$25*

*Date of Warrant Oct 1/98*

*Entered on the*

*24th*

*1898*

*Secretary*

*State*

*of Georgia*

*Attorney at Law*

*Dutton*

*Georgia*

*1898*

*24th*

*Sept*

*1898*

*James H. Keagan*

*Dutton*

*County*

*Georgia*

*1898*

*24th*

*Sept*

*1898*

*James H. Keagan*

*Dutton*

*County*

*Georgia*

*1898*

*24th*

*Sept*

*1898*

*James H. Keagan*

*Dutton*

*County*

*Georgia*

*1898*

*24th*

# STATE OF GEORGIA,

County.

PERSONALLY came

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

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

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_ 1888

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

# STATE OF GEORGIA,

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: *By Minnie Ball entering rearward above the symphysis pubis ranging in the direction of the left groin, lodging near the hip joint. Result - Rendering locomotion difficult. Also a wound in the forehead by a piece of shell causing an indentation of the outer table of the skull upon the inner table producing epilepsy. - And in our opinion he is worth off than a man with only one arm, one leg.*

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_ 1888

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

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

# STATE OF GEORGIA,

County.

I, \_\_\_\_\_ Ordinary of said county, do certify that I am well acquainted with \_\_\_\_\_ the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this county. 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 \_\_\_\_\_ day of \_\_\_\_\_ 1888  
\_\_\_\_\_  
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 \_\_\_\_\_ my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit. Hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

day of \_\_\_\_\_ 1888

Executed in the presence of us: \_\_\_\_\_

(L. S.)

No additional debt  
expended

NOTE.—The physician 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. D. Reagan*, Ordinary of said county, do certify that I am well acquainted with *W. D. Reagan*, 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: *W. M. Smith and J. C. Walker*

are persons of respectability and that their statements are worthy of full credit and belief before whom the foregoing affidavits were made and power of attorney was signed, is a *W. D. Reagan* 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*, 188*9*.

*W. D. Reagan*  
Ordinary *Fulton* County.

## POWER OF ATTORNEY.

## STATE OF GEORGIA.

*Fulton* County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

county, in said State, do hereby appoint

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

day of *February*, 188*9*.

Executed in the presence of us:

## DIRECTION:

Send money to me as follows, by

to

*Fulton* County, Georgia

P. O.

STATE OF GEORGIA,  
Fulton County.

Franklin County

I, W. L. Calhoun Ordinary of said county,  
do certify that I am well acquainted with 26. J. Ragan the  
applicant in the foregoing affidavit, and am well satisfied that the statements made by him  
in his said affidavit are true, and that he is disabled, to the extent he claims, and I know  
he is the individual he represents himself to be, and that he resides in this county.

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

Given under my official signature and seal, this 4 day of February 1890

W. L. Calhoun

Ordinary.

Frederick

County

Reagan, H. L.

# GOAT

Gulstan Co

No. 141

**APPLICATION FOR ALLOWANCE**

[illegible]

—FOR—  
Dear husband m.

Applicant: H. J. Reagan

County, Fullton

Amount. \$50.

Date of warrant, Feb'y 4

Entered on record

July 4 1881

19

**EXECUTIVE DEPARTMENT.**

1000

WARRANT HANDED TO

Applicant

ALPHABETICALLY

FOR OFFICIAL USE ONLY

State of Tennessee

Topple & Son,

I have great pleasure  
in certifying that Mrs. L. Hall  
whose genuine signature is annexed  
to the above application was at the  
time of signing the same duly  
examined by me and that full  
credit is due all & to  
her estate.

Reference is made to this letter of 28.8.58

大正十三年

# For Applicants Heretofore Allowed Pensions.

## STATE OF GEORGIA,

*Fulton* County.

PERSONALLY appears *Wm. Henry Rogers* 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 *September* 1862; that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the States, and served as a *Private* in Company *B*, of *1st* Regiment of *Tampa* Volunteers *Robert*'s Brigade; that whilst engaged in such military service, at the battle of *Apalachicola*, in the State of *Florida*, on the *21st* day of *July*, 1864, he was wounded as follows: *at Apalachicola by a shell in the center of the forehead; at Burnt Pine in the left arm & at Kelly's Bluff in the right arm resulting in an incurable & permanent injury to the military & manual armament of life*

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

Sworn to and subscribed before me, this the *1st* day of *July*, 189*1* } *H. T. Rogers*  
*Wm. H. Rogers*

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

## POWER OF ATTORNEY.

### STATE OF GEORGIA

*Fulton* County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

county, in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 189

Executed in the presence of us:

### DIRECTION.

Send money to me as follows, by

to

P.O.

County, Georgia.



Audited

Feb. 6

1889.

Wm. J. Wright  
COMPTROLLER GENERAL

Fulton

Maimed Soldiers.

Voucher No. 121

Amount \$ 50.

Paid to H. J. Reagan  
For General dis-  
ability  
Feb. 6, 1889

Included in Warrant No.  
issued to Treasurer

1889.

WARRANT CLERK

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

Applicant

Audited

18

COMPTROLLER GENERAL

Maimed Soldiers.

Voucher No. 141

Amount \$ 50

Paid to H. J. Reagan  
For Disabled by  
Head wound  
Feb. 11, 1890

Included in warrant No.  
issued to Treasurer

18

WARRANT CLERK

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

Applicant

No. 121.

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feby 6 1889

Mr. *H. J. Reagan* of the County  
of *Gulton* having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

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

*General disability Head wound*  
He is entitled to receive the sum of *50.00* Dollars  
for such disability the same being the allowance due for the year ending October 24, 1889.

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

By the Governor

*W. H. Harrison*

CLERK EXECUTIVE DEPARTMENT.

*R. B. Gordon*  
GOVERNOR.

\$50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

*Fifty x 00/100*

per above voucher, this

*6"*

of

*Feby*

Dollars,

1889.

*H. J. Reagan*

No. 141

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feby 4 1890

Mr. *H. J. Reagan* of the County  
of *Gulton* having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

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

*Disabled by Head wound*  
He is entitled to receive the sum of *50.00* Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1890

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

By the Governor,

*W. H. Harrison*

CLERK EXECUTIVE DEPARTMENT.

*R. B. Gordon*  
GOVERNOR.

\$50.00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

*Fifty x 00/100*

per above voucher, this

*4*

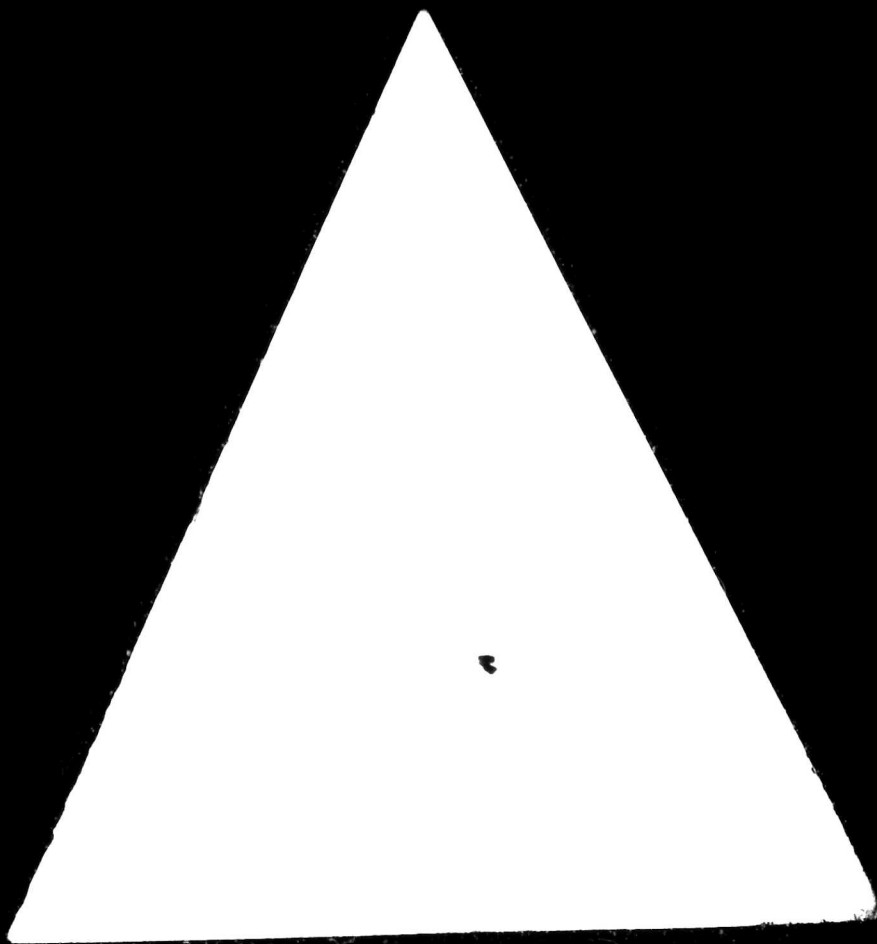
of *Feby*

Dollars,

1890

*H. J. Reagan*





County.

Fulton County.  
John C. Bronowles, of said State and County, having been presented  
 as a witness in support of the application of Stephen D. Reagan 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 C. Bronowles  
Fulton County Ga near Exposition Mills
2. Are you acquainted with Stephen D. Reagan, the applicant, is of  
 how long have you known him? Yes, since beginning of war  
in 1861, or 1862.
3. Where does he reside, and how long has he been a resident of this State? He resided  
in Georgia and has since 1861, or 1862, to my knowledge.
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you  
 know this? I know that he served in Confederate army  
I know it because he was in same Regiment with me
5. When, where and in what company and regiment did he enlist? Enlisted in  
1862, Corinth, Georgia, 42nd Ga Regiment
6. Were you a member of the same company and regiment? of the same Regiment
7. How long did he perform regular military duty, and what do you know of his service as a Confed-  
 erate soldier, and the time and circumstances of his discharge from the service? From 1862  
until the close of the war in 1865, or about  
three years. Was discharged when war closed  
in 1865.
8. What property, effects or income has the applicant? (Give your means of knowledge)  
None whatever, I know him well and  
live near him for two years and know he has 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? None.

10. What is the applicant's occupation and physical condition? He has none  
several years ago he did pick up some  
in shoemaking.

11. Is the applicant unable to support himself by labor of any sort, if so why? He is  
unable to support himself by labor of  
any sort. He is nearly blind and deaf  
and often and is an epileptic and in poor health

12. How was he supported during the years 1895 and 1896? By his family

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

None whatever

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension

under the Act of December 15th, 1894? I should say from his near  
sightedness, and low state of health and from  
having fits, he is not able to work to earn a living

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

Sworn to and subscribed before me, this

the 7 day of January 1897.

John C. Bronowles Ordinary.

John C. Bronowles Witness.

County.

Fulton County.  
 Personally came before me John C. Bronowles and  
Wm. D. Reagan, both known to me as reputable physicians  
 of said county, who being severally sworn, say on oath that they have examined carefully Stephen  
D. Reagan, applicant for pension under the Act of 1894, and after  
 such personal examination say that his precise physical condition is as follows:

The find  
that the applicant Stephen D. Reagan has  
Epilepsy. We also find that he has defective  
vision in both eyes

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 8th day of January 1897.

John C. Bronowles Ordinary.

## ORDINARY'S CERTIFICATE.

County.

I, Wm. D. Reagan, Ordinary in and for said County, hereby certify that  
 the applicant Stephen D. Reagan 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 C. Bronowles & John C. Reagan  
 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 8th day of January 1897.

Wm. D. Reagan 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 \_\_\_\_\_, 1900.

[L. S.]

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

*Prager, S. D.*  
*Fulton County*

COPIES SEC. 1264.  
(For Those Already Enrolled.)

NO. 113

INDIGENT

SOLDIER'S PENSION,  
1900.

Name

County

*S. D. Prager*  
FULTON

WARRANT ISSUED

*Jan 10* 1900.

JOHN. W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

*App*

Chas. W. Lindsey, Sec. Prisoner, Atlanta.

*No debt*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

FULTON

County.

Personally appears S. D. Reagan 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 \_\_\_\_\_ 1880; that he is 63 years old and by occupation a Merchant; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 4 years in Company E, of 12th Regiment of Washington & Lee Inf. 4th Reg.; that his physical condition is as follows: General debility

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

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

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

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

S. D. Reagan  
man

State of Georgia,

FULTON

County.

I, W. H. HULSEY,

Ordinary of said County,

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

Given under my official signature and seal, this \_\_\_\_\_

day of Jan 1900.



Ordinary

FULTON

County.

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

# POWER OF ATTORNEY.

State of Georgia,  
County.

hereby authorize

of

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

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

Executed in presence of

[L. S.]

For Those Already Enrolled.

No. 432

INDIGENT

SOLDIER'S PENSION,  
1898.

Name *S. E. Reagan*  
County *Paulding*

WARRANT ISSUED

*4/12* 1898.

RICHARD JOHNSON,  
Commissioner of Pensions

WARRANT HANDED TO

*appt*

SEC. W. HARRISON, STATE PRINTER, ATLANTA

*100 late*

*Reagan, S. E.*  
*Hulton Co.*

CODE SECTION 12A.

(FOR THOSE ALREADY ENROLLED.)

No. 90

INDIGENT

SOLDIER'S PENSION  
1902.

Name *S. E. Reagan*

County *Pa* Regiment *42nd*

WARRANT ISSUED

*4/14* 1902.

JOHN W. LINDSEY,  
Commissioner of Pensions

WARRANT HANDED TO

*appt*

SEC. W. HARRISON, STATE PRINTER, ATLANTA

*100 late*

# 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.

[t. s.]

Executed in presence of

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears S. D. Reagan 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 1842 day of 1842; that he is 59 years old and by occupation a General 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 42 of 42th Regiment of Georgia Inf; that his physical condition is as follows: General debility

that his property consists of the following items

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 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 189 1 S. D. Reagan

Sworn to and subscribed before me, this, the

12 day of Aug 1898.

W. H. Bullock Ordinary.

State of Georgia,

Fulton County.

I, W. H. Bullock Ordinary of said County, do certify that I am well acquainted with S. D. Reagan the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Aug 1898.

W. H. Bullock Ordinary Fulton County.

NOTE.—The blank spaces must be filled.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears S. D. Reagan 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 1842 day of 1842; that he is 59 years old and by occupation a General 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 42 of 42th Regiment of Georgia Inf; that his physical condition is as follows: General debility

that his property consists of the following items

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 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 1 901 S. D. Reagan

Sworn to and subscribed before me, this the

day of JAN 13 1902.

John R. Wilkinson Ordinary.

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this

day of JAN 13 1902.

John R. Wilkinson Ordinary 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

*Pagan, L. O.  
Fulton County*

For Those Already Enrolled.

No. 478

INDIGENT

SOLDIER'S PENSION.

1901.

Name *S. J. Pagan*  
County *Fulton*

WARRANT ISSUED

*May 16* 1901.

JOHN W. LINDSEY

Commissioner of Pensions

WARRANT HANDED TO

*W. J.*

JOHN W. LINDSEY, State Printer, Atlanta

*no data*

*Pagan, L. O.  
Fulton 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

1907

[L. S.]

Executed in presence of

Does Supersede 1901.  
(FOR THOSE ALREADY ENROLLED)

No. 48

INDIGENT

SOLDIER'S PENSION

1907.

Name *S. J. Pagan*

County *F*

*Regiment 42<sup>nd</sup> Ga.*

WARRANT ISSUED

1907.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

*W. J.*

JOHN W. LINDSEY, State Printer, Atlanta

*no data*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears S. D. Reagin 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 \_\_\_\_\_ 1849; that he is 59 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 1 1/2 years in Company 3, of 4th 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 \_\_\_\_\_

5th day of Jan 1901. S. D. Reagin  
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 S. D. Reagin the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1901.

John R. Wilkinson  
Ordinary Fulton County.

State of Georgia,

Fulton County.

Personally appears S. D. Reagin 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 \_\_\_\_\_ 1849; 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 Georgia) during the war between the States, and served for the term of 3 1/2 years in Company 4, of 4th Regiment of GA; that his physical condition is as follows: Disability.

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 1901. I have heretofore, as a resident of \_\_\_\_\_ County, been allowed a pension for the year 1900.

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

day of \_\_\_\_\_ 1901. S. D. Reagin  
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 S. D. Reagin the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1901.

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,

County.

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

of \_\_\_\_\_

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

at \_\_\_\_\_

by \_\_\_\_\_

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

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

[L. S.]

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

of \_\_\_\_\_

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

at \_\_\_\_\_

by \_\_\_\_\_

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

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

[L. S.]

## INDIGENT SOLDIER'S PENSION 1903.

Name *S. D. Reagan*

County \_\_\_\_\_

Co. *A* Regiment *42nd*

WARRANT ISSUED

*130* 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*Self*

Geo. E. Harris, State Printer, Atlanta.

*No date*

## INDIGENT SOLDIER'S PENSION 1904.

Name *S. D. Reagan*

County *Fulton*

Co. *F* Regiment *42nd*

WARRANT ISSUED

*130* 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*Self*

Geo. E. Harris, State Printer, Atlanta.

*No date*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton.

County.

Personally appears S. D. Regan 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 1849, 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 F, of 42nd Regiment of Inf, that his physical condition is as follows I + P

that his property consists of the following items:       

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

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

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

Ordinary.

STATE OF GEORGIA,

County.

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

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

Ordinary

County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1903.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. County.

Personally appears S. D. Regan 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 1849, 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 F of 42nd Regiment of Inf, that his physical condition is as follows I + P

that his property consists of the following items:       

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 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 1904.

Ordinary.

STATE OF GEORGIA,

Fulton. County.

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

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

Ordinary

Fulton.

County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1903.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

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

of

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

at

by

WITNESS my hand and seal, this

day of

1905.

[L. S.]

Executed in the presence of

# 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

*Reagin, D. D.*  
*Fulton County*

(FOR THOSE ALREADY ENROLLED.)

No. 40

**INDIGENT  
SOLDIER'S PENSION  
1905.**

Name *D. D. Regain*  
County *Fulton*  
Co. *4* Regiment *42nd Regt.*

WARRANT ISSUED  
*7/18* 1905.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
*44*

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

NO DATA

*Reagin, D. D.*  
*Fulton County*

(FOR THOSE ALREADY ENROLLED.)

No. *213*

**INDIGENT  
SOLDIER'S PENSION  
1906.**

Name *D. D. Regain*  
County *Fulton*  
Co. *4* Regiment *42nd Regt.*

WARRANT ISSUED  
*7/17* 1906.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
*44*

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

NO DATA

FOR APPLICANTS HERETOFORE ATTOWED PENSIONS

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears S. D. Reagin 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 3 yrs in Company F, of 42nd Regiment of Inf; 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 1905. I have heretofore as a resident of \_\_\_\_\_ County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 1905.

Ordinary.

STATE OF GEORGIA.

Fulton County.

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

Given under my official signature and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1905.

Ordinary Fulton County.

NOTE.—The blank spaces must be filled.

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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton County.

Personally appears S. D. Reagin 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 \_\_\_\_\_ 1841; that he is 66 years old and by occupation a blue maker, 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 F, of 42th Regiment of Inf; that his physical condition is as follows: Infirmary and poverty.

that his property consists of the following items: no property

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

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

Sworn to and subscribed before me, this the \_\_\_\_\_ day of JAN 1 1906.

Ordinary.

State of Georgia,

Fulton County.

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

Given under my official signature and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1906.

Ordinary

Fulton County.

NOTE.—The blank spaces must be filled.

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

NAME **Beagan, S.D.**

YEAR **1907**

COUNTY **Fulton**

WHEN AND WHERE BORN? **1888 near Anderson Court House S.C.**

ENLISTED WHEN AND WHERE? **March 1898 Covington, Ga.**

RANK.

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

NAME OF CAPTAIN AND COLONEL?

WOUNDED? **Contracted typhoid fever--1898 began to have fits. Caused from over exertion while marching.**

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? **1898 near Greensboro, N.C.**

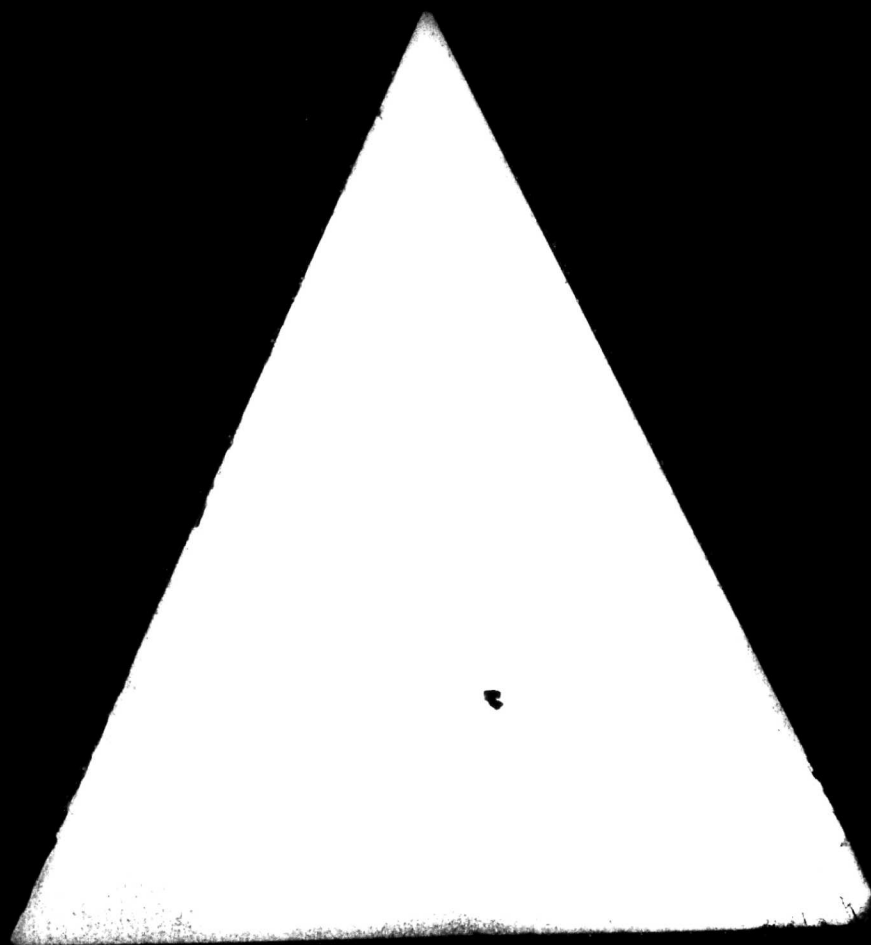
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. **John C. Brownlee, same regiment-- No data.**

**JCT**



POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY, }

herby authorize

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

Witness my hand and seal, this

day of

190

Executed in presence of

[L.S.]

INDIGENT PENSION

190 6 9 6

Name Joe 7 Arata

County Fullan

Co. E

MR. J. L. Local

190 6 9 6

JOHN W. LINDSEY

Commissioner

WARRANT HANDED

190 6 9 6



STATE OF GEORGIA,

COUNTY.

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

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

Witness my hand and seal, this

day of

190

Executed in presence of

[L. 8]

STATE OF GEORGIA,

Fulton

COUNTY.

John J. Ream 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.)

Greenwich Ave. Atlanta, Ga.

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

From Twelve years

3. When and where were you born?

Sept 11-1840. Culbertson, Randolph Co.,

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

Aug 1863 Co. C, 1st Battalion, Infantry, Ga.

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

I remained in Service from enlistment until the 10th day April 1865 - When taken prisoner of war at Columbus, Ga.

6. When and where was your company and regiment surrendered and discharged?

By Wilson, Raid The above question answered above. a part of my Battalion was captured I being among the captives

7. Were you present with your company and regiment when it was surrendered?

No, prisoner of war

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?

Answered above, I was made prisoner of war and was paroled at Fitch River at Double Bridge in Ga. about the 23rd April 1865

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

Only a reasonable amount

10. What has been your occupation since 1865?

Carriage tympian

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?

Increasing of age and failing eyes, sight naturally debars me from earning a support as in former years do why I am making this application for Pension

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

Only a small amount of Household Effects

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?

I had none to dispose of answered above

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

Fulton Co. Ga. None

16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905?

By what I could earn at my trade

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?

Only a small income and my by my work

18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year?

Carriage trimmer a small living wages

19. Have you a family? If so, who composes such family? Give their means of support. Have they a home-stand, or other property? Their ages and how employed?

Myself and wife - two children both married and left me

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

none none

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

Once before

22. How many applications have you ever made and under what class?

One in "Holding" Under the Age and Poverty clause - Nat. above

Sworn to and subscribed before me this the

29 day of Sept 1904

John J. Ream Ordinary.

of Fulton County.

Every Question MUST Be Answered

after 3 o'clock PM

1906

INDIGENT PENSION

John J. Ream

Fulton

Sept 29 1904

John J. Ream

Ordinary



## STATE OF GEORGIA.

County of Fulton  
 of said State and County, having been presented  
 as a witness in support of the application of John T. Reams  
 under section 1294, 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? Samuel R. Legume  
Shawnee Bluff Co. Ga.
2. Are you acquainted with John T. Reams the applicant; if so how  
 long have you known him? since 1865 - have only met him for time being 1865
3. Where does he reside, and how long and since when has he been a resident of this State?  
in unincorporated in his residence in Fulton Co
4. When, where and in what company and regiment did he serve, and how do you know?  
John T. Reams & Legume Battalion, 1st Georgia Brigade, 1st Div.
5. Were you a member of the same company and regiment? Was in command of Battalion
6. How long did he perform regular military duty? about two & a half years
7. When and where was his command surrendered? Columbus Ga.
8. Were you present when it surrendered? Yes
9. Was applicant present? Yes
10. If he was too 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 own of knowledge)  
So not know
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? At not know
13. Has he conveyed away any of his property in the last four years - if so, what was it, and to whom?  
Cannot say
14. What is the applicant's occupation and physical condition? Cannot say
15. Is the applicant unable to support himself by labor of any sort, if so, why? Cannot say
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? Cannot say
17. What portion of his support for these four years was derived from his own labor or income?  
Cannot say
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under  
 Section 1294, 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 27 day of September 1906  
Samuel R. Legume Witness  
Samuel R. Legume Ordinary.

Georgia Bellamy Ordinary of said County. As being duly sworn and sworn to by me, I certify that Samuel R. Legume is a resident of Fulton County Ga. and any statement he may make is entitled to full faith and credit.

## STATE OF GEORGIA.

County of Fulton  
 Personally came before me J. C. White  
J. D. Longino both known to me as reputable persons  
 of said County, who, being severally sworn, say on oath that they have examined carefully John T. Reams  
 applicant for pension under Section 1294, Code, and after  
 such personal examination say that his precise physical condition is as follows:

Old and infirm not able  
to do manual labor - Eye sight  
failing, because of age. Pain in  
head, probably caused by shell wound  
during the War of 1861 to 1865 -  
and that we have no interest in said person being aided.

Sworn to and subscribed before me, this the 27 day of September 1906  
John R. Weismann Ordinary J. C. White

## ORDINARY'S CERTIFICATE.

## STATE OF GEORGIA.

County of Fulton  
 I, John R. Weismann Ordinary, in and for said County, hereby certify  
 that the applicant John T. Reams resides in said County, and has  
 been a bona fide resident of this State since the 27 day of September 1899  
 and that the witnesses, viz: J. C. White

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

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

I further certify that the tax digest of Fulton County shows that applicant  
 returned for taxation in his name in 1901 \$0.00 dollars of  
 property, and in 1902 \$0.00 Dollars in 1903  
\$0.00 Dollars in 1904  
\$0.00 Dollars of \$0.00 1905  
\$0.00 Dollars of \$0.00 1906.

In my opinion the foregoing claim is not made in good faith.

Witness my hand and seal of office, this 29 day of October 1906

John R. Weismann 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.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Fulton COUNTY,

A. G. Butler

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

1. What is your name and where do you reside? A. G. Butler, 743 Glenn St. Atlanta, Ga.
2. Are you acquainted with J. T. Reams, the applicant: if so how long have you known him? about 12 years
3. Where does he reside, and how long and since when has he been a resident of this State? on Greenwich Ave. Atlanta, Ga. since 2nd of March 1905
4. When, where and in what company and regiment did he enlist, and how do you know? know nothing of his war record
5. Were you a member of the same company and regiment? No
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 except from his own labor. Have seen him daily since
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 had none except his own labor
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? He is a carriage trimmer. He is feeble, and suffers from a wound received in the head during his service in the war.
15. Is the applicant unable to support himself by labor of any sort; if so, why? He is old and feeble and suffers, as stated above, from wound
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? By his own efforts at his trade - but is getting fast
17. What was the source of his support for these four years was derived from his own labor or income? all that he had
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 feeble and is suffering from wounds and his eyesight is failing very badly
19. Who compose family? What property have they? Children's ages and their earning capacity? Himself and wife. She has no property
20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 29 day of Sept. 1906  
John R. Williams Ordinary.

A. G. Butler Witness. (B)

*C. E. 1st City Batta (Columbus, Ga.)*

NAME **Reams, John T.**

YEAR **1908** COUNTY **Fulton**

DATE AND PLACE OF BIRTH **Sept. 11, 1840, Guthbert, Georgia.  
(Randolph County)**

DATE AND PLACE OF DEATH **Aug-1863.  
(Does not state where)**

EDUCATION

EDUCATIONAL INSTITUTION **Coe's. Jaques Batta, Infantry, Ga.**

NAME OF COMMANDER **Samuel R. Jaques, Command of Batta.**

REMARKS **Pain in head, probably caused by shell wound, during the war of 1861 to 1865.**

REMARKS **Part of Batta. was captured, applicant being among the captured. Taken prisoner of war at Columbus, Georgia. By Wilson's Raid.**

REMARKS **Paroled at Flint River, at Double Bridges, in Pike County, Ga. about the 30th of April 1863.**

REMARKS **Part of Battalion was captured, applicant being among the captured. Taken prisoner of war at Columbus, Ga. Witness states: Command surrendered at Columbus, Georgia.**

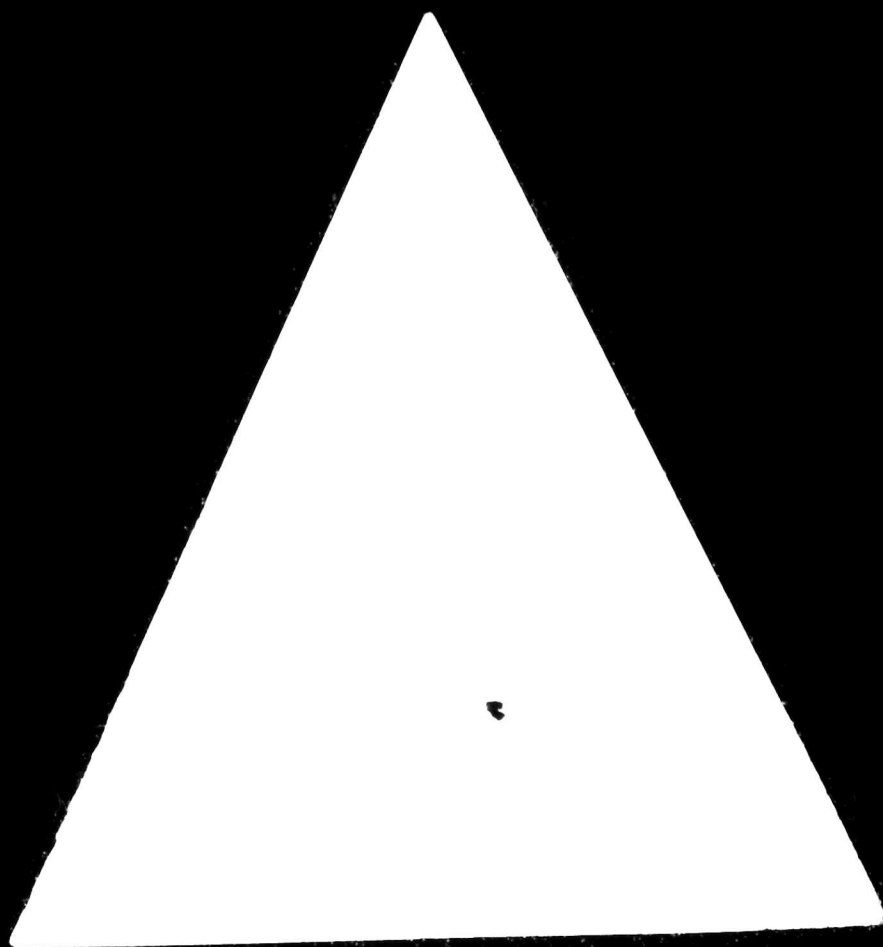
REMARKS **(Prisoner of war, paroled at Flint River, at Double Bridges, in Pike County, Ga., about the 30th of April 1863.**

REMARKS

REMARKS

REMARKS **Samuel R. Jaques, - Command of Battalion, - No date.**

REMARKS



*Cherokee County*  
*4938*

# Widow's Application

Under Act of 1910—As Amended by Act of 1918, and Constitutional Amendments of 1920 and 1937.

**FULTON COUNTY**  
**WIDOW, MRS. ONDOLA ANN REED**  
 Name.....  
 Widow of. **J. W. REED**  
 Date of Marriage... **Sept. 2, 1888**  
 Date of Husband's Death. **Dec. 1918**  
 Company.....  
 Regiment. **4th Co. Regiment**  
 Approved. **4/10/38** 193  
*Wm. H. Gillen*  
 Director.

RECEIVED

JAN 12 1938

L. THOS. GILLEN,  
 DIRECTOR

Dept. Public Welfare,  
 Jan. 13, 1938.

Wm. H. Reed enlisted as a  
 private in Co. H, 7th Regt.  
 1st Inf. Aug. 23, 1861. Sur-  
 rendered, Appomattox, Va.,  
 Apr. 9, 1865.

*William H. Reed*  
 Director Confederate Records  
 Div.

STATE OF GEORGIA,  
**FULTON** COUNTY.

## Ordinary's Certificate

I, **THOMAS H. JEFFRIES**, Ordinary of said County, do certify that I know **Mrs. Ondola Ann Reed** 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 **J. W. REED**, the widow 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 **2nd** day of **Jan.** 193 **8**  
 (SEAL OF ORDINARY)  
*Thomas H. Jeffries*  
**FULTON** County.

### INSTRUCTIONS

1. Before any questions are answered the Ordinary shall read applicant and the witness in the following words: "I am 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 questions may be asked if black papers are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled to pension.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified to such Ordinary.
5. Affidavits of marriage license if obtainable.
6. Affidavits of marriage license if obtainable.
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.

James W. Reed enlisted  
private in Co. H, 7th  
Ga. Inf. Aug. 23, 1861  
surrendered, Appomattox,  
Apr. 9, 1865.

Director Confederate  
Div.

Rec'd Georgia County  
RECORDED  
Fulton County

# Widow's Application

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

FULTON COUNTY  
COUNTY, MRS. GEORGIA ANN REED

Name J. W. REED  
Widow of  
Date of Marriage Sept. 2, 1888  
Date of Husband's Death Dec. 1919  
Company  
Regiment 7th Ga. Regiment  
Approved  
Director.

RECEIVED

JAN 12 1938

L. THOS. GILLEN,  
DIRECTOR

## Ordinary's Certificate

STATE OF GEORGIA

FULTON COUNTY.

I, THOMAS R. JEFFRIES, Ordinary of said County, do certify  
that I know Mrs. Georgia Ann Reed 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 J. I. Wright  
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 7th day of Jan, 1938.  
(SEAL OF ORDINARY) Jeffries Ordinary.  
of FULTON County.

### INSTRUCTIONS:

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

## 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. Georgia Ann Reed 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.

- What is your name, and where do you reside? (Give Post Office and County)  
Georgia Ann Reed, North Roswell, Ga. Fulton County
- How long and since when have you been, continuously, a bona fide resident citizen of the State  
of Georgia? All her life  
Give date, or year, of your birth 22, July 2, 1868 Age? 79
- (1) When, (2) where and (3) to whom were you married? Sept. 2, 1888  
Milton County, J. W. Reed
  - Have you married since the death of first and soldier husband? No
  - When and where did your first husband die? Dec. 1919 Roswell, Ga.
  - Were you residing together when he died? Yes
  - If not, how long had you resided apart?
  - Are you now a widow? Yes
  - Have you or your husband heretofore been paid a pension by the State? Husband - Cobb County
  - If so when and for what cause were you or your husband placed on the roll? Confederate Veteran  
1864  
Drew until his death

#### SECTION II.

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

- When, where and in what Company and Regiment did your husband enlist as a soldier in  
Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infan-  
try, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.  
Enlisted in Aug. 23, 1861, at Marietta, Ga. in Company H. 7th Ga. Regiment
- When and where did the Commands of your husband surrender or discharge from the Service?  
Surrendered Appomattox, Va. Apr. 9, 1865,
- Was your husband personally present with his Command when it was surrendered or discharged?  
Yes
- If he was not present, state specifically and clearly where he was?
- When did he leave the Command?
  - For what cause did he leave?
  - By whose authority did he leave?
  - For how long was his leave of absence granted? d. In what way?
- What was his physical condition when he left his Command?
- What effort did he make to return to his Command?
- In what way was he prevented from going back to his Command?
- Was he captured by the enemy at any time?
- If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the

7th day of Jan, 1938.  
A. B. Ballentine Ordinary  
of FULTON County.  
(SEAL OF ORDINARY)

Georgia Ann Reed  
Applicant.

State of Georgia,  
Fulton County.

Personally before the undersigned authority now  
comes J. I. Wright who upon oath  
says that he knows Mrs. Georgia Ann Reed and  
knows that she ~~was~~ living with her husband J. W. Reed  
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 7th day of Jan. 1937

W. H. Nesbit  
O. C. Ordinary, Fulton Co., Ga.

J. I. Wright

Court of Ordinary  
MILTON

MILTON COUNTY

STATE OF GEORGIA

CERTIFIED COPY OF  
MARRIAGE LICENSE

AND  
CERTIFICATE OF MARRIAGE  
OF

J. W. REED,

AND

GEORGIA A. BURGESS,

Recorded in Book B Page 314

W. H. NESBIT,

Ordinary.

# MARRIAGE LICENSE

State of Georgia--<sup>MILTON</sup> 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 J. W. REED

and GEORGIA A. BURGESS

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 27 day of Aug. 1888 19

W. H. Nesbit, L. S.  
Ordinary

I hereby certify that J. W. REED

and GEORGIA A. BURGESS

were joined together in the HOLY BANS OF MATRIMONY

on the 2 day of Sept. 1888 19, by me.

REV. A. G. HEMBREE,

State of Georgia,  
Fulton County.

ORDINARY'S OFFICE

S. B.

ATLANTA, GA. JANUARY 7th 19 38

I, W. A. BRAND, 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

J. W. REED

and GEORGIA A. BURGESS

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.

W. A. Brand

Clerk, Court of Ordinary.



STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

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

WHEREAS:

MRS. GEORGIA ANN REED, WIDOW OF J. W. REED,

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,

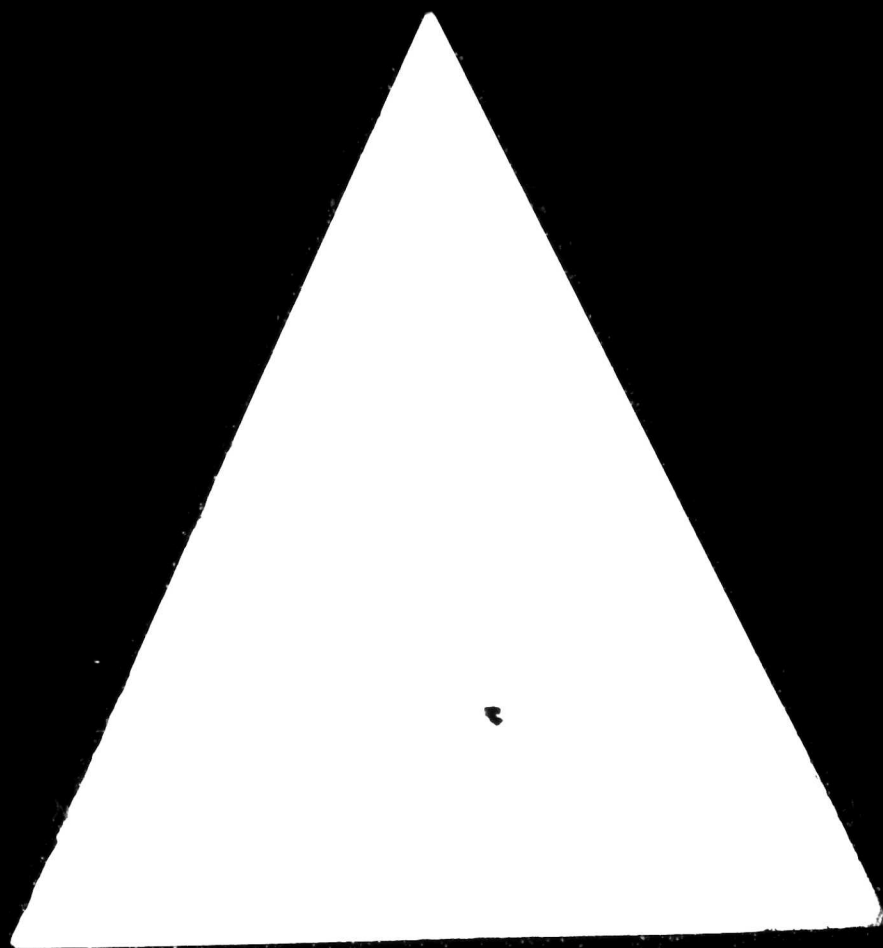
ORDERED:

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 13th day of January 1938.

*L. H. "Pat" G. Allen*

Director, Confederate Division  
State Department of Public  
Welfare



NAME Read J. S.

YEAR 1918 COUNTY Fulton

WHEN AND WHERE BORN? A resident of Georgia since <sup>birth</sup> ~~1888~~

ENLISTED WHEN AND WHERE? 1904

RANK:

COMPANY AND REGIMENT? Co. D. 4th Ga. Regt. Infantry.

NAME OF CAPTAIN AND COLONEL? Capt. R. T. Bowie, Col. Allen D. Candler.  
Maj. J. H. Burke.

WOUNDED?

CAUGHT, WHEN AND WHERE?

RELEASED:

WHEN AND WHERE SURRENDERED? Jacksonville, Fla. \_\_\_\_\_

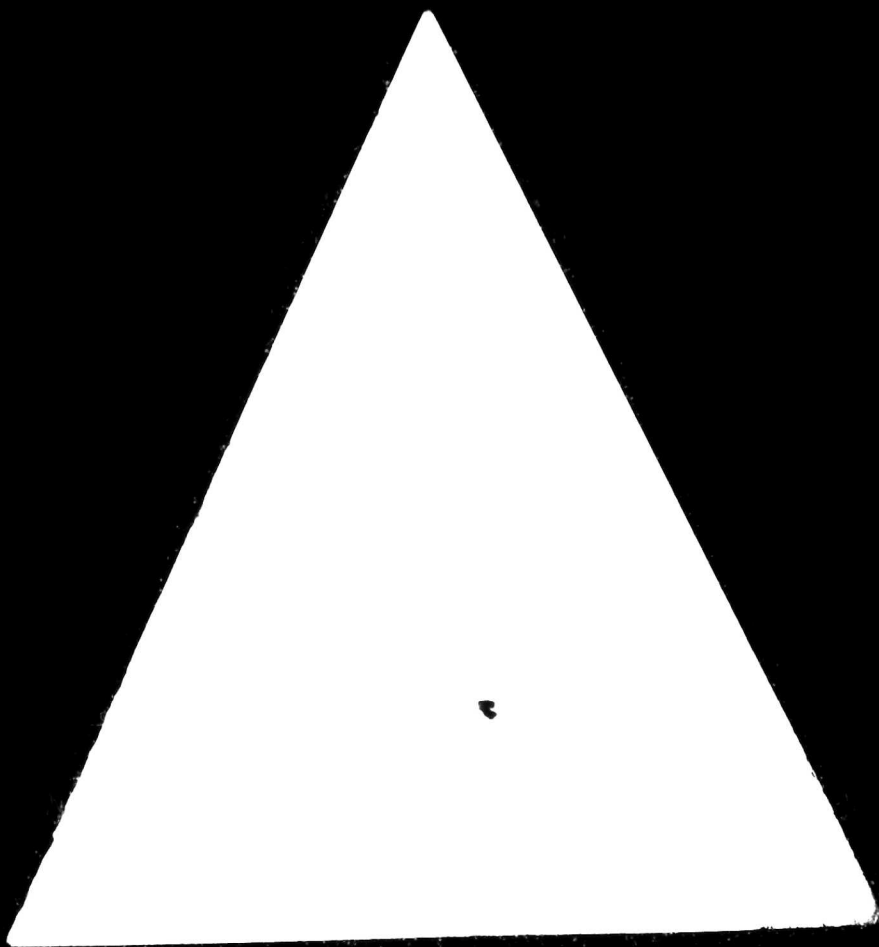
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: Capt. R.T. Bowie - Same command -

no data.



Redd, J. M.  
Fulton County

No. See Cobb Co. 1903

INDIGENT PENSION,  
1902.

Name J. M. Redd

County Fulton

Co. E - 3 1/4 M Reg'm't

Approved 1902

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

9/2 + 1/12 - 1903  
Ordinary will write Name of Applicant, Company  
and Regiment on back as indicated above.

Geo. W. Harrison, State Printer, Atlanta

4/6-1903  
7/28/03

STATE OF GEORGIA.  
POWER OF ATTORNEY.

JOSEPH

Joseph 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.]

STATE OF GEORGIA.

COUNTY

Witness my hand and seal this

day of

1902

[S]

INDIGENT PENSION,

1902.

1903

Name

County

Co. & 1/2 in

Reg't

Approved

1902

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

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

Geo. W. Hayburn, Clerk, Atlanta.

4/6-1903

7/28/03

STATE OF GEORGIA.

COUNTY

Scott  
W. H. Monroe

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

1. What is your name and where do you reside?  
Scott County State of Arkansas
2. Are you acquainted with James M. Bell?  
Yes
3. Where does he reside, and how long and since when has he been a resident of this State?  
Hutton Co. Ga. in State since 1898
4. When, where and in what company and regiment did he enlist, and how do you know?  
May 1862 - Fayette Co. Va. Co. & 36 Regt.
5. Were you a member of the same company and regiment?  
Yes in same regiment
6. How long did he perform regular military duty?  
only 3 years - wounded at
7. When and where was his command surrendered?  
June 1865 - Brunsburg Mo.
8. Were you present when it surrendered?  
No - was a private
9. Was applicant present?  
No - at home on Fullough - wounded
10. If he was not present, where was he?  
at home - wounded
- When did he leave his command?  
1864 For what cause?  
wounded
- By what authority he left?  
Fullough's certificate
- How do you know all of this?  
James M. Bell - Fullough - call all the times - was near him & he was made to suffer
11. What property, effects or income has the applicant? (Give your means of knowledge.)  
sufficient to return to his command
12. What property, effects or income did the applicant possess in 1898, 1897, 1898, 1899, 1900 and 1901, and what disposition, if any, did he make of same?  
Wm. Tolson of Hutton Co. Ga. answers as follows - to 1898 - none, to 1901 - 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?  
works a little in cotton field - unable to do but little - old - feeble - weak & wounded in right ankle
15. Is the applicant unable to support himself by labor of any sort, if so, why?  
He is unable to make a support by labor of any sort - old feeble & weak - suffers from lameness in right ankle
16. How was he supported during the years 1898, 1899, 1900 and 1901?  
By his wife & children and little work he can sometimes do
17. What portion of his support for these four years was derived from his own labor or income?  
about \$30
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 infirm - wounded in ankle - I have no interest in this claim
19. What interest have you in the recovery of a pension by this applicant?  
None

State of Arkansas, I certify that W. H. Monroe is a citizen of said County and entitled to be admitted to the office of Clerk of said County.  
this 4th day of July 1903  
W. H. Monroe  
Clerk of said County

45 - certificate here will be in the name

Wm. Tolson  
Ordinary

## STATE OF GEORGIA,

HULLDON COUNTY

Presented before me A. H. B. B. B.  
W. P. Brown

both known to me as reputable physicians

and I certify that they have examined carefully

A. H. B. B. applicant for pension under Section 1254, Code, and after  
 each physician has sworn to say that his precise physical condition is as follows:

That he is suffering from the  
 effects of an old cold in the <sup>upper</sup> ~~throat~~ causing  
 hoarseness of voice. He is suffering from  
 chronic catarrh of the old and thick at  
 the base, his condition is permanent, and  
 he is unable to perform any kind of any calling  
 and that we have no interest in his pension being allowed.

and I certify that he is not a pauper

John R. Williams

## ORDINARY'S CERTIFICATE.

## STATE OF GEORGIA,

HULLDON COUNTY

I, the undersigned, 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 1890.

and that the witnesses are

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  
 of office, and that the full text of the affidavit was read to the applicant and witness before same was signed.

I further certify that the tax digest of County show that applicant  
 returned for taxation in his name in 1890.

of property, and in 1899, Dollars of property.

In my opinion, the foregoing claims made in good faith.

Witness my hand and seal of office, this day of 1902.

Ordinary,  
 of County

## NOTE.

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

Additional affidavits may be attached if blank spaces are insufficient.

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,

HULLDON County.

James M. Ridd I, 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)

James M. Ridd

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

Over 60 years

3. When and where were you born? Dec 1840 - Forsyth County Ga

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

May 1862

5. How long did you remain in such company and regiment? until 1864

from 1862 to 1864

6. When and where was your company and regiment surrendered and discharged?

St. Louis, Mo. 1864

7. Were you present with your company and regiment when it was surrendered?

8. If not present, state specifically and clearly where you were when you left your command, for what cause  
 and by whose authority? Was at home on 1864

9. How much can you earn (gross) per annum by your own exertions or labor? not over 40

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, "infirmary and poverty," or third, "blindness and poverty?" 2nd

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

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

It has been 6 years since I lost my sight

to have a support - old - blind - have been

since 1864

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

14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900 and 1901,  
 and what disposition, if any, by sale or gift, have you made of same? None

None

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

Hulldon - no taxes

16. How were you supported during the years 1899, 1900 and 1901? by wife & 2 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. - about \$40

18. What was your employment during 1898, 1899 and 1901? What pay did you receive in each year?

Had none - worked a little in cotton mill

19. Have you a family? If so, who composes such family? Give their means of support? Have they a  
 homestead? Wife & 2 children

work in factory

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? Yes

22. How many applications have you ever made and under what class? one - under 1st class

of 1st class

Sworn to and subscribed before me this 3rd day of July 1902.

John R. Williams Ordinary,

of Hulldon County.

James M. Ridd Applicant.

Every question must be answered.

any living

# POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

I

hereby authorize

of

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

at

by

WITNESS my hand and seal, this

day of

1904.

Executed in the presence of

[L. S.]

*Redd, J. M.*  
*Fulton County*

2008 SECTION 184

(FOR THOSE ALREADY ENROLLED.)

No. 573

INDIGENT

SOLDIER'S PENSION

1904.

Name *J. M. Redd*

County *Fulton*

Co. *E* 1st Regiment *4th M*

WARRANT ISSUED

*Feb* - 1904

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

*Redd*  
John W. Lindsey, State Printer, Atlanta.

*no date*

STATE OF GEORGIA

FOR THE PURPOSE OF RECEIVING THE PENSION ALLOWED



FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

~~Fulton~~ County.

Personally appears

*J M Redd*

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* 18*40*; 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 *Ga*) during the war between the States, and served for the term of *2 yrs* in Company *E*, of *36*th Regiment of *Ga*; that his physical condition is as follows: *Age and infirmity*

that his property consists of the following items

of the value of *5* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of ~~Fulton~~ County been allowed a pension for the year 1

Sworn to and subscribed before me, this the

day of *JAN 20* 1904.

Ordinary.

STATE OF GEORGIA,

~~Fulton~~ County.

I, *John R. Wilkinson*

Ordinary of said County,

do certify that I am well acquainted with *J M Redd* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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*



Ordinary

*John R. Wilkinson*

~~Fulton~~ County.

NOTE.—The blank spaces must be filled.

NOTE.—An 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

1907.

[L. S.]

Executed in the presence of

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I,

hereby authorize

of

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

at

by

WITNESS my hand and seal, this

day of

1906.

[L. S.]

Executed in the presence of

(FOR THOSE ALREADY ENROLLED.)

No. 187

INDIGENT

SOLDIER'S PENSION  
1905.

Name *J. M. Read*

County *Fulton*

Co. *A* Regiment *36th Reg.*

WARRANT ISSUED

*4/18* 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*c 4/18*

THE PRINTER IN PRINTING AND PUBLISHING CO., ATLANTA, GA.

*no date*

(FOR THOSE ALREADY ENROLLED.)

No. 423

INDIGENT

SOLDIER'S PENSION  
1906.

Name *J. M. Read*

County *Fulton*

Co. *C* Regiment *36th Reg.*

WARRANT ISSUED

*4/2* 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*c 4/2*

THE PRINTER IN PRINTING AND PUBLISHING CO., ATLANTA, GA.

*no date*

# STATE OF GEORGIA,

Fulton County.

Personally appears J. M. Redd 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 2 yrs in Company B, of 36th Regiment of La.; that his physical condition is as follows: Infirmity, poverty and Age.

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 1905.

Ordinary \_\_\_\_\_

# STATE OF GEORGIA,

Fulton County.

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

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

Ordinary Fulton County.

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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

## State of Georgia,

Fulton County.

Personally appears J. M. Redd 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 61 years old and by occupation a \_\_\_\_\_, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 2 yrs in Company B, of 36th Regiment of La.; that his physical condition is as follows: Infirmity, poverty and Age.

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the \_\_\_\_\_ day of JAN 1 1906.

Ordinary \_\_\_\_\_

## State of Georgia,

Fulton County.

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

Given under my official signature and seal, this JAN 1 1906, day of \_\_\_\_\_ 1906.

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

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

# POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

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

WITNESS my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1907.

[L. S.]

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

*Redd, J. M.  
Fullon Co.*

Good Georgia 1861.  
(FOR THOSE ALREADY ENROLLED)

No. 486

INDIGENT  
SOLDIER'S PENSION  
1907.

Name

*W. Redd*

County

*Fulton*

Co.

Regiment

WARRANT ISSUED

*4/2* 1907

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

*[Signature]*  
Gen. W. Lindsey, State House, Augusta.

*see date*

FOR AFFIDAVITS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton County.

Personally appears J. M. Read of Con-

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        1882; 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 Georgia) during the war between the States, and served for the term of 2 yrs in Company 6, of 16th Regiment of Inf; that his physical condition is as follows: Infirmary Poverty & Age

that his property consists of the following items:       

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

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

Sworn to and subscribed before me, this 1st day of Jan 1907.

J. P. M. Ordinary.

State of Georgia,

Fulton County.

I, J. P. M. Ordinary of said County.

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

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

J. P. M. Ordinary Fulton County.



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

George Hutton County  
I certify that the contents  
of the following records are  
said County and worthy  
to be believed -

This 24<sup>th</sup> July 1903.

John R. Wilkinson  
Ordinary

State of Arkansas, 3

County of Scott 3

I Thos M Duncan, Clerk Circuit Court, Re  
Ex officio County Clerk of Scott County, Arkansas,  
hereby certify that H. N. Smith whose genu-  
ine signature appears signed to the  
above and foregoing authentic attached  
certificate or final as County Judge and  
Judge Probate is, and was at the time  
of signing same duly elected, commis-  
sioned, qualified and acting County Probate  
Judge of Scott County, Arkansas, and that  
afore. Official acts as such are en-  
titled to full faith and credit.

In testimony whereof, I have here-  
unto set my hand and official seal  
Office of Seal, at Madison, Ark.  
on this 4th day of February, 1903  
Thos M Duncan, Clerk.

State of Georgia } Personally came before  
County } me N E Reeves who

being duly sworn says  
on oath that she is a resident  
and citizen of said County and  
that she is 60 years of age and  
personally well acquainted with  
J. M. Kidd of Tulton County Ga.

2<sup>nd</sup> That she remembers he enlisted  
in the Confederate Service in the  
Spring of 1862. and remained  
in Service to about Sept 1864  
when he was wounded in the  
battle at Gettysburg Pa through  
the leg just above the right ankle

3<sup>rd</sup> He was then discharged and  
went home and was never  
able to return to his Command  
again before the war ended.

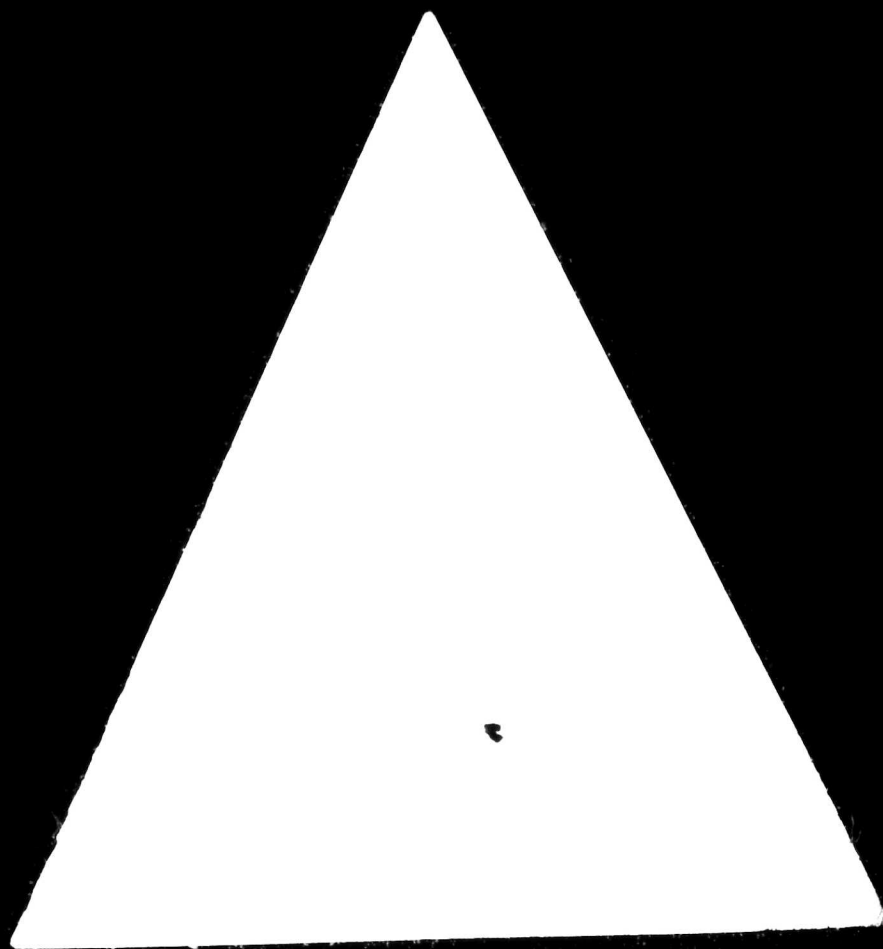
4<sup>th</sup> He still suffers from the effects of  
said wound - is old and infirm  
and unable to make a support at  
any kind of labor or calling

Sworn to & Subscribed before  
me this 15 day of May 1903 } N E Reeves  
N E Reeves  
Tulton Co Ga



Georgia  
Milton County I, H. J. Seale Clerk  
do hereby certify that V. E. Reeves is a  
resident and bonafide citizen of said  
County. And that her statements are  
worthy of full faith and credit.  
Given under my hand and seal of  
Office at Alpharetta Ga.  
This May 15 1903. H. J. Seale  
Clerk Milton County

J. M. Redd  
Affiant  
by  
W. E. Butler



# Ordinary's Certificate

STATE OF GEORGIA,

*Wilton*

COUNTY

I, *W. H. Lindsey*

Ordinary of said County, do certify

that I know *Mrs. Lucy Redd* 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 1900, that I also know *John T. Lindsey*

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 this Ordinary's Certificate and that they both are truthful, trust-

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

Sworn under my hand and official seal of office this *14* day of *April* 19*19*

(SEAL)

Ordinary,

County

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness to the following words: "You shall give all by the truth. So help you God." 2. Additional affidavits may be attached if blank space are insufficient. 3. Only widows who married prior to January 1st, 1881, are entitled. 4. Affidavits must be made before the Ordinary of the residence of the person to be sworn and verified by said Ordinary. 5. Attach certified copies of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.

## Widow's Pension

Under Act 1910—as Amended by Act of 1910.

County *Wilton*

Name *Mrs. Lucy Redd*

Widow of *Thomas Redd*

Company *"E"*

Regiment *Cherokee Legion*

Approved \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

*E R O*  
*1914*

*10-31-1919*

*Redd's family*  
*Wilton County*

COUNTY.

I, Fuller Ordinary of said County, do certify that I know Mrs. Lucy Redd 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 Jas. Lindsay 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 22 day of Oct 1919

(SEAL)

Ordinary,

County.

NOTES: 1 Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."  
2 Additional affidavits may be attached if blank spaces are insufficient.  
3 Only widows who married prior to January 1st, 1881, are entitled.  
4 All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.  
5 Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

## Widow's Pension

Under Act 1010—as Amended by Act of 1919.

County Fulton  
Name Mrs. Lucy Redd  
Widow of Thomas Redd  
Company "B"  
Regiment Cherokee Legion  
Approved \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions  
Bldg. Printing Co., State Printing, Albany.

ERD  
1919  
10-31-1919

## As Amended by Act of 1919

## Questions for Applicant

STATE OF GEORGIA,

Fulton

COUNTY.

Personally before me comes Mrs. Lucy Redd 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. Lucy Redd, Rt. 5, Atlanta, Box 243  
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? Aug. 15, 1878, Foreyth Co., GA, to Thomas Redd

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.) Sept. 1863 Canton, GA, Co. "B", Cherokee Legion, State Troops, Inf.

5 When and where did the commands of your husband surrender or discharge from the army? Rome, Ga., March 1864

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?

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? Oct. 3, 1893, Cumming, GA

k. Were you residing together when he died? Yes

l. If not, how long had you resided apart? Never resided apart

m. Are you now a widow? Yes

9. Have you or your husband heretofore been paid a pension by the State? No

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

Never applied

Sworn to and subscribed before me this the

24 day of Oct 1919

Charles M. Murrell Ordinary

of Fulton County.

(SEAL)

Mrs. Lucy Redd

## STATE OF GEORGIA,

Fulton COUNTY.

Personally before me comes J. M. Lindsay 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. M. Lindsay, Norcross, Ga.
2. How long and since when have you known Mrs. Lucy Redd applicant? Over forty-five years
3. How long and since when has she continuously resided in this State? (Give date.) Lived in Ga. ever since I have known her
4. When and to whom was she married? Thos. Redd How do you know?
5. How long and since when did you know Thos. Redd her husband? All my life
6. When and where did Thos. Redd the husband of applicant, die? Oct. 3, 1893, Cumming, Ga.
7. Were the applicant and her husband living together as husband and wife at the date of his death? Yes and is now his lawful widow
8. If not, how long did they live apart before his death? Never resided apart
9. When, where and in what Company and Regiment did Thos. Redd enlist? Sep. 1863, Canton Ga., Co. "B", Cherokee Legion, State Troops, Inf.
10. Were you a member of the same Company? Yes
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? About seven months from enlistment to March 1864, when the entire company was discharged at Rome, Ga.
12. When and where did his Command surrender, and was discharged? Rome, Ga., March 1864
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.)  By whose authority did he leave his Command?  And how long was he granted leave?  How do you know all this? I was member of same company and saw him constantly in service from enlistment to discharge in March 1864.
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

8 day of October 1919

Thos. Redd Ordinary  
of Fulton County.  
(SEAL)

J. M. Lindsay  
(4th Corporal)

..... Ordinary }  
of ..... Fulton ..... County. }  
(SEAL)

STATE OF GEORGIA, FORSYTH COUNTY.

Ordinary's Office--so.

I, W. J. Tidwell 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  
of Mr Thomas Ridd

Miss Lucy Terry

with the original record thereof, now remaining in my office, and the same  
is a correct transcript therefrom, and of the whole of such original rec-  
ord. In Testimony Whereof, I have hereunto set my hand and affixed the  
seal of the Court of Ordinary, this 12<sup>th</sup> day of October 1912

W. J. Tidwell  
ORDINARY AND EX-OFFICIO C. C. O.

64. ... to 10.24. 1894  
This is a ...  
acquainted with ...  
Oct. 3<sup>rd</sup> 1892. in Forsyth County Ga  
near Cumming Ga. R. H. ...

No. 487

Marriage



License

State of Georgia

Forsyth County

TO ANY JUDGE, JUSTICE OF THE PEACE, OR MINISTER OF THE GOSPEL.

You are hereby authorized to join  
Thomas Redd and Miss Lucy Lury  
in the Holy State of Matrimony according to the Constitution and  
Laws of this State and for so doing this shall be your License.  
And you are hereby required to return this License to me with your  
Certificate hereon of the fact and date of the Marriage.

Given under my hand and seal this 14<sup>th</sup> day of  
August 1878 W. D. Bentley

(L.S.)  
Ordinary

STATE OF GEORGIA

CERTIFICATE

FORSYTH COUNTY

I Certify that Thomas Redd and Lucy Lury  
were joined in Matrimony by me this 15<sup>th</sup> day of August 1878  
at Winston-Hamilton

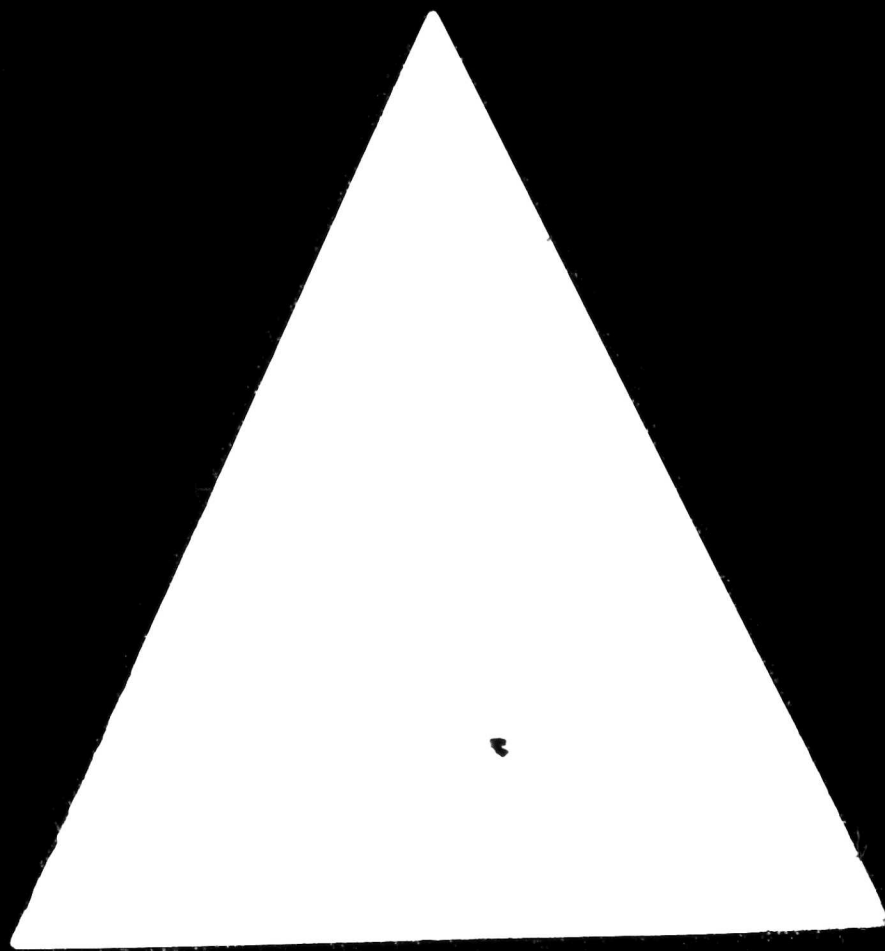
Recorded

19

Ordinary

W. J. Potts M. G.





POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

— of

herely 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

1886.

Executed in presence of

No. 771

**INDIGENT PENSION**  
1895.

Name *Phillip P. Reed*  
*#452 E Fair St.*

County *Fulton*

Ground

*1 July* 1886  
RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

*aptt*

Geo. W. Harrison, State Printer, Atlanta.

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

Witness my hand and seal this

day of

1896.

Executed in presence of

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) *Philip P. Reed Fair Street Atlanta Fulton County Ga*
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? *At same stated place*
3. When and where were you born? *In Jasper County Ga Sept 16 1829*
4. Did you volunteer in the Confederate Army or in the Georgia Militia? *Confederate Army*
5. When and where did you enlist? *In Atlanta Ga January 1862*
6. In what company and regiment did you enlist? *Co A 1st Battalion Alabama*
7. How long did you remain in that company and regiment? *Close of the war*
8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer?
9. For how long a period did you discharge regular military duty? *Three years & 4 months*
10. When, where and under what circumstances were you discharged from service?

11. What is your present occupation? *Carpenter by trade*
12. How much can you earn per annum by your own exertions or labor? *Nothing*
13. What has been your occupation since 1865? *Carpenter*
14. What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or income? *Sixty dollars is about what I need*
15. What is your present physical condition and how long have you been in such condition? *Very old & decrepit, Rickets, Piles, Bores, Syphilis and general Debility*
16. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second "infirmity and poverty" or third "blindness and poverty"? *First & second*
17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight? *8 years*

18. What property, effects or income do you possess? *None Dollars worth*
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? *None*

20. In what County did you reside during those years and what property did you then return for taxation? *In Fulton County - Made no return*
21. How were you supported during the years 1893 and 1894? *Supported by my wife*
22. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? *I don't know, Contributed nothing*
23. What was your employment during 1893 and 1894? What pay did you receive in each year? *Had no employment, unable to work for past 8 years*
24. Are you married and have you a family? If so, is your wife living and how many children have you? Give age and sex of children and their means of support? *His wife living, and three married children who living & supporting*

INDIGENT PENSION

1895.

Name *Philip P. Reed*  
#452 E. Fair St.

County *Fulton*

Ground

1896

RICHARD JOHNSON,

Secretary Executive Department

WARRANT HANDED TO

*apt*

Geo. W. Thompson, State Printer, Atlanta

Sworn to and subscribed before me this the

28<sup>th</sup> day of March 1895.  
W. L. Caldwell  
Ordinary  
of Fulton County.

Philip P. Reed  
Applicant.  
Fulton County.

### QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Fulton County.

William McConnell of said State and County, having been presented as a witness in support of the application of Philip P. Reed for pension under the Act approved December 15th, 1894, and after being duly sworn, true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? William McConnell  
192 Chestnut Street Atlanta Ga
2. Are you acquainted with Philip P. Reed, the applicant, if so how long have you known him? Yes, 40 years
3. Where does he reside, and how long has he been a resident of this State? In Atlanta Ga Every Since I can Remember
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? Yes, He was a Member of My Company
5. When, where and in what company and regiment did he enlist? Sep. 1862 Co. A 1st Ga. Cavalry
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? He served from January 1862 to the Surrender
8. What property, effects or income has the applicant? (Give your means of knowledge.) None
9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? None
10. What is the applicant's occupation and physical condition? He is about 75 years old and is infirm, has rupture and other ailments, He is unable to do anything
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is, because of age & infirmities
12. How was he supported during the years 1893 and 1894? I don't know exactly he says, He was unable to support himself during said years
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 is old & infirm, has disease also described and is without means of support
15. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this  
the 28<sup>th</sup> day of March 1895.

W. L. Caldwell  
Ordinary

William McConnell  
Applicant.  
Witness

STATE OF GEORGIA,

Fulton County.

Personally came before me Dr. K. G. Dinnie M.D.

and  
J. E. Collier M.D., both known to me as reputable physicians  
of said county, who being severally sworn, say on oath that they have examined carefully  
Philip P. Reed  
applicant for pension under the Act of 1894, and after  
such personal examination, say that his precise physical condition is as follows:

Very infirm from age 70 years and physical ailments  
(1) Rupture or Hernia in left side between legs enlarged  
being the most troublesome of them and Rheumatism

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

Sworn to and subscribed before me, this  
the 28<sup>th</sup> day of March 1895.  
K. G. Dinnie M.D.  
J. E. Collier M.D.  
W. L. Caldwell  
Ordinary

### ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

I, W. L. Caldwell, Ordinary in and for said County, hereby certify that  
the applicant Philip P. Reed resides in said County, and was a bona  
fide resident of this State on the first day of January, 1894, and that the witnesses, viz: William  
McConnell, K. G. Dinnie & J. E. Collier  
are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Fulton County show that applicant  
returned for taxation in his name in 1893, nothing dollars  
of property, and in 1894, nothing dollars of property.

Witness my hand and seal of office, this 28<sup>th</sup> day of March 1895.

W. L. Caldwell 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."

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1897.

[L. S.]

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

# POWER OF ATTORNEY.

State of Georgia,

County. }

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

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

[L. S.]

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

*Reed P.P.  
Fulton Co.*

AUG 13 1894

(For These Already Enrolled)

No. 86

INDIGENT

Soldier's Pension

1897.

Name *P.P. Reed*  
County *Fulton*

1897.

*Jan 11*

RICHARD JOHNSON,

(Commissioner of Pensions)

WARRANT HANDED TO

*Appt*

SEA. W. HARRISON, STATE PRINTER, ATLANTA.

*No date*

*Reed, Philip A.  
Fulton Co.*

AUG 13 1894

(For These Already Enrolled.)

No. 433

INDIGENT

SOLDIER'S PENSION,

1898.

Name *P.P. Reed*  
County *Fulton*

*1/12*

WARRANT ISSUED

1898.

RICHARD JOHNSON,

(Commissioner of Pensions)

WARRANT HANDED TO

*Appt*

SEA. W. HARRISON, STATE PRINTER, ATLANTA.

*No date*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County.

Personally appears *P.P. Reed* 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 *18* day of *January* 18*—*; that he is *—* 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 years* in Company *A*, of *—* th Regiment of *1st Battalion (Cannon)*; that his physical condition is as follows: *Terminal General Debility*

that his property consists of the following items

*Nothing*

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 1897. I have heretofore as a resident of *Fulton* county been allowed a pension for the year 1896.

Sworn to and subscribed before me, this, the

*11th* day of *January* 1897.

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

Given under my official signature and seal, this *11th* day of *January* 1897.



*W.H. Hulsey* Ordinary *Fulton* County.

NOTE.—The blank spaces must be filled.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County.

Personally appears *P.P. Reed* 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 *18* day of *January* 18*—*; that he is *28* 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 years* in Company *A*, of *—* th Regiment of *1st Battalion (Cannon)*; that his physical condition is as follows: *Terminal 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

*12th* day of *January* 1898.

*Philip P. Reed* Ordinary.

State of Georgia,

*Fulton* County.

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



*W.H. Hulsey* Ordinary *Fulton* County.

NOTE.—The blank spaces must be filled.

# 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

(I. S.)

CODE 980 1264.

(For Those Already Enrolled)

No. 565

INDIGENT

SOLDIER'S PENSION,

1899.

Name, P. P. Reed

County, FULTON

WARRANT ISSUED

1899

RICHARD JOHNSON,

Commissioner of Pensions

WARRANT LANDED TO

Appch

Geo. W. HARTSHORN, State Printer, ALBANY

W. L. L. L.

Chas. C. G. Fulton County

CODE 980 1264.

(For Those Already Enrolled)

No. 551

INDIGENT

SOLDIER'S PENSION.

1901.

Name, P. P. Reed

County, FULTON

WARRANT ISSUED

1901.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT LANDED TO

Appch

Geo. W. HARTSHORN, State Printer, ALBANY

W. L. L. L.

# 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.

Executed in presence of

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

FULTON County.

Personally appears P. P. Reed of FULTON

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 1st day of June 1879; that he is 79 years old and by occupation a Carpenter; 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 for the term of 3 years in Company A, of 1st Regiment of Vol. Inf.; that his physical condition is as follows:

Severely 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 April, 1899.

J. J. H. H. H. Ordinary.

State of Georgia,

FULTON County.

I, W. H. HULSEY, Ordinary of said County,

do certify that I am well acquainted with P. P. Reed the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 April, 1899.



J. J. H. H. H. 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 P. P. Reed of Fulton

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State and has resided in said State continuously ever since the 1st day of June 1879; that he is 79 years old and by occupation a Carpenter; 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 for the term of 3 years in Company A, of 1st Regiment of Vol. Inf.; that his physical condition is as follows:

Severely 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 14 day of April, 1901.

J. J. H. H. H. Ordinary.

STATE OF GEORGIA,

Fulton County.

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

do certify that I am well acquainted with P. P. Reed the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 April, 1901.



J. J. H. H. H. 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 \_\_\_\_\_ 1900.

[L. S.]

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

*Recd. O. P. Reed  
Fulton County*

CODE SEC. 1354.  
(For Those Already Enrolled.)

NO. *9320*

INDIGENT

SOLDIER'S PENSION,

1900.

Name *P. P. Reed*

County FULTON

WARRANT ISSUED

*Jan 16* 1900.

JOHN. W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

*Wm*

Geo. W. Lindsey, State Printer, Atlanta.

*No later*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
FULTON

County.

Personally appears P. P. Reed of FULTON

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 1st day of April 1880; that he is 80 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 A, of 1st Regiment of Artillery; that his physical condition is as follows:

He is a 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 Jan 1900. P. P. Reed Ordinary.

State of Georgia,  
FULTON

County.

I, W. H. HULSEY, Ordinary of said County,

do certify that I am well acquainted with P. P. Reed the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jan 1900.



Ordinary FULTON County.

NOTE.—The blank spaces must be filled.

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Bullock* County }

*P. P. Reed* hereby authorize  
*M. S. Holland* of *Atlanta Ga*

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

by \_\_\_\_\_  
 Witness my hand and seal, this *13* day of *January* 1902.  
*P. P. Reed* [L. S.]  
*Wm. S. Holland*

Executed in presence of

*Wm. S. Holland*  
*Ordinary*

*Reed, P. P.*  
*or Fulton Co*  
*Reid*

CODE SECTION 124.  
 ( FOR THOSE ALREADY ENROLLED )

No. *379*

INDIGENT  
 SOLDIER'S PENSION  
 1902.

Name *P. P. Reed*  
 County \_\_\_\_\_  
 Co *Bat* Regiment *1st*  
 Warrant Issued *4/14* 1902.

JOHN W. LINDSEY,  
 Commissioner of Pensions.

WARRANT HANDED TO *Wm. S. Holland*

*Wm. S. Holland*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.)

Personally appears

P. P. Reed

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 Birth 18... that he is ... years old and

by occupation a ... that he enlisted in the military service of the Con-

federate States (or of the State of ... ) during the war between the

States, and served for the term of 3 yrs in Company A, of 1st Regiment

of ... that his physical condition is as

follows:

*Chronic spinal debility*

that his property consists of the following items

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of

county been allowed a pension for the year 1901

Sworn to and subscribed before me, this the

day of Jan 1st 1902.

*John R. Wilkinson*

Ordinary.

STATE OF GEORGIA,

County.

I, *John R. Wilkinson*,

Ordinary of said County,

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

Given under my official signature and seal, this

day of ... 1902

Ordinary

County



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

NAME, Reed, Phillip F.

WHEN AND WHERE BORN? In Jasper Co. September 16th. 1880.

ENLISTED WHEN AND WHERE? Atlanta, Ga. January 1898.

COMPANY AND REGIMENT? Co. A, 1st. Battalion O'Bannere ?

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED,

WHEN AND WHERE SURRENDERED? Close of the war.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

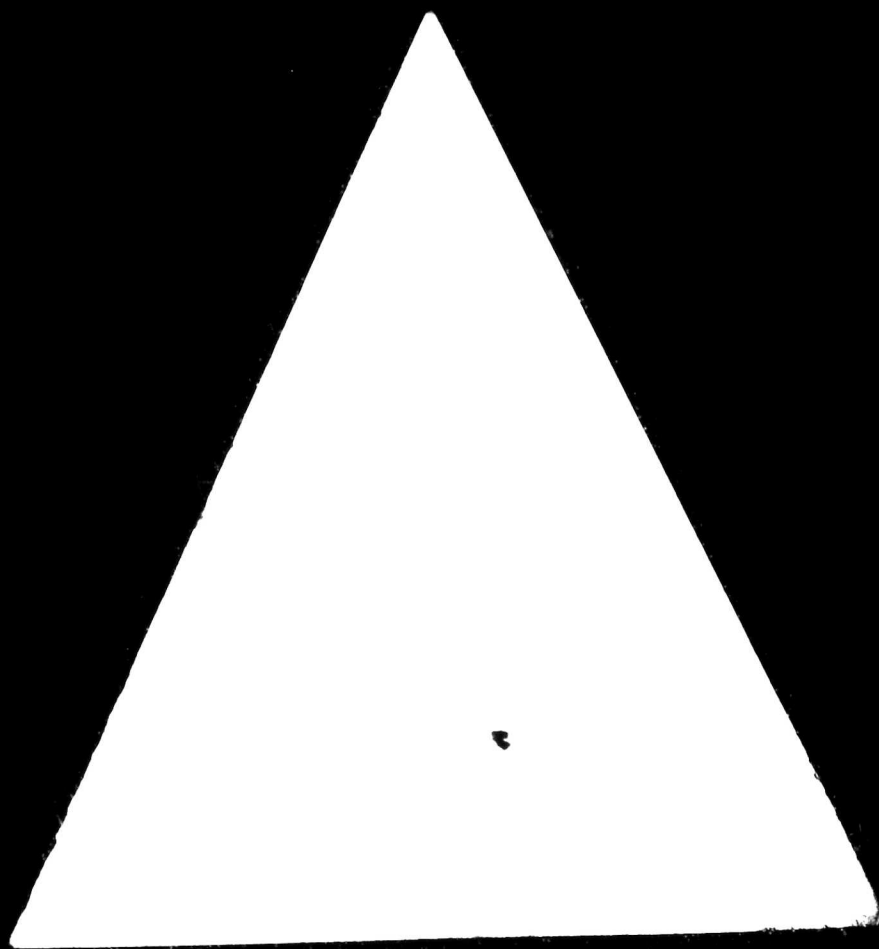
BURIED.

WITNESSES, William Mc Connell. No data.

P.O. 1896

COUNTY. Fulton County

JWT



STATE OF GEORGIA, Fulton County

Personally before me comes Mrs. Ida May Reed, of said County, who after being duly sworn, on oath says that she is the widow of V M Reed who was duly enrolled as Indigent Pensioner from the County of Fulton and was paid a Pension of One Hundred Dollars from Fulton County for 1922, and that the said V M Reed died in Fulton County on the 14 day of Jan, 1923, and at the time of his death a Pension of \$1.00 was due him from Fulton County and unpaid for 1923. Applicant further swears that she married the said V M Reed on the 4 day of May 1921, in Pack 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 23 day of Feb 1923, 1923.  
Arthur R. Marblece, Ordinary. Ida May Reed (L. S.)  
Fulton County. Chattahoochee Ga  
(SEAL.)

AFFIDAVIT OF WITNESS

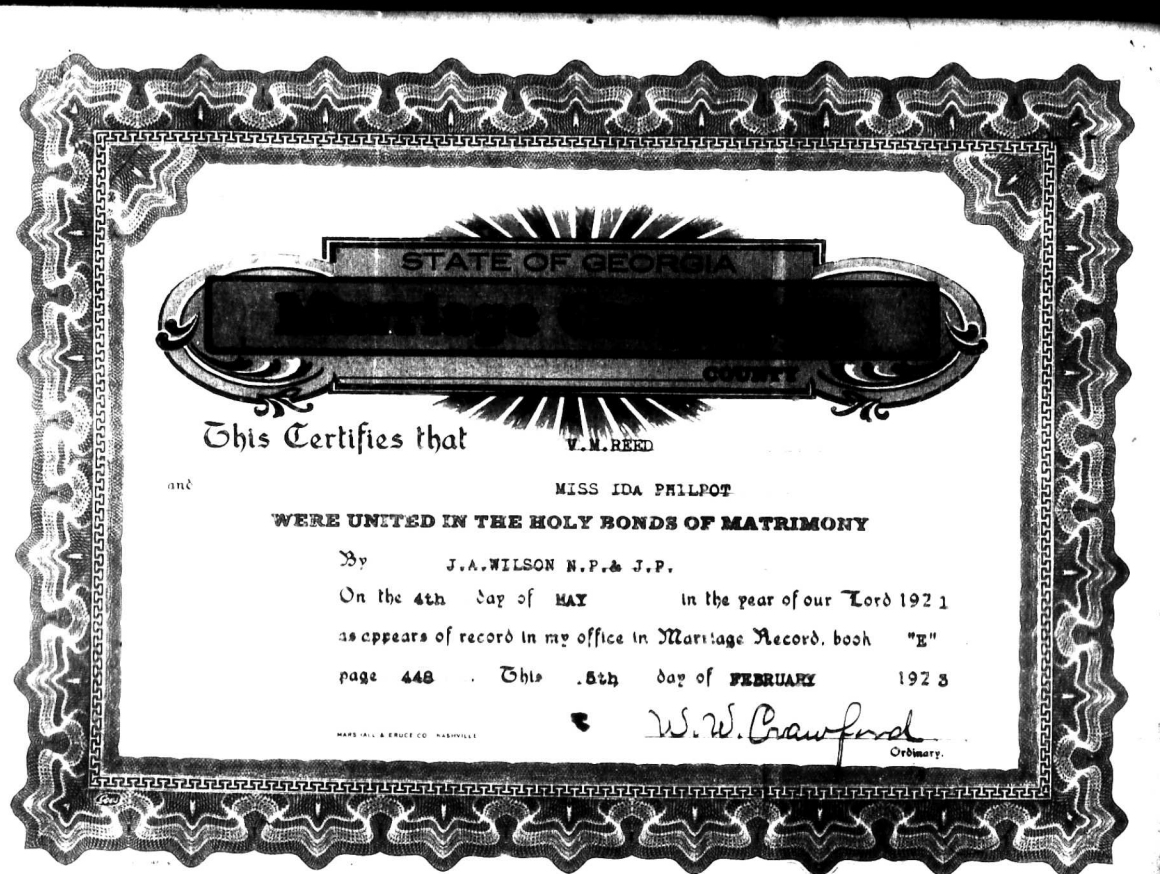
STATE OF GEORGIA, Fulton County

Personally before me comes H. W. Freeman, who on oath says that he knew V M Reed while in life and that he knows Mrs. Ida May Reed, the above applicant; that he knows that the said V M Reed and Ida May Reed were in due form of law married in the County of Fulton in the State of Georgia on the 4 day of May, 1921, and that they were residing together as husband and wife at the time of his death on the 14 day of Jan, 1923 and I know that she is his dependent widow.

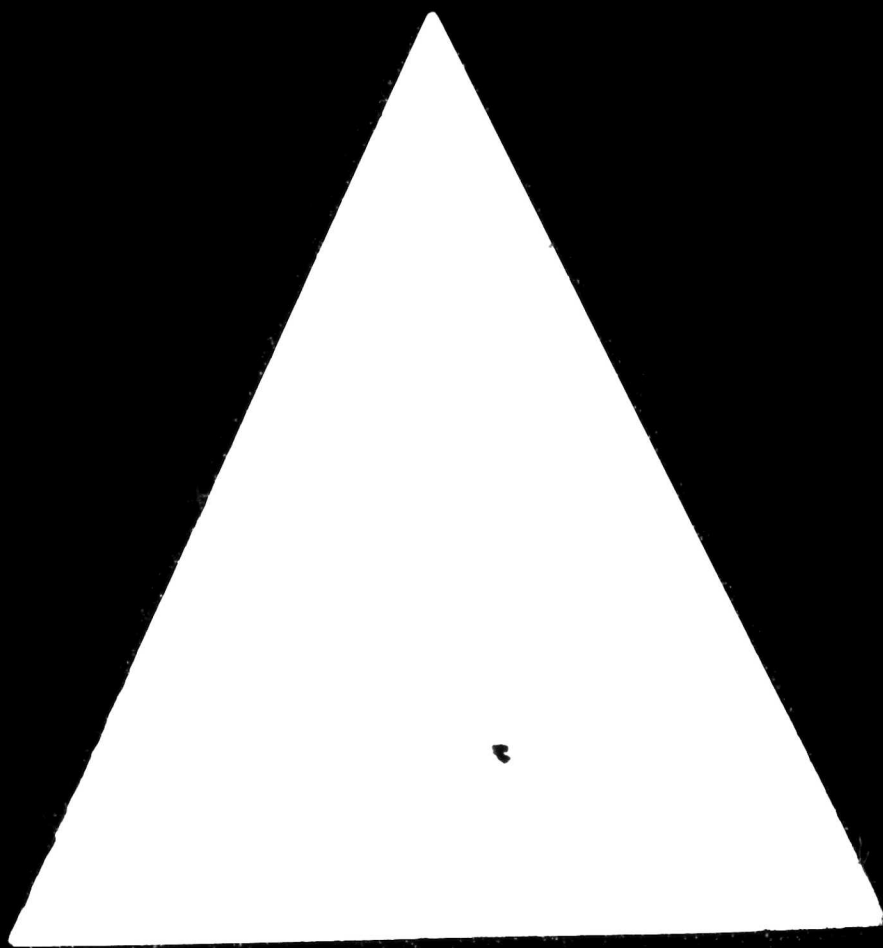
Sworn to and subscribed before me this 23 day of Feb 1923, 1923.  
Arthur R. Marblece, Ordinary. H W Freeman  
Fulton County.  
(SEAL.)

INSTRUCTIONS:  
1st. This form can be used by guardian, or minor children, where there is no widow.  
2nd. The Ordinary must, in all cases, send certificate of marriage attached hereto, if marriage is not proven by witness.  
3rd. Avoid the use of the enormously large form of marriage certificate in common vogue throughout this State, suitable only for framing. Such a certificate is entirely too bulky for use in any sort of pension paper.  
4th. This form is for widows of disabled soldiers who died after October 30th, and for widows and dependent children of service soldiers who died after November 1st.  
5th. The Ordinary should examine the blank carefully and see that it is fully and correctly completed, and the seals affixed, and that the form is folded and returned to the Pension Office.  
6th. Pay out no money on this application until it is approved in the Pension Office, and returned to you as your authority to make the payment.  
7th. Return this application with your final settlement to the Pension Office.  
8th. The widow signs pay-roll for the pension of her husband, signing her name opposite his name thereon.  
9th. The pension for each year must be in a separate and distinct transaction and must be so treated. If widow of a "new" pensioner, who was due 1900 and 1901 pensions, she must make two yellow applications—one for each year. Attach a separate marriage license to each yellow blank.

authority to make the payment.  
10. Return this application with your final settlement to the Pension Office.  
11. The yellow stamp pay-roll for the pension of her husband, showing her name opposite his name thereon.  
12. The amount for and the fee can be covered by one voucher. Each year's pension is a separate and distinct transaction and must be so treated. If widow of a "new" pensioner, who was due 1922 and 1923 pensions, she must make two yellow applications—one for each year. Attach a separate marriage license to each yellow blank.







STATE OF GEORGIA

County

*Deane Pittsford*

(Mayor of said county, do certify

that I personally know

*Caroline Redden* the applicant, and that she

is the lawful widow of

*W. L. Redden* and was on

the

*Pension Roll* of said *Pickens* county, and was paid

a Pension from

*Pickens* county for 1920, and at the time

of his death on the

*15th* day of *March* 1921, there was due to

him and unpaid his Pension of

*One hundred fifty Dollars* from the State

of Georgia, and I know

*H. E. Redden* the within

witness, and he is of a truthful and trustworthy character and enabled to fill correct

given under my hand and seal this *30th* of *April* 1921

STATE

*Caroline Pittsford*  
Secretary

(County

*Redden W. G.*  
*Fulton County*

1921

Application for Pension Due  
Deceased Soldier

UNDER ACT 1891

(To be paid his Widow or Dependent Child)

*Mrs. Caroline Redden*

Widow of *W. L. Redden*

of *Pickens* County

Co. *"D" 24th Ga* Regt.

Date of Death *March 19th* 1921

Approved and ordered paid,

*May 3rd 1921*

J. W. LINDSEY,  
Commissioner of Pensions

Commissioner should fill out the above in full.

Printed by Co. Atlanta, Ga.

*Pay only 1921*

GEORGIA

County

I, hereby authorize and constitute

of said county, my

lawful attorney to collect and receipt for me all my name, for the Pension due me for 1921, through my de-

ceased husband.

Pension Roll and paid from

Witness my hand this

day of

1920

Attested before me

STATE OF GEORGIA, Pickens County

I, Ellis Whitfield, Ordinary of said county, do certify that I personally know Emeline Redden, the applicant, and that she is the lawful widow of W. C. Redden, and was on the State Pension Roll of said Pickens county, and was paid a Pension from Pickens county for 1920, and at the time of his death on the 18th day of March, 1920, there was due to him and unpaid his Pension of One hundred fifteen Dollars from the State of Georgia, and I know H. E. Deaton, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 30th day of April, 1920

SEAL

Ellis Whitfield, Ordinary,  
Pickens County

Redden, W. C.  
Fulton County

1920

Application for Pension Due  
Decedent Soldier

INDENT ACT 1891

To be paid the Widow or Dependent Child of

W. C. Redden

W. C. Redden

Pickens County

March 18th 1920

May 30th 1920

May 30th 1920

May 30th 1920

May 30th 1920

May 30th 1920

May 30th 1920

May 30th 1920

GEORGIA, \_\_\_\_\_ County.

I hereby authorize and constitute \_\_\_\_\_ of said county, my lawful attorney to collect, and receipt for me in my name, for the Pension due me for 191\_\_\_\_ through my deceased husband, \_\_\_\_\_ who was on \_\_\_\_\_ Pension Roll and paid from \_\_\_\_\_ County for 191\_\_\_\_.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, 1920.

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, Pickens County

Personally before me comes Mrs. Emeline Redden of said county, who after being duly sworn, on oath says that she is the widow of W. C. Redden who was duly enrolled as a Disabled Pensioner from the county of Pickens and was paid a Pension of ninety (\$90.00) Dollars from Pickens county for 1922, and that the said W. C. Redden died in Pickens county on the 18<sup>th</sup> day of March, 1921, and at the time of his death a Pension of \$115.00 was due him from Pickens county and unpaid for 1922. Applicant further swears that she married the said W. C. Redden on the 29<sup>th</sup> day of October, 1903, in Town 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 the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 30<sup>th</sup> day of April, 1922.

Edw. Whitfield Ordinary  
Pickens County.  
(SEAL.)

Emeline Redden (S.)  
Wife

## AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Pickens County

Personally before me comes A. C. Buchanan, who on oath says that he knew W. C. Redden while in life and that he knows Mrs. Emeline Redden the above applicant; that he knows that the said W. C. Redden and Emeline Redden were in due form of law married in the county of Town in the State of Georgia on the 29<sup>th</sup> day of October, 1903, and that they resided together as husband and wife from date of marriage to the day of his death on the 18<sup>th</sup> day of March, 1921, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 30<sup>th</sup> day of April, 1922.

Edw. Whitfield Ordinary  
Pickens County.  
(SEAL.)

A. C. Buchanan  
Witness

Note 1st—This form can be used by guardian or minor children where there is no widow.  
2d—This form is for widows of deceased soldiers who died after October 9th, and for widows and dependent children of soldiers who died before that date. It must be filled out by the applicant, and the county clerk must certify that it is fully and correctly completed, and the seals affixed.  
3d—This form is to be used in cases where the soldier died before October 9th, and the widow or dependent children are not entitled to a pension under the act of October 9th, 1891.  
4th—When this application is made, the applicant must also file a statement as to the Pension Office.

(SEAL)

Note 1st—This form can be used by guardian or orphan children where there is no widow.  
2nd—Primary must send to all other children of marriage attached herein, if marriage is not proven by witness.  
3rd—Form is for widows of deceased persons who died after October 24th and for widows and dependent children of  
deceased persons who died after January 1st.  
and that the facts stated herein are true and that it is fully and correctly completed, and the seals affixed,  
the fee and no money on the application and it is approved in the Pension Office.  
Therefore, this application will come first, settlement by the Pension Office.

REDDICK, MARY REEVES, (Mrs.)  
FULTON COUNTY.

Approved for  
Dec. 1941.

Class "B".



### Widow's Application

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

County FULTON

Name REDDICK, MARY REEVES (Mrs.)

Widow of REDDICK, JOHN SMITH,

Date of Marriage Feb. 16, 1904.

Date of Husband's Death Feb. 10, 1906.

Company Naval Ordnance Works Bat-  
alion, North Carolina,  
Regiment

Approved November 26, 1941

*Sylvan Henderson*  
Director.

CONFEDERATE DIVISION  
State Department of Public Welfare

RECEIVED  
CONFEDERATE PENSION & RECORD  
DEPARTMENT,  
NOVEMBER 26, 1941.

### Confederate Pension & Record

Dept.  
406 State Capitol, Atlanta, Ga.  
Nov. 26, 1941.

Records show that John S. Red-  
dick enlisted in 1864 in The  
Naval Ordnance Works Battal-  
ion and was paroled, Charlotte,  
N. C., May 3, 1865.

Original letters, this day re-  
turned to Mrs. Reddick, sub-  
stantiate above statement from  
the War Dept., Washington, D.C.

*Sylvan Henderson*  
Director.

RECEIVED MARY REEVES, (Mrs.)

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 1-14-11 BY 60322 UCBAW

Confederate Pension & Pect.  
406 State Capitol, Atlanta, Ga.  
Nov. 26, 1941.



Records show that John Reddick enlisted in 1864 in the 1st North Carolina Naval Ordnance Works Battalion and was paroled, C. N. C., May 3, 1865. Original letters, this turned to Mrs. Reddick stantiate above, stating the War Dept., Washing

*James H. Woodhall*  
Director

### Widow's Application

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

County: FULTON

Name: REDDICK, MARY REEVES (Mrs.)

Widow of: REDDICK, JOHN SMITH,

Date of Marriage: Feb. 16, 1904.

Date of Husband's Death: Feb. 10, 1926.

Company: Naval Ordnance Works Battalion, North Carolina, Regiment.

Approved: November 26 for Dec. 1, 1941

*James H. Woodhall*  
Director.

CONFEDERATE DIVISION  
State Department of Public Welfare

RECEIVED  
CONFEDERATE PENSION & RECORD  
DEPARTMENT,  
NOVEMBER 26, 1941.

## 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 appeared before me, Mrs. Mary Reeves Reddick 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 follows, to-wit:

#### SECTION I.

1. What is your name, and where do you reside? (Give Post Office and County)  
Mrs. Mary Reeves Reddick, R.F.D. #1 Valmetts, Fulton Co. Ga.
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia?  
July 15, 1919  
Give date, or year, of your birth June 29, 1871 Age: 70
3. (1) When, (2) where and (3) to whom were you married?  
Feb. 16, 1904  
Atlanta, Ga. John Smith Reddick
  - a. Have you married since the death of first and soldier husband? No
  - b. When and where did your soldier husband die? Feb. 10, 1926, High Point, N.C.
  - c. Were you residing together when he died? Yes
  - d. If not, how long had you resided apart? Yes
  - 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, in what county was first pension drawn and what year were you or your husband placed on rolls?

#### SECTION II.

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.

Enlisted in North Carolina in the Naval Battalion Ordnance Works  
in 1864. Surrendered, Charlotte, N.C., May 3, 1865.

2. When and where was the Command of your husband surrendered?  
Charlotte, N.C., May 3, 1865.
3. Was your husband personally present with his Command when it was surrendered?  
Yes.
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? Yes. d. In what way?
6. What was his physical condition when he left his Command?
7. What effort did he make to return to his Command?
8. In what way was he prevented from going back to his Command?
9. Was he captured by the enemy at any time? No
10. If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the

25 day of Nov., 1941

*W. Woodhall*  
Ordinary  
of Fulton County.  
(SEAL OF ORDINARY)

*Mrs. Mary Reeves Reddick*  
Applicant.

STATE OF GEORGIA,

COUNTY.

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

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

Were they divorced? \_\_\_\_\_

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

day of \_\_\_\_\_, 1938

Ordinary

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

(SEAL OF ORDINARY)

Ordinary's Certificate

STATE OF GEORGIA,

Fulton

COUNTY.

I, \_\_\_\_\_ T. H. Jeffries \_\_\_\_\_, Ordinary of said County, do certify that I know \_\_\_\_\_ Mrs. Mary Reeves Reddick \_\_\_\_\_ 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 \_\_\_\_\_ she is \_\_\_\_\_ residents of said County and was \_\_\_\_\_ duly sworn by \_\_\_\_\_ signing the foregoing affidavit, and that \_\_\_\_\_ her statements are entitled to full faith and credit.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 1938.

(SEAL OF ORDINARY)

Ordinary

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 eligible.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be verified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.
6. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
7. Do not take an application from any widow who is already receiving a pension.



Court of Ordinary

FULTON COUNTY  
STATE OF GEORGIA

CERTIFIED COPY OF  
MARRIAGE LICENSE  
AND  
CERTIFICATE OF MARRIAGE  
OF

MR. JOHN SMITH REDDICK  
AND

MISS MARY REEVES

Recorded in Book M Page 117

THOS. H. JEFFRIES,  
Ordinary

CONFEDERATE PENSIONS & RECORDS  
STATE DEPARTMENT OF ~~XXXXXXXXXX~~

~~XXXXXXXXXX~~ 406 STATE CAPITOL

ATLANTA, Georgia

WHEREAS:

Mrs. Mary Reeves Reddick, Class B, widow  
of John Smith Reddick, Fulton County, Georgia,

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 ser-  
vice 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, there-  
fore,

ORDERED:

That said applicant be admitted to the pension  
roll of the State of Georgia for the month of  
December, 1941, and thereafter;  
and that a copy of this order be sent to the  
Ordinary of said County.

This, the 26th day of November 1941.

*William Henderson*  
Director, Confederate ~~XXXXXXXXXX~~  
~~State Department of~~  
~~Records~~

Pension &  
Record Depart-  
ment.

# 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. JOHN SMITH REDDECK

and

MISS MARY REEVES

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 16th day of FEBRUARY 1904

JOHN R. WILLIAMSON L. S.  
Ordinary

I hereby certify that MR. JOHN SMITH REDDECK

and

MISS MARY REEVES

were joined together in the HOLY BANS OF MATRIMONY

on the 16th day of FEB. 1904, by me.

R. L. CAVE, M. D.

State of Georgia,

Fulton County

S. S.

ORDINARY'S OFFICE

ATLANTA, GA., Nov. 26 19 41

I, R. J. Wooddall, 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. JOHN SMITH REDDECK

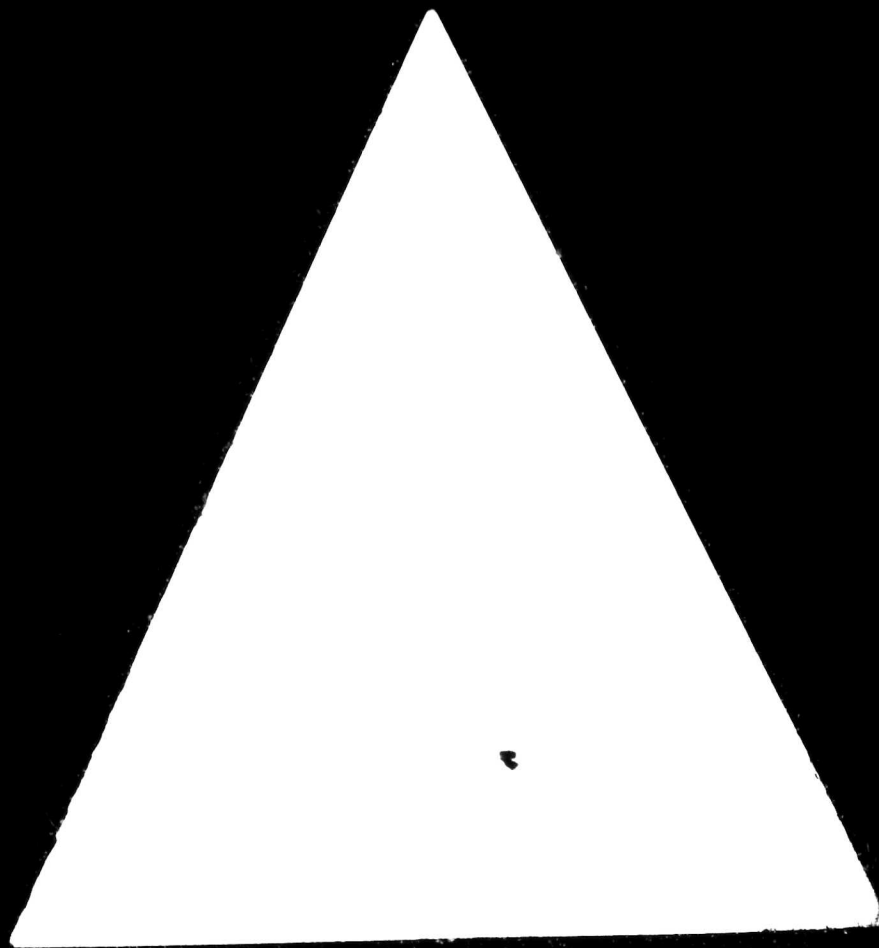
and MISS MARY REEVES

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.

R. J. Wooddall  
Clerk, Court Ordinary





Redding, A.S. (Anderson)  
Fulton County

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

# INDIGENT PENSION. 1903.

Name Anderson S Redding

County Fulton

Co. C 2nd Batt Ga Regt.

Approved \_\_\_\_\_ 1903.

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, Albany.

9/16/03.

## POWER OF ATTORNEY. STATE OF GEORGIA, County, }

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

of \_\_\_\_\_

herby authorize

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

at \_\_\_\_\_

by \_\_\_\_\_

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

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

[L. S.]

STATE OF GEORGIA,

County.

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

of \_\_\_\_\_

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

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

Witness my hand and seal, this \_\_\_\_\_

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

[L. S.]

STATE OF GEORGIA,

County.

I, \_\_\_\_\_ 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). *Andrew S. Redding, East Point, Fulton Co., Georgia*
2. How long and since when have you been a resident of this State? *Since 1880*
3. When and where were you born? *1841, Ogdensburg, N.Y.*
4. When and where and in what company and regiment did you enlist or serve? *1861, 10th Regt. N.Y. Cavalry, 1st Div. 1st Army Corps, U.S. Army*
5. How long did you remain in such company and regiment? *Until discharged in 1864*
6. When and where was your company and regiment surrendered and discharged? *At Appomattox, Va., April 9, 1865*
7. Were you present with your company and regiment when it was surrendered? *Yes*
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? *Left command at Appomattox, Va., April 9, 1865, by authority of the commanding officer*
9. How much can you earn (gross) per annum by your own exertions or labor? *Not more than \$100.00*
10. What has been your occupation since 1865? *Farmer*
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? *Age and poverty*
12. If upon the first ground, state how long you have been in such condition that you could not earn your support; if upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight? *Not applicable*

Every Question MUST be Answered.

13. What property, real and personal, or income, do you possess, and its gross value? *Not more than \$100.00*
14. What property, real or personal, did you possess in 1894, 1896, 1898, 1900, 1901, 1902 and 1903, and what disposition, if any, by sale or gift, have you made of same? *None*
15. In what County did you reside during those years, and what property did you then return for taxation? *Fulton Co., Ga.*
16. How were you supported during the years 1899, 1900, 1901 and 1902? *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? *Not over \$100.00*
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year? *None*
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed? *Yes, wife and two children, no other property*
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? *Yes*
22. How many applications have you ever made and under what class? *One, under class of "age and poverty"*

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 1903.  
*John W. Lindsey* Ordinary.  
*Andrew S. Redding* Applicant.  
 \_\_\_\_\_ County.

INDIGENT PENSION.

1903.

Name *Andrew S. Redding*

County *Fulton*

at *East Point, Ga.*

Approved \_\_\_\_\_ 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 1903.

9/15/03.

## STATE OF GEORGIA,

Fulton COUNTY.

Thos. J. Bazemore of said State and County, having been presented as a witness in support of the application of Anderson S. Redding 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? Thos. J. Bazemore, Kirkwood Ga. by occupation a Minister of the Gospel
2. Are you acquainted with Anderson S. Redding, the applicant; if so, how long have you known him? Since 1861
3. Where does he reside, and how long and since when has he been a resident of this State? Ever since he has lived in Georgia all his life excepting 8 years in Arkansas & Fla.
4. When, where and in what company and regiment did he enlist, and how do you know? 1861 - Maine Co. 2nd Batt. Va. Vol. Wright's Brigade.
5. Were you a member of the same company and regiment? Yes.
6. How long did he perform regular military duty? Four years.
7. When and where was his command surrendered? Appomattox, C. H. April 9th 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? When it surrendered. For what cause? Surrender.  
By what authority he left? Parole from Gen Grant. How do you know all of this?  
Because I was there and one of the best or eight of the original command who surrendered.

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 1896, 1897, 1898, 1899, 1900, 1901 and 1902, 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?

14. What is the applicant's occupation and physical condition? Farmer, his physical work, caused by disease (Chronic Diarrhea) contracted in the service.

15. Is the applicant unable to support himself by labor of any sort, if so, why? About so near I would think, as an invalid or dead man would be, were he to make the trial.

16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? By cash assistance.

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? Chronic Diarrhea - Catarrh of the Stomach, Plea, deafness and general weakness, from long seated disease.

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

He has a wife & four children. Home. Boys 25 26 27 28, each 12.  
They contribute about \$10.00 per week, which is the extent of their ability.

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

Sworn to and subscribed before me, this the

15th day of Sept 1903.

J. R. George

Ordinary.

Witness.

## STATE OF GEORGIA,

Fulton COUNTY.

Personally came before me E. van Gortner and John C. Olmsted, M.D., both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Anderson S. Redding, applicant for pension under Section 1254, Code, and after

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

Valcular Insufficiency, Severe Asthenia - Rheumatism - Internal Hemorrhoids (Bleeding) - Chronic Diarrhea - Progressive deafness. Gradual Wasting.

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

Sworn to and subscribed before me, this the

12th day of Sept 1903.

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 Anderson S. Redding resides in said County, and has been a bona fide resident of this State since the \_\_\_\_\_ day of \_\_\_\_\_ 1887 and that the witnesses, viz.: Thos. J. Bazemore

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 \_\_\_\_\_ Dollars of property, in 1902 \_\_\_\_\_ Dollars of property.

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

Witness my hand and seal of office, this 15th day of Sept 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.

Why is it necessary that Thos. J. Bazemore is a good character and his statement is worthy of full faith and credit?

# 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 \_\_\_\_\_

*Redding, A. S.*  
*Fulton County*  
ORDER SECTION 184  
FOR THOSE ALREADY ENROLLED  
in the State of Georgia  
No. 301

INDIGENT  
SOLDIER'S PENSION  
1904.

Name *A. S. Redding*  
County *Fulton*  
Co. *Co. 1st* Ind. Regiment *1st*

WARRANT ISSUED  
*4/20* 1904

JOHN W. LINDSEY,  
Commissioner of Penitentiaries  
WARRANT HANDED TO  
*4/21/04*

JOHN W. LINDSEY, State Printer, Atlanta

*no data*

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ATTORNEY PENSIONS

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Paulton County.

Personally appears A. S. Redding of

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the \_\_\_\_\_ day of \_\_\_\_\_ 1887; that he is 67 years old and by occupation a \_\_\_\_\_, that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served for the term of \_\_\_\_\_ in Company \_\_\_\_\_ of \_\_\_\_\_ Regiment of \_\_\_\_\_ Later Wright's Brigade, 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 Paulton County been allowed a pension for the year 1 first time

Sworn to and subscribed before me this the \_\_\_\_\_ day of JAN 20 1904 1904. A. S. Redding Ordinary.

STATE OF GEORGIA,  
Paulton County.

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

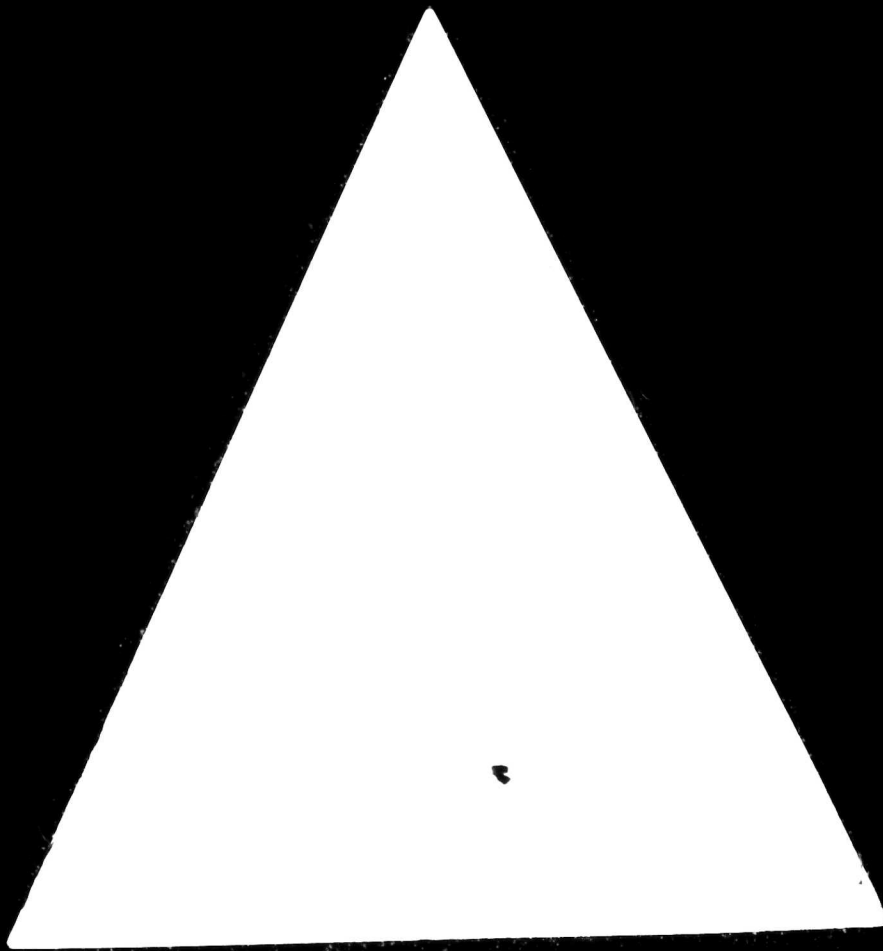
Given under my official signature and seal, this JAN 20 1904 day of \_\_\_\_\_ 1904.



John R. Williamson Ordinary Paulton County.

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





POWER OF ATTORNEY.

STATE OF GEORGIA,

March 9 COUNTY, }  
I, \_\_\_\_\_

\_\_\_\_\_ hereby authorize

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

at \_\_\_\_\_

In Witness Whereof, I have hereunto set my hand and seal, this  
day of \_\_\_\_\_ 1905.

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

[L. S.]

Redding, M. J. Omer  
Fulton County  
To Those Heretofore Paid:  
From Group  
**1905.**

No. 77

**WIDOW'S PENSION,**

For year ending Dec. 31, 1905.

PAID TO  
Mrs. M. J. Redding  
OF  
**Fulton.** County

Widow of L. C. Redding  
Co. A Regiment 41st Cal.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED

4/30 1905.

AND HANDED TO  
[Signature]

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA.

County of Fulton.

PERSONALLY COMES MRS.

Mrs. M. J. Redding

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

C. C. Redding

who was a soldier in Company

E

of the

41

Regiment of

44

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

April

1862, and served in the Army up to

186

That he lost his

life on the

9

day of

Oct

18

(State here

particulars of the husband's death, when, where and from what cause.)

Was wounded at Perryville 189.  
and died the next day from a wound  
received

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 1864.

I have been paid a pension as a resident of Troup County for the year ending December 31, 1904, and now apply for the pension provided by law for the year ending December 31, 1905.

Sworn to and subscribed before me,

this JAN 2 day of JAN, 1905.

Ordinary.

Post-Office

State of Georgia,

Fulton.

County

I, John P. Wilkinson

Ordinary of said County, certify that I am well

acquainted with Mrs. M. J. Redding, 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 JAN, 1864.

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

Official Seal

OF GEORGIA

John P. Wilkinson

Ordinary of

Fulton.

County.

NOTE.—All blank spaces must be filled.  
Voucher and receipt must be filed with this report, 1st, 1905.

Georgia,

County

I, the undersigned do certify that Mrs. M. J. Redding now of the

County Fulton is the same person, who is

entitled to the pension of this county, and drew a pension of 66 dollars

in 1904, and the same is so

Given under my hand and official seal of office January 2 1905

John P. Wilkinson

Official  
F. Seal

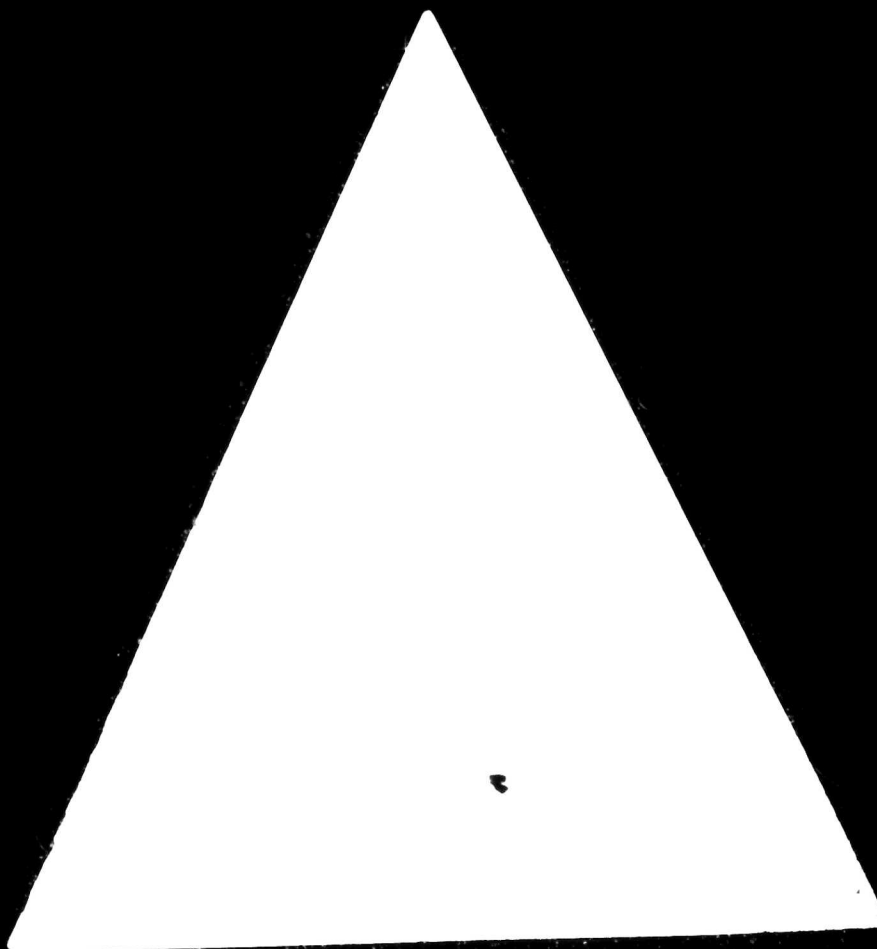
OF GEORGIA

Ordinary of

*John T. Wilkinson*  
Tulton.

County.

NOTE--All blank spaces must be filled.  
Voucher paid *John T. Wilkinson* and *John T. Wilkinson* 1st, 1905.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

hereby authorize

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

by \_\_\_\_\_

at \_\_\_\_\_

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

[L. S.]

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

CODE SEC. 1284.

(For Those Already Enrolled.)

*Reuben Russell*  
*Fulton County*  
No. *535*  
*7* *Cherokee* *1899*  
*Lo Cherokee* *1901*  
**INDIGENT**

**SOLDIER'S PENSION,  
1900.**

Name *Reuben Russell*

County *Fulton*

WARRANT ISSUED

*July 13* 1900.

JOHN. W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*[Signature]*  
Geo. W. Harrison, State Printer, Atlanta.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears Sam Reese of Fulton County, 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 \_\_\_\_\_, 1812; that he is 80 years old and by occupation a Farm; 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 D, of 28th Regiment of Gen Vol Infy; that his physical condition is as follows: He is old for his infirm and unable to labor

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 1800. I have heretofore as a resident of Cherokee Co county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this, the 17 day of Jan, 1900. } Sam Reese  
W. W. W. W. Ordinary.

State of Georgia,

Fulton County.

I, W. W. W. W. Ordinary of said County, do certify that I am well acquainted with Sam Reese the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jan, 1900.



W. W. W. W.  
 Ordinary Fulton County.

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

NAME [REDACTED]

YEAR 1900 COUNTY Fulton

WHEN AND WHERE BORN? Resided in Georgia continuously ever since  
the year 1900.

ENLISTED WHEN AND WHERE?

RANK

COMPANY AND REGIMENT? Co D 88th Regt, Georgia Vols - Infantry

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

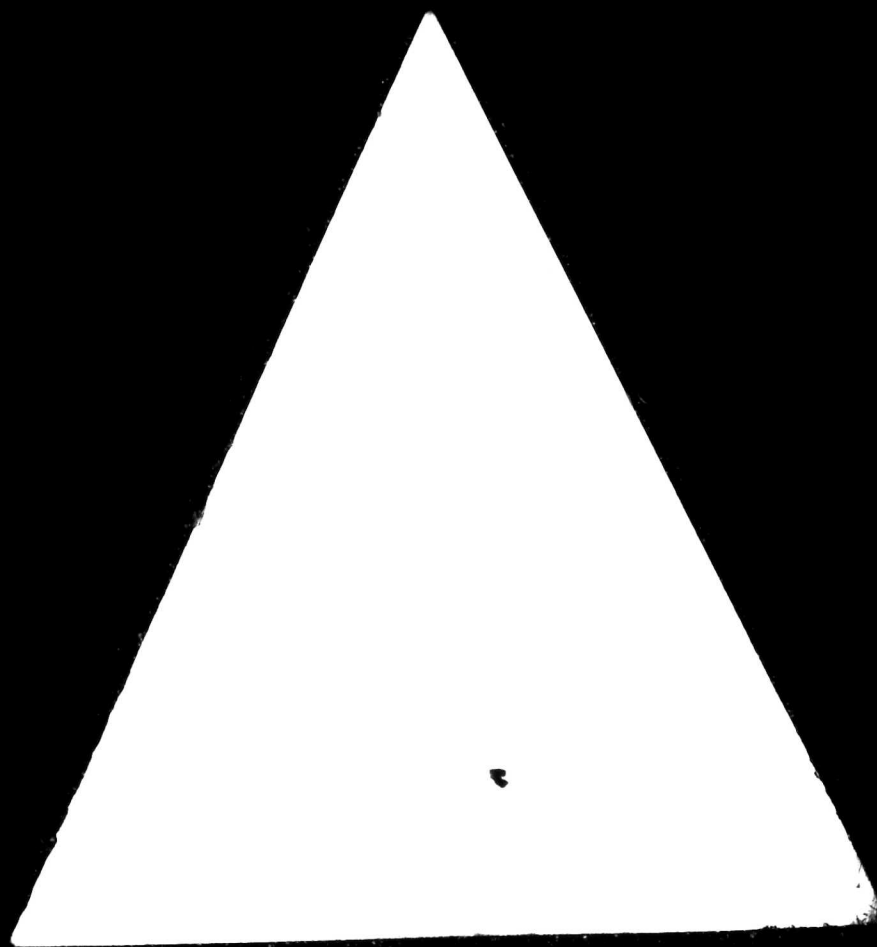
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES.





# ORDINARY'S CERTIFICATE

STATE OF GEORGIA

Fulton

COUNTY

I, Thomas H. Jett  
know Mrs. Mary Land Reese

Ordinary of said County, do certify that I

on the 13 day of July 1919 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

That I also know Thos M. Budgett witness as to marriage, and I also know

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 13 day of July 1919

(SEAL) Ordinary

County

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

2. You do solemnly swear that you will true answers make to each of the questions asked you and the evidence

3. Affidavits of witnesses may be attached to each of the questions asked you and the evidence

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

5. Only widows who married prior to first January, 1891, are entitled

6. Affidavits of witnesses must be made before the Ordinary of the county of residence

7. Affidavits of witnesses must be made before the Ordinary of the county of residence

8. Affidavits of witnesses must be made before the Ordinary of the county of residence

9. Affidavits of witnesses must be made before the Ordinary of the county of residence

10. Affidavits of witnesses must be made before the Ordinary of the county of residence

11. Affidavits of witnesses must be made before the Ordinary of the county of residence

12. Affidavits of witnesses must be made before the Ordinary of the county of residence

13. Affidavits of witnesses must be made before the Ordinary of the county of residence

14. Affidavits of witnesses must be made before the Ordinary of the county of residence

15. Affidavits of witnesses must be made before the Ordinary of the county of residence

16. Affidavits of witnesses must be made before the Ordinary of the county of residence

17. Affidavits of witnesses must be made before the Ordinary of the county of residence

18. Affidavits of witnesses must be made before the Ordinary of the county of residence

19. Affidavits of witnesses must be made before the Ordinary of the county of residence

20. Affidavits of witnesses must be made before the Ordinary of the county of residence

## Widow's Application

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

County Fulton

Name Mrs. Mary Land Reese

Widow of William V. Reese

Company E

Regiment 16th Tenn. Cav

Approved

J. W. L.   
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

*On Recd Reese Mary  
7/29/1920  
No. 7 Fulton County*

*10-31-1919*

Fulton

COUNTY

I, Thomas H. Jeffries Ordinary of said County, do certify that I know Mrs. Mary Land Reese the applicant for this pension, and that she is the person she presents herself to be and that she is a bona fide continuing resident of said County and was

on the 13 day of Aug 1939

That I also know Thos H Jeffries witness as to marriage, and I also know Ed Land

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

Sworn under my hand and official seal of office this 17 day of Oct 1939

SEAL

Ordinary

County

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:  
"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."  
Additional affidavits may be attached if blank spaces are insufficient.  
2. All affidavits must be made before the Ordinary of the county of residence.  
3. Only widows who married prior to first January, 1931, are entitled.  
4. Attach certified copies of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.  
5. Widows of Disabled Pensioners must use the Blue Application blank and state and prove full term of husband's service, because he made no proof of service and was not required to do so.

## Widow's Application

To Be Put on Roll in Her Own Right When  
Husband Was on the Indigent Roll or  
Put on Under Act of July 11, 1910—  
As Amended by Act of 1918.

County Fulton  
Name Mrs. Mary Land Reese  
Widow of William W. Reese Elmer 1918  
Company E  
Regiment 16th Tenn. Cav  
Approved \_\_\_\_\_

J. W. LINDSEY  
Commissioner of Pensions

Burd Printing Co., State Printers, Atlanta.

FILED

JUN 20 1939  
VETERAN SERVICE OFFICE  
S. B. HENSON, Director

Reese, Mary Land (wid)  
Fulton Co. 210.50  
For Fulton County

1933Application for Pension  
Due Deceased Pensioner

(UNDER ACT 1904)

(To pay expenses of last illness and funeral)

Thos H Jeffries Ordinary  
For Mary Land Reese

Date of Death June 7 1933Amount \$ 90.00 + 120

Approved and ordered paid



PAID TO ORDINARY ON THIS CLAIM.

DATE 1939 FUND FROM WHICH PAIDpl 4-4 Car 90.00aj 15.35 1930 1200.00

al

si

rd

D TOTAL 1210.00

*Pd* MAR 9 1939

STATE OF GEORGIA,

Fulton

COUNTY

Personally before me comes Mrs Kate Land Reese of said County, who after being duly sworn, says that she is the widow of W W Reese to whom in the County of Pinola State of Miss she was married on the 30 day of Nov 1874 and that she remained his wife and resided with him to the date of his death in April 1918 and that she has not since his death remarried. At the time of his death he was a resident of Elbert County, in said State of Georgia, and he was on the Pension Roll of the State and paid a pension of \$ 82.00 in Elbert County for 1918 per annum, on account of being a soldier in Company E 16th Regiment Ann. Cavalry Volunteers of State Militia.

That she is now a bona fide resident citizen of said County of Fulton and she has continuously resided since 1st day of July 1918

Sworn to and subscribed before me, this the

13 day of August 1919  
H. B. Bankston  
Ordinary  
of Fulton County  
SEAL

Mrs Kate Land Reese

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

STATE OF GEORGIA,

Fulton

COUNTY

Personally before me comes W M Swift Jr 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 W W Reese who made the foregoing affidavit is the lawful widow of W W Reese who died in Elbert County in said State of Ga on 7th day of April 1918 and that she has not since remarried. That she became the wife of W W Reese and to my knowledge and that she and he had resided together as man and wife continuously since day of 1882 and that the W W Reese was the same man who was on the pension roll of said State from Elbert County Ga when he died

Sworn to and subscribed before me, this the

13 day of August 1919  
H. B. Bankston  
Ordinary  
of Fulton County  
(SEAL)

W M Swift Jr

### 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 Antry & Lowndes Company of said County, who, after being sworn, on oath says that he knew Mrs. Mary Land Reese 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 7 day of June, 1933, and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 210.59, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

Wm R. Bankston  
Fulton  
Ordinary  
County  
(Seal of Ordinary)

H B Bankston

### CERTIFICATE OF ORDINARY

GEORGIA, Fulton County.

I, H. B. Bankston, Ordinary of said County, do certify that I personally know H. B. Bankston, of Antry & Lowndes Company, who is a resident citizen of said County, and that said person is of faithful and trustworthy character, entitled to full faith and credit; that I also know Mary Land Reese 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 Thirty (\$30.00) Dollars in said County for 1933, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 19 day of June 1933  
(Seal of Ordinary)

H. B. Bankston  
Ordinary  
Fulton County

### INSTRUCTIONS

- 1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 2nd. Each account must be sworn to before the Ordinary, and in the following form:  
"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of \_\_\_\_\_, who died without 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.

JOS. W. AWTRY, Pres. & Treas.  
BRANE H. LOWNDES, Vice-Pres. & Mgr.

PHONES: WALNUT 1986  
WALNUT 1987

**AWTRY & LOWNDES COMPANY**  
FUNERAL DIRECTORS

AMBULANCE SERVICE

21 Cash Street, N. W.

ATLANTA, GA.

6/19/33/

IN ACCOUNT WITH

Mr. Paul P. Reese,

Miss. Ethel Reese,

No. 1105 Va. Ave., N.E. Atlanta, Ga.

For the Funeral of Mrs. ~~Mary Land~~ Reese.  
6/7/33/ (Widow W.W. Reese.)

|                                  |                |
|----------------------------------|----------------|
| One Complete Funeral Out-Fit---- | 185.00         |
| Cleaning & Pressing Dress.       | .50            |
| Long-distance Phone.             | 1.00           |
| Constitution.                    | 3.20           |
| Journal.                         | 1.95           |
| Georgian.                        | 2.70           |
| Transportation----               | 7.74           |
| Music----                        | 5.00           |
| Packing Flowers---               | 3.50           |
|                                  | <u>\$10.59</u> |

Georgia, Fulton County.

Personally appeared H. B. Bankston of Awtry & Lowndes Company who swears that the above bill is just and true and was for funeral expenses of Mrs. Mary Land Reese.

Sworn to and subscribed before me  
This 19 day of June 1933

*James R. Marshall*  
C.C. Ordinary

1118 1933

Received from Thos. H. Jeffries, Ordinary

-----Ninety & No/100----- Dollars

on  
Funeral expenses of Mrs. Mary Land Reese

\$ 20.00 *Awtry & Lowndes Co.*

STATE OF GEORGIA.  
COUNTY OF FULTON.

Personally before the undersigned authority now comes  
C. C. LAND, who upon oath says:

That he was present at the marriage of William W. Reese and Miss Mary K. Land which took place in Pinola County, Mississippi on the 25th day of November 1874; that the said William W. Reese and Mary Land Reese resided together as man and wife continuously from the date of their marriage to the date of the death of said William W. Reese in April 1926; that the said Mrs. Mary Land Reese has not remarried since the death of her husband and is now his lawful widow.

Sworn to and subscribed before me  
this October 21, 1919.

*C. C. Land*

*Charles C. Mason*  
C.C. ORDINARY, FULTON CO., GA.

Received of Thomas H. Jeffries, Ordinary, \$ 20.00  
for the account of Mrs. Mary Land Reese. This amount has  
not previously been paid and is now owing to me.

March 9<sup>th</sup> 1933.

*Awtry & Lowndes*  
*Paul V. Ray*

**A Certificate**

STATE OF GEORGIA, County of Fulton

IN RE: Expenses last illness and funeral Mrs. Mary Land Reese

This is to certify that from an examination of the records in my office, and from personal knowledge, or inquiry, it is ascertained that this pensioner:

1. Died inside of the State of Georgia;
2. Left no estate of any kind or value, sufficient to pay these expenses.

This the 16 day of Aug, 1933

(SEAL)

*Thos. H. Jeffries*

, Ordinary

(Ordinary will please complete and return immediately to A. L. Henson, Director, Veterans Service Office, State Capital, Atlanta, Ga.)

2. Left no estate of any kind or value, sufficient to pay these expenses.

This the 16 day of Aug, 1968

(SEAL)

, Ordinary

(Ordinary will please complete and return immediately to A. L. Hanson, Director, Veterans Service Office, State Capitol, 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 \_\_\_\_\_ day of \_\_\_\_\_ 190 \_\_\_\_\_ by his check or registered mail.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_ 190 \_\_\_\_\_

Executed in presence of

Ordinary,

County.



*Reese, Mrs. A. H.*  
*Fulton County*

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

WIDOW'S  
Indigent Pension.  
1901.

Name

*Mrs. A. H. Reese*

County

*Fulton*

Widow of

*Joseph Reese*

*C. B. White*

Approved

1901

JAMES W. LINDSEY

Commissioner of Pensions

WARRANT HANDED TO

1901

STATE OF GEORGIA.

County.

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

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

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

Ordinary,

County.

SEAL

STATE OF GEORGIA.

Fulton County.

Mrs S. H. Reese

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

1. What is your name and where do you reside? (Give State, County and Post Office.)  
Mrs S. H. Reese Atlanta Fulton Co Ga

2. How long and since when have you been a resident of this State?  
was born in Ga and lived here until death of husband

3. When and where were you born?  
March 2nd 1850 Madison Ga

4. When and where was your husband born—state his full name, and when were you and he married?  
Margaret E. Reese was married to S. H. Reese

5. When and where, and in what Company and Regiment did your husband enlist or serve during the war, between the States? March 3rd 1863 5th Reg of Inf

6. How long did your husband serve in said Company and Regiment? over two years

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

8. Was your husband present at the time and place when his Company and Regiment surrendered?  
He was

9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authority? He was present

10. When and where did your husband die? Atlanta 1898

11. Which of the following grounds do you base your application for Pension, viz: First—Age and Poverty; Second—Infirmary and Poverty, or Third—Blindness and Poverty? 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.  
Infirmary & Poverty. Sight very weak

13. What has been your occupation since your husband's death? kept house & did house work for my son

14. How much can you earn gross, by your own exertion or labor? I suppose about 200 per year

15. What property, real or personal, or income do you have or possess, and its gross value? 1500 per year

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

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

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

19. How much did you support cost for each of those years, and how much did you contribute by your own labor or income? about 70 or 80 dollars

20. What was your employment during 1899 and 1900—how much did you receive for each year?  
kept house & did housework for my children

21. Have you a family? If so, who compose such family? Give their means of support. Have they any lands or other property? one son & two widowed daughters, they all work

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? this one

Sworn to and subscribed before me this 6th

day of June 1901

John P. [Signature]

Ordinary,

Fulton County

Mrs S. H. Reese

have no land or other property for their daily need

WIDOW'S Indigent Pension.

1901.

Mrs S. H. Reese

Fulton County

June 6th 1901

John P. [Signature]

Ordinary,

Fulton County

1901.

Mrs S. H. Reese

Fulton County

June 6th 1901

John P. [Signature]

Ordinary,

Fulton County

1901.

Mrs S. H. Reese

Fulton County

June 6th 1901

John P. [Signature]

Ordinary,

Fulton County



STATE OF GEORGIA,

*Sutton*  
County.

County.

*S N Reese* of said State and County, having been presented as a witness in support of the Application of Mrs. *S N Reese* for a Pension under the Act of Oct 1900, and after having been duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? *S N Reese in Sutton Co*
2. Are you acquainted with the applicant, Mrs. *S N Reese*? *Yes for 40 years or more*
3. Where does she reside, and how long and since when has she been a resident of this State? *was born in state of Georgia & lived in State until the present time*
4. When and where was she born? *Morgan County Georgia 1836*
5. Were you ever acquainted with her husband? *I was*
6. Where did he reside in 1861? *In Madison Morgan Co Ga*
7. When and to whom was he married? *Wife S N Reese*
8. When and where was he born? *Madison Morgan Co Ga 1828*
9. How long have you known him? *For over fifty years*
10. When and where did *Joseph Reese* enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? *He enlisted in the 1st Reg of Georgia Comp, B Co. at Savannah March 3rd 1863*
11. Were you a member of the same Company and Regiment? *Yes*
12. How long did he perform regular military duty? *Two years & four months*
13. When and where was his Company and Regiment surrendered and discharged from service? *at Annapolis Ga*
14. Were you with the command when it surrendered? *I was*
15. Was *Joseph Reese* the husband of applicant present? *He was*
16. If not present, where was he? *He was present*
17. When and where did he leave his Command? *Annapolis Ga about Apr. 26/1865*
- For what cause? *War being over*
- By whose authority he left? *Col J H Mann*
- How do you know all this? (State fully and clearly.) *I was present when he was discharged*
18. When and where did *Joseph Reese* die? *In Atlanta August 1st 1893*
19. Where did he reside at his death and how long had he been a resident of Georgia at his death? *Atlanta Ga. all of his life in Ga*
20. Do you of your own knowledge know that applicant is the lawful widow of *Joseph Reese*? *I do*
21. Has she remained unmarried since her ~~sole~~ 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? *Don't know* *Wife has no property except an annuity of \$100 per month*
23. What property, effects or income did applicant have in 1899 and 1900 and what disposition did she make of it? *Don't know* *Had some small amt of household furniture*
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* *Ans by W. H. Reese as she had none*
25. What is applicant's physical condition and her chances and ability to support? *Don't know* *Ans by W. H. Reese says she is feeble & unable to do any thing*

27. How was she supported for 1899 and 1900? *By her son*

28. How much did applicant contribute to her support for last two years? *Don't know*

29. Give a full and complete statement of applicant's physical condition? *Don't know*

*Wife has been all day anything towards support in 5 years I know she has not been able to do anything*

30. What interest have you in the recovery of this pension by the applicant? *By W. H. Reese and none's all*

Sworn to and subscribed before me this *13th*

day of *May* 1901  
*John R. Wickham* Ordinary,  
*Sutton* County.

*S. N. Reese*  
*W. H. Reese*  
Witnesses.

Affidavits of Physicians.

STATE OF GEORGIA,

*Sutton* County.

Personally before me comes *W. H. Reese* and *Arch Avery 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. *S. N. Reese* applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this: *From long mental pressure and daily anxiety to get along with the death of her husband she has steadily given way until her condition is such that she is unable to do any of her usual household duties; she has been lame a long time, unable to walk a long distance and has lost sleep* and we have no interest in said pension if allowed.

Sworn to and subscribed before me this *13th*  
day of *June* 1901  
*John R. Wickham* Ordinary,  
*Sutton* County.

*W. H. Reese M.D.*  
*Arch Avery M.D.*

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

*Sutton* County.

I, *John R. Wickham* Ordinary in and for said county, hereby certify that the applicant, Mrs. *S. N. Reese* resides in said county, and has been a bona fide resident of this State since *1857* day of *June* and that the witnesses, Mr. *W. H. Reese* and *Arch Avery* 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 *Sutton* county shows that applicant returned for taxation in her own name in 1899 *\$100* dollars worth of property, and in 1900 *\$100* dollars worth of property.

Witness my hand and official seal, this *13th* day of *June* 1901

*John R. Wickham* Ordinary,  
*Sutton* County.

Notes: Before any questions are asked of the Ordinary, shall swear applicant and the witnesses in the following words: "You are sworn to give true answers to each of the questions asked of you, and to keep the same secret, and to do so under the penalty of perjury, so help you God."



# 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

Executed in presence of

[L. S.]

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County,

I,

, hereby authorize

of

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

at

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

day of 1903.

Executed in the presence of

[L. S.]

Revere, S. H. Mm.

To Those Heretofore Paid

1902.

No. 90

INDIGENT  
WIDOW'S PENSION,

For year ending Dec. 31, 1902

PAID TO  
Mrs. S. H. Mm.  
OF  
Fulton, County,  
Widow of Joseph Mm.  
Co. B 13th Va  
Regiment

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED

AND HANDLED TO 1902

4/5

4/5

GEO. W. HARRIS, STATE PRINTER, ATLANTA, GA.

HERETOFORE ATTORNEY

Revere, S. H. Mm.

To Those Heretofore Paid

1903.

No. 96

INDIGENT  
WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Mrs. S. H. Mm.

OF  
Fulton, County,

Widow of Joseph  
Co. B 13th Va  
Regiment

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED

AND HANDLED TO 1903

4/5

4/5

GEO. W. HARRIS, STATE PRINTER, ATLANTA, GA.

FOR INDIGENT

STATE OF GEORGIA,  
County of **Fulton.**

PERSONALLY COMES MRS.

**Fulton.**

who, being sworn, says on oath, that she is a bona fide resident of said County of  
State of Georgia, and that she has RESIDED in said State

That she is the Widow of

who was a soldier in Company

Regiment of

Volunteers, that he enlisted in said regiment on or about the month of **March**  
186**3**, and served in the Army up to **March** 186**5**. That he died  
day of **March** 18**65**.

*dear & 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**63**.

**Fulton.**

I have been allowed an Indigent pension as a resident of  
County, under Act 1900, for the year 1902, and now apply for the pension provided by law for the  
year ending December 31, 1903.

Sworn to and subscribed before me,

this day of **January** 190**3**.

John R. Wilkinson

John R. Wilkinson

State of Georgia,

**Fulton.**

Ordinary of said County, certify that I am well

acquainted with Mrs. **S. H. Rouse**, 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 **March** 18**63**.

Given under my official signature and seal, this the **13** day of **January** 190**3**.

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,  
County of **Fulton.**

PERSONALLY COMES MRS.

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 **1836**. That she is the Widow of

**Joseph Rouse** who was a soldier in Company

**B** of the **2nd** Regiment of **Georgia**

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

186**3**, and served in the Army up to **April** 186**5**. That he died

on the **1st** day of **April** 18**65**.

**A. F. 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**55**.

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** 190**3**.

Ordinary

Post Office

John R. Wilkinson

State of Georgia,

**Fulton.**

County.

Ordinary of said County, certify that I am well

acquainted with Mrs. **S. H. Rouse**, 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 **March** 18**36**.

Given under my official signature and seal, this the **13** day of **JAN** 190**3**.

Official Seal

John R. Wilkinson

Ordinary of

County.

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY,

hereby authorize

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

at

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

day of 1904.

[Signature]

Executed in presence of

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY,

hereby authorize

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

at

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

day of 1905.

[Signature]

Executed in presence of

*Reese, S. H. (mo)*  
*Fulton*  
TO THOSE HERETOFORE PAID.

1904.

## INDIGENT WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904

PAID TO

*Mr. S. H. Reese*  
Fulton County,

Widow of *Joseph Reese*  
Co. *B. 2nd Regt.* Regiment

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

*1/22* 1904.

AND HANDLED TO

*[Signature]*  
Geo. W. Barton, State Printer, Atlanta.

*Reese, S. H. (mo)*  
*Fulton County*  
To Those Heretofore Paid

1905.

No. *123*

## INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

*Mr. S. H. Reese*  
Fulton County,

Widow of *Joseph Reese*  
Co. *B. 2nd Regt.* Regiment

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

*1/20* 1905.

AND HANDLED TO

*[Signature]*  
Geo. W. Barton, State Printer, Atlanta.

# FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
County of Fulton.

PERSONALLY COMES MRS.

J. H. Reese

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

Joseph Reese who was a soldier in Company

B. of the 32d Regiment of Georgia

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

1863 and served in the Army up to April, 1865. That he died

on the 7th day of August, 1878.

7700

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 22nd day of JAN 22 1904

Ordinary

Post Office

J. H. Reese

State of Georgia,  
Fulton County.

Ordinary of said County, certify that I am well

acquainted with Mrs. J. H. Reese 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 22nd day of JAN 22 1904

Official Seal

J. H. Reese

Ordinary of Fulton County

NOTE.—All blanks must be filled.  
Vouchers and Affidavits must bear date after January 1st, 1904.

STATE OF GEORGIA,  
County of Fulton.

PERSONALLY COMES MRS.

J. H. Reese

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

Joseph Reese who was a soldier in Company

B. of the 5th Regiment of Georgia

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

1863 and served in the Army up to April, 1865. That he died

on the 7th day of August, 1878.

7700 and property

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, 1905.

Sworn to and subscribed before me,

this 22nd day of JAN 2 1905

Ordinary

Post Office

J. H. Reese

State of Georgia,

Fulton County.

Ordinary of said County, certify that I am well

acquainted with Mrs. J. H. Reese 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 1836

Given under my official signature and seal, this 22nd day of JAN 2 1905

Official Seal

J. H. Reese

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 \_\_\_\_\_

Reese, S. H. (Mrs)  
Fulton County  
To Those Hereofore Paid

1906.

No. 129

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO  
Mrs. S. H. Reese

County,  
Widow of Joseph Reese  
Co. B, 5th Regt.

JOHN W. LINDSEY,  
Commissioner of Pensions

WARRANT ISSUED  
417 1906.

AND HANDED TO  
R.H.

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

Reese, S. H. (Mrs)  
Fulton Co

To Those Hereofore Paid.

1907.

No. 142

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO  
Mrs. S. H. Reese

County,  
Widow of Joseph Reese  
Co. B, 5th Regt.

JOHN W. LINDSEY,  
Commissioner of Pensions

WARRANT ISSUED  
142 1907.

AND HANDED TO  
R.H.

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

# FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
County of Fulton.

PERSONALLY COMES MRS.

S. H. Reese

who, being sworn says on oath, that she is a bona fide resident of said County of Fulton State of Georgia, and that she has RESIDED in said State continuously ever since All life That she is the Widow of Joseph Reese who was a soldier in Company B of the 5th Regiment of Inf Volunteers, that he enlisted in said regiment on or about the month of March 1865, and served in the Army up to close of war 1865 That he died on the 18 day of Sept 1893

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 1855

I have been allowed an Indigent pension as a resident of Fulton County, under Act 1900, for the year 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me  
this 1 day of JAN 1 1906.  
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. S. H. Reese, 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 18 day of All life

Given under my official signature and seal, this 1 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.

# FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
County of Fulton.

PERSONALLY COMES MRS.

S. H. Reese

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 B. Joseph Reese who was a soldier in Company B of the 5th Regiment of Inf Volunteers, that he enlisted in said regiment on or about the month of March 1865, and served in the Army up to close of war 1865 That he died on the 18 day of Sept 1893

Age & 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 1855

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 2 day of JAN 2 1907.  
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. S. H. Reese, 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 18 day of Sept 1836

Given under my official signature and seal, this 2 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.

Rever, August 18  
Fulton County

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

INDIGENT PENSION,  
1900.

Name *A. A. Reeves*

County *Fulton*

Approved \_\_\_\_\_ 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

11/15/1900  
17/19-1900

Pension Office 7/25-1900  
Applicant must state  
clearly & positively how  
come he is in Mason  
Co - when his command  
commenced his 12 - state  
when he was last with  
his command when and  
where it was when he  
left it for what cause  
he left it & by whom  
actually and from  
any claims he made  
by a witness who was  
with him say his  
own knowledge know  
it & by whom  
*J. H. Dudley*  
Com of Pension

STATE OF GEORGIA.  
POWER OF ATTORNEY.

County, }

hereby authorize

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

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

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

(L. S.)



STATE OF GEORGIA,

County.

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

\_\_\_\_\_ 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 \_\_\_\_\_ 1900.

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

Pension Office 7/25-1900  
Applicant must state clearly & explicitly how come him to be in such a condition as to be entitled to a pension. When he was last sent to his command when and where he was sent. He left it for what reason and by what authority and from any sickness or from any other cause. When he was sent to his command when and where he was sent. He left it for what reason and by what authority and from any sickness or from any other cause.

INDIGENT PENSION,  
1900.

Name A. A. Reeves  
County Fulton

Approved \_\_\_\_\_ 1900.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDLED TO \_\_\_\_\_

11/15 1900  
1919-1900

STATE OF GEORGIA,

County.

I, Julius Hughes & Reeves 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) Atlanta Georgia Fulton County
2. How long and since when have you been a resident of this State? Ever since
3. When and where were you born? July 18 61 Campbell Co Ga
4. When and where and in what company and regiment did you enlist or serve? July 18 61 Company D 13th Reg
5. How long did you remain in such company and regiment? All during the war or about 4 years
6. For how long a period did you discharge regular military duty? About 4 years
7. When, where and under what circumstances were you discharged from service? I was discharged at Mobile Georgia after the surrender of Gen Robert E Lee in 1865
8. What is your present occupation? Nothing at all
9. How much can you earn (gross) per annum by your own exertions or labor? Nothing now
10. What has been your occupation since 1865? Mechanic or 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 & Poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? I have been in my present condition about 3 years or more not being able to do anything at home or elsewhere age & health being so bad
13. What property, effects or income do you possess and its gross value? None at all
14. What property, effects or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same? None
15. In what County did you reside during those years, and what property did you then return for taxation? Fulton County Georgia
16. How were you supported during the years 1898 and 1899? By children when they were disposed to do so
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 don't know I gave nothing at all
18. What was your employment during 1898 and 1899? What pay did you receive in each year? I did not have any job & was not able to work
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Yes (3) Boys & 1 Girl - By their own daily labor - no they do not have any property at all none of them
20. Are you receiving any pension? If so, what amount, and for what disability? No I don't receive any pension at all

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

Every Question Must Be Answered.

# QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Fulton COUNTY.

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

- What is your name and where do you reside?  
at East Point Geo Fulton Co
- Are you acquainted with A. A. Revers? Yes, the applicant; if so how long have you known him?  
Yes about 50 years or more
- Where does he reside, and how long and since when has he been a resident of this State?  
In Atlanta Geo Fulton Co all his life
- When, where and in what company and regiment did he enlist, and how do you know?  
4 day July 1861 in Griffin Co & 13th Reg 9 main
- Were you a member of the same company and regiment?  
Yes I was
- How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service?  
All during the war he was a brave & good true soldier to his commanding officer. He was discharged at war end at close the war
- What property, effects or income has the applicant? (Give your means of knowledge).  
He has none at all the cause of his poor health he has no money & known
- What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition if any, did he make of same?  
None at all
- Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?  
No
- What is the applicant's occupation and physical condition?  
He was the Clerk Fulton war at all an account of his poor health. His physical is very bad indeed
- Is the applicant unable to support himself by labor or any sort, if so, why?  
Yes because his health will not permit him to do so & has been so for long time
- How was he supported during the years 1898 and 1899?  
By his children
- What portion of his support for these two years was derived from his own labor or income?  
None that I search of
- Give a full and complete statement of the applicant's physical condition that entitles him to pension under Section 1254, Code?  
He has Rheumatism & has had it for some years he also has heart disease and his legs & arms are very feeble broken down & has been for some time
- What interest have you in the recovery of a pension by this applicant?  
None

Sworn to and subscribed before me, this 14 day of Jan 1900.

F. A. Revers Witness.

Ordinary Ordinary.

# AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Fulton COUNTY.

Personally came before me H. W. Childers M.D. and J. H. Revers M.D. both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully

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

We have this day June 6/1900 Thoroughly Examined said A. A. Revers & find him suffering from a broken down Constitution caused from age & Rheumatism also find him suffering from very acute heart disease & from these 2 troubles he is not able to do any kind of labor or a they further say on oath that the physical condition of applicant renders him unable to labor

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

12 day of Jan 1900.

Ordinary Ordinary.

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton COUNTY.

I, Ordinary, Ordinary in and for said County, hereby certify that the applicant A. A. Revers resides in said County, and has been a bona fide resident of this State since the 12 day of Jan 1899, and that the witnesses, viz. J. H. Revers & H. W. Childers 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 12 day of Jan 1900.

Ordinary 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.
- 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

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

(For Those Already Enrolled.)

No. 380

INDIGENT

SOLDIER'S PENSION.

1901.

Name *A. A. Reeves*  
County *Fulton*

WARRANT ISSUED

1901.

JOHN W. LINDSEY

Commissioner of Pensions

WARRANT HANDED TO

*A. A. Reeves*

JOHN W. LINDSEY, C. S. P. & A. P. & A. S. S. S.

*W. C. Davis*

*A. A. Reeves*  
*Fulton County*

(FOR THOSE ALREADY ENROLLED.)

CODE SECTION 154.

No. 124

INDIGENT

SOLDIER'S PENSION

1905.

Name *A. A. Reeves*  
County *Fulton*

Co. *I* Regiment *24th Reg.*

WARRANT ISSUED

*488* 1905.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

*A. A. Reeves*

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 \_\_\_\_\_ 1905

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears W. A. Reeves 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 13 day of June 1840; that he is 61 years old and by occupation a laborer; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 4 years in Company D, of 13 th Regiment of Ga; that his physical condition is as follows:

General Debility

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. 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 10 day of June 1901, 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 W. A. Reeves the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 10th day of 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.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears W. A. Reeves 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 61 years old and by occupation a \_\_\_\_\_ that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 yrs in Company D, of 13 th Regiment of Ga; 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 1905. I have heretofore as a resident of \_\_\_\_\_ County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the \_\_\_\_\_ day of JAN 2 1905, 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 W. A. Reeves the applicant in the foregoing affidavit and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

of \_\_\_\_\_

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

at \_\_\_\_\_

by \_\_\_\_\_

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

[ L. S. ]

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

of \_\_\_\_\_

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

at \_\_\_\_\_

by \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1907.

[ L. S. ]

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

CODE SECTION 124.  
(FOR THOSE ALREADY ENROLLED.)

No. 376

INDIGENT

SOLDIER'S PENSION

1902.

Name *Alfred*

County *Fulton*

Co. *1st* Regiment *13th*

WARRANT ISSUED *John*

WARRANT ISSUED

*John* 1902

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*Alfred*

*No data*

*Rever, A. G.  
Fulton Co.*

CODE SECTION 124.  
(FOR THOSE ALREADY ENROLLED.)

No. 410

INDIGENT

SOLDIER'S PENSION

1907.

Name *A. A. Reese*

County *4*

Co. *1st* Regiment *13th*

WARRANT ISSUED

1907

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*Alfred*

*No data*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
Fulton County.

Personally appears A. A. Reeves 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 13 day of June 1840; 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 Georgia) during the war between the States, and served for the term of 4 yrs in Company 17, of 13 th Regiment of 1st; that his physical condition is as follows:

1/2nd disability

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 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 13 day of JAN 13 1902 1902.

John R. Wilkinson Ordinary.

STATE OF GEORGIA,  
Fulton County.

John R. Wilkinson

I, John R. Wilkinson Ordinary of said County, do certify that I am well acquainted with A. A. Reeves the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.—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 A. A. Reeves 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 — 1840; 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 Georgia) during the war between the States, and served for the term of 4 yrs in Company —, of 13 th Regiment of 1st; that his physical condition is as follows:

Disability

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the — day of JAN 2 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 A. A. Reeves the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

AMR  
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, 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.

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

*Revere, A. A.*  
*Fulton County, Ga.*

CODE-SECTION 124  
(FOR THOSE ALREADY ENROLLED.)

No. *226*

**INDIGENT  
SOLDIER'S PENSION  
1903.**

Name *A. A. Revere*  
County \_\_\_\_\_  
Co. *F* Regiment *13th*

*W. H. H.*  
WARRANT ISSUED

*13th* 1903.

JOHN W. LINDSEY,  
*Commissioner of Pensions*

WARRANT HANDED TO  
*W. H. H.*

*Geo. Harrison, State Printer, Atlanta*

*No data*

*Revere, A. A.*  
*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 \_\_\_\_\_ 1904.

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

CODE-SECTION 124  
(FOR THOSE ALREADY ENROLLED.)

No. *1367*

**INDIGENT  
SOLDIER'S PENSION  
1904.**

Name *A. A. Revere*  
County *Fulton*  
Co. *F* Regiment *13th*

*W. H. H.*  
WARRANT ISSUED

*13th* 1904.

JOHN W. LINDSEY,  
*Commissioner of Pensions*

WARRANT HANDED TO  
*W. H. H.*

*Geo. Harrison, State Printer, Atlanta*

*No data*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
Fulton.

County.

Personally appears A. A. Reeves of Fulton County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 23 day of June 1840; 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 L, of 13th Regiment of Geo. Vol; 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 AN 20 1903 1903.

Ordinary.

STATE OF GEORGIA,

County.

I, John R. Wilkinson Ordinary of said County, do certify that I am well acquainted with A. A. Reeves the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 AN 20 1903 1903.

Ordinary

County.

Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1903.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. County.

Personally appears A. A. Reeves 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 23 day of June 1840; 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 L, of 13th Regiment of Geo. Vol; 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 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 AN 20 1904 1904.

Ordinary.

STATE OF GEORGIA,

Fulton. County.

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

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

Ordinary

County.

Note.—The blank spaces must be filled.

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



# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

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

of \_\_\_\_\_

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

at \_\_\_\_\_

by \_\_\_\_\_

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

[L. S.]

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

*Reeves, A. G.  
Fulton County*

|  |                 |
|--|-----------------|
| YOUR SIGNATURE 12-4                                  |                 |
| (FOR THOSE ALREADY ENROLLED.)                        |                 |
| No.  | 35              |
| INDIGENT<br>SOLDIER'S PENSION<br>1906.               |                 |
| Name   | A. G. Reeves    |
| County   | F.              |
| Co.  | Regiment 13 Ga. |
| WARRANT ISSUED                                       |                 |
|  | 47 1906.        |
| JOHN W. LINDSEY,<br>Commissioner of Pensions.        |                 |
| WARRANT HANDED IN                                    |                 |
| <i>all</i>   |                 |
| This Power of Attorney was Published Co. Oct 10 1906 |                 |

*no date*

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton County.

Personally appears A. A. Reeves 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 April 1864; that he is 64 years old and by occupation a black, 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 1, of 13th 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 1st day of JAN, 1906.

A. A. Reeves Ordinary.

State of Georgia,

Fulton County.

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

A. A. Reeves Ordinary Fulton County.



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

Questions for witness  
State of Georgia

Hulton County

A. A. Reeves of said State and County  
having been Presented as a witness in  
support of the application of A. A. Reeves  
for Pension under Section 1254 Code  
and after being duly sworn has answered  
to make ~~to~~ the following questions  
deposes and answers as follows

7. When and where was his command  
surrendered approx 9<sup>th</sup> 1865 at  
near Appomattox Va

Give you with it when surrendered  
I was

9. Was applicant - Present -  
he was not -

Augustus A. Reeves was  
sent to and to Hospital about  
Jan 14<sup>th</sup> 1865 - I never saw him

Questions for applicant  
State of Georgia

Hulton County

Augustus A. Reeves of said State  
and County desiring to avail himself of  
the Pension Act Section 1254 Code hereby  
submits this Proof and after being duly  
sworn has answered to make to the  
following questions deposes and answers <sup>following</sup>

1. What is your name and where do you  
reside give State County and Post office  
Augustus A. Reeves Atlanta Ga  
Hulton County

7. Were you Present with company and  
Regt when it surrendered  
I was not

8. If not Present State specifically  
and clearly where you was when  
you left your command for what  
cause and by what authority

any more untill about may  
10<sup>th</sup> 1864 - when I got home he  
had a Parroll he Recd at Macon  
Ga we Both lived in Spaulding  
County Ga

F. A. Reese

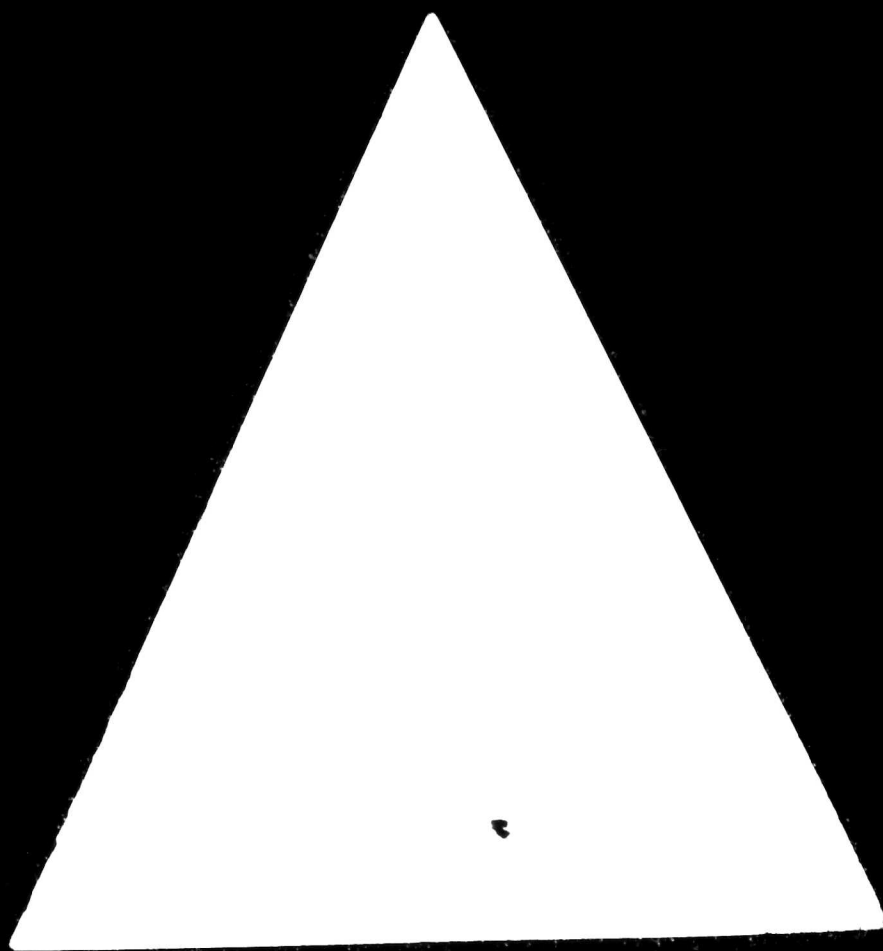
sworn to and subscribed  
before me this Sept 18-1864

Wm. H. H. H.  
Clerk of the Court

I was returned home from Richmond  
Ga about March 11<sup>th</sup> 1864 my home was  
in Spaulding County Ga and after the  
surrender of Gen Lee I was ordered to  
Macon Ga about the 20<sup>th</sup> of April 1864  
and there I was Parrolled and discharged  
I received my Furlow while I was  
at the second Ga Hospital at Richmond  
Ga I was sent to this Hospital by our  
Regt - ~~Phys~~ Physician and was  
there about six weeks before I was  
sent home I don't know of any  
man that is living that was present when  
I was Parrolled

F. A. Reese  
 sworn to and subscribed  
before me this Sept 18-1864

Wm. H. H. H.  
Clerk of the Court



Union records show  
P. D. Reere, not  
found as U. S.,  
Company Co. I 6th  
Regt Ga. Inf., enlisted  
Feb. 14, 1864. Reere,  
1st Co. 6th Regt  
Ga. Inf., 1864.

No. 4792-91

Confederate

**Soldier's Application.**

UNDER ACT 1910.

Country

Name

Company

Regiment

Approved

ENTERED ROSTER OFFICE  
Commissioner of Pensions.

CHAS. P. BYRD, State Printer, Atlanta.

10 31-16.

Questions for Applicants to Answer.

STATE OF GEORGIA,

Madison County

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

1. What is your name and where do you reside? (Give County and Post-office) Ad. Pearson 92 E. Marshall Ave. Atlanta Ga
2. How long and since when have you been a continuous resident citizen of this State? about 25 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) July 14 1862 Co. C 24th Ga Cavalry at Atlanta Ga
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) from Feb 14 1865 to Dec 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service? March 1865 at Savannah Ga
7. Were you actually present with your Command when it was surrendered or discharged? Yes
8. If you were not actually present, state specifically and clearly where you were
- a. Where was your Command when you left it?
- b. When did you leave the Command?
- c. For what cause did you leave?
- d. By whose authority did you leave?
- e. For how long was your leave granted? In what way?
- f. Why did you not return to your Command after leave expired?
- g. In what way were you prevented?
- h. What effort did you make to return?
- i. Were you captured during the war?
- j. If so, when, and where? In what prison were you held and when were you released?
9. What property of every description was owned, in the use, possession and control of yourself and its cash value on the 4 Nov. 1908? (Make list by items and value) the property
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 and Cash \$800.00
12. What annual or monthly income or earnings of yourself and the source derived have you? None from my sister
13. Are you drawing a pension of any amount from this State or the United States? No
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No

Sworn to and subscribed before me, this the

19 day of Oct 1911

George Mason cc Ordinary

of Madison County.

Soldier's Application.

Confederate

UNDER ACT 1910.

Name: Ad. Pearson

Company:

Regiment:

Approved:

ENTERED REGISTER OFFICE.

Commissioner of Pensions.

CHAS. P. BROWN, STATE PRINTER, ATLANTA.

Cobb

County.

H. H. Logan of said State and County is hereby presented as a witness in support of the application of A. D. Reeves 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?  
H. H. Logan  
Seworth Cobb County Georgia
2. How long and since when have you known the applicant?  
Fifty two years since 1864
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 County Georgia  
About 51 years. Been in town and surrounded with him
4. When, where and in what Company and Regiment did the applicant enlist during war from 1861 to 1865? (Give date and place)  
1864 Spring Col. 1st Ga. Cavalry
5. How did you obtain your information of this Service?  
Company & Regiment and I served with A. D. Reeves
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date)  
Early Spring 1864 until May 1865 about 10 weeks
7. When and where was his Command surrendered or discharged (give date and place)  
May about 20th day 1865 - near Salisbury North Carolina
8. Were you personally present at the Surrender?  
yes
9. If not, where were you and how came you there?  
X
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 and 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)  
My own knowledge
13. In what way was he prevented from returning to his Command? X How do you know?  
X
14. What effort did he make to return to his Command and how do you know?  
X
15. Was applicant captured as a prisoner? X If so, when and where? X In what prison was he held? X and when released?

Sworn to and subscribed before me, this the

18 day of

1916

H. H. Logan

Cobb County, Georgia.

Fulton

County.

Personally before me comes Ed Thomas, Clerk who on oath says that they are freeholders residing in said County and we know A. D. Reeves 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.)

Real Estate \$600.00  
Cash 200.00

1. What property, if any, has been sold or given away by the applicant since Nov. 4, 1908? (State it fully by items.)  
Nothing
2. When and to whom was it sold or given to?
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant?
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full value? or was it made to obtain a pension?

Sworn to and subscribed before me, this the

18 day of

Oct

1916

Arthur R. Warburton  
Ordinary,  
of Fulton County.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Fulton

County.

I, Thos. H. Jeffries Ordinary of said County, certify that I know the applicant A. D. Reeves 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 Ed Thomas & Ed. B. Mason 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 Ga shows that A. D. Reeves value for tax is in 1905 \$520. for 1909 \$600. for 1910 \$880. for 1911 \$790. for 1912 \$360. for 1913 \$260. for 1914 \$300. for 1915 \$

Sworn under my hand and official seal of office this

30 day of

Oct 1916

Thos. 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.



NAME **Reeves, A. D.** YEAR **1917** COUNTY **Fulton**

WHEN AND WHERE BORN? **A resident of Georgia all my life.**

ENLISTED WHEN AND WHERE? **Feby. 14, 1864, Calhoun, Georgia.**

RANK:

COMPANY AND REGIMENT? **Company I, 8th Georgia Regiment Cavalry**

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAUGHT, WHEN AND WHERE?

RELEASED:

WHEN AND WHERE SURRENDERED? **Near Salisbury, North Carolina.**  
**(does not state when).**

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: **H.H. Logan - same command - No data.**

County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_ day \_\_\_\_\_ 1899.

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

[L. 8.]

For Use of Applicants Who have Not Heretofore Drawn.

STATE OF GEORGIA,

Fulton County.

PERSONALLY appears

C. B. Reeves

of said

Fulton County

County, State of Georgia, who being duly sworn says on oath that he was born on the \_\_\_\_\_ day of \_\_\_\_\_ 1846,

that he is a bona fide citizen and resident of Georgia, and has been continuously since the \_\_\_\_\_ day of \_\_\_\_\_ 1865, that he enlisted in

the military service of the Confederate States (or the State of \_\_\_\_\_) about \_\_\_\_\_ day of \_\_\_\_\_ 1865 during the war between the States, and

served in Company \_\_\_\_\_ in Regiment of \_\_\_\_\_ Volunteers

(from Camp Chase, Ohio.) Paroled at \_\_\_\_\_ April 13<sup>th</sup> \_\_\_\_\_

1865 that whilst engaged in such military service, and in line of duty in the State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 1864

he was disabled or wounded as follows: At the battle of \_\_\_\_\_

shot in right thigh by Union ball which ball

fractured the bone and caused the wound to bleed

out afresh occasionally and since then, it is very

painful also wounded in back of shoulder at

the same battle which would render applicant

unable to perform manual labor

Splinters of bone kept coming from the wound

in the thigh and the limb is so stiff and

painful that, most of the time I can't walk

about or use the limb at all.

If I stand or walk on the limb for any length of

time it swells up and gets so painful and sore

that I have to lie down to get relief.

This makes it impossible for me to do any kind

of work that I know how to do, as I am un-

able to stand or walk on the limb long enough

at a time to make my service of any value to

anybody.

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 \_\_\_\_\_ day of \_\_\_\_\_ 1899.

\_\_\_\_\_ 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.

Commissioner of Pensions  
11/2/99 R. B. Reeves  
can not be under a sword  
how the witnesses can testify  
by as to the extent of dis-  
ability when they make  
the state must as to this  
acquaintance with the  
present condition  
the statute requires that  
means who can state  
the condition following the  
wound from personal  
knowledge - They need  
not be the same wit-  
ness as those forming the  
inquiry if they can trace  
it to the same cause -  
They should state the  
physical condition of the  
leg - how it differs from  
a normal condition - to  
what uses it can be put  
etc. - R. B. Reeves  
C. B. Reeves

The Instructions as set out in the Notes must be Observed.

Code Section 1250

No. 103/1899

INVALID

Soldier's Pension,

1899.

RICHARD JOHNSON,

Commissioner of Pensions

WARRANT HANDED TO

Geo. W. Garrison, State Printer Albany

7/30/99

# Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County

*C. J. Wright*

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 *George B. Reeves*

whose application is herewith presented for a pension, that he has resided in this State continuously since the 20 day of Feb. 1846, that he served in Company K of the

36 Regiment of *Cummings* Brigade, and from our personal knowledge he while in line of duty, was injured by the service as follows: *after full statement, and tell in your own language when you read from the record happened in the service was restricted, and to what extent applicant is disabled from work as a result of the war. To be done only after an examination, state what.*

He was shot in the right thigh, with a minnie Ball, on Aug 31, 1864 at in a Battle near Jonesborough, Ga. The wound was pretty severe and Applicant suffered a good deal from it.

If late years we have seen but little of Applicant as we have lived in a different part of the State from him, but we remember that Applicant was in our Regiment, and that he was wounded as stated,

we, of our own knowledge, will also certify that he is disabled, from the wound above described, to such an extent that he is now unable to earn a support by 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 13<sup>th</sup> day of April

1865. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since.

We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this

12 day of August 1899.

*J. M. Stone*

Ordinary

*J. T. Wright*  
*J. H. Bruce*  
*W. H. Davis*  
*W. H. Davis* Ordinary

NOTE 1.- The Ordinary will see that the full text of the Affidavit is understood by the applicant, and that he is fully qualified to be sworn.

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.

*George B. Reeves*  
*certify that C. J. Wright*  
*and J. H. Bruce are residents of*  
*Cobb County and worth of faith as witnesses*  
*Feb 12 1899*

# Physicians' Affidavit.

Form No. 2.

STATE OF GEORGIA,

Fulton County.

PERSONALLY comes before me

*M. H. Hulsey*

Ordinary of said County.

*A. H. Brantley*

and

*J. P. Wall*

both known to

me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined

*George B. Reeves*

and after such personal examination, say that the present

condition of applicant is as follows: *He is suffering from a constant series of abscesses in the right thigh, with the abundant discharge of Pus and many spiculae of Bone. The muscles are much shrunken and the site of the old wound is indurated, and most of the time very sensitive. There are always from three to five heads or points of discharge, this so cripples Applicant, that in our opinion he is, incapable of earning a living by any ordinary manual avocation*

and that such condition is permanent. Said condition arises from the following facts: *From an old gunshot wound of the right thigh, in which the muscles and tendons were much torn, and the thigh bone splintered, in such a way that the bone continues to exfoliate or throw off spiculae, which will likely continue to do so as long as he lives.*

We have treated applicant professionally for

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

30 day of Feb. 1899.

*M. H. Hulsey*

Ordinary.

*A. H. Brantley, M.D.*  
*J. P. Wall M.D.*

NOTE 1. State fully the physical condition and especially the extent of disability. If disability results from wounds or injury, state its location, character and present condition. If from disease, give its nature and character, and its causes in so far as understood by affiants.

NOTE 2.-The physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA,

Fulton County.

I *M. H. Hulsey*

Ordinary of said County.

do certify that I am well acquainted with *George B. Reeves* 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 his life.

I also certify that the witnesses, to-wit:

and *A. H. Brantley* and *J. P. Wall* 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 30 day of Feb. 1899.

*M. H. Hulsey*

Ordinary

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 \_\_\_\_\_

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

of

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1901.

[L. S.]

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

CODE SECTION 126

(For Those Already Enrolled.)

No. 578

INVALID

SOLDIER'S PENSION.

1900.

Name Geo. W. Lindsey

County Fulton

Disability

Amount, \$ 36.00

Warrant issued July 1 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. H. H. H.

Geo. W. Harrison, State Printer, Atlanta.

No data

CODE SECTION 126

(For Those Already Enrolled.)

No. 271

DISABLED

SOLDIER'S PENSION.

1901.

Name Geo. W. Lindsey

County Fulton

Disability wound R thigh

Amount, \$ 50.00

July 1 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. H. H. H.

Geo. W. Harrison, State Printer, Atlanta.

No data

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears

C. B. Reeves 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 20 day of Feb. 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 \_\_\_\_\_ in Company N, of 36th Regiment of Geo. Volunteers Amey's Brigade; that whilst engaged in such military service in the State of Geo., on the 31 day of Aug. 1864, he was wounded, injured or diseased as follows:

Recd wound right thigh from  
mini ball rendering him  
unfit for work.

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

C. B. Reeves

day of June 1900. POST OFFICE

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

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this

day of June 1900.

Ordinary Fulton County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears

C. B. Reeves 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 20 day of Feb. 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 \_\_\_\_\_ in Company N, of 36th Regiment of Geo. Volunteers Amey's Brigade; that whilst engaged in such military service in the State of Geo., on the 31 day of Aug. 1864, he was wounded, injured or diseased as follows:

Wounded right thigh from  
mini ball rendering him  
unfit for work.

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of \$50.00 Dollars, for the year 1900.

Sworn to and subscribed before me, this the

C. B. Reeves

day of June 1901. Postoffice 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, W. S. Hickey Ordinary of said County, do certify that I am well acquainted with C. B. Reeves the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this

day of June 1901.

Ordinary Fulton County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I,

hereby authorize

of

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

by

at

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

day of

1902.

Executed in presence of

[L. S.]

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County }

I,

hereby authorize

of

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

by

at

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

day of

1903.

Executed in presence of

[L. S.]

YOUR SECTION 136  
(FOR THOSE ALREADY ENROLLED.)

No. 81

DISABLED

SOLDIER'S PENSION

1902.

Name

County

Co.

Disability

Amount, \$

1902

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

JOHN W. HARRISON, STATE PRINTER, ATLANTA.

YOUR SECTION 136  
(FOR THOSE ALREADY ENROLLED.)

No. 71

DISABLED

SOLDIER'S PENSION

1903.

Name

County

Co.

Disability

Amount, \$

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

JOHN W. HARRISON, STATE PRINTER, ATLANTA.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
Fulton County.

Personally appears *C. B. Rivers* 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 *20* day of *Feb* 18*46*; that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served as a \_\_\_\_\_ in Company *K*, of *36*th Regiment of *1st* *Volunteers, Cummings*'s Brigade; that whilst engaged in such military service in the State of *Ga*, on the *31* day of *Aug* 186*4*, he was wounded, injured or diseased as follows:

*Wounded right thigh*

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of \_\_\_\_\_ County, been allowed an invalid pension of *Fifty* Dollars, for the year 1901.

Sworn to and subscribed before me, this the *1st* day of *Feb* 1902, at \_\_\_\_\_ Post-office.

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

STATE OF GEORGIA,  
Fulton County.

I, *John A. Williamson*, Ordinary of said County, do certify that I am well acquainted with *C. B. Rivers* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

AM  
your  
real  
here

NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1, 1902.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
\_\_\_\_\_ County.

Personally appears, *C. B. Rivers* 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 *20* day of *Feb* 18*46*; that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served as a \_\_\_\_\_ in Company *K*, of *36*th Regiment of *1st* *Volunteers Cummings*'s Brigade; that whilst engaged in such military service in the State of *Ga*, on the *31* day of *Aug* 186*4*, he was wounded, injured or diseased as follows:

*Wounded right thigh*

Deponent makes application for the pension to which he is entitled for the year ending October 26th 1903. I have heretofore, under said law, as a resident of \_\_\_\_\_ County, been allowed an invalid pension of *50* Dollars, for the year 1902.

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 1903, at \_\_\_\_\_ Post-office.

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

STATE OF GEORGIA,  
\_\_\_\_\_ County.

I, *John A. Williamson*, Ordinary of said County, do certify that I am well acquainted with *C. B. Rivers* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

AM  
your  
real  
here

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

hereby authorize

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

by

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

day of 1904

[L. S.]

Executed in the presence of

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY

hereby authorize

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

by

at

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

day of 1905

[L. S.]

Executed in the presence of

*Fulton County*

(FOR THOSE ALREADY ENROLLED)

DISABLED

SOLDIER'S PENSION

1904.

Name *E. B. Reeves*  
County *Fulton*  
Co. *A* Regiment *36th Reg.*  
Disability *Disabled Leg*  
Amount, \$ *50.00*

1904

JOHN W. LINDESEY

Commissioner of Pensions

WARRANT HANDLED TO

*copy*

JOHN W. LINDESEY, State Printer, Atlanta

*no date*

*Reeves, E. B.*  
*Fulton County*

(FOR THOSE ALREADY ENROLLED.)

No *974*

DISABLED

SOLDIER'S PENSION

1905.

Name *E. B. Reeves*  
County *Fulton*  
Co. *A* Regiment *36th Reg.*  
Disability *Disabled Leg*  
Amount, \$ *50.00*

1905

JOHN W. LINDESEY

Commissioner of Pensions

WARRANT HANDLED TO

*copy*

JOHN W. LINDESEY, State Printer, Atlanta

*no date*



FOR AFFIDAVITS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
Fulton County.

Personally appears *B. E. Reeves* 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 *20*  
day of *Dec* 1876 that he enlisted in the military service of the Con-  
federate States (or of the State of ) during the war between the  
States, and served as a in Company *B*, of *36*th Regiment  
of *Volunteers* *Cummins* Brigade, that whilst engaged  
in such military service in the State of *Georgia*, on the *31* day  
of *Aug* 1864 he was wounded, injured or diseased as follows:

*Wounded by shrapnel in the 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  
*53* — *Fulton* County, been allowed an invalid pension of  
Dollars, for the year 1903.

Sworn to and subscribed before me, this the

day of *JAN 21* 1904 1904.

*John R. Wilkinson*

Post-office

State fully the nature of the wound or character of disease which causes the disability, and specify 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 *B. E. Reeves*  
the applicant in the foregoing affidavit, and am well satisfied that the statements made  
by him in his said affidavit are true, and I know 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 *Jan* 1904.

*John R. Wilkinson*

Ordinary

*Fulton* County.

NOTE — Fill all blanks and of Company and Regiment.

NOTE — All vouchers and affidavits must bear date after January 1, 1904.

STATE OF GEORGIA,

Fulton COUNTY.

Personally appears *B. E. Reeves* of *18*th

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 *20*  
day of *his life* 18 that he enlisted in the military service of the Con-  
federate States (or of the State of *Georgia*) during the war between the  
States, and served as a *Private* in Company *A*, of *36*th Regiment  
of *Volunteers* *Cummins* Brigade, that whilst engaged  
in such military service in the State of *Georgia*, on the *31* day  
of *Aug* 1864, he was wounded, injured or diseased as follows:

*Wounded by shrapnel in the leg*

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

Sworn to and subscribed before me, this the

day of *JAN 2* 1905 1905.

*B. E. Reeves*

Post-office *Fulton*

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

STATE OF GEORGIA,  
Fulton COUNTY.

I, *B. E. Reeves*, Ordinary of said County,  
do certify that I am well acquainted with *B. E. Reeves*  
the applicant in the foregoing affidavit, and am well satisfied that the statements made  
by him in his said affidavit are true, and I know 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 *Jan* 1905.



Ordinary

*Fulton*

County.

NOTE — Fill all blanks and of Company and Regiment.

NOTE — All vouchers and affidavits must bear date after January 1, 1905.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY }

hereby authorize

of

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

by

at

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

day of 1906.

[ L. S. ]

Executed in the presence of

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY }

I,

hereby authorize

of

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

by

at

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

day of 1907.

[ L. S. ]

Executed in presence of

YOUR SECTION 1294  
FOR THOSE ALREADY ENROLLED

DISABLED  
SOLDIER'S PENSION  
1906.

Name *L. W. Lindsey*  
County *Fulton*  
Co. *2d* Regiment *16th*  
Disability *is disabled*  
Amount *\$50.00*

JOHN W. LINDSEY

Commissioner of Prisons

WARRANT HANDED TO

*C. H. C.*

*as date*

*Reeves C. B.*  
*Fulton Co.*

YOUR SECTION 1294  
FOR THOSE ALREADY ENROLLED

DISABLED  
SOLDIER'S PENSION  
1907.

Name *L. W. Lindsey*  
County *Fulton*  
Co. *2d* Regiment *16th*  
Disability *is disabled*  
Amount *\$50.00*

JOHN W. LINDSEY

Commissioner of Prisons

WARRANT HANDED TO

*C. H. C.*

JOHN W. LINDSEY, STATE PRINTER, ATLANTA.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton County.

Personally appears E. B. Reeves 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 20 day of Feb. 1848 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 36th Regiment of GA Volunteers Gummin's Brigade; that whilst engaged in such military service in the State of GA, on the 22 day of Aug. 1864, he was wounded, injured or diseased as follows:

Disabled Leg.

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.

E. B. Reeves

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 E. B. Reeves the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true and I know 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.



Note.—Fill all blanks and of Company and Regiment.  
Note.—All vouchers and affidavits must bear date after January 1st, 1906

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton County.

Personally appears E. B. Reeves 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 20 day of Feb. 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 A of 36th Regiment of GA Volunteers Gummin's Brigade; that whilst engaged in such military service in the State of Georgia, on the 22 day of Aug. 1864, he was wounded, injured or diseased as follows:

Disabled Leg. Jonesboro

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of Fulton County, been allowed an invalid pension of Fifty Dollars, for the year 1906.

Sworn to and subscribed before me, this the day of JAN 2 1907.

John R. Wilkinson

Postoffice 200 Gaines 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 E. B. Reeves the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

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

John R. Wilkinson

Ordinary Fulton County.



Note.—Fill all blanks and of Company and Regiment.  
Note.—All vouchers and affidavits must bear date after January 1st, 1907.

STATE OF GEORGIA. )  
:SS.  
COUNTY OF FULTON. )  
-----:

Personally appeared before me William Rickles,  
J.R.Hadaway, and J.W.Veal, who being by me duly sworn, upon oath  
say, each respectively for himself, that they are each acquaint-  
ed with the present physical condition of Mr C.B.Reeves, and  
further say that the wound in his leg is now open, much inflam-  
ed, and that he is unable by reason of his physical condition  
caused by his said wound, to move about save with great diffi-  
culty, and said Reeves appears at all times to be still suffer-  
ing great pain. Deponent Hadaway for himself further swears  
that he has known said Reeves intimately for the past eight  
months and that the condition of said Reeves has during all  
that time, been about as at the present.

*Subscribed and sworn to before me*  
*Wm Rickles*

*This Nov 2 1899* *J.W. Veal*

*Witness* *J.R. Hadaway*  
*Amey*

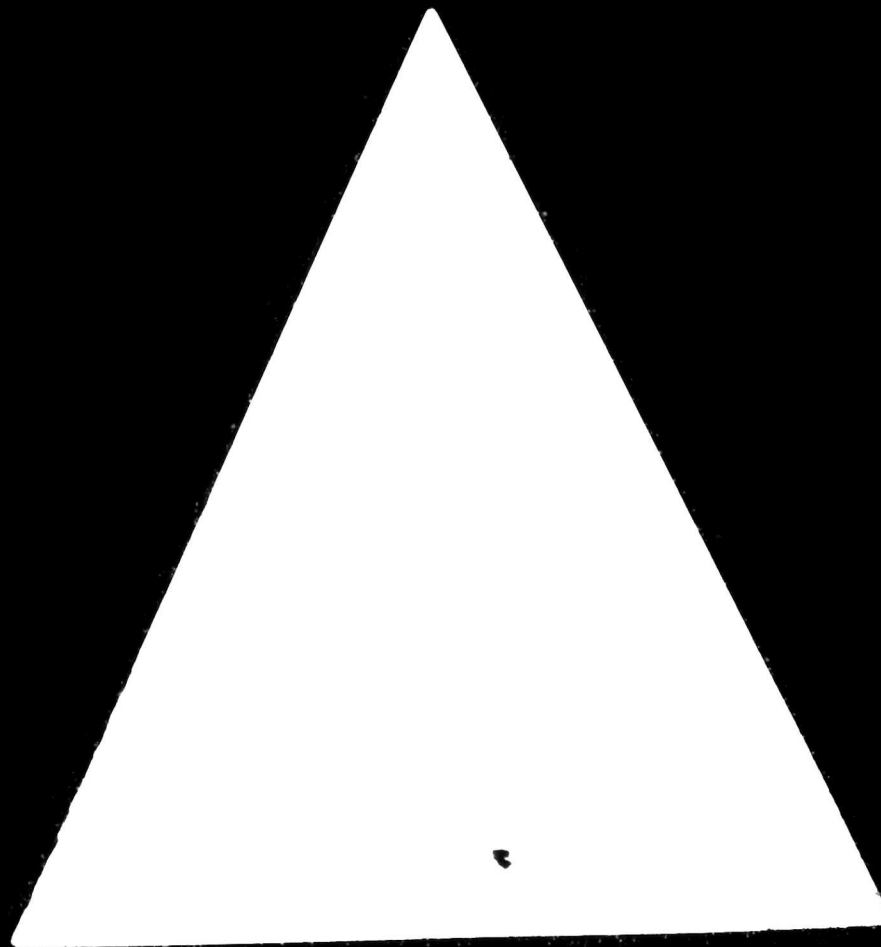
Subscribed in my presence, and sworn to  
before me, this 2d day of November, 1899.

Ordinary, Fulton Co. Georgia.

*I certify that the within facts are  
correctly stated & true - as  
certified by me - Wm Rickles  
The 2nd Nov 1899*

Ordinary, Fulton Co. Georgia.

I certify that the within house is  
made of frame finish - as is  
Candor or such - as is  
The above is the only one  
1891



MAJ 10 1951  
SERVICE OFFICE  
A. C. BIVSON, Director

W. Rogers, Caroline B. (May 1901)  
Julian C.

For Fulton County

# Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

Thos H Jeffries, Ordinary

For: Mrs. Caroline Reeves  
(Name of Pensioner)

Date of Death: **March 15** 1935

Amount: \$ 60.00

## PAID TO ORDINARY ON THIS CLAIM:

| DATE | FUND FROM WHICH PAID |  |
|------|----------------------|--|
| 1935 |                      |  |

|     |      |   |
|-----|------|---|
| 5.9 | 2000 | 1 |
|-----|------|---|

8-31-36

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| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|

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|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|

\_\_\_\_\_

11/11/11

|       |   |        |       |
|-------|---|--------|-------|
| F1130 | ✓ | TOTAL. | 60.00 |
|-------|---|--------|-------|

\_\_\_\_\_

Approved and submitted to:

Approved, and ordered paid,

5-18-5

3-79 195

*Alfred*

11/11/10

*[Handwritten signature]*

**A. L. HENSON,**  
Director, Veterans' Service, Dept.

Director, Veterans Service Office.

\_\_\_\_\_

Brandon Bond House  
By Ed Bond

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.

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

This 2 day of Sep 1934.

Brandon Bond Gordon  
By B. Bond

I certify that the above is a true copy of a record of death on file in my office.

Signed

Local Registrar V.S. Atlee





GEORGIA DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

Form No. 1

Page No.

Married, Single, and Name

1061

Place of Birth of Deceased (Country, State, County, City, Town, or Village)

Place of Birth of Mother (Country, State, County, City, Town, or Village)

Place of Birth of Father (Country, State, County, City, Town, or Village)

Place of Birth of Grandfather (Country, State, County, City, Town, or Village)

Place of Birth of Grandmother (Country, State, County, City, Town, or Village)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX ☒ Male ☐ Female

2. COLOR ☒ White ☐ Negro ☐ Other

3. AGE ☒ Under 1 Year ☐ 1 Year to 5 Years ☐ 5 Years to 10 Years ☐ 10 Years to 15 Years ☐ 15 Years to 20 Years ☐ 20 Years to 25 Years ☐ 25 Years to 30 Years ☐ 30 Years to 35 Years ☐ 35 Years to 40 Years ☐ 40 Years to 45 Years ☐ 45 Years to 50 Years ☐ 50 Years to 55 Years ☐ 55 Years to 60 Years ☐ 60 Years to 65 Years ☐ 65 Years to 70 Years ☐ 70 Years to 75 Years ☐ 75 Years to 80 Years ☐ 80 Years to 85 Years ☐ 85 Years to 90 Years ☐ 90 Years to 95 Years ☐ 95 Years to 100 Years

4. MONTH OF BIRTH ☒ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

5. DAY OF BIRTH ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 ☐ 31

6. TIME OF BIRTH ☒ Day ☐ Night

7. PLACE OF BIRTH ☒ Home ☐ Hospital ☐ Other

8. OCCUPATION ☒ None ☐ Other

9. CAUSE OF DEATH ☒ Natural ☐ Accidental ☐ Suicidal ☐ Other

10. PLACE OF DEATH ☒ Home ☐ Hospital ☐ Other

11. TIME OF DEATH ☒ Day ☐ Night

12. PLACE OF DEATH ☒ Home ☐ Hospital ☐ Other

13. TIME OF DEATH ☒ Day ☐ Night

14. PLACE OF DEATH ☒ Home ☐ Hospital ☐ Other

15. TIME OF DEATH ☒ Day ☐ Night

16. PLACE OF DEATH ☒ Home ☐ Hospital ☐ Other

17. TIME OF DEATH ☒ Day ☐ Night

18. PLACE OF DEATH ☒ Home ☐ Hospital ☐ Other

19. TIME OF DEATH ☒ Day ☐ Night

20. PLACE OF DEATH ☒ Home ☐ Hospital ☐ Other

21. TIME OF DEATH ☒ Day ☐ Night

22. PLACE OF DEATH ☒ Home ☐ Hospital ☐ Other

23. TIME OF DEATH ☒ Day ☐ Night

24. PLACE OF DEATH ☒ Home ☐ Hospital ☐ Other

25. TIME OF DEATH ☒ Day ☐ Night

26. PLACE OF DEATH ☒ Home ☐ Hospital ☐ Other

27. TIME OF DEATH ☒ Day ☐ Night

28. PLACE OF DEATH ☒ Home ☐ Hospital ☐ Other

29. TIME OF DEATH ☒ Day ☐ Night

30. PLACE OF DEATH ☒ Home ☐ Hospital ☐ Other

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH ☒ 21-5-35 ☐ 22-5-35 ☐ 23-5-35 ☐ 24-5-35 ☐ 25-5-35 ☐ 26-5-35 ☐ 27-5-35 ☐ 28-5-35 ☐ 29-5-35 ☐ 30-5-35 ☐ 31-5-35

17. I HEREBY CERTIFY That I attended the deceased from

11-5-35 to 21-5-35

I have seen the body alive on

21-5-35 and have seen the body dead on

21-5-35

The principal cause of death and related conditions in the order of onset and duration of death

Cerebral hemorrhage

Other contributing causes of importance

Swelling

What next continued diagnosis

What next continued diagnosis

What next continued diagnosis

What next continued diagnosis

What next continued diagnosis

What next continued diagnosis

What next continued diagnosis

What next continued diagnosis

What next continued diagnosis

What next continued diagnosis

What next continued diagnosis

What next continued diagnosis

What next continued diagnosis

What next continued diagnosis

What next continued diagnosis

What next continued diagnosis

What next continued diagnosis

What next continued diagnosis

What next continued diagnosis

I certify that the above is a true copy of a record of death on file in my office.  
Atlanta, Ga. March 28, 1935  
Signed *[Signature]*  
Local Registrar V.S. Atlanta, Ga.

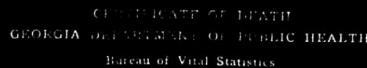
I certify that the above is a true copy of a record of death on file in my office.

Signed *D. S. Johnston*  
Local Registrar V.S. Atlanta, Ga.



CERTIFICATE OF DEATH  
GEORGIA DEPARTMENT OF PUBLIC HEALTH  
Bureau of Vital Statistics

|                                      |  |   |  |   |
|--------------------------------------|--|---|--|---|
| 1. PLACE OF DEATH                    |  | Militia District (Number and Name)                      |  | 1061                                    |
| 2. SEX                               |  | Length of residence in this city or town                |  | Yrs. Mos. & Ds. NON-RESIDENT (Y or N)   |
| 3. COLOR or RACE                     |  | 4. STREET and Number (No.)                              |  | 5. (Street) and Number (No.)            |
| 6. FULL NAME                         |  | 7. Residence (City or Town)                             |  | 8. (City and Number) and Number (State) |
| PERSONAL AND STATISTICAL PARTICULARS |  |   |  |   |
| 9. DATE OF BIRTH (month, day, year)  |  | 10. Single, Married, Widowed, Divorced (write the word) |  | 11. DATE OF DEATH                       |
| 12. AGE                              |  | 13. I HEREBY CERTIFY, That I attended the deceased from |  | 14. I last saw him alive on             |



1061

City (Street and Number) 321 Lexington Ave (State) NY

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF 21 52 - 35 - 11 P

16. DATE OF DEATH *21-5-35* 19 *4 P*

17. I HEREBY CERTIFY, That I attended the deceased from  
11/1/62 to 11/1/62

10-75-10-2-10-8

I last saw him alive on 19 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:  
Cerebral Thromboses

Other contributory causes of importance.

Smith

What test confirmed diagnosis?

If death was due to external causes (violence), fill in also the following:

Was injury an accident, suicide, or homicide? accident

Nature of Injury: 

(Signed) *J. S. Furness* 310

~~Atkins~~

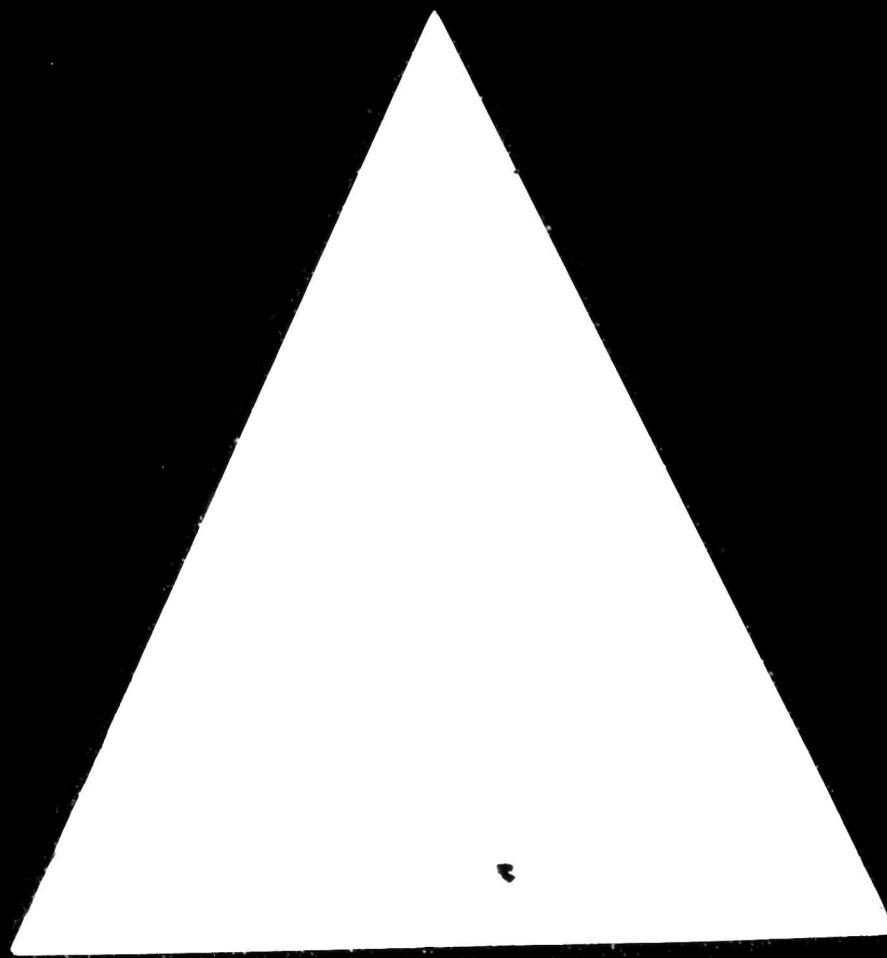
IS FILED

2000

Atlanta, Ga. March 28, 1935

10/10/1944

Local artist at N. Y. Atlanta, Ga.



POWER OF ATTORNEY.

STATE OF GEORGIA.

County, }

herely authorize \_\_\_\_\_

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

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

day of \_\_\_\_\_  
STATE OF GEORGIA,

1902.

[L.S.]

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

(FOR THOSE ALREADY ENROLLED.)

No. 140

From *Constitution 1791*  
DISABLED

SOLDIER'S PENSION  
1902.

Name *F. A. Reeves*  
County *Fulton*  
Co. *13* Regiment *13*  
Disability *Old Soldier*  
Amount, \$ *150*  
*13th* 1902

JOHN W. LINDSEY,

Commissioner of Pensions.

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

Don. W. Harrison, State Printer, Atlanta.

*No data*

STATE OF GEORGIA

County, }

FOR APPLICANTS HERETOFORE ENROLLED 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

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 \_\_\_\_\_

CODE SECTION 126.  
(FOR THOSE ALREADY ENROLLED.)

No. 140

*From Coveta 1701*  
DISABLED

SOLDIER'S PENSION

1902.

Name *F. A. Weaver*

County *Fulton*

Co. *D* Regiment *13th*

Disability *100%*

Amount, \$ *50.00*

*13th* 1902

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

*W. H. H.*

Geo. W. Harrison, State Printer, Atlanta.

*No data*

CODE SECTION 126.  
(FOR THOSE ALREADY ENROLLED.)

No. 67

DISABLED  
SOLDIER'S PENSION

1903.

Name *F. A. Weaver*

County \_\_\_\_\_

Co. *D* Regiment *13th*

Disability *100%*

Amount, \$ *50.00*

*13th* 1903.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

*W. H. H.*

Geo. W. Harrison, State Printer, Atlanta.

*No data*

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ATTORNEY PENSIONS

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Tullon County.

Personally appears J. A. Reeves

of Tullon County.

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

day of 1863, 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 4 yrs in Company 8, of 13th Regiment of Ga Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Ga, on the July day of 1864, he was wounded, injured or diseased as follows:

wounded in hip & back

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 Camden County, been allowed an invalid pension of \$5.00 Dollars, for the year 1901.

Sworn to and subscribed before me, this 13 day of Jan, 1902.

Post-office Camden

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

STATE OF GEORGIA,

Tullon County.

I, John R. Williams Ordinary of said County,

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

Given under my official signature and seal, this 13

day of Jan, 1902.

John R. Williams Ordinary Tullon County.

NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1, 1902.

COMMISSIONER OF ALIENAGE

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Tullon County.

Personally appears, J. A. Reeves

of Tullon County,

State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 1863 that he enlisted in the military service of the Con-

federate States (or of the State of Ga) during the war between the States, and served as a 4 yrs in Company 8, of 13th Regiment of Ga Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Ga, on the July day of 1864, he was wounded, injured or diseased as follows:

Wounded in hip & back

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 Camden County, been allowed an invalid pension of \$5.00 Dollars, for the year 1902.

Sworn to and subscribed before me, this the 13 day of Jan, 1903.

Post-office Camden

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

STATE OF GEORGIA,

Tullon County.

I, John R. Williams Ordinary of said County,

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

Given under my official signature and seal, this 13

day of Jan, 1903.

John R. Williams Ordinary Tullon 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

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

# 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

*Peewee, J. A.  
Fulton County*

(FOR THOSE ALREADY ENROLLED.)

No. 112

DISABLED  
SOLDIER'S PENSION  
1904.

Name *J. A. Peewee*  
County *Fulton.*  
Co. *D* Regiment *13th Reg.*  
Disability *Wounded*  
Amount \$ *72.00* 1904.

JOHN W. LINDSEY,  
Commissioner of Pensions

WARRANT HANDED TO

*Alp*

Geo. W. Harrison, State Printer, Atlanta

*no data*

*Peewee, J. A.  
Fulton County*

(FOR THOSE ALREADY ENROLLED.)

No. 127

DISABLED  
SOLDIER'S PENSION  
1905.

Name *J. A. Peewee*  
County *Fulton.*  
Co. *D* Regiment *13th Reg.*  
Disability *Wounded*  
Amount, \$ *72.00* 1905.

JOHN W. LINDSEY,  
Commissioner of Pensions

WARRANT HANDED TO

*Alp*

Geo. W. Harrison, State Printer, Atlanta

*no data*



# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
Fulton County.

Personally appears *F. A. Reeves* 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 *1843* that he enlisted in the military service of the Con-  
federate States (or of the State of *Georgia*) during the war between the  
States, and served as a *Private* in Company *10*, of *10*th Regiment  
of *10*th Volunteers *Georgia* Brigade; that whilst engaged  
in such military service in the State of *Georgia*, on the *10*th day  
of *July* 1864, he was wounded, injured or diseased as follows:

*Wounded in hip & back*

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

Sworn to and subscribed before me, this the *F. A. Reeves*  
day of *JAN 21* 1904, 1904. 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 H. Wilkinson* Ordinary of said County,  
do certify that I am well acquainted with *F. A. Reeves*  
the applicant in the foregoing affidavit, and am well satisfied that the statements made  
by him in his said affidavit are true, and I know 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 H. 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.

STATE OF GEORGIA,  
Fulton COUNTY.

Personally appears *F. A. Reeves* of *Fulton*  
County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen  
and resident of said State, and has resided therein continuously ever since the  
day of *18* That he enlisted in the military service of the Con-  
federate States (or of the State of *Georgia*) during the war between the  
States, and served as a *Private* in Company *10*, of *10*th Regiment  
of *10*th Volunteers *Georgia* Brigade; that whilst engaged  
in such military service in the State of *Georgia*, on the *10*th day  
of *July* 1864, he was wounded, injured or diseased as follows:

*Wounded July 1864*

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 *F. A. Reeves*  
day of *JAN 2* 1905, 1905. 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 H. Wilkinson* Ordinary of said County,  
do certify that I am well acquainted with *F. A. Reeves*  
the applicant in the foregoing affidavit, and am well satisfied that the statements made  
by him in his said affidavit are true, and I know 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 H. Wilkinson*  
Ordinary *Fulton* County.

Note:—Fill all blanks and of Company and Regiment.  
Note:—All vouchers and affidavits must bear date after January 1, 1906.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

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

[L. S.]

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

*Reaves, F. A.*  
*Fulton County*

(Copy Section 126)  
(FOR THOSE ALREADY ENROLLED)

No. *108*

**DISABLED  
SOLDIER'S PENSION  
1906.**

Name *F. A. Reaves*  
County *Fulton*  
Co. *1st* Regiment *3rd Ga.*  
Disability *Wound*  
Amount, \$ *50.00*

*108* 1906.

JOHN W. LINDSEY,  
(Commissioner of Pensions)

WARRANT HANDED TO  
*108*

Warrant Printed by the State Printer, Atlanta, Ga.

*no date*

*Reaves, F. A.*  
*Fulton Co.*

(Copy Section 126)  
(FOR THOSE ALREADY ENROLLED)

No. *98*

**DISABLED  
SOLDIER'S PENSION  
1907.**

Name *F. A. Reaves*  
County *Fulton*  
Co. *1st* Regiment *3rd Ga.*  
Disability *Wound*  
Amount, \$ *50.00*

*107* 1907.

JOHN W. LINDSEY,  
(Commissioner of Pensions)

WARRANT HANDED TO  
*107*

Warrant Printed by the State Printer, Atlanta, Ga.

*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 \_\_\_\_\_ 1907.

[L. S.]

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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton County.

Personally appears F. A. Reeves 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 7 day of May 1842; that he enlisted in the military service of the Confederate States, for of the State of Georgia during the war between the States, and served as a Private in Company I, of 13th Regiment of Ga. Volunteers' Brigade, that whilst engaged in such military service in the State of Georgia, on the 7 day of July 1864, he was wounded, injured or diseased as follows:

Wounded.

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.

Post-Office

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

Given under my official signature and seal, this JAN 1 1906

day of 1906.

Ordinary Fulton County.

ALL  
your  
seal  
here

NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1st, 1906.

State of Georgia,

Fulton County.

Personally appears F. A. Reeves 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 7 day of May 1842; 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 I, of 13th Regiment of Ga Volunteers' Brigade; that whilst engaged in such military service in the State of Georgia, on the 7 day of July 1864, he was wounded, injured or diseased as follows:

Wounded

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of Fulton County, been allowed an invalid pension of Fifty Dollars, for the year 1906.

Sworn to and subscribed before me, this the

day of JAN 1907.

John R. Wilkinson

Postoffice Pinnett, Peters it

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

ALL  
your  
seal  
here

NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

ORDINARY'S OFFICE,  
COWETA COUNTY,  
ORLANDO MCCLENDON,  
ORDINARY

Sevenson Ga Jan. 11<sup>th</sup> 1902-

Georgia, Coweta County.

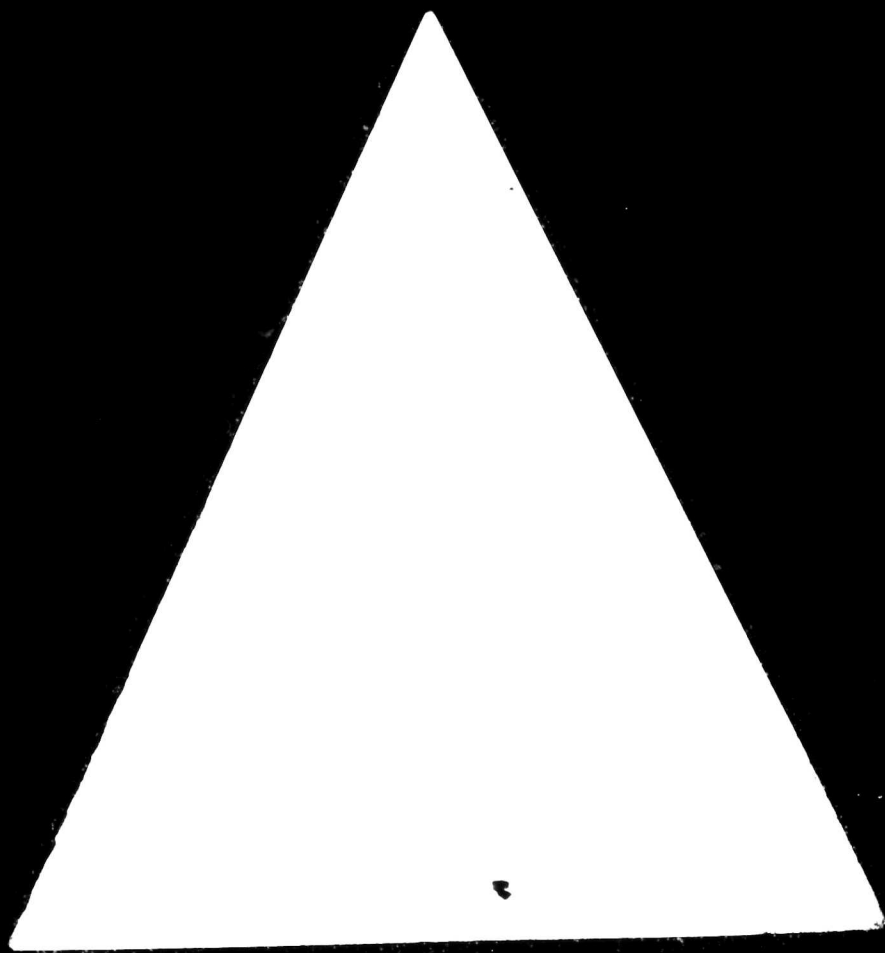
I, L. A. Perdue, Ordinary in and for said County, certify that F. A. Reeves, the bearer hereof, was on the roll of "Disabled or Invalid Soldiers" roll for said County, and drew a pension of \$5.00<sup>00</sup> for the year 1901, and has not been dropped by the grand jury of the County since that time,

Given under my hand and seal,

This Jan. 11<sup>th</sup> 1902.

L. A. Perdue  
Ordinary, Coweta Co Ga.

Mr. Reeves: Take this certificate to Ordinary Wilkinson and have your name entered for Factor County, as he draws Monday next, it will be necessary for you to attend to the matter today. I think this is best for you. Yours Very Truly  
L. A. Perdue



OK for Regt. 1939  
 Sept 1939

# Widow's Application

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

County FULTON  
 Name MRS. FANNIE REEVES  
 Widow of JAMES E. REEVES  
 Date of Marriage August 1915  
 Date of Husband's Death Aug. 21, 1927  
 Company Co.  
 Regiment 1st Regt. Co. Inf.  
 Approved Aug. 21, 1939 Lillian Henderson  
 Director.

RECEIVED

AUG 9 1939

LILLIAN HENDERSON  
 DIRECTOR

James E. Reeves enlisted as Private in Co. B, 41st Regiment Co. Inf. Moh. 4, 1st Regt. for Dec. 31, 1863, and on file, shows his present. He was admitted to the Union rolls of Cobb County, Ga., on above record and the additional statement that he was paroled, Selma, Ala., Spring of 1865.

Lillian Henderson  
 Director.

## Ordinary's Certificate

STATE OF GEORGIA.

Fulton COUNTY.

I, Thomas H. Jeffries, Ordinary of said County, do certify that I know Mrs. Fannie Reeves the applicant for pension, that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know Mrs. Lucille Lemons the witness who swears to the ~~validity of the~~ marriage; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.  
 Given under my hand and seal of office this 9th day of August, 1939.  
 (SEAL OF ORDINARY)  
Thomas 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 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 space are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
4. 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 sworn person, or by general reputation.
6. Fill out the back of the application carefully.
7. Then I 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.

Atlanta, Ga., Aug. 2,  
1939  
406 State Capitol.

James R. Reeves enlisted  
as private in Co. B, 4th  
Regiment Ga. Inf. Mob.  
1868, Roll for Dec. 31,  
last on file, shows his  
last. He was admitted to  
pension rolls of 0000  
1896, on above record  
the additional status  
he was paroled, Selma,  
spring of 1865.

Lillian Henderson  
Director.

OK for Sept.  
1939.



### Widow's Application

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

County FULTON  
Name MRS. FANNIE REEVES  
Widow of James R. Reeves  
Date of Marriage August 1913  
Date of Husband's Death Aug. 21, 1927  
Company B.  
Regiment 41st Regt., Ga. Inf.  
Approved Aug. 21, 1939 for Sept.  
*Lillian Henderson*  
Director.

RECEIVED

AUG 9 1939

LILLIAN HENDERSON  
DIRECTOR

### Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY

I, Thomas H. Jeffries, Ordinary of said County, do certify  
that I know Mrs. Fannie Reeves the applicant for pension; that  
she is the person she represents herself to be and that she has been, continuously, a bona fide resident  
citizen of said State since January 1st, 1920; that I also know Mrs. Neolis Lemons  
the witness who swears to the ~~marriage~~ marriage; that both of them are now residents  
of said County and were duly sworn by me before signing the foregoing affidavits, and that they are  
truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 21st day of August, 1939.  
(SEAL OF ORDINARY)

#### INSTRUCTIONS:

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

## QUESTIONS FOR APPLICANT TO ANSWER:

(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. Fannie Reeves 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. Fannie Reeves, 490 Elm St. N.W., Fulton County, Georgia
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 Sept. 14, 1870 Age 68
3. (1) When, (2) where and (3) to whom were you married? (1) Aug. 1913  
(2) Atlanta, Ga. (5) James R. Reeves  
a. Have you married since the death of first and soldier husband? No  
b. When and where did your first husband die? Aug. 21, 1927 in Atlanta, Ga.  
c. Were you residing together when he died? No, he lived about with his children and I resided with my daughter, Mrs. Neolis Lemons, in Fulton Co.  
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—Husband  
g. If so, when and for what cause were you or your husband placed on the roll? 1898

#### 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?
6. What was his physical condition when he left his Command?
7. What effort did he make to return to his Command?
8. In what way was he prevented from going back to his Command?
9. Was he captured by the enemy at any time?
10. If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the

21st day of Aug., 1939.  
as Barenton, C.C., Ordinary  
of Fulton County.  
(SEAL OF ORDINARY)

Mrs. Fannie (X) Reeves  
Applicant.  
mark.  
as Barenton

# An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,

County of Fulton

Before me, the Ordinary of said County, comes Mrs. Fannie Reeves  
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,

FULTON

.....COUNTY.

Mrs. Neelia Lemons of said State and County is hereby presented as a witness in support of the application of Mrs. Fannie Reeves 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).....  
Mrs. Neelia Lemons, 440 Elm St. N.W., Fulton County, Georgia.
2. How long and since when have you known Mrs. Fannie Reeves, applicant.....  
44 years, since 1895
3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State? 440 Elm St. N.W., all her life a resident of Georgia
4. When and to whom was she married? Aug. 1918 How do you know? Present at marriage
5. How long and since when did you know James R. Reeves her husband? 38 years, since 1900
6. When and where did James R. Reeves the husband of applicant, die? August 21, 1927 in Atlanta, Georgia
7. Were the applicant and her husband living together as husband and wife at the date of his death? He was living with several of his children and my mother, Mrs. Fannie Reeves, was living with me in Atlanta, Ga.
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?..... and when released?.....

Sworn to and subscribed before me, this the

9th day of August, 1938

Asa Bell, Ordinary

of Fulton, County.

(SEAL OF ORDINARY)

Mrs. Neelia Lemons  
(Witness)



A. L. LOYD  
ORDINARY  
NEWTON COUNTY  
COVINGTON, GA.

July, 27, 1939.

Mrs. Fannie Reeves,  
Atlanta, Ga.

Dear Mrs. Reeves:

I am in receipt of your letter asking about your marriage certificate. I have looked up the marriage records and I find that the record shows that J. R. Rivers and Fannie English were married on the 21st day of August, 1913. I am sure that this is your marriage records but the names given is plainly J. R. Rivers instead of J. R. Reeves. The age of the parties at the time are not given on the marriage record.

I will be glad to furnish you a certified copy of this marriage, but I will have to certify the names as given on the record. The fee for a copy of the marriage record is \$1.00.

yours very truly,

A. L. Loyd  
Ordinary

DEPARTMENT OF CONFEDERATE PENSIONS AND RECORDS  
400 STATE CAPITOL  
ATLANTA, GEORGIA

ATLANTA

Judge I. H. Jeffries,  
Ordinary, Fulton County,  
Atlanta, Georgia.

WHEREAS:

MRS. FANNIE REEVES, WIDOW OF JAMES R. REEVES,

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 September, 19 39, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 21st day of August, 19 39.

William Henderson  
Director, ~~Department of Confederate Pensions and Records~~  
~~Department of Confederate Pensions and Records~~

FROM  
I got call for  
Return to Mr. S. for  
allowance could be

James Reeves  
1913  
1916  
Call 1899  
Rockdale  
Fulton Co.  
died about 10 years  
ago Dec. 1927  
Rock Dale Co.  
July 1-1926

A. L. LOYD  
ORDINARY  
NEWTON COUNTY  
COVINGTON, GA.

July, 27, 1939.

Mrs. Fannie Reeves,  
Atlanta, Ga.

Dear Mrs. Reeves:

I am in receipt of your letter asking about your marriage certificate. I have looked up the marriage records and I find that the record shows that J.R. Rivers and Fannie English were married on the 21st day of August, 1915. I am sure that this is your marriage records but the names given is plainly J.R. Rivers instead of J.R. Reeves. The age of the parties at the time are not given on the marriage record.

I will be glad to furnish you a certified copy of this marriage, but I will have to certify the names as given on the record. The fee for a copy of the marriage record is \$1.00.

yours very truly

A. L. Loyd  
Ordinary

James A. Reeves, Rockdale -  
Fulton Co.

died about 10 years  
ago. Dec. 1927

1916  
3/11/1919

Rockdale  
1924. Fulton  
Fulton Co.  
1925

State of Georgia,  
Fulton County.

I, Robert M. personally appeared Mrs. Sarah  
Rees, wife of James R. Reeves, my father, who being duly sworn stated that James R.  
Reeves, my father, was married to Fannie English under  
date of August 21, 1915, and who continued to live to-  
gether as man and wife until about a year prior to his  
death on August 21, 1927, and there was no cause for his  
absence for that period other than his restlessness and a  
desire to visit among his children who did not reside in  
the same city where he made his permanent residence. I  
have no financial interest in this matter, and make this  
affidavit solely for the purpose of assisting his widow,  
Mrs. Fannie Reeves, in procuring a pension as the widow  
of a Confederate soldier to which I believe she is en-  
titled.

Subscribed and sworn to before  
me, this 27th day of  
July, 1939.  
Notary Public, State of Georgia, Atlanta, Ga.  
My Commission Expires March 21, 1942.

Sarah Rees Ray

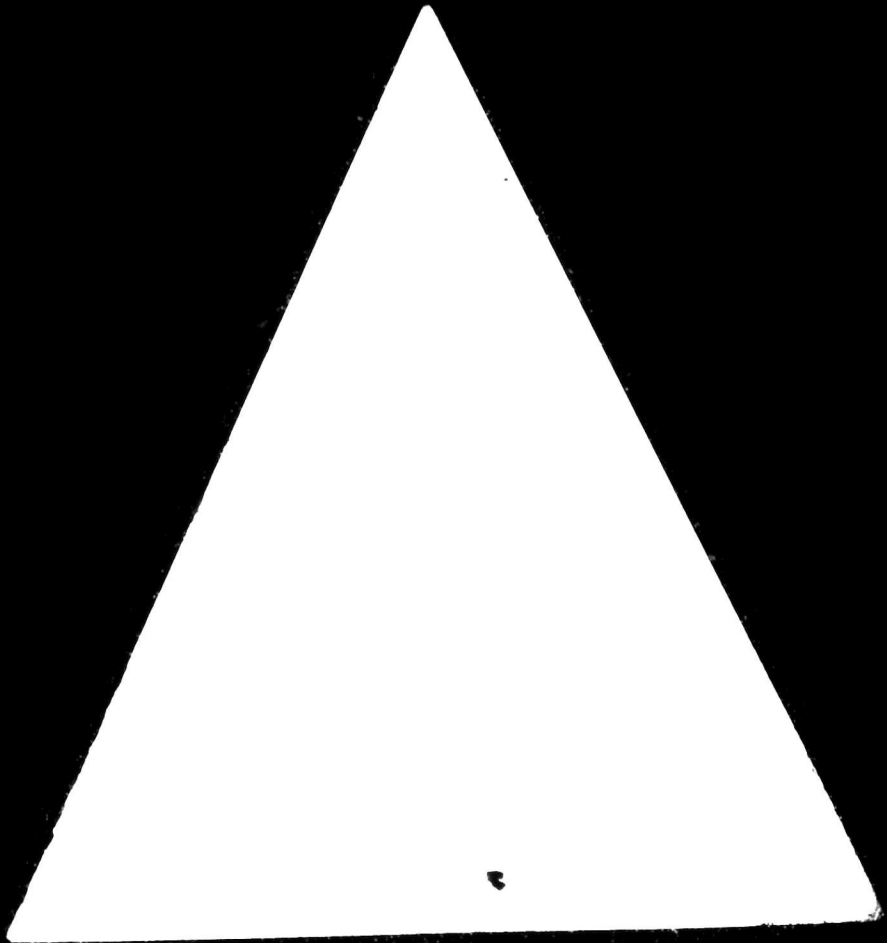
James Reeves

Rockdale  
died 1927  
Rock Dale Co.  
July 1926

FROM  
I get call cot in  
Return to him & pay  
attention to call ST

TH

For  
the  
the  
the



THE END  
**MICROFILMED FOR**  
GA. DEPT. OF  
ARCHIVES AND HISTORY

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

**Title** POPE, (MRS) ANNIE G. THRU REEVES, (MRS) FANNIE  
(ROBERT C.) (JAMES R.)  
FULTON COUNTY FULTON COUNTY

| Volume     |
|------------|
| GCP<br>204 |

GCP

| Number      |
|-------------|
| 2892139-204 |

2892139

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

*J. P. Surles*  
Operator

J. P. SURLES

DATE

11.25

**MANN FILM LABORATORIES**

**END**



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

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

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

H. V. Kiel

J. G. Beckwith

-, both known to me as reputable physicians

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

H. H. Randall

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

[illegible]

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 ... copy of ... 1897.

Ordinary

## ORDINARY'S CERTIFICATE.

## STATE OF GEORGIA.

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

I, Wm. H. R. Smith, Ordinary in and for said County, hereby certify that the applicant Wm. H. R. Smith resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz:

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

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

I further certify that the tax digest of \_\_\_\_\_ County show that applicant returned for taxation in his name in 1895, \_\_\_\_\_ dollars of property, and in 1896, \_\_\_\_\_ dollars of property.

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

Witness my hand and seal of office, this 7 2 day of July 1897.

66-27-27-Ordinary

of Franklin County

**NOTE**

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

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

Wm. F. Thompson, of said State and County, having been presented

as a witness in support of the application of Harold Plummer 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: 17

1. What is your name and where do you reside?  
 Wm. H. Atlanta, Fulton Co. Ga.

2. Are you acquainted with W. A. Hanks, the applicant, is of  
how long have you known him? Yes, forty years

3. Where does he reside, and how long has he been a resident of this State? Chattanooga, Tenn. 1894

4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? *Yes. Was in the same Co*

( 5. When, where and in what company and regiment did he enlist? Feb 73, 1st Regt

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 Confed.

erate soldier, and the time and circumstances of his discharge from the service? *Admitted*

8. What property, effects or income has the applicant? (Give your means of knowledge.)

9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if

10. What is the applicant's occupation and physical condition? *Helping Live with*

11. Is the applicant, unable to support himself by labor of any sort, if so, why? *Yes*

12. How was he supported during the years 1894 and 1896? *He made his*

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

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension

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

Sworn to and subscribed before me, this

the 19 day of May 1897.

\_\_\_\_ Ordinary

County.

hereby authorize

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

Witness my hand and seal this

day of

1897.

Executed in presence of

Plenary Dec 20 1897  
 Funched proof of born &  
 & wife in presence of  
 Quin &  
 Rich & Johnson  
 Carl Plumer

1897.

James A. Randall  
 James A. Randall

County  
 Fulton

Approved  
 1897.

WARRANT ISSUED TO

County.

to avail himself of the Pension Act approved December 15th, 1894, hereby submit his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows

1. What is your name and where do you reside? (give State, County and post office)  
*James A. Randall Atlanta Fulton Co Ga*
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?  
*Atlanta Georgia, No other residence during this State 6 1/2 years*
3. When and where were you born?  
*May 15, 1840 Cobb Co Ga*
4. When and where and in what company and regiment did you enlist or serve?  
*May 1861 - 2nd Atlanta Regt - 8th Ma Regiment  
 1st Cavalry in Atlanta Ga. Co F 1st Regt Ga Inf*
5. How long did you remain in such company and regiment?  
*For one year - was discharged from said regiment  
 on account of long service - after 5 months in said 8th Ma Regiment*
6. For how long a period did you discharge regular military duty?  
*3 1/2 years*
7. When, where and under what circumstances were you discharged from service?  
*In April 1865 - in Rome Ga - discharged because the  
 war had ended.*
8. What is your present occupation?  
*Peddler*
9. How much can you earn (gross) per annum by your own exertions or labor?  
*\$200*
10. What has been your occupation since 1865?  
*Peddling*
11. Upon which of the following grounds do you base your application for pension, viz: first "age and poverty," second "infirmary and poverty" or third "blindness and poverty"?  
*Age and poverty*
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight?  
*Applicant has long  
 been unable to make enough for 40 years - Applicant has long  
 been infirm - physical afflictions ranging from rheumatism  
 to heart trouble - all of which are now incurable - all of which are now incurable - all of which are now incurable*
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?  
*In 1894 Applicant had life interest in 7 1/2 Acres  
 of land in Fulton Co Ga but it is a suit at Law - No children  
 got the same.*
15. In what County did you reside during those years and what property did you then return for taxation?  
*Resident in Fulton Co Ga in 1894-1896 returned real estate at \$85000  
 in 1896 returned nothing because he had nothing*
16. How were you supported during the years 1895 and 1896?  
*By his own earnings  
 with the help of his wife.*
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?  
*\$120 - Applicant contributed \$20*
18. What was your employment during 1895 and 1896? What pay did you receive in each year?  
*Peddling - Profits about \$20*
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?  
*Yes - Applicant's wife - Applicant's father  
 and his wife keep a boarding house - Have no  
 homestead*
20. Are you receiving any pension, if so what amount and for what disability?  
*No*

Sworn to and subscribed before me this the

day of July 1897.

Witness my hand and seal this day of July 1897.

of Fulton County.

*James A. Randall*  
 Applicant.

Every Question MUST be Answered.



# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

of \_\_\_\_\_

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

at \_\_\_\_\_

by \_\_\_\_\_

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

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

(L. S.)

*Power of Attorney*  
*Richard Johnson*  
 COD SEC 1284  
 (For These Already Enrolled)

No. 861

INDIGENT

SOLDIER'S PENSION,

1899.

Name *Robert A. Ransom*

County FULTON

WARRANT ISSUED

1899

*48*

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

*R. J. Johnson*

Geo. W. Harrison, State Printer, Atlanta.

*16 Total*

# 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.

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

*Power of Attorney*  
*John W. Lindsey*  
*Fulton County*

COD SEC 1284

(For These Already Enrolled.)

No. 427

INDIGENT

SOLDIER'S PENSION.

1901.

Name *Robert A. Ransom*

County

WARRANT ISSUED

1901

*Aug 19*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*R. J. Johnson*

Geo. W. Harrison, State Printer, Atlanta.

*16 Total*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
FULTON County.

Personally appears Loan A. Randal 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 1857; that he is 59 years old and by occupation a Builder; 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 E, of 8th Regiment of Atlanta Infantry, that his physical condition is as follows

General Disability

that his property consists of the following items

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

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

Sworn to and subscribed before me, this, the

8 day of May, 1899.

W. H. Hulsey Ordinary.

State of Georgia,  
\_\_\_\_\_ County.

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

Given under my official signature and seal, this

day of Jan, 1899.

W. H. Hulsey Ordinary, FULTON County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
Fulton County.

Personally appears Loan A. Randal 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 1857; that he is 61 years old and by occupation a \_\_\_\_\_ that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served for the term of 3 1/2 years in Company E, of 8th Regiment of Atlanta Infantry, that his physical condition is as follows

General Disability

that his property consists of the following items

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 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

8 day of May, 1901.

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 Loan A. Randal the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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, 1901.

W. H. Hulsey Ordinary, Fulton County.

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

AMs  
your  
seal  
here.

AMs  
your  
seal  
here.

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 \_\_\_\_\_ 1900

[L. S.]

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

*Donald W. Brown, Jr.*  
*Fulton County*

CODE SEC. 1284.  
(For Those Already Enrolled.)

NO. *105*

INDIGENT

SOLDIER'S PENSION,  
1900.

Name *Donald W. Brown, Jr.*  
County FULTON

WARRANT ISSUED

*Jan 15* 1900.

JOHN. W. LINDSEY,  
Commissioner of Pensions.

WARRANT RAIDED TO

*App*

Geo. W. Randolph, State Printer, Atlanta.

*No data*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

FULTON County.

Personally appears Roan A. Randal 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 \_\_\_\_\_ 1843; that he is 60 years old and by occupation a Peddler 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 F, of 8th Regiment of Atlanta Grays Vol Inf; that his physical condition is as follows: General Debility

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

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 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 \_\_\_\_\_

15 day of Jan 1900.

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

Given under my official signature and seal, this 15

day of Jan 1900.



W. H. Hulsey Ordinary FULTON County.

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

by

Witness my hand and seal, this day of 1902.

[U. S.]

Executed in presence of

# POWER OF ATTORNEY.

STATE OF GEORGIA

County.

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

by

Witness my hand and seal, this day of 1907

[U. S.]

Executed in presence of

(FOR THOSE ALREADY ENROLLED.)

No. 348

INDIGENT

SOLDIER'S PENSION  
1902.

Name *W. A. Randall*

County

Co. *5th* Regiment

*1st* Group *1st* Regt

WARRANT ISSUED

1902.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

*W. A. Randall*

Geo. W. Harrison, State Printer, Atlanta

*10-2-10*  
*Randall, P. A.*  
*1-1-10*

(FOR THOSE ALREADY ENROLLED.)

No. 348

INDIGENT

SOLDIER'S PENSION  
1907.

Name *W. A. Randall*

County

Co. *5th* Regiment

WARRANT ISSUED

1907.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

*W. A. Randall*

Geo. W. Harrison, State Printer, Atlanta

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears

*R. A. Randal* 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 *1842*; that he is *67* years old and by occupation a *farmer* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 1/2 yrs* in Company *F*, of *8*th Regiment of *Georgia* Infantry, that his physical condition is as follows:

*Great debility*

that his property consists of the following items:

of the value of *100* 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 *Nov* 1902.

*J. R. Williamson* Ordinary.

STATE OF GEORGIA,

County.

*R. A. Randal*

*John R. Williamson*

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

Ordinary

County.

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



# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton

County.

Personally appears

*R. A. Randal* 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 *1840*; that he is *67* years old and by occupation *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 *3 1/2 yrs* in Company *F*, of *8*th Regiment of *Georgia* Infantry, that his physical condition is as follows:

*Infirmary & poverty*

that his property consists of the following items:

of the value of *100* Dollars. I am now earning by my labor, *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 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.

*John R. Williamson* Ordinary

State of Georgia,

Fulton

County.

I *John R. Williamson* Ordinary of said County,

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

Given under my official signature and seal this

day of *JAN* 1907.

Ordinary

County.

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





FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears R. A. Randal 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 \_\_\_\_\_ 1880; 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 1/2 yrs in Company 4, of 8th Regiment of Ca. Inf.; 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 \_\_\_\_\_ County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_ 1905.

Ordinary

STATE OF GEORGIA,

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

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

Given under my official signature and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1905.

Ordinary

County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton County.

Personally appears R. A. Randal 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 \_\_\_\_\_ 1880; 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 Georgia) during the war between the States, and served for the term of 3 1/2 yrs in Company 4, of 8th Regiment of Ca. Inf.; 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 \_\_\_\_\_ County, been allowed a pension for the year 1905.

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

Ordinary

State of Georgia,

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

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

Given under my official signature and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1906.

Ordinary

County.

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



Virginia } Come in person before  
Hutchinson } me A. A. Clarke. Est. Sec.  
& J. H. Hanson

all of whom are known to me as  
reputable Citizens of said County  
who being generally Quakers, say on  
oath, that they have known R. A.  
Rundell of said County for many  
past several years, and know him  
to be diseased, and the suffering  
from his affliction makes him  
infirm and feeble, and unable to  
earn his own living.

We have seen him try to perform  
manual labor, and on account  
of his affliction he was unable  
to do the work, and was found  
to give it up.

We know that said Rundell has neither  
real or personal property, nor income  
from any source, and is dependent  
on his family, and what he can  
earn from peddling for himself.  
He is unable to support himself from  
his own exertions.

Witness before me this 5<sup>th</sup> day of 1898. A. A. Clarke

J. B. of field

W. B. E. of field

A. A. Clarke  
J. H. Hanson



*Examiners*  
*Frederick County*

3252

**Soldier's Pension  
1894.**

Name *B. F. Ramsey*  
County *Frederick*  
Disability *100% Body Hurt*  
Amount, \$ *00*

W. H. HARRISON,

Secretary Executive Department

WARRANT HANDED TO

*Dr. Burkheart*

Geo. W. Harrison, State Printer, Atlanta

*6/17/98*

*Ex Delt Alacota Ga*  
*Mar 17 1894*

*The witnesses physicians*  
*are asked to answer*  
*fully following questions*  
*1 Does it appear as if*  
*arm ever inflame at the*  
*shoulder where injured?*  
*2 Can he not use his*  
*hand and arm?*  
*3 Is he not a laborer*  
*now?*  
*4 Does the injured leg*  
*inflame?*  
*5 Is there any disease*  
*bone in leg?*  
*6 Does he has he gone*  
*on crutches ever since*  
*the war? If not why not?*  
*7 Does he not go without*  
*crutch or stick constantly?*  
*8 How old is he?*  
*9 What does he do for a living?*  
*10 Applicant is*  
*asked to state how much*  
*he has promised pay as*  
*lawyer to get his pension.*  
*W. H. Harrison Sec*

me at *12* *thousand* and oblige.

*Dr. Burkheart*

*Dr. Burkheart*

Executed in the presence of us

*18 of*

[L.S.]

of *1894*

day

County, in said State, do hereby appoint  
of *Frederick*  
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 for 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 pension aforesaid.

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

Country, in said State, do hereby appoint

*Dr. Burkheart*

STATE OF GEORGIA  
*Frederick*  
KNOW ALL MEN BY THESE PRESENTS, That I

**POWER OF ATTORNEY.**

Form B.



# Physician's Affidavit.

STATE OF GEORGIA.

*Hullon* County.  
PERSONALLY comes before me *Wm L. Ransom* Ordinary of said County,  
*Wm L. Ransom* and *J. H. McDaniel*, both known to  
me as reputable physicians of said County, who being severally sworn, say on oath that they have carefully  
examined *B. F. Ransom* and after such personal examination

say that the applicant has been injured as follows:

*we had before dislocation that the Applicant  
B. F. Ransom has fracture of Clavical, and  
partial anterior dislocation of left Shoulder joint.  
Causing considerable disability as it prevents the joint to much  
applicant's arm and right hand and fingers in outwards and  
inwards motions. Joint is considerably atrophied  
Applicant also has considerable tenderness of left knee joint - Caused from  
fracture of ligamentum patellae - rendering Applicant unable  
to use his right leg. Also has complete and injured hernia on  
left side - Applicant is permanently and practically unable to  
the performance of the ordinary manual occupations of life*

We have treated applicant professionally for *three months* Applicant

Sworn to and subscribed before me this

*17* day of *March* 1894.

*W. L. Ransom*  
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, and state fully the extent of the disability.

NOTE 2.—If claim is for disability resulting from disease, state *the disease is known to*, isn't from the service as a soldier. Also state how long physicians have known and treated applicant.

STATE OF GEORGIA.

*Hullon* County.  
I *W. L. Ransom* Ordinary of said County,  
do certify that I am well acquainted with *B. F. Ransom* the  
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, *and he is disabled, as he claims*, and I know he is the individual he represents himself to be, and that he resides in this County. I also certify that the foregoing witnesses are persons of respectability and that their statements are worthy of full credit and belief.

Given under my official signature and seal this *17* day of *March* 1894.

*W. L. Ransom*  
Ordinary *Hullon* County.

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

STATE OF GEORGIA.

*Hullon* County.

PERSONALLY appears

*B. F. Ransom* of *Hullon*

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of Georgia, and has been continuously since the *9<sup>th</sup>* day of *September* 1822, 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 *88<sup>th</sup>* Regiment of *Georgia* Volunteers *Bull's Battery*

Brigade that whilst engaged in such military service, at the battle of *Atlanta* in a march *10<sup>th</sup>* day of *June* 1863, he was disabled as follows:

*while crossing a bridge below Savannah  
The bridge fell in full fall in time  
& all & was hurt, left knee being dislocated  
left shoulder being also crushed & also was  
hurt & spine injured from which injury  
I was rendered unable to perform  
manual labor & caused a partial paralysis  
of arm & leg. Thoroughly rendering this  
injury & substantially useless in  
performance 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 thereunder, ending October 26th, 1894.

Sworn to and subscribed before me this the

*14* day of *March* 1894.

*W. L. Ransom*  
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 unvarnished history of disease, tracing it directly to the service.  
NOTE.—Do not trouble to mention wounds which do not disable.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1895.

Executed in presence of us

## DIRECTIONS.

Send money to me as follows, by

to, County, Georgia.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, hereby authorize

of

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

by

at

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

day of 1896.

Executed in presence of us

Ransom, B. F.  
O-24 11/12 Co

(For Those Already Enrolled.)

No. 125

**SOLDIER'S PENSION.**

**1895.**

Name Ransom

County Fulton

Disability Disabled body hurt

Amount, \$

374

1895

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

apd

Geo. W. H. Jones, State Printer, Atlanta.

Ms Data

Ransom, B. F.

Fulton Co

ACT OF MARCH, 1867.

(For Those Already Enrolled.)

No. 377

**SOLDIER'S PENSION.**

**1896.**

Name B. F. Ransom

County Fulton

Disability Disabled body hurt

Amount, \$

376

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

apd

Geo. W. H. Jones, State Printer, Atlanta.

Ms Data

STATE OF GEORGIA

FOR Applicants Heretofore Allowed Pensions.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
Fulton County.

Personally appears E. F. Ransom 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 2th day of September 18 22; that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the States, and served as a private in Company F of 38th Regiment of Georgia Volunteers, Pennington's Brigade; that whilst engaged in such military service at the battle of Burton Battery at Savannah on the 15th day of June 1863, he was wounded as follows: Petitioner was front driver of one cannon and while crossing bridge below Savannah the bridge fell in horses and all was hurt left knee dislocated and left shoulder being also crushed and also ruptured and spine injured from which injury I was rendered unable to perform ordinary manual labor and caused a partial paralysis of arm and leg thereby rendering them essentially and substantially useless in performance 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 1894

Sworn to and subscribed before me, this the 13th day of March 1895. B. F. Ransom

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

Given under my official signature and seal, this 12th day of March 1895.



M. L. Leathrum

Ordinary Fulton County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
Fulton County.

Personally appears B. F. Ransom 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 18th day of September 18 22; that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the States, and served as a private in Company F of 38th Regiment of Georgia Volunteers, Pennington's Brigade; that whilst engaged in such military service in the State of Georgia, on the 15th day of June 1863, he was wounded, injured or diseased as follows: petitioner was front driver of one cannon and while crossing bridge below Savannah the bridge fell in horses and all was hurt left knee dislocated and left shoulder being also crushed and also ruptured and spine injured from which injury I was rendered unable to perform ordinary manual labor and caused a partial paralysis of arm and leg thereby rendering them essentially and substantially useless.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 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 16th day of February 1896. B. F. Ransom

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

Given under my official signature and seal, this 26th day of February 1896.



M. L. Leathrum

Ordinary Fulton County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

herby authorize

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

by

at

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

day of

1897

Executed in presence of

[L. S.]

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, hereby authorize

of

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

by

at

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

day of

1898.

Executed in presence of

[L. S.]

(For Those Already Enrolled.)

INVALID

SOLDIER'S PENSION.

1897.

Name

County

Disability

Amount, \$

7/20

1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

appt

W. W. HARRISON, STATE PRINTER, ATLANTA.

1897.

ACT OF OCT. 1897.

(For Those Already Enrolled.)

No.

2282

INVALID

SOLDIER'S PENSION.

1898.

Name

County

Disability

Amount, \$

7/20

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

appt

W. W. HARRISON, STATE PRINTER, ATLANTA.

no date



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears *J. F. Carson* 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 *10th* day of *Sept* 1862; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *X*, of *38th* Regiment of *Georgia* Volunteers, *Levin*'s Brigade; that whilst engaged in such military service in the State of *Georgia* on the *10th* day of *March* 1863, he was wounded, injured or diseased as follows:

*Left knee fractured while crossing bridge which fell on left shoulder crushed & fractured & dislocated &*

Dependent 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 24th, 1887. I have heretofore under said law as a resident of *Fulton* county been allowed an invalid pension of

*Five* Dollars, for the year 1886.

Sworn to and subscribed before me, this, *10th* day of *May* 1887.

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.

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

Given under my official signature and seal, this *10th* day of *May* 1887.

Am  
your  
seal  
here

Ordinary *Fulton* County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears *J. F. Carson* 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 *10th* day of *Sept* 1862; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *X*, of *38th* Regiment of *Georgia* Volunteers, *Levin*'s Brigade; that whilst engaged in such military service in the State of *Georgia* on the *10th* day of *June* 1863, he was wounded, injured or diseased as follows:

*Right hip dislocated by falling through bridge while on march. Spinal column crushed, vertebrae and spine injured.*

Dependent 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 24th, 1887. I have heretofore under said law as a resident of *Fulton* county been allowed an invalid pension of

*Five* Dollars, for the year 1887.

Sworn to and subscribed before me, this, *10th* day of *May* 1887.

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.

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

Given under my official signature and seal, this *10th* day of *May* 1887.

Am  
your  
seal  
here

Ordinary *Fulton* County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1899.

[L. S.]

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1800.

[L. S.]

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

**INVALID  
SOLDIER'S PENSION.**

**1899.**

Name *B. F. Ransome*

County *Fulton*

Disability

Amount, \$ *53*

*24* 1899.

RICHARD JOHNSON,

*Commissioner of Pensions*

WARRANT HANDED TO

*alpha*

Geo. W. Harrison, State Printer, Atlanta

**INVALID  
SOLDIER'S PENSION.**

**1900.**

Name *B. F. Ransome*

County *Fulton*

Disability

Amount, \$ *50.00*

Warrant issued *July 17* 1900.

JOHN W. LINDSEY,

*Commissioner of Pensions*

WARRANT HANDED TO

*Riley*

Geo. W. Harrison, State Printer, Atlanta

*No data*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears B. F. Ransom 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 Birth 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 F of 38th Regiment of Ga Volunteers 1st Brigade; that whilst engaged in such military service in the State of Georgia, on the    day of    1863, he was wounded, injured or diseased as follows:

*Injured in spine & ruptured from the falling in of a bridge while in the army*

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 \$50.00 Dollars, for the year 1898.

Sworn to and subscribed before me, this, the B. F. Ransom day of January 1899, POST OFFICE W. H. W. W. W.

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

Given under my official signature and seal, this 24<sup>th</sup> day of January 1899.

Ordinary W. H. W. W. Fulton County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears B. F. Ransom 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 9<sup>th</sup> day of Sept 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 G of 38th Regiment of Thompson's Volunteers Artillery's Brigade; that whilst engaged in such military service in the State of Confederacy, on the day of    1862, he was wounded, injured or diseased as follows:

*Wounded in knee*

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of \$50.00 Dollars, for the year 1899.

Sworn to and subscribed before me, this, the B. F. Ransom day of February 1900, POST OFFICE W. H. W. W.

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. W. W. Ordinary of said County, do certify that I am well acquainted with B. F. Ransom the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 February 1900.

Ordinary W. H. W. W. 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 \_\_\_\_\_

CODE SECTION 156  
(For Those Already Enrolled)

No. 246

DISABLED

SOLDIER'S PENSION.

1901.

Name B. F. Ransom

County Fulton

Disability wound in knee

Amount, \$ 50.00

John W. Lindsey 1901.  
Commissioner of Pensions

WARRANT HANDLED TO

Geo. W. Harrison State Printer, Atlanta

*no data*

CODE SECTION 156  
(FOR THOSE ALREADY ENROLLED.)

No. 18

DISABLED

SOLDIER'S PENSION

1902.

Name B. F. Ransom

County Fulton

Co. D Regiment 34th Reg

Disability wound in knee

Amount, \$ 50.00

4/15 1902

John W. Lindsey

Commissioner of Pensions

WARRANT HANDLED TO

Geo. W. Harrison State Printer, Atlanta

*no data*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County.

Personally appears *B. J. Ransom* 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 *9* day of *Sept* 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 *F*, of *38* th Regiment of *Volunteers*, *Art* Brigade; that whilst engaged in such military service in the State of *Conf*, on the day of 1862, he was wounded, injured or diseased as follows:

*Wounded in 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 *50 00* Dollars, for the year 1900.

Sworn to and subscribed before me, this the *13* day of *Jan* 1901. Postoffice *Atlanta Ga*

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

STATE OF GEORGIA,

*Fulton* County.

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

Given under my official signature and seal, this *13* day of *Jan* 1901.

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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Fulton* County.

Personally appears *B. J. Ransom* 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 *9* day of *Sept* 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 *F*, of *38* th Regiment of *Volunteers*, *Thompson*'s Brigade; that whilst engaged in such military service in the State of *Ga*, on the day of 1862, he was wounded, injured or diseased as follows:

*Wounded in 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 *50 00* Dollars, for the year 1901.

Sworn to and subscribed before me, this the *13* day of *Jan* 1902. Postoffice *Atlanta Ga*

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

STATE OF GEORGIA,

*Fulton* County.

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

Given under my official signature and seal, this *13* day of *Jan* 1902.

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

Note. Fill all blanks and of Company and Regiment.  
Note. All vouchers and affidavits must bear date after January 1, 1902.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 1903.

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 \_\_\_\_\_ 1904.

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

## DISABLED SOLDIER'S PENSION 1903.

Name B. F. Harrison  
County Fulton  
Co. F Regiment 38 Ga  
Disability Wounded in Battle  
Amount, \$ 50.00

1903

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

L. H. S.  
Sgd. W. HARRISON, STATE PRINTER, ATLANTA

*no date*

## DISABLED SOLDIER'S PENSION 1904.

Name B. F. Harrison  
County Fulton  
Co. F Regiment 38 Ga  
Disability Wounded in Battle  
Amount, \$ 50.00

1904

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

L. H. S.  
Sgd. W. HARRISON, STATE PRINTER, ATLANTA

*no date*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County,

Personally appears, *B. F. Ransom* 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 *9* day of *Sept* 1822 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 *F*, of 38<sup>th</sup> Regiment of *Geo* Volunteers *Thompson's* Brigade; that whilst engaged in such military service in the State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 1862 he was wounded, injured or diseased as follows:

*Wounded in hand*

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of \_\_\_\_\_ County, been allowed an invalid pension of *50* Dollars, for the year 1902.

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 1903.

Post-office \_\_\_\_\_

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

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

Ordinary \_\_\_\_\_

County.

NOTE: Fill all blanks and of Company and Regiment.

NOTE: All vouchers and affidavits must bear date after January 1, 1904.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears *B. F. Ransom* 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 *9* day of *Sept* 1822; 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 *F*, of 38<sup>th</sup> Regiment of *Geo* Volunteers *Thompson's* Brigade; that whilst engaged in such military service in the State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 1862 he was wounded, injured or diseased as follows:

*Wounded in hand*

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

Sworn to and subscribed before me, this the \_\_\_\_\_ day of *Jan 21* 1904.

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 *B. F. Ransom* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

Ordinary \_\_\_\_\_

Fulton County.

NOTE: Fill all blanks and of Company and Regiment.

NOTE: All vouchers and affidavits must bear date after January 1, 1904.

# POWER OF ATTORNEY.

STATE OF GEORGIA.

(COUNTY.)

I,

hereby authorize

of.

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

by

at.

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

day of

1905.

[L. S.]

Executed in the presence of

*Penney Q. J.*  
*Fulton County*

(FOR THOSE ALREADY ENROLLED.)

Cross Section 1286

No. *148*  
*La Grange Co. 1406*

DISABLED

SOLDIER'S PENSION

1905.

Name *C. J. Canem*

County *Fulton*

Co. *3* Regiment *104th*

Disability *Body disabled*

Amount, \$ *50.00*

1905

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*C. J.*

Witness my hand and official seal, this 14th day of April, 1905.

*m date*



STATE OF GEORGIA,

Fulton. COUNTY

Personally appears *B. F. Ransom* of **Fulton**.

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *all* day of *his life* 18 *that* he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *7*, of *88*th Regiment of *Co.* Volunteers *'s* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *15* day of *Jan* 186*3*, he was wounded, injured or diseased as follows.

*Disabled body. Savannah, Ga.*

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 *Fifty* County, been allowed an invalid pension of *Fifty* Dollars, for the year 1904.

Sworn to and subscribed before me, this the

day of *Jan* 1905.

Post-office

Notar—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,

Ordinary of said County,

do certify that I am well acquainted with *B. F. Ransom* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 *Jan* 1905.



Ordinary

County

Notar—Fill all blanks and of Company and Regiment

Notar—All vouchers and affidavits must bear date after January 1, 1905.

Georgia Supplemental will of  
Halter to Dr. W. L. Ramsey  
attorney for plaintiff.

Question answered by W. J. Armstrong  
A. S. Robbins & C. C. Robbins witnesses  
in above case

1st He is not a slave

2nd He can not sue or be sued  
3rd He is not a laborer

4th He is not a laborer  
5th He is not a laborer  
6th He is not a laborer

7th He does not go on crutches

8th He does not go on crutches

9th He does not go on crutches

10th He does not go on crutches

11th He does not go on crutches

12th He does not go on crutches

13th He does not go on crutches

14th He does not go on crutches

Georgia  
Baltimore

(Applicant Answer)

The question is He has been promised  
any longer any thing to get him  
freed. He is 72 years old (1841) Born 1841  
1841 (he 72 years old this year 1894)

Witnesses and names

W. L. Ramsey

Before me, Clerk

20<sup>th</sup> 1894

W. L. Ramsey

Ordinary



Atlanta Ga  
April 7<sup>th</sup> 1894  
Mr W. H. Harrison, Secy.  
pleas Send my Pension to  
me. by B. C. Burkheart  
very Resp

B. F. Ransome

C. F. 3 & 4 Ga Dep

Atlanta Ga

1. He does not know that specimens should be  
even in color, but it is our opinion that it  
would be attempted to do any thing that  
would require considerable extension or rather to  
bend it to form about an angle of 45 degrees

2. The specimen is not, the specimen  
is so close to the specimen that it is not  
to show any of the details but the limited  
nature of the specimen will not add  
to the specimen with the specimen and hand.

3. He does not know in the state that the  
specimen is so close to the specimen that it is not  
to show any of the details but the limited  
nature of the specimen will not add  
to the specimen with the specimen and hand.

4. He does not know in the state that the  
specimen is so close to the specimen that it is not  
to show any of the details but the limited  
nature of the specimen will not add  
to the specimen with the specimen and hand.

5. The specimen is so close to the specimen that it is not  
to show any of the details but the limited  
nature of the specimen will not add  
to the specimen with the specimen and hand.

6. He does not know but in the specimen con-  
dition he can go with out anything if he does  
not, more than the specimen and hand.

2.

He was never there when examined  
which we consider to be nearly impossible  
8. He claims to be in his country second year  
and in action to be worth that and

9. He does not know but evidently he has  
not been a laborer from condition of hands  
and muscles as he has stated  
and we have to be sure that we  
are not mistaken in this case

of the specimen and hand  
4 P 2 1/2

7

W. J. Newton, Jr.  
J. F. Neidhardt, Jr.

Georgia  
Baltimore

(Applicant Address)

The question is He has been pronounced  
insane some one thing to get him  
put in He is 42 years old Born 1822  
will be 43 years old this year 1894

Wanted and intended  
before me at  
20<sup>th</sup> 1894

B. L. Ransom

W. L. Ransom  
Ordinary

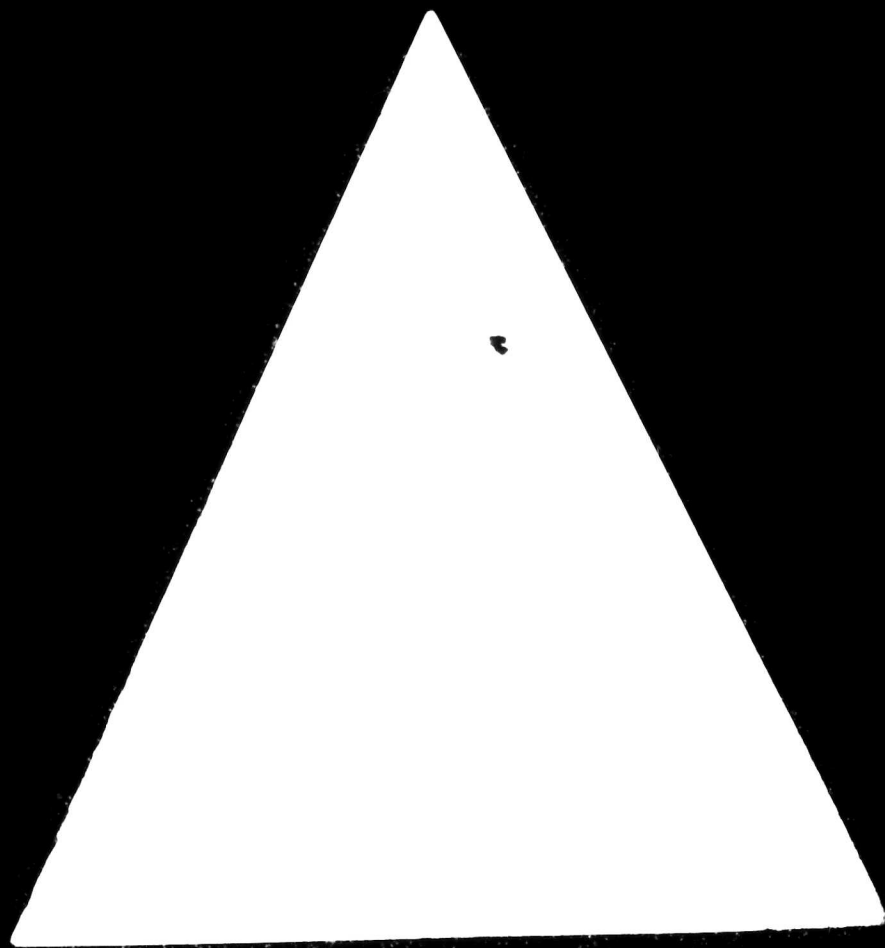
Georgia Supplemental Affidavit  
Halter to Mr. B. L. Ransom  
Application for permission

Questions answered by W. J. Armstrong  
A. S. Robbins & J. M. Robbins witnesses  
in above case

1. We do not know
- 2<sup>nd</sup> He cannot see, hear & know  
anything that requires to get him  
can be raised up
- 3<sup>rd</sup> He is not a laborer
- 4<sup>th</sup> His leg is lame that is, none  
all the time I do not know
- 5<sup>th</sup> We do not know
- 6<sup>th</sup> He does not go on crutches  
but uses stick
- 7<sup>th</sup> No, he does not go without his stick
- 8<sup>th</sup> We do not know his age, but know  
he is an old man
- 9<sup>th</sup> No business as he is unable to  
work. His family have supported  
him since March 20<sup>th</sup> 1894

W. L. Ransom  
Ordinary

W. J. Armstrong &  
A. S. Robbins  
J. M. Robbins +



*Ransom, George S.*  
*Fullon*  
*No 500 1900*

**INDIGENT PENSION**  
**1903.**

Name *Geo. S. Ransom*  
County *Fullon*  
Co. *B. 7th B. I.*  
Approved *1903*

JOHN W. LINDSEY,  
Commissioner of Pensions.

**WARRANT HANDED TO**

*Geo. S. Ransom*  
Ordinary will write Name of Applicant, Company and Regiment on back as indicated above.

Geo. W. Ransom, State Printer, Atlanta.

*10/10/03*

**POWER OF ATTORNEY.**

STATE OF GEORGIA.

*Fullon* }  
(COUNTY)

*George S. Ransom*  
*Marion S. Ransom*  
of *Fullon* County, Georgia

do hereby authorize

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

Witness my hand and seal, this *13th* day of *Oct* 1903.

Executed in the presence of

*Geo. S. Ransom* NP

*Fullon* }  
(COUNTY)

*Geo. S. Ransom*



STATE OF GEORGIA,

Fulton COUNTY.

I, George R. Hanson, hereby authorize Martin L. Howell of Atlanta Ga

to receive and receipt for the pension allowed and request that he remit same to me at 742 Second Ave by Parcel Post 1903.

Witness my hand and seal, this 13th day of Oct 1903.

Executed in the presence of  
E R Dillingham NP  
Fulton Co Ga

G R Hanson

STATE OF GEORGIA,

Fulton COUNTY.

I, George R. Hanson, of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his facts, 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)  
George R. Hanson - Atlanta Fulton Co Ga
2. How long and since when have you been a resident of this State?  
Since 1854 - 19 years
3. When and where were you born?  
March 4<sup>th</sup> 1844 - South Carolina
4. When and where and in what company and regiment did you enlist or serve?  
May 1864 - from South Carolina went as a recruit - Company B - 7<sup>th</sup> South Carolina Regt
5. How long did you remain in such company and regiment?  
until April 1865 - about April 1<sup>st</sup> - was taken a prisoner by the enemy near Goldsboro N.C. while en route
6. When and where was your company and regiment surrendered and discharged?  
was in prison - barracks at Salisbury Tenn & Paroled after Gen Sherman's surrender
7. Were you present with your company and regiment when it was surrendered?  
No - in prison
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?  
was captured a few days before the surrender and was in prison at Salisbury
9. How much can you earn (gross) per annum by your own exertions or labor?  
\$25
10. What has been your occupation since 1865?  
Lawyer - not able now
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"?  
All three grounds
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?  
Born 3 years since able to earn a support - when captured, nearly blind - can see but little - can distinguish objects at any distance - but recognize a friend or man only by close
13. What property, real and personal, or income, do you possess, and its gross value?  
None
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same?  
None
15. In what County did you reside during those years, and what property did you own on return for taxation?  
Hahersham and Fulton Counties
16. How were you supported during the years 1899, 1900, 1901 and 1902?  
By my wife & children - very scantily
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 \$80 - contribute perhaps \$25
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year?  
Had none - went out to work - to my advantage
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?  
Wife & 3 minor children 2 girls & 1 boy - April 17 - 18 - 4 1/2 - 12 - 14 - 16 - can scarcely support herself - oldest girl & son very sick - have consumption - can't work - their father is blind
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?  
Yes
22. How many applications have you ever made and under what class?  
2 - Invalid class

Sworn to and subscribed before me this the 13<sup>th</sup> day of Oct 1903.  
John W. Harrison Ordinary,  
of Fulton County.

Every Question MUST be Answered.

General George R. Hanson  
INDIGENT PENSION  
1903  
George R. Hanson  
Fulton Co Ga  
John W. Harrison  
Fulton Co Ga  
10/13/03

# AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Fulton COUNTY,

Personally came before me, Dr. J. C. Bassett and

Dr. J. C. Bassett both known to me as reputable physicians

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

John H. Thompson applicant for pension under Section 1254, Code, and after

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

He is suffering with chronic rheumatism in his hands and arms. He has about 1000 pins in his hands and arms. He is unable to do any work. He is unable to support himself. He is unable to support himself. He is unable to support himself.

Sworn to and subscribed before me, this

day of

1903

Ordinary

John R. Wilkinson

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton COUNTY,

Ordinary, in and for said County, hereby certify

that the applicant, John H. Thompson, resides in said County, and has

been a bona fide resident of this State since the

day of

189

and that the witnesses are

John H. Thompson

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

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

I further certify that the tax digest of Fulton County show that applicant returned for taxation in his name in 1899

property, and in 1900

Dollars of property, in 1901

Dollars of property, in 1902

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

Witness my hand and seal of office, this

day of

1903

Ordinary.

John H. Thompson

John H. Thompson

John H. Thompson

### 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,

Plant COUNTY,

Plant COUNTY,

John H. Thompson of said State and County, having been presented as a witness in support of the application of George H. Thompson 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? John H. Thompson  
Plant County, Ga

2. Are you acquainted with George H. Thompson 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?

Atlanta, Ga - nearly 20 years -

4. When, where and in what company and regiment did he enlist, and how do you know?

May 1864 - 1st Regt. Col. 8th - Co. A - 1st Regt. Col. 8th -

5. Were you a member of the same company and regiment? Yes - 1st Regt. Col. 8th -

6. How long did he perform regular military duty? Until 1865 - 1865 -

7. When and where was his command surrendered? April 1865 -

April 1865 -

8. Were you present when it surrendered? Yes -

9. Was applicant present? No - was in prison -

10. If he was not present, where was he? In prison -

When did he leave his command? April 1865 For what cause? Captured

By what authority he left? Captured How do you know all of this?

I was the Capt. of the Company - was there -

He was captured while in the service of the

11. What property, effects or income has the applicant? (Give your means of knowledge.)

Has none - have known him all along

12. What property, effects or income did the applicant possess in 1895, 1897, 1898, 1899, 1900, 1901 and 1902,

and what disposition, if any, did he make of same? I have

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? He is nearly blind

Has nearly during the war - suffered from a

more all the time - can see but little

15. Is the applicant unable to support himself by labor of any sort, if so, why? Yes -

Because of rheumatism and blood poisoning

Can see but very little -

16. How was he supported during the years 1895, 1897, 1898, 1899, 1900, 1901 and 1902? By his wife -

Children help a little but they are all sickly - can do much

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

Not more than 10% - perhaps not that much

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 and blood poisoning

blind - can't see how to work

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

Wife - three children - children - 2 of

them are sickly - hardly able to support

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

Sworn to and subscribed before me, this the

day of Oct 1903.

John H. Thompson

John H. Thompson

John H. Thompson

John H. Thompson

John H. Thompson

John H. Thompson

John H. Thompson

John H. Thompson

John H. Thompson

John H. Thompson

John H. Thompson

John H. Thompson

John H. Thompson

John H. Thompson

John H. Thompson

John H. Thompson

STATE OF GEORGIA,

Fulton COUNTY.  
I, John R. Wilkinson Ordinary, in and for said County, hereby certify that the applicant George T. Hanson resides in said County, and has been a bona fide resident of this State since the day of Full 1864 and that the witnesses, viz:

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

I further certify that before answering the foregoing questions the applicant and each witness took the oath herein prescribed, and that the full text of the 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 1890 \_\_\_\_\_ Dollars of property, and in 1900 \_\_\_\_\_ Dollars of property, in 1901 \_\_\_\_\_ Dollars of property, in 1902 \_\_\_\_\_ Dollars of property.

In my opinion the foregoing claim is made in good faith.  
Witness my hand and seal of office, this 13th day of Oct 1903.

John R. Wilkinson 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.
- In every case the Ordinary must certify to the character of the witness, and also the execution of the proof as above set out.

QUESTIONS FOR WITNESS.  
STATE OF South Carolina,  
Greenville COUNTY.

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

- What is your name and where do you reside? J. S. McGee Greenville, South Carolina
- Are you acquainted with George T. Hanson, the applicant, if so, how long have you known him? Since May 1864
- Where does he reside, and how long and since when has he been a resident of this State? Still there
- When, where and in what company and regiment did he enlist, and how do you know? May 1864 - Greenville Co. Co. B - 7th S.C. Heavy Artillery
- Were you a member of the same company and regiment? Yes
- How long did he perform regular military duty? Up to about April 1865
- When and where was his command surrendered? Was captured while in charge of the 7th S.C. Heavy Artillery at Ft. Sumter, Mo. April 1865
- Were you present when it surrendered? No
- Was applicant present? No
- If he was not present, where was he? In prison - had been captured
- When did he leave his command? April 1865 For what cause? Captivity
- By what authority he left? Captivity How do you know all of this? I was there - member of same Co.

- What property, effects or income has the applicant? (Give your means of knowledge.)
- What property, effects or income did the applicant possess in 1890, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same?
- Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
- What is the applicant's occupation and physical condition?
- Is the applicant unable to support himself by labor of any sort, if so, why?
- How was he supported during the years 1898, 1899, 1900, 1901 and 1902?
- 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? He has Rheumatism in his back and limbs

19. Who composes family? What property have they? Children's age and their earning capacity? No more of my own knowledge

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

Sworn to and subscribed before me, this the 12th day of October 1903.

John T. Brantley Ordinary,  
Do hereby certify that above answers are reliable and worthy of belief this Oct 12th 1903  
J. S. McGee Witness,  
John T. Brantley Probate Judge

GEORGIA, Fulton County.

I, John B. Wren, Ordinary of said county, do certify that I personally know Amanda Ransom, the applicant, and that she is the lawful widow of George Ransom, and was on the Indigent Pension Roll of said Fulton county, and was paid a Pension from Fulton county for 1905, and at the time of his death on the 1st day of February 1905, there was due to him and unpaid his Pension of Five dollars from the State of Georgia, and I know M. D. Howell, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 1st day of February 1905.  
J. B. Wren Ordinary.  
Fulton County.

Amanda Ransom  
Fulton County  
No. 4672  
1905  
Application for Pension  
Due Deceased Soldier  
Under Act 1891.  
BY  
M. D. Howell  
Witness M. D. Howell  
of County Fulton.  
Co. D. Reg't 1st U.S. Vol.  
Approved and Paid  
J. W. Lindsey,  
Commissioner of Pensions.  
1905  
M. D. Howell

GEORGIA, Fulton County.

I hereby authorize and constitute M. D. Howell of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 1905 through my deceased husband George Ransom, who was on Fulton Pension Roll and paid from Fulton for 1905.  
Witness my hand this 1st day of February 1905.

Attested before me:  
John B. Wren } Amanda Ransom  
Ordinary

# APPLICATION FOR PENSIONS DUE DECEASED SOLDIER.

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, **Fulton.** County.

Personally before me come Mrs. Geo. R. Ransom, of said county, after being duly sworn, on oath says that she is the widow of Geo. R. Ransom who was duly enrolled as a Indigent Pensioner from the county of Fulton and was paid a Pension of

Dollars from \_\_\_\_\_ county for 190\_\_\_\_, and that the said Geo. R. Ransom died in Baldwin county on the 1st day of February 1905, and at the time of his death a Pension of \$60.00 was due him from Fulton county and unpaid for 1905. Applicant further swears that she married the said Geo. R. Ransom on the 21 day of November 1873, in Anderson county and State of South Carolina 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 14th day of February 1905.  
John P. Wickham } ORDINARY  
Fulton } County. } Amanda Ransom [L. S.]

## AFFIDAVIT OF WITNESS.

GEORGIA, **Fulton.** County.

Personally before me come M. J. Howell, who on oath says that he knew Geo. R. Ransom while in life and that he knows \_\_\_\_\_ Mrs. Geo. R. Ransom, the above applicant; that he knows that the said Geo. R. Ransom and Mrs. Geo. R. Ransom were in due form of law married in the county of District of Columbia in the State of S. C. on the 21st day of November 1873, and that they resided together as husband and wife from date of marriage to the day of his death on the 1st day of Feb 1905, and I now know that she is his dependant widow.

Sworn to and subscribed before me this 15th day of February 1905.  
John P. Wickham } ORDINARY  
Fulton } County. } M. J. Howell  
mark

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.



# Georgia State Sanatorium

OFFICE OF  
STEWART POWELL

SUPERINTENDENT  
AND RESIDENT PHYSICIAN

No Visiting Allowed on Sundays

Milledgeville, Ga. 2/3/05

Mrs. G. R. Ransom,

74 Berens Ave.

Atlanta, Ga.

Dear Mrs. Ransom:-

Mr. Ransom died late Wednesday afternoon. His strength failed slowly for several weeks, and his death was not unexpected. He developed a chronic diarrhoea soon after he came here, and this was the cause of his death. His mind never improved at all, and he did not realize his condition in any degree.

We forwarded the remains to Atlanta this morning, and trust they arrived safely.

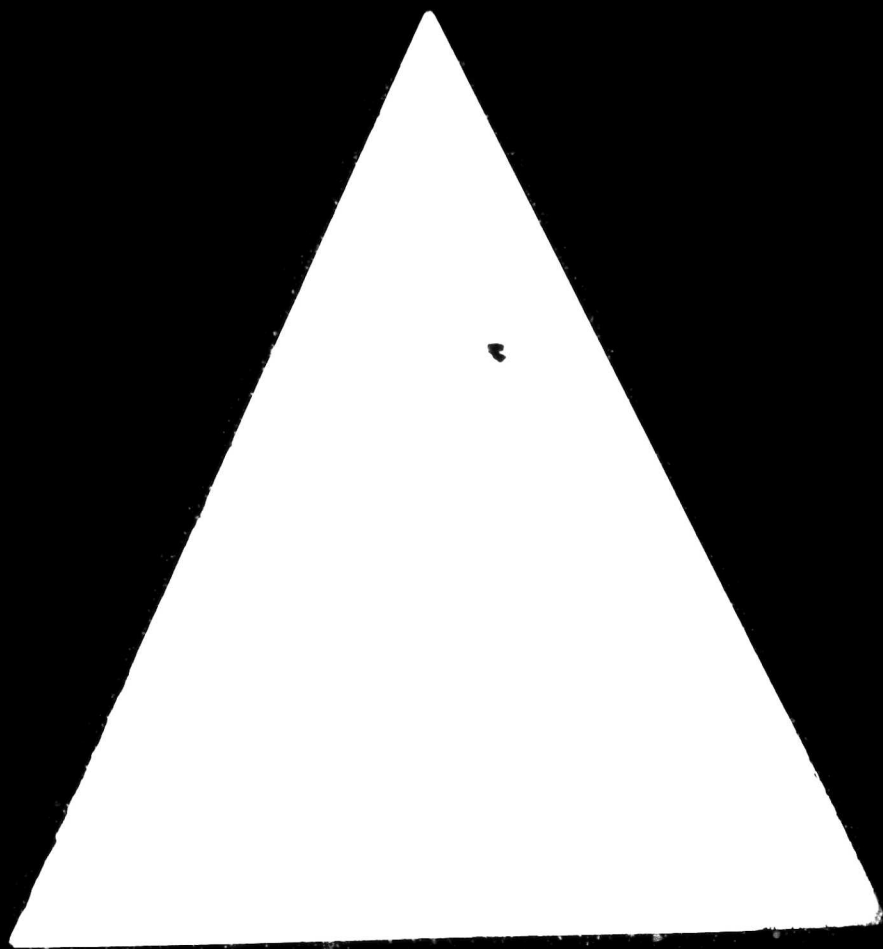
You have our deep sympathy in your affliction.

Very truly yours, S.

Supt. to.

GIVE PATIENTS' FULL NAME AND COUNTY SIGN WITH YOUR FULL NAME AND ADDRESS.

ALL COMMUNICATIONS MAKING INQUIRY ABOUT PATIENTS SHOULD BE ADDRESSED TO THE SUPERINTENDENT



POWER OF ATTORNEY.

STATE OF GEORGIA,  
County, 1

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

at \_\_\_\_\_

by \_\_\_\_\_

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

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

*Richard Johnson*  
No. 769

*Ransom, J. D.*  
**INDIGENT PENSION**  
*Fulton Co.*  
**1895.**

Name *Jordan D. Ransom*

County *Fulton*

Ground \_\_\_\_\_

*Aug 1 1896*  
RICHARD JOHNSON,

Secretary Excises Department

WARRANT HANDED TO

*Ap/ct*

Geo. W. Harrison, State Printer, Atlanta.



STATE OF GEORGIA,

County,

hereby authorize

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

Witness my hand and seal this

day of

1895

Executed in presence of

STATE OF GEORGIA,

County,

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

1. What is your name and where do you reside? (give State, County and post office)  
*Jordan D. Ransom, 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, Ga., Sixty years*
3. When and where were you born?  
*Hancock County, Ga., 15th Oct., 1834*
4. Did you volunteer in the Confederate Army or in the Georgia Militia?  
*Confederate Army*
5. When and where did you enlist?  
*Lynchburg, Va., March 4th, 1862*
6. In what company and regiment did you enlist?  
*Company G, 41st Ga. Reg't.*
7. How long did you remain in that company and regiment?  
*Until surrender, 1865*
8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer.  
*Remained with same company*
9. For how long a period did you discharge regular military duty?  
*Over three years*
10. When, where and under what circumstances were you discharged from service?  
*Discharged at the surrender*
11. What is your present occupation?  
*Collector when able to work*
12. How much can you earn per annum by your own exertions or labor?  
*Nothing*
13. What has been your occupation since 1865?  
*Merchant's Street Car driver*
14. What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or income?  
*\$10.00 Dollars per month, nothing*
15. What is your present physical condition and how long have you been in such condition?  
*Physically unable to work have been so for several years*
16. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second "infirmary and poverty" or third "blindness and poverty"?  
*Infirmary & Poverty*
17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight?  
*Have been in bad health ever since the war on account of exposure*
18. What property, effects or income do you possess?  
*None*
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same?  
*None*
20. In what County did you reside during those years and what property did you then return for taxation?  
*Fulton County, nothing to return*
21. How were you supported during the years 1893 and 1894?  
*By friends*
22. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income?  
*Do not know, nothing*
23. What was your employment during 1893 and 1894? What pay did you receive in each year?  
*Unable to work*
24. Are you married and have you a family? If so, is your wife living and how many children have you? Give age and sex of children and their means of support.  
*Yes, wife living, four children and all girls. 15-20-23-25-28 in current, one married & one with no means of support.*

attest my hand and seal this day of July 1895

INDIGENT PENSION

Jordan D. Ransom

Fulton County

RICHARD JOHNSON,

Secretary Executive Department

WARRANT RETURNED TO

after

Sworn to and subscribed before me this the  
15<sup>th</sup> day of *June* 1895. *J. D. Ransom*  
Applicant  
*M. L. Calhoun* Ordinary  
of *Fulton* County

### QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

*Fulton* County

*A. J. West* of said State and County, having been presented  
as a witness in support of the application of *J. D. Ransom* 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?  
*Atlanta Ga.*
2. Are you acquainted with *J. D. Ransom* the applicant, if so  
how long have you known him?  
*20 years*
3. Where does he reside, and how long has he been a resident of this State?  
*in. 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 in my Company  
& Regiment Co H 41st Va E S.*
5. When, where and in what company and regiment did he enlist?  
*March 4th  
1862 La Grange Ga Co H 41st Va Regt*
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 Confed-  
erate soldier, and the time and circumstances of his discharge from the service?

*He made a good soldier till the war closed*

8. What property, effects or means has the applicant? (Give your means of knowledge)  
*Nothing*
9. What property, effects or means did the applicant possess in 1893 and 1894 and what disposition,  
if any, did he make or sell?  
*Nothing*
10. What is the applicant's occupation and physical condition?  
*No occupation -  
Physical Condition bad.*
11. Is the applicant unable to support himself by labor of any sort, if so, why?  
*Yes.  
Long Continued bad health.*
12. How was he supported during the years 1893 and 1894?  
*From help from  
other people*
13. What portion of this 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 know he has been in bad  
health for years.*
15. What interest have you in the recovery of a pension by this applicant?  
*None*

Sworn to and subscribed before me, this  
the 8<sup>th</sup> day of *May* 1895. *A. J. West*  
*M. L. Calhoun*  
Ordinary

STATE OF GEORGIA,

*Fulton* County.

Personally came before me *W. C. Smith*  
*John W. Adams* both known to me as reputable physicians  
of said county, who being severally sworn, say on oath that they have examined carefully  
*J. D. Ransom* applicant for pension under the Act of 1894, and after  
such personal examination say that his precise physical condition is as follows:

*He is very weak in able to perform  
any Manual Labor from a long continued  
disease of Kidney & Bladder which have  
drained his system & weakened him  
down very low, I have treated him for several years*

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 8<sup>th</sup> day of *April* 1895.

*W. C. Smith, M.D.*  
*John W. Adams, M.D.*  
*W. L. Calhoun, Ordinary*  
ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

*Fulton* County.

I, *M. L. Calhoun* Ordinary in and for said County, hereby certify that  
the applicant *J. D. Ransom* 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 *A. J.  
West, W. C. Smith & John W. Adams*  
are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of *Fulton* County show that applicant  
returned for taxation in his name in 1893, *Nothing* dollars  
of property, and in 1894, *None* dollars of property.

Witness my hand and seal of office, this 8<sup>th</sup> day of *May* 1895.

*M. L. Calhoun* Ordinary  
of *Fulton* County

### NOTE.

Before any questions are asked, 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."

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1897.

[L. S.]

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

# POWER OF ATTORNEY.

State of Georgia,

County.

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1898.

[L. S.]

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

*Ransom, J. D.*  
*Fulton Co*  
No. *84*

WARRANT ISSUED  
(For Those Already Enrolled.)

INDIGENT

Soldier's Pension.

1897.

Name *J. D. Ransom*  
County *Fulton*

*July 18* 1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

*app. ch*

SEC. W. HARRISON, STATE PRINTER, ATLANTA.

*No date*

*Ransom, J. D.*  
*Fulton Co*  
No. *431*

WARRANT ISSUED  
(For Those Already Enrolled.)

INDIGENT

SOLDIER'S PENSION,

1898.

Name *J. D. Ransom*  
County *Fulton*

WARRANT ISSUED

*1/12* 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

*app. ch*

SEC. W. HARRISON, STATE PRINTER, ATLANTA.

*No date*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County.

Personally appears *J. D. Ransom* 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 *11th* day of *January* 1837; that he is *63* years old and by occupation a *Merchant*; 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 *41st* in Company *Co* of *41st* Regiment of *Georgia*; that his physical condition is as follows: *Spindling & bladder trouble*

that his property consists of the following items

*Nothing*

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 1897. I have heretofore as a resident of *Fulton* County been allowed a pension for the year 1896.

Sworn to and subscribed before me, this, the *11th* day of *January* 1897. *J. D. Ransom* Ordinary.

STATE OF GEORGIA,

*Fulton* County.

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

Given under my official signature and seal, this *11th* day of *January* 1897.



Ordinary *Fulton* County.

NOTE.—The blank spaces must be filled.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County.

Personally appears *J. D. Ransom* 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 *—* 1837; that he is *64* years old and by occupation a *Merchant*; 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 *—* in Company *Co* of *41st* Regiment of *Georgia*; that his physical condition is as follows: *Hindler & bladder 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 1898. I have heretofore as a resident of *Fulton* County been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, the *12th* day of *January* 1898. *J. D. Ransom* Ordinary.

State of Georgia,

*Fulton* County.

I, *W. H. Hulsey*, Ordinary of said County, do certify that I am well acquainted with *J. D. Ransom* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 *January* 1898.



Ordinary *Fulton* County.

NOTE.—The blank spaces must be filled.

# 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.)

*Parson (S. S.)*  
*Indig. Gov.*

CODE 320 1204

(For Those Already Enrolled.)

No. 662

INDIGENT

SOLDIER'S PENSION,

1899.

Name *J. D. Parson*

County *FULTON*

WARRANT ISSUED

*4/18*

1899

RICHARD JOHNSON,  
(Notarialis of Pension.)

WARRANT HANDED TO

*Alfred*

Thos. W. Harrison, State Printer Atlanta.

*W. H. T. A.*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
FULTON

County.

Personally appears J. D. Ransom 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 — 1857, that he is 65 years old and by occupation a Mechanic; 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 E, of 41th Regiment of Georgia; that his physical condition is as follows:

Kidney & bladder 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.

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

Sworn to and subscribed before me, this, the

18 day of July, 1899.

Ordinary.

J. D. Ransom

State of Georgia,

FULTON

County.

I, W. H. HULSEY,

Ordinary of said County,

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

Given under my official signature and seal, this

day of July, 1899.



W. H. Hulsey  
Ordinary FULTON County.

NOTE.—The blank spaces must be filled.

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

is entered under Sec. 12 to 7 of Vol. 1 of  
the Code to the pension for 1900 -  
this being 30th - 1900 -  
J. J. Ransom  
City Genl.

NAME, Ransom, Jordan D.

Fulton  
1896

WHEN AND WHERE BORN? Hancock County Ga. October 15, 1854.

ENLISTED WHEN AND WHERE? LaGrange, Ga. March 4th. 1862.

COMPANY AND REGIMENT? Co. E, 41st. Ga. Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Have been in bad health since the war from exposure.

CAPTURED, WHEN AND WHERE?

RELEASED,

WHEN AND WHERE SURRENDERED? 1865

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES, A. J. West, No data.

P.O. 1896 COUNTY. Fulton County.

JWT

APPLICATION FOR PENSION

DUE DECEASED SOLDIER

UNDER ACT 1891.

1891

# 2475

Ransom, J. D. Mo.  
Fulton County  
1900

Mrs. J. J. Ransom

Widow of J. J. Ransom

County Fulton

Approved and Paid

by 30 - 1900

J. J. Ransom

J. J. Ransom

# APPLICATIONS FOR PENSIONS DUE DECEASED SOLDIERS.

Under Act Approved October 9, 1891.

STATE OF GEORGIA,

COUNTY OF *Fulton*

Personally appears before me Mrs. *F. J. Ransom*  
of said County of *Fulton*

State of Georgia, who, being duly sworn, says on oath that she is the widow of *Jordan D. Ransom* who was a disabled Confederate soldier, and whose name had been duly enrolled as entitled to a pension of *\$ixty* Dollars annually from the State of Georgia. That said

died on the *2<sup>nd</sup>* day of *January* 1900, in *Fulton* County and that at his death, his right to said pension for the year ending *October 26, 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 *30* day of *January* 1900, at *Fulton* Georgia.  
*W. B. Kenley* Ordinary

It allowed, I authorize *A. Caldwell* to receive and receipt for the amount.

Attest: *W. B. Kenley* *A. J. McDaniel*

NOTE: Above form may be used by the guardian or next of kin for any dependent or minor children of the deceased soldier who dies and leaves no widow, by showing the same to said facts.

STATE OF GEORGIA,

*Fulton* County

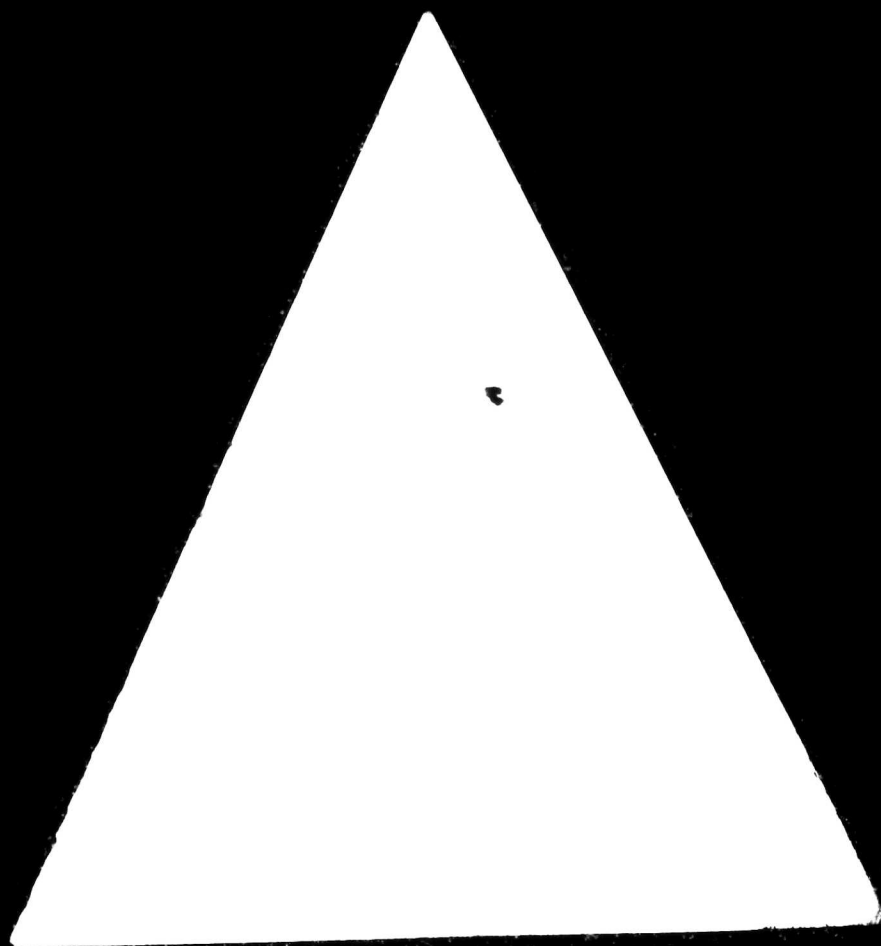
I, *W. B. Kenley* Ordinary of said County, do certify that I am personally acquainted with Mrs. *F. J. Ransom* that I know personally, or from sworn testimony of witnesses before me that she is the widow of *Jordan D. Ransom* a deceased Confederate soldier, who has been allowed a pension under the law 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 *30<sup>th</sup>* day of *January* 1900

SEAL

*W. B. Kenley* Ordinary





# POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

I

of

herby authorize

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

at

day of

by

Witness my hand and seal, this

190

[Seal]

Executed in presence of

Ransom, N.Y.C.  
Fulton County  
made with a  
DEC. 16, 1901.

No.

WIDOW'S PENSION,

1908

Mrs.

M. J. Ransom

County of

Fulton

Widow of

Benj. F. Ransom

Warrant issued

190

and handed to

J. W. LINDSEY,  
Commissioner of Pensions.

Printed by the State Printer, Atlanta, Ga.

# POWER OF ATTORNEY.

STATE OF GEORGIA, }

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

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

of \_\_\_\_\_

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

at \_\_\_\_\_

by \_\_\_\_\_

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

[SEAL]

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

# WIDOW'S AFFIDAVIT.

STATE OF GEORGIA, }

Personally came Mrs. Mrs M J Ransom

COUNTY OF Fulton }

who says on oath she is the

widow of Mr Benj Franklin Ransom to whom, in the County of

Hatfield State of Mississippi, she was married on the

14 day of October 1858, that she remained his wife up to the 11

day of November 1907, 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 Confederate Soldiers pension roll of the State of Georgia, having been allowed

a pension of \$12.00 per annum on account of being a soldier in Company B

38th Regiment, 1st Volunteers of State of Georgia

What affliction have you and how does it affect you? I have Rheumatism in my  
limbs and joints, I cannot find relief, I have

Kidney trouble, I cannot hold my urine, also have Protruding Spleen, I have  
my upper shoulder and my left wrist & motion out of place, I cannot

What have you been doing to earn a support since 1st January, 1900? making quilted tops

make quilt of hand selling them when I was able

What property or effects had you on 1st January 1900? None (Except what

and a very few wearing clothes

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 purposes? nothing

Deponent further says that she is now a resident of Fulton County, and has contin-

uously resided in the State of Georgia since the 19 day of January 1860  
and lived there all my life, I was born in the State of Georgia in the year of 1858 and 1857 which  
2 years I was away from home in the year 1858 to 1860. I have never been  
She applies for the pension provided by Act of the General Assembly, approved December 18, 1901.

Sworn to and subscribed before me, this 30 day of December 1908

Attest  
John R. West

Mrs Mary J Ransom  
John R. West  
Ordinary of Fulton County.

NOTE.—All blank spaces must be filled before signing.

WIDOW'S PENSION,

1908

Mrs M J Ransom  
County of Fulton  
Widow of Benj F Ransom

190

Warrent issued

and handed to

J. W. LINDSEY,

Commissioner of Pensions.

Ransom, M J (Mrs)  
Fulton County  
1908  
ACT DEC. 16, 1901.

# **AFFIDAVIT FOR THREE WITNESSES.**

# **CERTIFICATE OF ORDINARY OF THE COUNTY OF APPLICANT'S RESIDENCE.**

STATE OF GEORGIA, Personally came } William J. Armistead and  
COUNTY OF Fulton } S. C. Ransom  
known to me to be reputable and truthful person, who says  
on oath that from his own personal knowledge Mrs. Mary Jane Ransom  
who made the foregoing affidavit, is the widow of Benjamin Franklin Ransom  
who died in Fulton County and State of Georgia on the  
11 day of November 1907, and that she has not since married; that she became his  
wife on the 14 day of October 1858, and so remained up to the time of his death,  
and that she has resided in this State continuously since the 19 day of June 1860  
With what affliction does she suffer? Rheumatism, R. always troubles and  
Piles, has a bad cough and crippled up generally  
What property or income has she on 1st January, 1909?

What has she in her possession and control now? nothing  
How was she supported in 1909 and 1907? By Pension granted to her and  
selling of her land by the help of her husband during his life  
I have no personal interest in the pension asked for  
W. J. Armistead  
S. C. Ransom

Sworn to and subscribed before me, this 30 day of December 1908  
John H. Workman  
Ordinary of Fulton County, Georgia

## **PHYSICIANS' AFFIDAVIT.**

STATE OF GEORGIA, Personally came before me }  
COUNTY OF Fulton } J. H. Workman  
and J. H. Workman, both of whom are known to me to be reputable  
physicians, who say on oath that they personally know Mrs. Mary Jane Ransom  
mentioned in the foregoing affidavit, that she is permanently afflicted with state disease and how it prevents her  
earning a support? Rheumatism in her back is affected to such an  
extent that she is bordering on the Bright's disease, chronic  
has already set in. She suffers from (Protruding) Hemorrhoids,  
the back aches and is located at shoulder and  
in locations of left wrist and middle fingers from which she  
Sworn to and subscribed before me, this 30th day of December 1908  
John H. Workman  
Ordinary of Fulton County.

STATE OF GEORGIA, }  
COUNTY OF } in and for said County of  
State of Georgia, hereby certify that I am acquainted with Mrs.  
the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to  
me by reputable witnesses) that she resides in this County, and that she has resided in the State of Georgia con-  
tinuously since the day of 18<sup>th</sup>, and has not lived out  
of the State since that date. I also certify that the witnesses, to wit  
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  
day of 190<sup>th</sup>

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. 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

# AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA,  
COUNTY OF Fulton } Personally came  
William J. Armistead and  
S. C. [unclear], known to me to be reputable and truthful persons, who say  
on oath that from his own personal knowledge Mrs. Mary Jane Ransom  
who made the foregoing affidavit, is the widow of Benjamin Franklin Ransom  
who died in Fulton County and State of Georgia on the  
11 day of November 1907, and that she has not since married; that she became his  
wife on the 14 day of October 1888, and so remained up to the time of his death,  
and that she has resided in this State continuously since the 19 day of Jan 1880  
With what affliction does she suffer? Rheumatism, kidney troubles and  
Piles, has a bad cough and crippled up generally  
What property or income had she on 1st January, 1907? none

What has she in her possession and control now? nothing

How was she supported in 1900 and 1901? By financing guilt, [unclear] and  
selling them and by the help of her husband during his life

I have no personal interest in the pension asked for W. J. Armistead  
S. C. [unclear]

Sworn to and subscribed before me, this 30 day of December 1908  
John D. Williamson  
Ordinary Fulton County, Georgia.

## PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA,  
COUNTY OF Fulton } Personally came before me  
Dr. J. D. [unclear]  
and J. H. Vining, M.D., both of whom are known to me to be reputable  
physicians, who say on oath that they personally know Mrs. Mary Jane Ransom  
mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it prevents her  
earning a support) Rheumatism and kidney troubles  
Extent that she is bordering on a right disease Vermin  
has already set in. She suffers from [unclear] [unclear]  
She has lately had a dislocation of her shoulder also a  
dislocation of left wrist and [unclear] [unclear]

Sworn to and subscribed before me, this 30th day of December 1908  
John D. Williamson  
Ordinary Fulton County.

# CERTIFICATE OF ORDINARY OF THE COUNTY OF APPLICANT'S RESIDENCE.

STATE OF GEORGIA, I, \_\_\_\_\_ Ordinary.  
COUNTY OF \_\_\_\_\_ In and for said County of \_\_\_\_\_  
State of Georgia, hereby certify that I am acquainted with Mrs. \_\_\_\_\_  
the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to  
me by reputable witnesses) that she resides in this County, and that she has resided in the State of Georgia con-  
tinuously since the \_\_\_\_\_ day of \_\_\_\_\_, 18\_\_\_\_, and has not lived out  
of the State since that date. I also certify that the witnesses, to-wit: \_\_\_\_\_  
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 \_\_\_\_\_  
day of \_\_\_\_\_, 190\_\_\_\_.

{ SEAL }

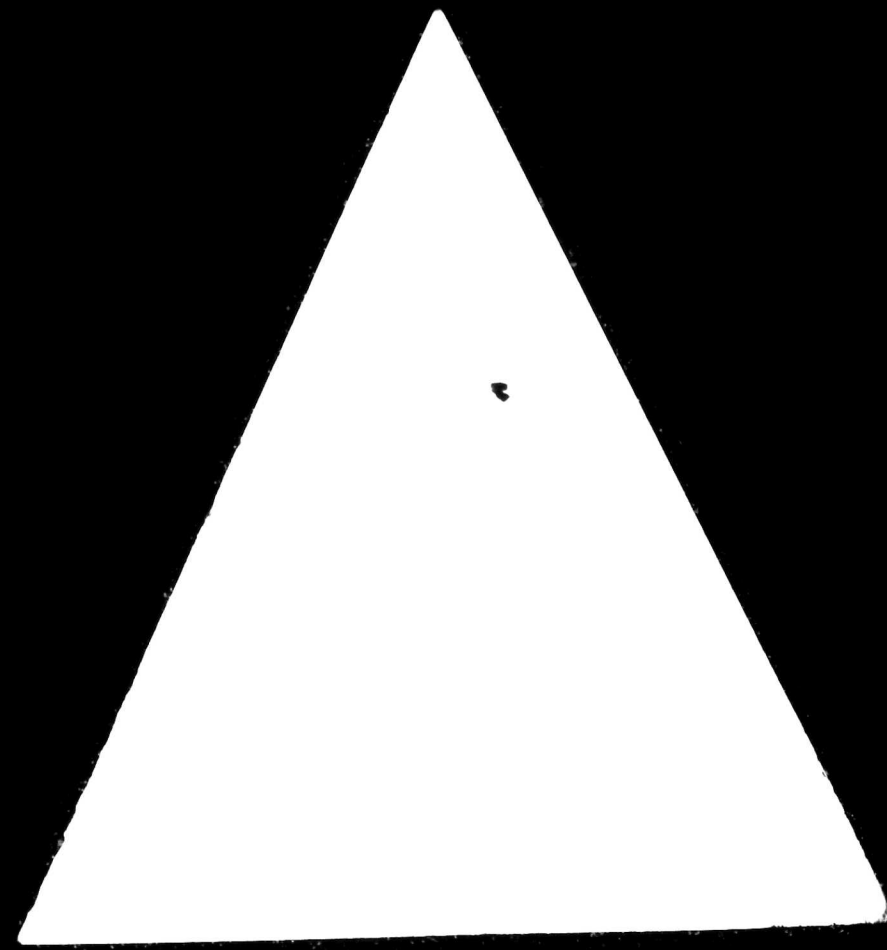
Ordinary.

## 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. Lists of marriages is [unclear] 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 possible will be required, and it is incumbent on the applicant to make out a clear case.  
Affidavits must be made in presence of the Ordinary.

*John W. Jackson*  
Ordinary of *Salisbury* County.

BUT in all cases the best proof possible 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.



*Ransom N. S.*  
*Dis approved 1929*  
*Fulton County*

**CONFEDERATE  
 SOLDIER'S APPLICATION**

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

*Dis approved*  
 County *Fulton*  
 Name *N. T. Ransom*  
 Company *C. C.*  
 Regiment *1st S. C. Regt. Quo Ryls*  
 Approved \_\_\_\_\_

*Dis approved*  
*Ind for 10-12-29*

JOHN W. CLARK,  
 Commissioner of Pensions.

*3-12-29*

STATE OF GEORGIA

**Ordinary's Certificate**

*Fulton County*  
 I, *N. T. Ransom*

Ordinary of said County, certify that I know  
 the applicant for pension, that he is the person  
 he represents himself to be, and that he has been continuously a bona fide resident citizen of said  
 State since January 1st, 1862, that I also know *E. Edmunds*, the witness, who  
 swears to the service, that both of them are now residents of said County and were duly sworn by  
 me before signing the foregoing affidavits, and they are true and trustworthy and their  
 statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this *11* day of *Aug.* 19 *29*  
 of *Fulton* County

**Instructions.**

Before any questions are asked in the ordinary, the applicant and the witness in the following  
 words: "You do solemnly swear that you will truthfully answer every question asked you and the evidence  
 you give shall be the whole truth." No oath or testimony shall be taken by the applicant or the witness  
 until he is certified by the ordinary of the County in which he resides and  
 a full and true copy of the application is made.

# APPLICATION FOR PENSION BY A SOLDIER

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

## QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

FULTON COUNTY.

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

1. What is your name and where do you reside? (Give County and Post Office)  
**M. T. Ransom, 47 Wetherby, S. E., Atlanta, Fulton Co., Ga.**
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? **Since 1881**
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? **enlisted in Army of Conf. States in 1863**
4. When and where, and in what Company and Regiment did you enlist? (State the arm and class of service, and give name of Colonel and Captain.) **1863, at Culpepper Court House Va. Co. C., 68th Reg. of Rifles, Col. Geo. M. Miller, Capt. Leonard Rogers**
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge.) **to the battle of Spottsylvania Court House May 12, 1864, later transferred to Co. A. Reserves of Home Guard, Capt. Dan McGill**  
**May 5, 1865, near Greensboro, N. C.**

7. Were you personally 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? **Near Greensboro, N. C.**

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

c. For what cause did you leave? **were disbanded**

d. By whose authority did you leave? **Col. C. C. Haddon**

e. For how long was your leave of absence 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 by the enemy at any time? **No**

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

9. Are you drawing a pension of any amount from this State or the United States? **No**

10. Have you ever applied for the Georgia Pension and had it refused? If so, for what cause was it not allowed? **No**

Sworn to and subscribed before me, this the

**12th** day of **March**, 192 **9**.

**Arthur P. Ransom** Ordinary

of **Fulton** County

(SEAL OF ORDINARY.)

Applicant.

## CONFEDERATE SOLDIER'S APPLICATION

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

County **Fulton**  
Name **M. T. Ransom**  
Company **C. C.**  
Regiment **68th S. C. Regt. Am. Regt.**  
Approved

JOHN W. CLARK,  
Commissioner of Pensions.

## Ordinary's Certificate

STATE OF GEORGIA,

**Fulton** COUNTY.

I, **John H. Jeffries**,  
**M. T. Ransom**

Ordinary of said County, certify that I know the applicant for pension, that he is the person

he represents himself to be, and that he has been, continuously, a bona fide resident citizen of said State since January 1st, 1920, that I also know **E. L. Summers**, the witness, who

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

Sworn under my hand and official seal of office this **11th** day of **March**, 19 **29**

(SEAL OF 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 give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
4. Fill out the back of the application carefully.



# Questions of Witness as to Service

STATE OF GEORGIA.

Fulton

COUNTY.

E. L. Summerell

of said State and County is hereby presented as a witness in support of the application of **E. T. Ransom** 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? **E. L. Summerell, Hapeville, Ga.**
2. How long and since when have you known **E. L. Summerell** the applicant? **for over sixty years**
3. Where does he now reside, and since when has he been, continuously, a bona fide resident of this State, and how do you know? **67 Wetherby S. E. Atlanta, Ga. since 1913 of my own knowledge**
4. When, where and in what Company and Regiment did **E. T. Ransom** enlist? (Give date and place) **1863 at Culpepper Court House, Co. E, of 14th Regt.**
5. How did you obtain your information of this Service? **I served in Co. A of the same Regt. was already in service when he enlisted**
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.) **from date of enlistment until our liberation at Spottsylvania Court House May, 1864, but was not discharged**
7. When and where was his Command surrendered or discharged? (Give date and place.) **1865 near Greensboro, E. C.**
8. Were you personally present when it was surrendered? **was not with his Co. but with another**
9. If not, where were you? **serving in my own Co. at Appomattox Court House** came you there? **Serving with my company**
10. Was the applicant personally present with his Command when it was surrendered? **yes**
11. If not, where was he? **---** and how came him there? **---**
12. When, where and for what cause did he leave his Command? (Give date.) **-----**

By whose authority did he leave his Command? **was in charge** 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 **Of my own knowledge**

13. In what way, if you know of your own knowledge, was he prevented from returning to his Command? (State clearly and specifically.) **-----**
14. What effort did he make to return to his Command and how do you know this? **-----**
15. Was applicant captured as a prisoner? **No to my knowledge** if so, when and where? **-----** in what prison was he held? **---** and when released? **-----**

Sworn to and subscribed before me, this the

11th day of March 1929

Ordinary

of Fulton

(SEAL OF ORDINARY.)

*E. L. Summerell*  
Witness:  
*Mrs. L. D. Postwood*

# Questions of Witness as to Service

STATE OF GEORGIA.

FULTON

COUNTY.

R. C. Pressly

of said State and County is hereby presented

as a witness in support of the application of **N. T. Ransom** 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? **R. C. Pressly, Soldier's Home, Atlanta, Fulton County, Ga.**
2. How long and since when have you known **N. T. Ransom** the applicant? **Have known applicant since we were in the war**
3. Where does he now reside, and since when has he been, continuously, a bona fide resident of this State, and how do you know? **67 Wetherby St. S.E., Atlanta, Ga. has resided here since 1881**
4. When, where and in what Company and Regiment did **N. T. Ransom** enlist? (Give date and place.) **I do not know exact date, but near the beginning of war. Due West, Abbeville Co. S.C. Co. 14th Regt.**
5. How did you obtain your information of this Service? **Visiting with my brother E. E. Pressly, who was in the same Co. with Mr. Ransom. J being in Co. F 36 Regt.**
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.) **from enlistment until discharge**
7. When and where was his Command surrendered or discharged? (Give date and place.) **At close of war, near Greensboro, N. C.**
8. Were you personally present when it was surrendered? **I was in another Co. See #5. Ohio**
9. If not, where were you? **I was captured and was in prison in Johnson's Island, and how came you there? Was captured by the enemy**
10. Was the applicant personally present with his Command when it was surrendered? **he was not**
11. If not, where was he? **at home in S. and how came him there? He was injured in battle and sent home.**
12. When, where and for what cause did he leave his Command? (Give date.) **I do not know battle he was injured in, somewhere in South Carolina.**

By whose authority did he leave his Command? **Injured and sent home by commander in charge** and how long was he granted leave? **Discharged from service on a/c injuries** How do you know all that you have stated to be true? If of your own knowledge, state clearly and specifically **from personal visits and correspondence**

13. In what way, if you know of your own knowledge, was he prevented from returning to his Command? (State clearly and specifically.) **On account of injuries received**
14. What effort did he make to return to his Command and how do you know this? **He was never able to return**
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

8th day of April 1923

Ordinary

of Fulton

(SEAL OF ORDINARY.)

*R. C. Pressly*  
Witness:  
*William R. Marbut*

The records show that John C. Ransom, Co. G. 1st(Orr's)  
South Carolina Rifles, C. S. A., enlisted Mar. 1, 1864 at  
Columbia, S. C.

Master roll for Nov. & Dec. 1864 (latest on file) shows him  
absent. Taken prisoner May 20, 1864, a private Prisoner of  
War records show that he was captured May 21, 1864 at Spottsyl-  
vania, Court House, Va., and released June 21, 1865 at Elmira,  
N. Y., on taking the oath of allegiance to the United States, a  
private. (Washington Record)

March 26, 1933

Hon. Thos. H. Jeffries,  
Ordinary of Fulton County,  
Atlanta, Ga.

My dear Judge:

I have not been able to approve the appli-  
cation of N. Y. Ransom for neither the applicant nor  
his witness are found on the rolls of Co. G, 1st (Orr's)  
South Carolina Rifles.

With kind regards,

Very truly yours,

Commissioner of Pensions

March 22nd, 1933.

Judge Thomas H. Jeffries,  
Ordinary, Fulton County,  
Atlanta, Georgia.

Dear Judge:

Mr. John W. Dyer, 476 Simpson St., N.-W.,  
Atlanta, Ga., who is a pensioner of Fulton County, called  
at the office this morning, and stated that he could  
supply some evidence with which to amend the application  
for pension made by Mr. N. Y. Ransom, of Fulton County,  
which was disapproved in the year 1929.

Mr. Ransom's application appears to have been  
disapproved for lack of evidence to support the statements  
made by him. No official record of his service could  
be found anywhere, and the witness, Mr. W. L. Summerell,  
was not himself a pensioner, and seemed unable to supply  
the necessary evidence from his own personal knowledge of  
the service claimed by the applicant.

I will be glad to consider anything Mr. Dyer may  
submit, through your office, but, from his statements to  
me, I fear that he, like Mr. Summerell, had no personal  
knowledge of the service claimed.

I am returning the matter to you, so that you  
may make such investigation as you think proper, and  
then accept Mr. Dyer's testimony if you consider it of  
value to Mr. Ransom.

With kindest regards,

Yours very truly,

*A. C. Johnson*  
A. C. JOHNSON  
DIRECTOR,  
VETERANS' SERVICE OFFICE.

Copy to

Mr. John W. Dyer,  
476 Simpson St., N.-W.,  
Atlanta, Georgia.

(COPY)

War Department,  
The Adjutant General's Office  
Washington, Apr. 6, 1934.

Respectfully returned to the Veterans  
Service Office, State Capitol, At-  
lanta, Ga.

The name Nick T. Ransom has not been  
found on the muster rolls on file in  
this office of Company H, 2d Regi-  
ment S. C. Rifles, C. S. A., which  
rolls cover the period from May 1,  
1863 to Feb. 26, 1865, nor has any  
record been found of his service,  
capture or parole as of that or-  
ganization, nor of any C.S. A. or-  
ganization from that State.

(Signed) JAMES F. MCKINLEY,  
Major General,  
The Adjutant General.

N. T. Ransom not found on the muster rolls of any organization  
State of South Carolina C. S. Army.

Nor has any record been found of his service, capture or parole  
as of Co. C. 1st(Orr's) South Carolina Rifles, the rolls of which cover  
the period from July 20, 1861 to Dec. 31, 1864.

Co. A. Reserves of Home Guards(Capt. Dan. McGill) has not been  
identified. (Washington Record)

CO 7421 Regt B. C. R. D. 1  
C. M. 2234  
STATE OF GEORGIA )  
County of Fulton ) ss

Before the undersigned officer duly authorized to administer oaths  
personally came E. H. Summerall who on oath says:

I live at 215 Pulliam Street, in the city of Atlanta. I am now  
66 years of age and will be 67 years on the 28th day of November, next.

I have known Nick T. Ransom practically all of my life. We were boys  
together in South Carolina at the time the Civil War began. We were  
living neighbors at the time the war began. I was about fifteen years  
old at the time and he was near my age. We went to ~~the same school~~  
~~at the same school~~ Old Pendleton, South Carolina and there enlisted in  
Capt. Garber's Company, which was in Orr's Regiment. We then went to  
White Oak Springs, in Virginia.

We served together in this Company until it surrendered at or near  
~~Appomattox~~ Appomattox Court House in April, 1865. I was with Ransom  
all through the war and we served in this company continually through  
out the entire war and surrendered together.

Soon after the war Ransom married a young lady living in the community  
who was a neighbor, a Miss Mary Mitchell, and he lived with her until  
his death. His wife is still living and I have known them since we  
were all neighbors up in South Carolina. They lived near Seneca at the  
time of their marriage and I lived near that place.

Bill McGill and John Ashew were in the same Company with us, Capt.  
Garber's Company was in Orr's Regiment throughout the War and Capt.  
Garber was in command at the time the Army surrendered.

Sworn to and subscribed before me  
this March 24th, 1934, by his mark  
*E. H. Summerall*  
E. H. State at Large-Georgia

Witnesses to signature of affiant by  
his mark

*W. H. Johnson*  
*Franklin Johnson*

GEORGIA, FULTON COUNTY.

Personally appeared John W. Dyer, who states that he was attached to the 18th Ga. Regt. Co. K. and detached at Danville, Va. at Lee's surrender and he further states of his own knowledge N. T. Ransom, an applicant to be placed on the pension roll was present at Greensboro, N. C. in the month of April, 1865, when three or four car-loads of whiskey was carried along the R. R. track and poured out upon the ground and in talking with Mr. Ransom later I found that he was there and also knew of the circumstances that followed, and that Mr. Ransom was on his way to Johnson's Army which was stationed at the railroad shops about twenty miles from Greensboro.

He further states that he personally knew Mr. Ransom for more than twenty years and believes that he did service as set out in his petition.

John W. Dyer

Sworn to and subscribed before me,  
this 8th day of May, 1883. 1933.

John B. Warburton  
C. C. ORDINARY.

GEORGIA, FULTON COUNTY.

Personally appeared N. T. Ransom, who on oath deposes and says that in 1865 he was known J. C. Ransom, but that his real name is N. T. Ransom, he states that his name may be listed either as N. T. Ransom or "Little J. C. Ransom".

N. T. Ransom

Sworn to and subscribed before me,  
this 11th day of March, 1939.

John B. Warburton  
C. C. ORDINARY.

N. T. Ransom  
67 Westbury St. N. E.,  
Atlanta



## VETERANS SERVICE OFFICE

SUCCESSOR TO THE DUTIES FORMERLY DEVOLVING UPON

THE PENSION COMMISSION  
THE ROSTER COMMISSION  
THE VETERANS SERVICE OFFICE

A. L. HENSON, DIRECTOR

STATE CAPITOL  
ATLANTA

### MEMORANDUM:

IN RE: N. T. Ransom, Fulton County:

Application filed in 1929.

Member of a South Carolina command.

Report from Adjutant-General's Office:

"N. T. Ransom not found on any muster rolls of any organization State of South Carolina, Confederate States Army, nor has any record of his service, capture or parole as of Company C, 1st (Orr's) South Carolina Rifles, the rolls of which cover the period from July 20, 1861 to December 31, 1864. Company A, Reserves of Home Guards (Captain Dan McMill) has not been identified."

"The records show that John C. Ransom, Company C, 1st (Orr's) South Carolina Rifles, Confederate States Army, enlisted March 1, 1864 at Columbia, S. C. Muster rolls for November and December, 1864 (latest on file) shows him absent. Taken prisoner, May 20, 1864, a private. Prisoner of War records show that he was captured May 21, 1864 at Spottsylvania Courthouse, Virginia, and released June 21, 1864 at Elmira, N. Y., on taking the oath of allegiance to the U. S., a private."

Applicant makes separate affidavit that as a member of Orr's Regiment he was known as J. C. Ransom, but that his real name is N. T. Ransom, and that his name may be listed . . . either as N. T. Ransom or "Little J. C. Ransom." THERE IS NO PROOF SUBMITTED TO CORROBORATE THIS AFFIDAVIT.

Applicant states he was enlisted at Culpeper Courthouse, Virginia, in 1863, and that he was discharged, with his Company, May 5, 1865, near Greensboro, N. C., the Company having been disbanded at that time and place.

E. L. Summerell, not on Georgia pension roll, but a citizen of Fulton County, testified that he served in Company A of Orr's Regiment, and that applicant was already in service, in Company C, of the same Regiment, when witness enlisted. They were separated at Spottsylvania Courthouse, Virginia, May, 1864, and that witness was not with applicant at Surrender, but was at Appomattox Courthouse, Virginia.



## VETERANS SERVICE OFFICE

SUCCESSOR TO THE DUTIES FORMERLY DEVOLVING UPON

THE PENSION COMMISSION  
THE ROSTER COMMISSION  
THE VETERANS SERVICE OFFICE

A. L. HENSON, DIRECTOR

STATE CAPITOL  
ATLANTA

2.

Witness testifies, however, that applicant did surrender in 1865 near Greensboro, North Carolina.

R. C. Pressley, an inmate of the Soldiers' Home, is now offering testimony in behalf of applicant. He states that applicant was in the same Company with his (Pressley's) brother and that knowledge of applicant's service was obtained from witness's brother. Pressley swears that applicant was injured, somewhere in South Carolina, and discharged and sent home on account of injuries, by "commander in charge."

Even if it had been proven that applicant served under the assumed name of J. C. Ransom, the record of John C. Ransom who did serve with Orr's Rifles cannot be the record of applicant.

If E. L. Summerell was a Confederate soldier, and was surrendered with Lee at Appomattox, why is he not a pensioner?

The testimony of applicant and his witnesses do not coincide. Applicant swears he was with his Company when it disbanded, at Greensboro, N. C. Summerell swears that applicant was with his Company when it disbanded, at Greensboro, N. C., but he himself having been with a command that was surrendered at Appomattox, could not have known, of his own personal knowledge, as to that. Pressley swears that he himself was captured and was in prison at Johnson's Island, Ohio, when the Surrender took place, and his testimony that applicant was injured and discharged on account of such injury is, therefore, hearsay.

Nothing except hearsay testimony has been submitted to prove the statements made by applicant as to his service, except Summerell's testimony as to the first part of applicant's service, and this testimony is made by a man who is not on the pension roll of Georgia.

April 25, 1935.

Hon. Thomas H. Jeffries, Ordinary,  
Fulton County Court House,  
Atlanta, Georgia.

In Re: Application for Pension for  
W. T. Ransom, Fulton County, Georgia.

Dear Judge:

I have carefully reviewed the evidence in this case including the supplemental affidavit of Mr. R. C. Pressley. It appears that this office has made an extensive effort to obtain the military record of the applicant. In view of the affidavit of applicant dated March 11, 1929, and appearing in the record stating that his service was under the name of J. C. Ransom, an effort was made to locate a service record in that name which would check with the date and place of enlistment given by the applicant. No record in that name can be found. Inasmuch as the statute (Code Section 1482 (3)) requires that applicant's statement be corroborated by at least one witness, or other satisfactory evidence, we seek to find the records so that we can dispense with the testimony of a comrade. Being without any service record, this applicant must supply the testimony of a comrade.

The affidavit of R. C. Pressley recently submitted is without probative value for the reason that it is based on the knowledge of E. E. Pressley rather than on the knowledge of the person making the affidavit. It is, therefore, hearsay.

Mr. E. L. Summerall, one of the supporting witnesses, seems to be without a service record himself. The record does not disclose his age or his means of knowing the facts about which he testifies. Mr. Summerall stated that he was with his company at Appomattox Court House when that organization surrendered. Necessarily he would have no means of knowing whether applicant was with his (applicant's) company or not since they were separated at Spettsylvania Court House. In view of the statute (Section 1482 (3)) which makes it entirely necessary for the applicant to prove not only his enlistment but his honorable separation by being present when his command surrendered or otherwise account-

Page #2. Hon. Thos. H. Jeffries, Ordinary. 4/25/35.

ing for himself, it occurs to me that it will be necessary for him to submit an affidavit from some person who has personal knowledge as to the circumstances under which he was separated from the service. This will, of necessity, have to come from some person who was present with him when he surrendered or some record showing that he was absent by having been captured or furloughed for some legitimate reason and could not, on that account, be present at the time his organization surrendered.

Even though Mr. Summerall has no military record appearing in the archives of confederate records I shall accept his affidavit showing enlistment and the only point that must be cleared up is evidence of probative value showing his honorable separation in the manner pointed out.

The John C. Ransom, of whom we have a record, enlisted March 1, 1864, at Columbia, S. C. This could not be the applicant because he states that he enlisted in 1867 at Culpepper Court House in Virginia.

This letter will indicate to you what additional proofs are necessary in order to entitle the application to favorable consideration. I am placing the application in the suspense file in the hope that Mr. Ransom will be able to supply the necessary evidence.

Yours very truly,

Director.

ALH:LE

May 16, 1935.

Hon. Thomas H. Jeffries, Ordinary,  
Fulton County Court House,  
Atlanta, Georgia.

In Re: Application for Pardon for M. T. Hansen  
Fulton County, Georgia.

Dear Judge:

This file has been supplemented by the affidavit of Mr.  
John W. Dyer.

Mr. Dyer's affidavit, shown by its recitals that the  
information which he purports to give was obtained in talking with  
Mr. Hansen long after April 1905. On that date Mr. Dyer testifies  
to an occurrence; Three or four car loads of whiskey was carried  
along the railroad track and poured out upon the ground .....  
that he (Dyer) was present and knew all of the circumstances that  
followed and that Mr. Hansen was on his way to Johnson's Army  
stationed at the Railroad Shops twenty miles from Greensboro.

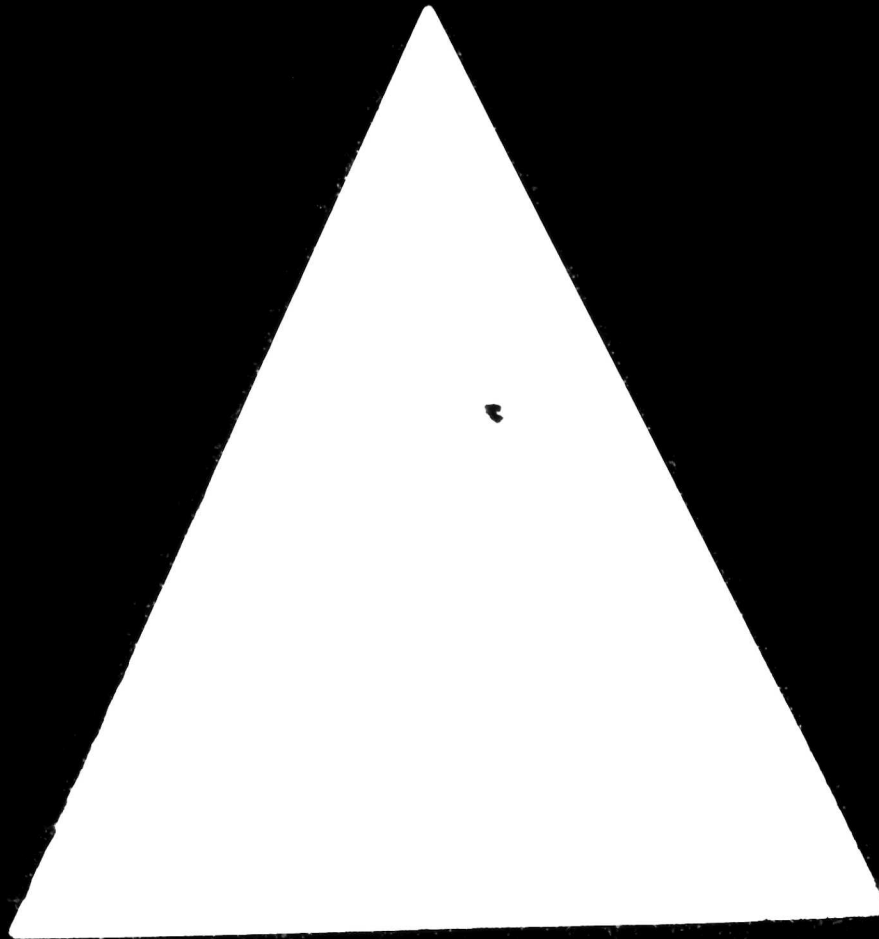
He did not see Mr. Hansen there for he states in his  
affidavit that he has known Mr. Hansen about twenty years. He  
did not become acquainted with Mr. Hansen until nearly fifty years  
after this occurrence and his knowledge must of necessity be based  
on hearsay.

The statute requires evidence corroborating the statements  
of the applicant. Since there is no military record to corroborate  
his statements, it is entirely necessary to find someone who, from  
his own knowledge, can corroborate the applicant. Mr. Dyer bases  
his affidavit entirely upon the statements of the applicant as he says  
in his affidavit "in talking to Mr. Hansen later I found that he was  
there". The effect of this is to leave the entire case resting upon  
Mr. Hansen's testimony and not Mr. Dyer's.

It is my opinion therefore that Mr. Dyer's affidavit is  
persuasive and would cause him to believe that Mr. Hansen was there  
yet it falls far short of the testimony required by statute.

permeable and would cause him to believe that Dr. Rosen was there  
yet it falls far short of the testimony required by statute.

\*\*\*\*\*





*Ransom, William H.*  
*Fulton County*

CODE 220, 1254.  
(For Those Already Enrolled.)

NO. *1074*

INDIGENT  
SOLDIER'S PENSION,  
1900.

Name

*Wm H. Ransom*

County

*FULTON*

WARRANT ISSUED

*July 15* 1900.

JOHN. W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDRED TO

*Wm H*

Geo. W. Harrison, State Printer, Atlanta.

*Can't find*

POWER OF ATTORNEY.  
STATE OF GEORGIA,  
County. }

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

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

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

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

Executed in presence of

[L. S.]

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

FULTON

County.

Personally appears Wm. N. Ranson of FULTON

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 1<sup>st</sup> day of Dec- 1888; that he is 55 years old and by occupation a \_\_\_\_\_ that he enlisted in the military service of the Confederate States (or of the State of La-) during the war between the States, and served for the term of 3 Years in Company \_\_\_\_\_ of \_\_\_\_\_th Regiment of Arms Regiment - S.C.; that his physical condition is as follows: \_\_\_\_\_

General Ability

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

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

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

Sworn to and subscribed before me, this, the 15 day of Janu 1900. Wm. N. Ranson Ordinary.

State of Georgia,

FULTON

County.

I, W. H. HULSEY,

Ordinary of said County,

do certify that I am well acquainted with Wm. N. Ranson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Janu 1900.



Wm. N. Ranson 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, }

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

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

of

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

at

by

Witness my hand and seal, this

day of

1907

[L. S.]

Executed in presence of

For Those Already Enrolled.

No. 308

INDIGENT

SOLDIER'S PENSION.

1901.

Name *John W. Lindsey*  
County *Fulton*

WARRANT ISSUED

*July 16*

1901.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

*W. H. H.*

JOHN W. LINDSEY, COMMISSIONER OF PENSIONS.

*W. H. H.*

*James William H. Lindsey*  
*Fulton Co.*

Under Section 184.  
(FOR THOSE ALREADY ENROLLED)

No. 4

INDIGENT

SOLDIER'S PENSION

1907.

Name *John W. Lindsey*

County *Fulton*

Co. *A* Regiment

*W. H. H.*

WARRANT ISSUED

1907

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

*W. H. H.*

JOHN W. LINDSEY, COMMISSIONER OF PENSIONS.

*W. H. H.*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County }

Personally appears

*Wm. H. Harrison* of *Fulton*

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of *1838*; that he is *66* years old and by occupation a *Farmer*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States and served for the term of *3 yrs* in Company *10* of *10*th Regiment of *Infantry*; that his physical condition is as follows:

*Chronic 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, 1890, 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.

*Wm. H. Harrison*

Sworn to and subscribed before me, this *7th*

day of *January*, 1907.

*John P. Wickham* Ordinary

STATE OF GEORGIA,

County }

*John P. Wickham* Ordinary of said County,

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

Given under my official signature and seal, this *7th*

day of *January*, 1907.

*John P. Wickham* Ordinary *Fulton* County

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

# FOR AFFIDAVITS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton

County.

Personally appears

*Wm. H. Harrison* of *Fulton*

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of *1838*; that he is *63* 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 *10* of *10*th Regiment of *Infantry*; that his physical condition is as follows: *Age & poverty*

that his property consists of the following items: *See 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, 1890, 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 *January*, 1907.

*John P. Wickham* Ordinary *Wm. H. Harrison*

State of Georgia,

County.

*John P. Wickham* Ordinary of said County,

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

Given under my official signature and seal this

day of *JAN 2*, 1907.

*John P. Wickham* Ordinary \_\_\_\_\_ County



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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I,

hereby authorize

of

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

at

by

Witness my hand and seal, this

day of

1902

[L. S.]

Executed in presence of

*Lawson, W. H. H. H.*

*Or. 1 Fulton Co*

*1:*

CODE SECTION 12

(FOR THOSE ALREADY ENROLLED.)

No.

*67*

INDIGENT

SOLDIER'S PENSION

1902.

*W. H. H. H.*

Name

*W. H. H. H.*

County

*Fulton*

Co.

*Or. 1*

WARRANT ISSUED

*1/14*

1902.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDLED TO

*1/14*

JOHN W. LINDSEY, SHERIFF, FULTON CO.

*1/14*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears Wm N Ransom 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 Dec 1888; 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        of 1st Regiment of Orre Regt 8 Co that his physical condition is as follows: F + P

that his property consists at 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.

Ordinary.

STATE OF GEORGIA,

Fulton County.

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

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

Ordinary.

County.

No. 2.—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 Wm N Ransom 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 Dec 1888; 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        of 1st Regiment of Orre Regt 8 Co that his physical condition is as follows: F + 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 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        1904.

Ordinary.

STATE OF GEORGIA,

Fulton County.

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

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

Ordinary.

County.

No. 2.—The blank spaces must be filled.  
Note.—Affidavit should not be attested before January 1st, 1903.

# POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY }

I,

hereby authorize

of

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

at

by

Witness my hand and seal, this

day of

1905.

[L. S.]

Executed in the presence of

*Ransom, William H.*  
*Fulton County*

(FOR THOSE ALREADY ENROLLED.)

CODE SECTION 1254

No. 78

INDIGENT

**SOLDIER'S PENSION  
1905.**

Name *Wm. H. Ransom*

County

Co.

*Regt. D. C.*

WARRANT ISSUED

*1/18*

1905.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

*C. H. H.*

THE PENALTY FOR PRINTING AND PUBLISHING CO., ATLANTA, GA.

*no data*

*Ransom, William H.*  
*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

1906.

[L. S.]

Executed in the presence of

(FOR THOSE ALREADY ENROLLED.)

CODE SECTION 1254

No. 319

INDIGENT

**SOLDIER'S PENSION  
1906.**

Name *Wm. H. Ransom*

County

Co.

*Regt. D. C.*

*Arch. Carolina*

WARRANT ISSUED

*1/12*

1906.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

*C. H. H.*

THE PENALTY FOR PRINTING AND PUBLISHING CO., ATLANTA, GA.

*no data*

FOR AFFIDAVANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears Am. W. Ransom 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 62 years old and by occupation a Mechanic, that he enlisted in the military service of the Confederate States or of the State of S. C. during the war between the States and served for the term of 3 yrs in Company A, of 16th Regiment of Orns. S. C. Regt; 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 14 day of Jan, 1905.

Ordinary.

STATE OF GEORGIA.

Fulton County.

I, Am. W. Ransom 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 14 day of Jan, 1905.

Ordinary

Fulton

County.

Note.—The blank spaces must be filled.

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

Fulton County.

Personally appears Am. W. Ransom 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 62 years old and by occupation a Mechanic, that he enlisted in the military service of the Confederate States (or of the State of S. C.) during the war between the States, and served for the term of 3 yrs in Company A, of 16th Regiment of Orns. S. C. Regt; 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 1905.

Sworn to and subscribed before me, this the 14 day of Jan, 1905.

John R. Witherspoon Ordinary

State of Georgia,

Fulton County.

I, John R. Witherspoon Ordinary of said County, do certify that I am well acquainted with Am. W. Ransom the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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, 1905.

Ordinary

Fulton County.

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



IN THE MATTER OF

VS.

OFFICE OF SHERIFF FULTON COUNTY  
**JOHN W. NELMS, SHERIFF.**

DEPUTIES:

A. J. Shropshire, N. A. Chastain,  
L. P. Thomas, W. G. Tolbert,  
Joah. Tye, Jno. T. Jones,  
John J. Fain, J. M. Goldsmith,  
Dan Perkins.

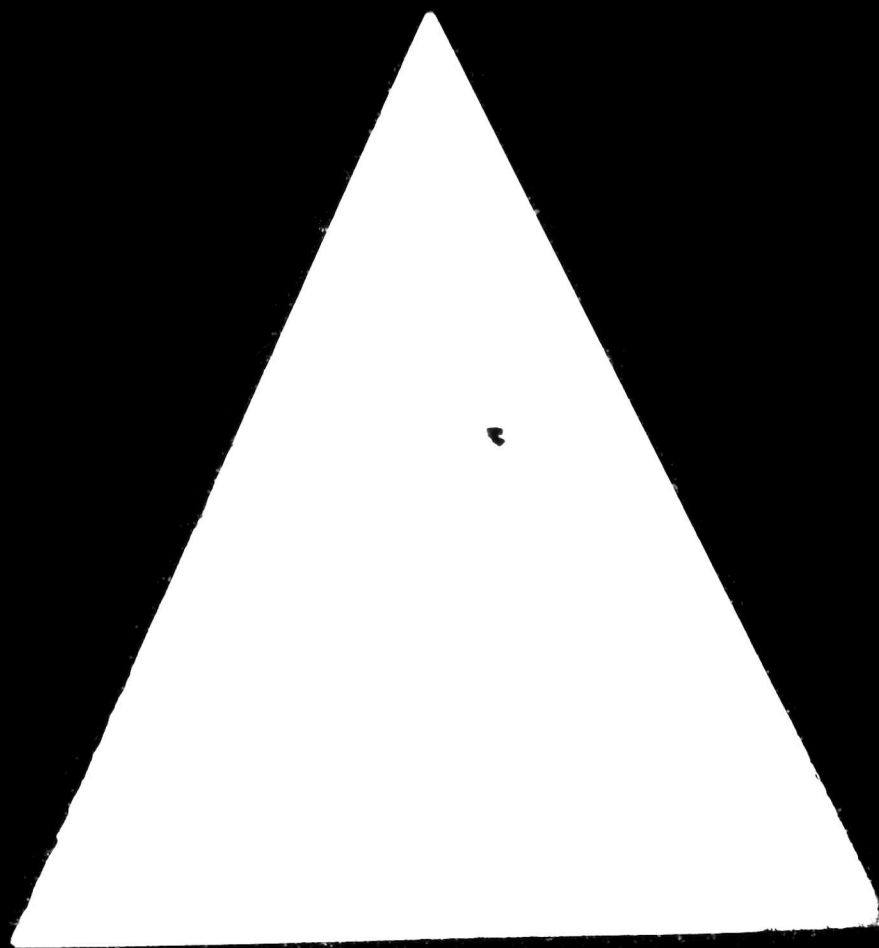
ATLANTA, GA. *July 17th* 190*6*

Hon John W. Lindsey,  
Comr of Pensions  
Atlanta, Ga.

Dear Sir:

I certify that the  
bearer of this letter is *Wm*  
A Ransom. I have known  
him for fifteen years.

John W. Nelms,  
Sheriff.



*Rary W. M.*  
*Gulton Co. 19*

No. 558

**Application for Allowance**

FOR

*Right Arm disabled*

*Applicant W. M. Rary*

*County Gulton*

*Amount \$5*

*Date of Warrant Apr. 14/88*

*Entered on Record,*

*Apr 18*

138

*W. M. H.*

Secretary Executive Department.

STATE OF GEORGIA,  
Fulton County

PERSONALLY appears *Wm Rary* 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 *November* 1865; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *E*, of *42nd* Regiment of *A. C.* Volunteers *Martins*'s Brigade; that whilst engaged in such military service, at the battle of *Petersburg* in the State of *Virginia* on the *24* day of *July* 1864, he was wounded as follows *in the right arm between the elbow and wrist by having arm bone fractured*

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 *1st* day of *July* 188*8* *Wm Rary*  
*W. C. Horton J.P.* *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.

*David* County.

PERSONALLY came before me *John V. Brown* of the county *David* State of *Georgia*, who, being duly sworn, says that he was a commissioned officer in Company *E*, of *42nd* Regiment of *A. C.* Volunteers, and that deponent knows *W. M. Rary*, 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 *W. M. Rary*, as stated by him in said affidavit. Deponent further states that said *W. M. Rary* is a *bona fide* citizen of this State, and resides in *David* county. *W. M. Rary* Sworn to and subscribed before me, this *9th* day of *March* 188*8*  
*W. R. Ellis, J.P.* *J. H. Brown*

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

Application for Allowance

No. *888*

FOR

*Wm Rary*  
Applicant  
County *Fulton*  
Amount *\$5*

Date of Warrant *Oct. 14/88*  
Entered on Record.

*Chas. S.* 126

*W. H. H.*

Secretary Executive Department

STATE OF GEORGIA,  
County )

PERSONALLY came

citizens of

County, in said State,

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

and know that he received the wounds (or contracted the diseases) in the military service, as stated by him in the foregoing affidavit, that said wounds (or diseases) permanently disabled 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,  
County )

PERSONALLY comes before me

*W. L. Loeckman*

Ordinary of said county,

*W. A. Loeckman*

and

*A. D. Pope*

both known to

me as reputable physicians of said County, who, being severally sworn, say on oath that they have

carefully examined *Miss Perry* and after such examination say that the

applicant has been injured as follows *gunshot wound through*

*the right forearm dislocating the wrist and rendering the right hand and arm entirely useless & disabling him from manual labor*

Sworn to and subscribed before me, this

25 day of Feb

188

*W. L. Loeckman*  
*A. D. Pope M. D.*

*W. L. Loeckman*  
ORDINARY

NOTE: The physicians will state fully the extent of the wound and the disability resulting therefrom.

STATE OF GEORGIA,  
County )

I, *W. L. Loeckman*

Ordinary of said county,

do certify that I am well acquainted with *W. A. Loeckman* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in 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 *W. L. Loeckman* before whom the foregoing affidavits were made and power of attorney was signed, is a J. P. of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this

17<sup>th</sup> day of March 1888

*W. L. Loeckman*

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 *W. M. Rary* 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 *November* in year of *1865*, that he enlisted in the military service of the Confederate States (or of the State of *North Carolina*) during the war between the States, and served as a *private* in Company *E*, of *42<sup>nd</sup>* Regiment of *North Carolina* Volunteers *Martins*'s Brigade, that whilst engaged in such military service, *while reconnoitering across Petersburg* in the State of *Virginia*, on the *24<sup>th</sup>* day of *August* *1864*, he was wounded as follows: *A piece of shell struck his right arm between wrist and elbow, from which said right arm has since been completely disabled, and rendered substantially and forever 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. 20, 1889.

Sworn to and subscribed before me, this *6<sup>th</sup>* day of *February* 1889, *William M. Rary*, *W. L. Gashum*

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 *W. L. Gashum* Ordinary of said county, *Dr. Neal Pope* and *Dr. M. A. Childers*, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *W. M. Rary* and after such examination say that the applicant has been injured as follows: *His right arm was fractured and dislocated, and his right wrist being dislocated, and whole arm being permanently disabled from the effect of said wound, which renders said arm substantially and forever useless.*

Sworn to and subscribed before me, this *6<sup>th</sup>* day of *February* 1889, *Neal Pope*, *M. A. Childers*, *W. L. Gashum* ORDINARY.

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

## APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 20, 1889.

FOR *Right Arm disabled*  
Applicant *W. M. Rary*  
County *Fulton*  
Amount *50*  
Date of Warrant *Feb 6 1889*  
Entered on Record *Feb 6 1889*  
Secretary Executive Department *W. H. H.*  
*No additional status*  
*Approved*

No. *98*

STATE OF GEORGIA,

Fulton County.

I, W. L. Calhoun Ordinary of said county, do certify that I am well acquainted with Wm. W. Ray, 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: John B. Pope and M. A. Schenck

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 W. L. Calhoun of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 6 day of February, 1889.

Ordinary Fulton County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Fulton County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

county, in said State do hereby appoint

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

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

day of February, 1889

(L. S.)

Executed in the presence of us:

DIRECTION:

Send money to me as follows, by

to

County, Georgia.

P. O.

NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of fact showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."
5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.
7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

STATE OF GEORGIA,

*Fulton* County.

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

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

Given under my official signature and seal, this *4* day of *February* 189*0*

*W L. Latham*  
Ordinary *Fulton* County

STATE OF GEORGIA,

*Fulton* County.

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

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

Given under my official signature and seal, this *4* day of *Feb* 189*0*

*W L. Latham*  
Ordinary *Fulton* County

*Cary, William M.*

*Feb 11 1890*

1890.

*Cary, William M.*

No. 128

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING SEPTEMBER 30, 1890.

*Right Arm Amputated*

Applicant, *W. M. Cary*

County, *Fulton*

Amount, *50*

Date of Warrant, *Feb 11*

Entered on record

*Feb 11*

*W. M. Cary*

SECRETARY EXECUTIVE DEPARTMENT

WARRANT HANDLED TO

*Applicant*

*Cary, William M.*

*Feb 11 1890*

*Cary, William M.*

1890.

1890.

No. 14

Application for Allowance

FOR YEAR ENDING SEPTEMBER 30, 1891.

*Arm Amputated*

Applicant, *W. M. Cary*

County, *Fulton*

Amount, *50*

Date of Warrant, *Feb 11*

Entered on record

*Feb 11*

*W. M. Cary*

SECRETARY EXECUTIVE DEPARTMENT

WARRANT HANDLED TO

*Applicant*



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Mullen* County.

PERSONALLY appears *Wm. Rary* of *Mullen* county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the *19<sup>th</sup>* day of *November* 1864; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *E*, of *42<sup>nd</sup>* Regiment of *North Carolina* Volunteers *Meade's* Brigade; that whilst engaged in such military service, at the battle of *Petersburg* in the State of *Virginia*, on the *24<sup>th</sup>* day of *September* 1864, he was wounded as follows: *gun shot wound of right arm rendering the arm essentially and substantially useless.*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of *75<sup>cts</sup>* dollars.

Sworn to and subscribed before me, this the

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

*Wm. Rary*  
Notary Public for Georgia.  
Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA

*Mullen* 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 *February* 1890

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Mullen* County.

PERSONALLY appears *William Rary* of *Mullen* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *22<sup>nd</sup>* day of *November* 1864; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *E*, of *42<sup>nd</sup>* Regiment of *North Carolina* Volunteers *Meade's* Brigade; that whilst engaged in such military service at the battle of *Petersburg* in the State of *Virginia*, on the *24<sup>th</sup>* day of *September* 1864, he was wounded as follows: *gun shot wound of right arm rendering the arm essentially and substantially useless.*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of *75<sup>cts</sup>* dollars, for *1890*.

Sworn to and subscribed before me, this the

*4<sup>th</sup>* day of *Feb* 1891.

*Wm. Rary*  
Notary Public for Georgia.  
Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Mullen* County.

Know all Men by these Presents, That I,

of *Mullen* 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 *February* 1891.

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

STATE OF GEORGIA,

*Fulton* County.

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

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

*M. L. Harrison*

Ordinary

*Fulton*

County.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING ON DECEMBER 31, 1891.

Name *Wm. W. Ray*

County *Fulton*

Disability *Disability*

Amount, \$ *13.72*

Entered on record

*March 1*

1892.

W. H. HARRISON,

Secretary of Executive Department.

AGENT.

*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 the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1893.

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by \_\_\_\_\_ to \_\_\_\_\_

County, Georgia.

P. O.

*Ray, W. W.*

*Fulton Co.*

1893

*Fulton*

Application for Allowance

No. *1230*

For the Year Ending October 31, 1892.

FOR

*Applicant, Wm. W. Ray*

*County, Fulton*

*Amount, \$13.72*

*Date of Warrant, 3/1/93*

*Entered on record, 3/1/93*

1893.

*CA 44 14*

WARRANT HANDLED TO

*Applicant*

Geo. W. Harrison State Printer, Atlanta.

STATE OF GEORGIA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fuller County.

PERSONALLY appears

at Fuller

County.

State of Georgia, who, being duly sworn, says

on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously since the 1st 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 L

of the 1st Regiment of 1st Volunteers, 1st Brigade, that whilst engaged in such military service at the battle of

in the State of Georgia, on the 24th day of

1864, he was wounded as follows:

He was wounded in the right arm, almost losing the use of same.

Dependent 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 Dollars for 1891.

Sworn to and subscribed before me this the 1st day of March 1892.

W. L. Latham Ordinary

Notary Public in and for the State of Georgia, and in and for the County of Fuller.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Fuller County.

Know all Men by these Presents That I

of

County, in said State do hereby appoint

my true and lawful attorney in fact, for

me and in my name, to receive and receipt for whatever amount of money I may be entitled to

from the State of Georgia by reason of the injury received as aforesaid in the military service of

the Confederate States (or of this State), as stated in the foregoing affidavit. I 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:

W. L. Latham

Ordinary

Notary Public in and for the State of Georgia, and in and for the County of Fuller.

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

Fuller County, Georgia.

W. L. Latham

Ordinary

Notary Public in and for the State of Georgia, and in and for the County of Fuller.

Fuller County, Georgia.

W. L. Latham

Ordinary

Notary Public in and for the State of Georgia, and in and for the County of Fuller.

Fuller County, Georgia.

W. L. Latham

Ordinary

Notary Public in and for the State of Georgia, and in and for the County of Fuller.

Fuller County, Georgia.

W. L. Latham

Ordinary

Notary Public in and for the State of Georgia, and in and for the County of Fuller.

Fuller County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fuller County.

PERSONALLY appears

W. H. Rary

of Fuller

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and

resident of said State, and has resided therein continuously ever since the 20th

day of November 1863; that he enlisted in the military service of the Con-

federate States (or of the State of) during the war between the

States, and served as a Private in Company C, of 42nd Regiment

of North Carolina Volunteers, 1st Brigade; that whilst engaged in

such military service at the battle of

in the State

of Virginia, on the 24th day of August 1864, he was

wounded as follows: in right arm almost losing

the use of same.

Dependent 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

100 dollars, for 1892.

Sworn to and subscribed before me, this the 1st day of March 1893.

W. L. Latham Ordinary

Notary Public in and for the State of Georgia, and in and for the County of Fuller.

Fuller County, Georgia.

W. L. Latham

Ordinary

Notary Public in and for the State of Georgia, and in and for the County of Fuller.

Fuller County, Georgia.

W. L. Latham

Ordinary

Notary Public in and for the State of Georgia, and in and for the County of Fuller.

Fuller County, Georgia.

W. L. Latham

Ordinary

Notary Public in and for the State of Georgia, and in and for the County of Fuller.

Fuller County, Georgia.

W. L. Latham

Ordinary

Notary Public in and for the State of Georgia, and in and for the County of Fuller.

Fuller County, Georgia.

W. L. Latham

Ordinary

Notary Public in and for the State of Georgia, and in and for the County of Fuller.

Fuller County, Georgia.

W. L. Latham

Ordinary

Notary Public in and for the State of Georgia, and in and for the County of Fuller.

Fuller County, Georgia.

W. L. Latham

Ordinary

Notary Public in and for the State of Georgia, and in and for the County of Fuller.

Fuller County, Georgia.

W. L. Latham

Ordinary

Notary Public in and for the State of Georgia, and in and for the County of Fuller.

Fuller County, Georgia.

W. L. Latham

Ordinary

Notary Public in and for the State of Georgia, and in and for the County of Fuller.

Fuller 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

Executed in the presence of us

## DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

*Fulton Co.*  
*Range W.M.*  
*(For These Already Enrolled.)*  
*No. 1244*  
**Soldier's Pension.**  
**1894.**

Name *W.M. Rary*  
County *Fulton*  
Disability *Disabled Arm*  
Amount, \$ *50.*

1894.

*W. H. HARRISON,*

*Secretary Executive Department.*

WARRANT HANDLED TO

*applicant*

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

*Range W.M.*  
*Fulton Co.*

(For These Already Enrolled.)

No. *126*

**SOLDIER'S PENSION.**  
**1895.**

Name *W.M. Rary*  
County *Fulton*  
Disability *Disabled Arm*  
Amount, \$ *24*

1895.

*RICHARD JOHNSON*

*Secretary Executive Department.*

WARRANT HANDLED TO

*Wp*

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

*No data*

# 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

## DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Fulton County }

PERSONALLY appears W.M. Rary 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 20th day of November 1865; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company F, of 43rd Regiment of North Carolina Volunteers, Martin's Brigade; that whilst engaged in such military service at the battle of Virginia on the 24th day of August 1864, he was wounded as follows: in right arm almost losing the use of same

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

Fifty dollars, for the year 1893.

Sworn to and subscribed before me, this, the

12th day of March 1894.

W.L. Calhoun Ordinary

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

STATE OF GEORGIA, }

Fulton County }

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

Given under my official signature and seal, this 12th

day of March 1894.

W.L. Calhoun

Ordinary Fulton County.



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Fulton County }

Personally appears W.M. Rary 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 20th day of November 1865; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company F, of 43rd Regiment of North Carolina Volunteers, Martin's Brigade; that whilst engaged in such military service at the battle of Virginia on the 24th day of August 1864, he was wounded as follows: in right arm almost losing the use of same

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 1894.

Sworn to and subscribed before me, this, the

12th day of March 1895.

W.L. Calhoun Ordinary

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

STATE OF GEORGIA, }

Fulton County }

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

Given under my official signature and seal, this 12th day of March 1895.

W.L. Calhoun

Ordinary Fulton County.



# POWER OF ATTORNEY.

STATE OF GEORGIA,

County }

I hereby authorize

of

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

by

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

day of 1896

[L. S.]

Executed in presence of

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County }

I hereby authorize

of

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

by

at

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

day of 1899

[L. S.]

Executed in presence of

**SOLDIER'S PENSION.**

**1896.**

Name *H. V. Gary*

County *Fulton*

Disability *Discharged*

Amount, \$ *54*

1896

*RICHARD JOHNSON,*

Secretary Executive Department.

WARRANT HANDED TO

*Officer*

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

*No. 1897*

**INVALID  
SOLDIER'S PENSION.**

**1899.**

Name *H. M. Ray*

County *Fulton*

Disability

Amount, \$ *500*

*217*

1899

*RICHARD JOHNSON,*

Secretary Executive Department.

WARRANT HANDED TO

*Officer*

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

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
Fulton County.

Personally appears M. W. Gary 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 20th day of November 1865; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company 7, of 12th Regiment of North Carolina Volunteers, Warrior's Brigade; that whilst engaged in such military service in the State of Virginia, on the 24th day of August 1864, he was wounded, injured or diseased as follows: in right arm most using use of same

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, 1893. I have heretofore as a resident of Fulton County been allowed a pension of fifty dollars, for the year 1890.

Sworn to and subscribed before me, this, the

16th day of April 1890.

M. L. Walburn 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, M. L. Walburn Ordinary of said County, do certify that I am well acquainted with M. W. Gary the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 February 1890.



Ordinary Fulton County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
Fulton County.

Personally appears M. W. Gary 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 20th day of November 1865; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company 7, of 12th Regiment of North Carolina Volunteers, Warrior's Brigade; that whilst engaged in such military service in the State of Virginia, on the 24th day of August 1864, he was wounded, injured or diseased as follows:

Wounded in right arm causing  
use of same

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1893. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of fifty Dollars, for the year 1890.

Sworn to and subscribed before me, this, the

17th day of July 1890.

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

Given under my official signature and seal, this 17th day of July 1890.



Ordinary Fulton County.

# POWER OF ATTORNEY.

STATE OF GEORGIA, }  
County. }

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

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  
day of \_\_\_\_\_ 1900.

[L. S.]

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

# POWER OF ATTORNEY.

STATE OF GEORGIA, }  
County. }

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

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal this  
day of \_\_\_\_\_ 1901.

[L. S.]

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

*Ray M. M.  
Attorney General*

COPIES SECTION 126  
(For Those Already Enrolled.)

No. 444

INVALID

SOLDIER'S PENSION.

1900.

Name *W. M. Rary*

County *Franklin*

Disability

Amount, \$ *50*

Warrant issued *July 6* 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

*W. M. Rary*

Geo. W. Harrison, State Printer, Atlanta.

*No data*

*Rary, William M.  
Franklin County*

COPIES SECTION 126  
(For Those Already Enrolled.)

No. 323

DISABLED

SOLDIER'S PENSION.

1901.

Name *W. M. Rary*

County *Franklin*

Disability *wounded left arm*

Amount, \$ *50.00*

*July 6* 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

*W. M. Rary*

Geo. W. Harrison, State Printer, Atlanta.

*No data*



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears *W. M. Rary* 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 *20* day of *Nov.* 1865; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *E*, of *24th* Regiment of *N. C.* Volunteers, *Virginia's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *24* day of *Aug.* 1864, he was wounded, injured or diseased as follows:

*Wounded left arm rendering same useless*

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of *Fulton* County been allowed an invalid pension of *\$ 50.00* Dollars, for the year 1899.

Sworn to and subscribed before me, this, the *27th* day of *March* 1900, } POST OFFICE

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

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this *30*

day of *March* 1900.

*W. M. Rary* Ordinary *Fulton* County.



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears *W. M. Rary* 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 *21* day of *Nov.* 1865; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *E*, of *24th* Regiment of *N. C.* Volunteers, *Virginia's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *24* day of *Aug.* 1864, he was wounded, injured or diseased as follows:

*wounded left arm rendering same useless*

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of *Fulton* County been allowed an invalid pension of *\$ 50.00* Dollars, for the year 1900.

Sworn to and subscribed before me, this, the *16th* day of *Jan'y* 1901, } Postoffice *Atlanta Ga.*

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

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this *10th*

day of *Jan'y* 1901.

*John B. Wilkinson* Ordinary *Fulton* County.



# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I,

hereby authorize

of

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

by

at

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

day of

1902.

Executed in presence of

[L. S.]

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I,

hereby authorize

of

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

by

at

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

day of

1903.

Executed in presence of

[L. S.]

(FOR THOSE ALREADY ENROLLED.)

No. 96

DISABLED

SOLDIER'S PENSION

1902.

Name *W M Perry*

County *Fulton.*

Co. *E* Regiment *2nd Mo*

Disability *wound & am*

Amount \$ *50.00*

1902

JOHN W. LINDSEY,

(Commissioner of Pensions)

WARRANT HANDED TO

*W M Perry*

Geo. W. Harrison, State Printer, Atlanta.

(FOR THOSE ALREADY ENROLLED.)

No. 29

DISABLED

SOLDIER'S PENSION

1903.

Name *W M Perry*

County *Fulton.*

Co. *E* Regiment *2nd Mo*

Disability *wound & am*

Amount, \$ *50.00*

1903

JOHN W. LINDSEY

(Commissioner of Pensions)

WARRANT HANDED TO

*W M Perry*

Geo. W. Harrison, State Printer, Atlanta.

No data

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
Fulton County.

Personally appears W M Rary 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 20 day of Nov 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 E, of 42th Regiment of Me Volunteers, Va's Brigade; that whilst engaged in such military service in the State of \_\_\_\_\_, on the 24 day of Aug 1864, he was wounded, injured or diseased as follows:

Wounded left arm

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 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 W M Rary day of JAN 13 1902 1902. Post-office \_\_\_\_\_

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

STATE OF GEORGIA,  
Fulton County.

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

Given under my official signature and seal, this \_\_\_\_\_ day of JAN 13 1902 1902.



John P. Wilkinson Ordinary Fulton County.  
NOTE.—Fill all blanks with of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1, 1902.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
\_\_\_\_\_ County.

Personally appears, W M Rary 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 20 day of Nov 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 E, of 42th Regiment of Me Volunteers Va's Brigade; that whilst engaged in such military service in the State of \_\_\_\_\_, on the 24 day of Aug 1864, 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 28th, 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.

Post-office \_\_\_\_\_

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

STATE OF GEORGIA,  
\_\_\_\_\_ County.

I, John P. Wilkinson Ordinary of said County, do certify that I am well acquainted with W M Rary the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 P. Wilkinson Ordinary \_\_\_\_\_ County.

NOTE.—Fill all blanks with of Company and Regiment.

NOTE.—All vouchers and affidavits must bear date after January 1, 1903.

Number 567--N.

Clerk's Certificate that a Man is a Justice of the Peace, used to attach to a Magistrate's Warrant, Insurance Papers, and Probating Deeds, &c., when sent out of the County.—Printed and for sale at Harbison's Printing House, Weldon, N. C. 10-30-1880.

State of North Carolina,

Orange COUNTY:

J. H. Grant

Clerk of the Superior Court of said County, do certify that

J. H. Grant

whose genuine signature appears to the foregoing

Signature

is a Justice of the Peace for said County, and full faith and

credit are given to his official acts.

Given and true hand and official seal this

4<sup>th</sup>

day of

April

1888

Clerk Superior Court

J. H. Grant

County

Audited

Feb. 6

1889

Wm. B. M. G. H. R.

AMPHOTEC GENERAL

Fulton

Deceased Soldiers.

Book No.

98

Amount

50

Paid to

W. M. N. N.

to Right Arm

disabled

July 6.

1888

included in Warrant No.

issued at Treasurers

1888

AMPHOTEC GENERAL

AMPHOTEC GENERAL

Applicant

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

No. 98

Atlanta, Ga. Feby 6 1889

Mr.

M. M. Rany

of the County

of Fulton

having filed his application in the Executive

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

Dec 24, 1888, and the same having been allowed for *Right arm*

*disabled*

he is entitled to receive the sum of

*Fifty*

Dollars

for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor

*R. U. Hardeman*

CLERK EXECUTIVE DEPARTMENT.



GOVERNOR.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

*Fifty* x 00/100

per above voucher, this

*64*

of

*Feby*  
*M. M. Rany*

Dollars

1889.

Maimed Soldiers.

Voucher No. *128*

Amount \$ *50*

Paid to *M. M. Rany*

For *Right arm*  
*disabled*

*Feby*



Included in warrant No.

issued to Treasurer

WARRANT CLERK

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

*Applicant*

1891.

Maimed Soldiers.

Voucher No. *141*

Amount \$ *50*

Paid to *M. M. Rany*

For *arm di*

*Dec. 4, 1891.*

Included in warrant No.

issued to Treasurer

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta.

*Applicant*

No. 128

STATE OF GEORGIA.  
EXECUTIVE DEPARTMENT

Atlanta, Ga. Feb 4 1891

Mr. W. M. Rary  
Fulton

of the County

having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, approved, Dec. 24, 1888, and the same having been examined and allowed for

Right Arm disabled

He is entitled to receive the sum of Fifty Dollars

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

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

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT

\$ 50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 00/100

per above voucher, this

4

of

Fifty

Dollars,

1891

W. M. Rary

W. H. Harrison

1891.

No. 74

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feb 4 1891.

Mr. William M. Rary  
Fulton

of the County

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

Arm dis

He is entitled to receive the sum of Fifty Dollars

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

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

By the Governor,

W. H. Harrison

SECY EXECUTIVE DEPARTMENT.

\$ 50 00

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

Fifty 00/100

per above voucher, this

4

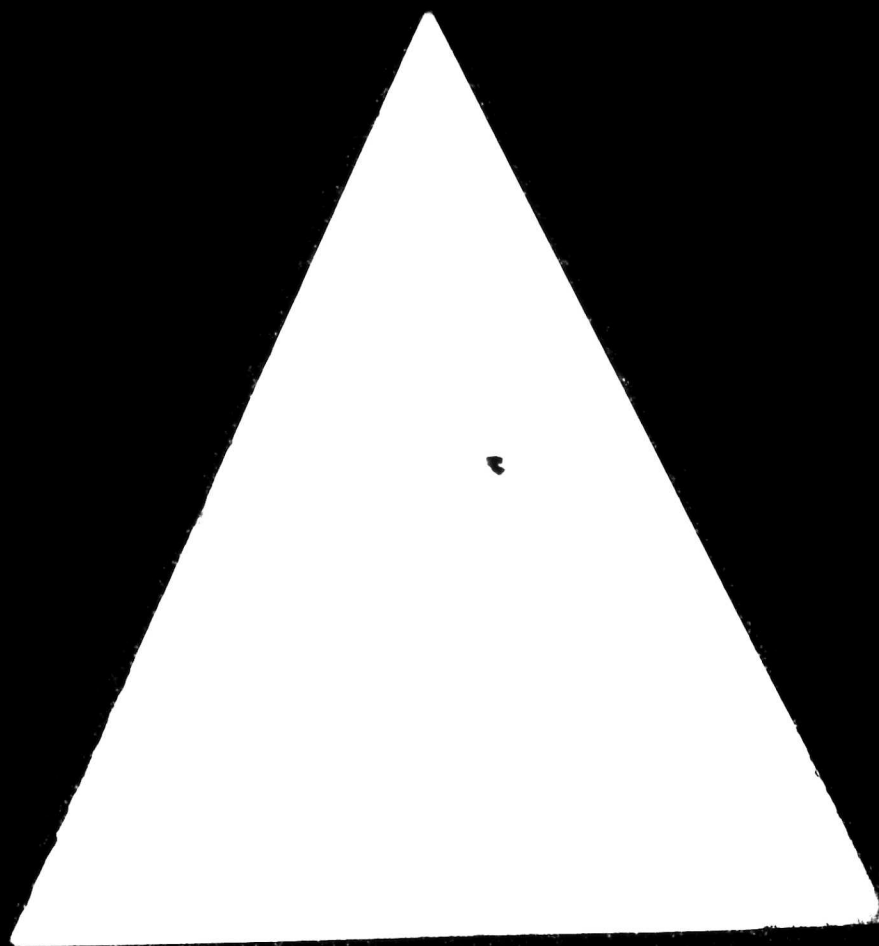
of

Fifty

Dollars,

1891.

W. M. Rary



Grebary, M. W.  
 Private, Co. F, Cobb's  
 Regt. enlisted Feb.  
 14-1864. "Absent  
 on detail duty,  
 Sept. 20-1864."  
 No record of capture  
 or parole. (M. R.)  
 Witness, enlisted  
 same Co. & Regt. Apr.  
 18-1862. "Rec'd. & set  
 - 1864" - Same pri-  
 vate, also shown he  
 surrendered, Greaves-  
 born, J. C. Apr. 26-  
 1865. (M. R.)

359 Greavesborn  
 No. 3334

# Widow's Pension

UNDER ACT 1910

County

Greavesborn

Name

Mary B. Greavesborn

Widow of

M. W. Greavesborn

Co. F.

Regt.

Cobb's Regt. 1st Ga. Cav.

J. W. LINDSEY,

Commissioner of Pensions.

Chas. F. Byrd, State Printer

10/25-1918



STATE OF GEORGIA,

Fulton County.

Personally before me comes Mary B. Lindsey 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? Mary B. Lindsey, Atlanta Ga
2. How long and since when have you been a continuing resident of the State of Georgia? Eight years
3. When, where and to whom were you married? Atlanta Ga to David M. Lindsey by W. M. Butler Justice Nov. 4, 1869
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.) Fulton Dragoons, Atlanta Ga Private Company G
5. When and where did the Commands of your husband surrender or discharge from the army? At Fort Fisher, N. C. March 2, 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?
- 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? Atlanta Ga 1872
- 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.) Life estate in 74 acres of land in Atlanta Ga
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? Life estate in house 74 1/2 acres in Atlanta Ga
12. What are your annual earnings or income from any source and their value? None whatever except \$18.00 from 76 John's will
13. Have you or your husband heretofore been paid a pension by the State? No

Sworn to and subscribed before me this the 10 day of June 1910 Mary B. Lindsey  
Arthur R. Lyall Ordinary.  
 of Fulton County.

No. 3337

Widow's Pension

UNDER ACT 1910

County Fulton  
 Name Mary B. Lindsey  
 Widow of David M. Lindsey  
 Co. G Regt. Private

J. W. LINDSEY,  
 Commissioner of Pensions.

Case P 1574, State Prison

10/35-1518

Fulton

County.

Personally before me comes C. P. S. Delvigny 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. P. S. Delvigny
2. How long and since when have you known Sixty years applicant?
3. How long and since when has she continuously resided in this State? (Give date.) August 10, 1862

4. When and to whom was she married? Mr. W. H. Marking How do you know? Long personal acquaintance

5. How long and since when did you know Mrs. M. B. Marking and her husband? From the time she was married to Mr. W. H. Marking since 1862

6. When and where did Mr. W. H. Marking die? 1872  
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 Mr. W. H. Marking enlist?  
Co. G, 1st Georgia Cavalry, Union Army

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 beginning to end of war

12. When and where did his Command surrender, and was discharged?  
For E. Johnson surrenders 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? Not present If not where was he? in prison 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 22 day of May 1916 C. P. S. Delvigny

William R. Mearns Ordinary

of Fulton County.

Sworn to and subscribed before me this 14-1918 William R. Mearns Ordinary

County.

Personally before me comes 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 \$  
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:

Acres of land worth \$  
Houses and Mills \$  
Cows and Hogs \$  
Other Property \$  
Income and Earnings \$  
Total Value of all property and effects \$

Sworn and subscribed before me this the 19 day of May 1916

Ordinary  
of Fulton County.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton

County.

I, William R. Mearns Ordinary of said County do certify that, I know Mrs. Mary B. Marking 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 C. P. S. Delvigny the witness who swears to the service of husband, and who are freeholders That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all are truthful, trustworthy and their statements are entitled to full faith and credit.

That the Tax Returns Returned for Tax is for  
1908 \$ 6.00 for 1910 \$ 6.00 for 1911 \$ 7.75 for 1912 \$ 7.50 for 1913 \$ 7.50  
for 1914 \$ 7.50 for 1915 \$ 7.50 for 1916 \$ 7.50 for 1917 \$ 7.50 1918 \$ 7.70

Sworn under my hand and official seal of office this 19 day of May 1916

William R. Mearns Ordinary,  
Fulton County.

(SEAL.)

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."  
2. Additional affidavits may be attached if blank spaces are insufficient:  
3. Only widows who married prior to first January 1870, are entitled.  
4. All affidavits must be made before the Ordinary.  
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

*Rashley, Mary B (Mrs)*  
*Fulton Co*  
For Fulton County

**1929**

**Application for Pension  
Due Deceased Pensioner**

(UNDER ACT 1904)

(To pay expenses of last illness and funeral)

For Thos H. Jeffries Ordinary

For Mary B. Rashley

Date of Death Sept 15 1929

Amount \$ 100.00

Approved and ordered paid *OK*

*Oct 15, 1929*

JOHN W. CLARK,  
Commissioner of Pensions.

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

**H. M. PATTERSON & SON**

*Spring Hill at Tench*

ATLANTA, GA.

Sold to

for funeral service of Mr. Mary B. Rashley, Sept. 15, 1929.

for the regular service including burial, Sept. 15, 1929.

for the regular service including burial, Sept. 15, 1929.

for the regular service including burial, Sept. 15, 1929.

for the regular service including burial, Sept. 15, 1929.

for the regular service including burial, Sept. 15, 1929.

for the regular service including burial, Sept. 15, 1929.

for the regular service including burial, Sept. 15, 1929.

*Everly Road*

Notary Public, Georgia, State at Large.  
My Commission Expires Jan. 4, 1933.

# 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. Mansell W. Rasbury

and Miss Mary E. Harville  
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 ninth day of August 1862 xx

R. E. Mangum L. S.  
ORDINARY.

I hereby certify that M. W. Rasbury

and Miss Mary E. Harville

were joined together in the HOLY BANS of MATRIMONY

on the tenth day of August 1862 xx, by me W. M. Pratt, J.P.

ORDINARY'S OFFICE

State of Georgia,

Fulton County.

A. A. Atlanta Ga., June 10th 1918.

J. 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. Mansell W. Rasbury

and Miss Mary E. Harville

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  
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 R. Lee Miller, wife  
H. M. Patterson, Son of said County, who, after being sworn, on oath  
says that he knew Mary B. Rasbury of said County, and that said Pensioner  
was on the Pension Roll of said County at the time of death, which occurred in Fulton  
County, in this State, on the 15 day of Sept, 1919,  
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 \$27.50, per sworn statements fully and completely  
ITEMIZED hereto attached.

Sworn to and subscribed before me,

Arthur R. Marbut, Ordinary  
Fulton County  
(Seal of Ordinary)

R. Lee Miller

## CERTIFICATE OF ORDINARY

GEORGIA, Fulton County.

I, Arthur R. Marbut, Ordinary of said County, do certify  
that I personally know R. Lee Miller, wife H. M. Patterson, Son, who is a resident  
citizen of said County, and that said person is of truthful and trustworthy character, entitled to full  
faith and credit; that I also knew Mary B. Rasbury 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 1919, and I now believe said pensioner to be dead; and that the instructions at  
the foot of this voucher have been carefully observed in making up this voucher and the bills which are  
attached hereto.

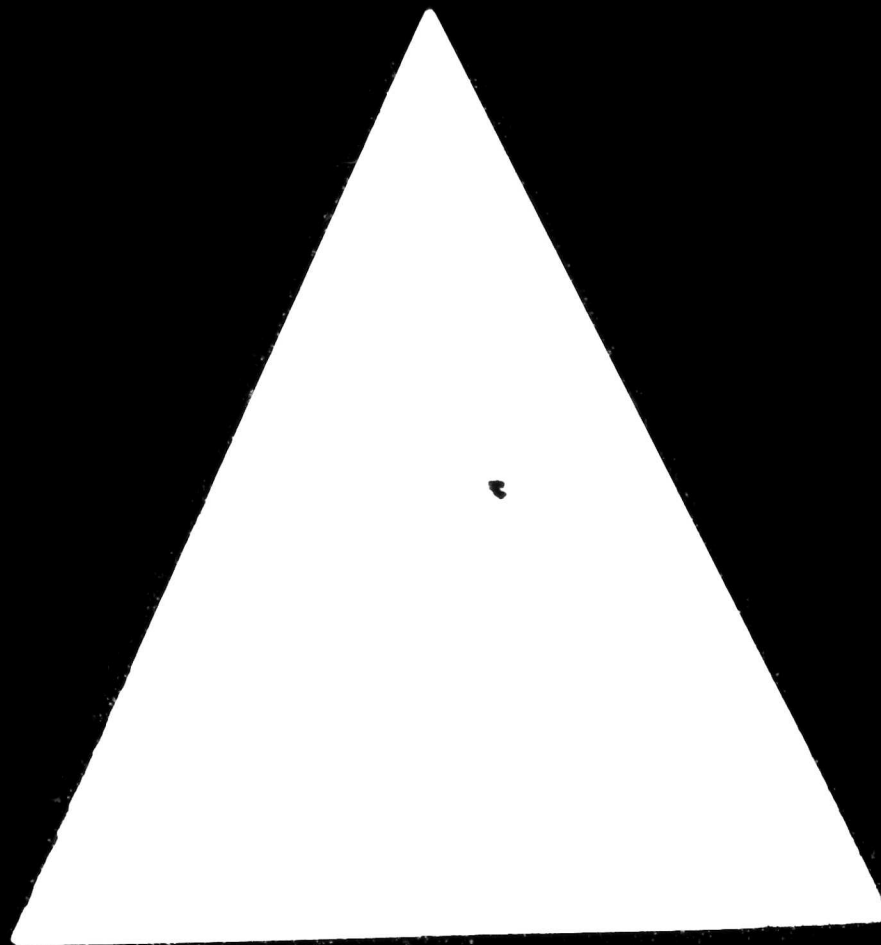
Given under my hand and official seal, this 19 day of Sept, 1919.  
(Seal of Ordinary) Arthur R. Marbut Ordinary  
Fulton County

### 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.

C. C. ORDINARY

0th. Ordinary should see that the back of this blank, when folded, is filled out.



**INDIGENT PENSION  
1900.**

Name *Robert Rattine*

County *Fulton*

Approved *65-1900* 1900

*For reference  
to County Clerk  
at Fulton  
Georgia*

WARRANTED

*3/1/00*

The Office of the  
Commissioner of the  
State of Georgia  
has received from the  
Indigent Pension Board  
a list of names of  
persons who are  
entitled to receive  
pensions. All of these  
persons are now  
being investigated  
by the Board of  
Pensions.

*Jim & Sam -  
Bob were  
all there*

Pension Office - 1900

The Board of Pensions  
has received from the  
Indigent Pension Board  
a list of names of  
persons who are  
entitled to receive  
pensions. All of these  
persons are now  
being investigated  
by the Board of  
Pensions.

*For reference  
to County Clerk  
at Fulton  
Georgia*

STATE OF GEORGIA.

Power of Attorney.

County.

Notary Public

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

Witness my hand and seal, this

day of

1900.

Executed in presence of

(L. S.)

County, {

hereby authorize

to receive and accept for the person above named, and request that he remit same to

Witness my hand and seal this

day of

1900.

—[T. S.]

Executed in presence of

Pension Office - 9-22-1901.

The Official record of 17th S.  
surrendered by Gen Lee 9-Apr 1865  
as not contain names of applicant  
any witness. All swear they were  
are. None mistake. Must explain.  
J. V. Lindsay,  
Com. of Pensions.

Jim & Jan  
Bob & Sarah  
Will & Sarah

1900.

Every Question MUST be Answered.

Hullon County.

Robert Ratteru

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.  
*Robt Ratteru - Hullon Co. Ga - Atlanta*
2. How long and since when have you been a resident of this State? *31 years*
3. When and where were you born? *1834 - Chester S.C.*
4. When and where and in what company and regiment did you enlist or serve?  
*1862 - Chester S.C. Co D. 17th S.C. Regt*
5. How long did you remain in such company and regiment? *until sent into  
surrender at Appomattox Va*
6. When and where was your company and regiment surrendered and discharged?  
*April 9th 1865. at Appomattox Va*
7. Were you present with your company and regiment when it was surrendered? *I was*
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? *I was there at surrender  
and got Parole*
9. How much can you earn (gross) per annum by your own exertions or labor? *About \$20-*
10. What has been your occupation since 1865? *None - little job when able*
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? *2 - first.*
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?  
*29 years, since I have been able to farm a sufficient  
old and infirm, unable to work - 2 broken ribs.*
13. What property, real or personal, or income, do you possess, and its gross value? *None.*
14. What property, real or personal, did you possess in 1861, 1865, 1866, 1867, 1868 and 1869, 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 retain for taxation?  
*Hullon County - no taxes - no property*
16. How were you supported during the years 1868 and 1869? *By my 4 children  
who work in a factory*
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? *Cost about \$60. about \$20-*
18. What was your employment during 1868 and 1869? What pay did you receive for each year?  
*Nothing - could farm nothing except a little corn and*
19. Have you a family? If so, who composes such family? Give their names and support? Have they a homestead?  
*Wife and 4 children - work in factory  
No homestead.*
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

19th day of Aug 1900

John W. Anderson, Ordinary,

of Hullon County.

*Robt Ratteru*  
Applicant



My personal affidavit sworn in and signed that by answer to question 11-13 in connection with the application of Robert Patterson for pension under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

STATE OF GEORGIA,  
Sark County)  
D. B. Black, of said State and County, having been presented as a witness in support of the application of Robert Patterson 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? *D. B. Black, Rock Hills S.C.*
2. Are you acquainted with Robert Patterson, the applicant; if so, how long have you known him? *About 50 years*
3. Where does he reside, and how long and since when has he been a resident of this State? *Atlanta Ga. lived in Ga. about 30 years*
4. When, where, and in what company and regiment did he enlist, and how do you know? *1862 - Chester S.C. Co. D. 17th S.C. Regt.*
5. Were you a member of the same company and regiment? *I was*
6. How long did he perform regular military duty? *about 3 years*
7. When and where was his command surrendered? *April 9th 1865 at Appomattox Va.*
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? *1865* For what cause? *Surrender*
- By what authority he left? *Parole* How do you know all of this? *was member of same Regt. and present*
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 1896, 1897, 1898 and 1899, 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? *Has not conveyed away anything*
14. What is the applicant's occupation and physical condition? *Commission laborer - He is physically unable to labor*
15. Is the applicant unable to support himself by labor of any sort, if so, why? *He is not. He is also weak, feeble and infirm*
16. How was he supported during the years 1898 and 1899? *By his wife and children*
17. What portion of his support for these two years was derived from his own labor or income? *Very little - about \$100*
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, weak, feeble and infirm, unable to work*
19. What interest have you in the recovery of a pension by this applicant? *None*

Sworn to and subscribed before me, this 17th day of Aug 1901, at *Atlanta Ga.*

Sark County S.C. I certify that *D. B. Black* and *W. H. Hightower* are citizens of said County and county of *Sark* Aug 7th 1901

My personal affidavit sworn in and signed that by answer to question 11-13 in connection with the application of Robert Patterson for pension under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

STATE OF GEORGIA,  
Fulton County)  
Personally came before me, *J. F. Freeman M.D.* and *J. J. Beck - M.D.*, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully *Robert Patterson* applicant for pension under Section 1254, Code, and after each personal examination say that his present physical condition is as follows:

*Neur. sighted. Two ribs broken & pain in left side. General health is very bad. He also finds unable to earn a living & very feeble in health. very poor financially. Suffering with the right side of right leg. Also with chest.*  
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 19th day of Aug 1901, at *Atlanta Ga.*  
*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 *Robert Patterson* resides in said County, and has been a bona fide resident of this State since the *1867* day of *Aug* 18*67* and that the witnesses, viz: *Freeman & Beck* 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 *Sark* County show that applicant returned for taxation in his name in 1898 *nothing* Dollars of property, and in 1899 *nothing* Dollars of property.  
In my opinion the foregoing claim is made in good faith.  
Witness my hand and seal of office this *19* day of *Aug* 1901.  
*John R. Wilkinson* Ordinary,  
of *Fulton* County.

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



# 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

# 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

OUR NOTAR 124  
FOR THOSE ALREADY ENROLLED.

No. 358

INDIGENT  
SOLDIER'S PENSION  
1906.

Name Robert Patterson

County Fulton

Co. D. Regiment 7th

WARRANT ISSUED

47 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

47h

The Executive Power - 100 Pensions Co. One of 100,000, 100.

No data

Patterson, Robert  
Fulton Co.

OUR NOTAR 124.  
FOR THOSE ALREADY ENROLLED.

No. 478

INDIGENT  
SOLDIER'S PENSION  
1907.

Name Robert Patterson

County Fulton

Co. D. Regiment 7th

WARRANT ISSUED

47 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

47h

The Executive Power - 100 Pensions Co. One of 100,000, 100.

No data

# State of Georgia,

Fulton County.

Personally appears Robert Catteree 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 76, 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 South Carolina) during the war between the States, and served for the term of 3 yrs in Company D, of 17th Regiment of South Carolina; that his physical condition is as follows:

Age, 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 \_\_\_\_\_ County, been allowed a pension for the year 1905.

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

Ordinary.

# State of Georgia,

17 County.

I, \_\_\_\_\_ Ordinary of said County,

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

Given under my official signature and seal, this JAN \_\_\_\_\_ 1906.

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

Ordinary

Fulton County.

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

# State of Georgia,

Fulton County.

Personally appears Robert Catteree of \_\_\_\_\_

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the \_\_\_\_\_ day of \_\_\_\_\_ 18 \_\_\_\_\_; that he is \_\_\_\_\_ years old and by occupation a Chapman, that he enlisted in the military service of the Confederate States (or of the State of South Carolina) during the war between the States, and served for the term of 3 yrs in Company D, of 17th Regiment of South Carolina; that his physical condition is as follows:

Age, infirmity & poverty

that his property consists of the following items:

of the value of None Dollars. I am now earning by my labor, \_\_\_\_\_ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 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 JAN \_\_\_\_\_ 1907.

Ordinary.

# State of Georgia,

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

I, \_\_\_\_\_ Ordinary of said County,

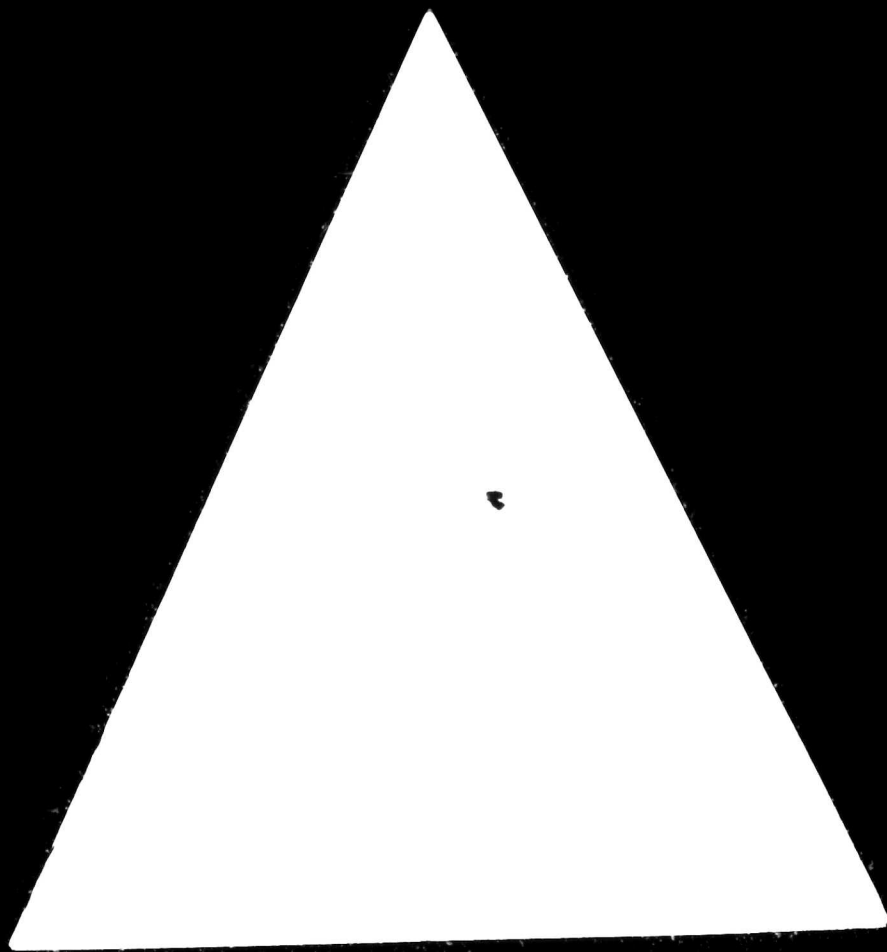
do certify that I am well acquainted with Robert Catteree the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

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

Ordinary

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

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



*James F. Harrison*  
*Fulton County*

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

**INDIGENT PENSION,  
1900.**

Name *George F. Harrison*

County *Fulton*

Approved \_\_\_\_\_ 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

*4/31-1900*  
*9/20-1900*

*Pensions office 7/24/1900*  
*Must state & clearly*  
*from what was*  
*present with his Com*  
*mand at time of claim*  
*it was current -*  
*from this by a letter*  
*from who was present*  
*usually with Command*  
*and of his own the*  
*original cover - that*  
*Appoint was present*  
*Not an good man*  
*Mr Coffin - Infirmary*  
*Claim as well present*  
*Appoint from coming this*  
*Supplied at any kind of*  
*Labor or carrying*  
*Jo. Lindley*  
*Com of Pensions*

**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 \_\_\_\_\_ day of \_\_\_\_\_ 1900.

Witness my hand and seal this

(L. S.)

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 \_\_\_\_\_ 1900.

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

*Business office 7/14/1900  
Went with Henry  
to the State Pen.  
Prison with his Com.  
and when I saw  
it was crowded  
I saw this by a white  
man who was appointed  
lawyer in the prison  
and he told me that  
they were the  
Appointed man  
in the prison  
I saw as well as  
others from the  
prison at any kind of  
Lith or building  
J. W. Lindsey  
Lawyer*

INDIGENT PENSION,

1900.

Name George F. Raworth

County Fulton

Approved \_\_\_\_\_ 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. H. Harrison, State Prison, Atlanta.

*431-1900  
7/21/1901*

STATE OF GEORGIA,

Fulton County.

George F. Raworth of said State and County, desiring to avail himself of the Pension Act (Section 1264, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office.)  
George F. Raworth, Ga. Fulton County, Battle Hill PO
2. How long and since when have you been a resident of this State?  
Fifteen years since 1885
3. When and where were you born?  
1836 Charleston SC
4. When and where and in what company and regiment did you enlist or serve?  
1861 Ashmun Co. E. 1 Regt. Ark. S.C.V.
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?  
Summit at Greensboro N.C. April 1865  
*was present with Commanding General Sherman*
8. What is your present occupation?  
Peddling Vegetables
9. How much can you earn (gross) per annum by your own exertions or labor?  
About 50¢ per day
10. What has been your occupation since 1865?  
Working some for R.R. & 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"?  
Age & Poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?  
Four years, besides suffering near with double rupture & chronic piles
13. What property, effects or income do you possess, and its gross value?  
None
14. What property, effects or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same?  
None
15. In what County did you reside during those years, and what property did you then return for taxation?  
Fulton County - return none
16. How were you supported during the years 1898 and 1899?  
Peddling Vegetables
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?  
Could not make a support only bread for family
18. What was your employment during 1898 and 1899? What pay did you receive in each year?  
Peddling about fifty dollars
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?  
yes Wife & Child, they live on what I can make, no Homestead
20. Are you receiving any pension? If so, what amount, and for what disability?  
None

Sworn to and subscribed before me this the

29 day of Jan 1900.

G F Raworth

Applicant.

of Fulton County.

Every Question MUST Be Answered.

**QUESTIONS FOR WITNESS.**

STATE OF GEORGIA.

Fulton COUNTY.

J. E. Cummings, of said State and County, having been presented  
as a witness in support of the application of G. F. Raworth 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. C. Cunningham  
De Kalb County
2. Are you acquainted with E. F. Raworth, the applicant; if so how long have you known him? About Forty years
3. Where does he reside, and how long and since when has he been a resident of this State?  
Fulton County about fifteen yrs.
4. When, where and in what company and regiment did he enlist, and how do you know?  
1861 Union S.C. Co. E. 1st Regt S.C. Was member in same
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service?

Four years he was 1st Sergt when we went into  
Service afterwards elected Jr 2nd Lieut of same  
He was a good soldier. Officer Surgeon at Green  
Is. Co. Command Apr 1865. of my own knowledge  
What property, effects or income has the applicant? (Give your means of knowledge.)

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? None

9. Has he concealed away any of his property in the last four years, if so, what was it, and to whom? None
10. What is the applicant's occupation and physical condition? \_\_\_\_\_

*Peddling Boat*

11. Is the applicant unable to support himself by labor of any sort, if so, why? .....

His age & suffering from double rupture  
chronic piles

12. How was he supported during the years 1893 and 1899?

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

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

14. Give a full and complete statement of the applicant's physical condition that entitles him to a grant:

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1264, Code? Age 6. Infinitely he suffers with  
double myopia & chronic pain

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

Sworn to and subscribed before me, this  
the 29 day of May 1900. } J. E. Cummings

William Ordinary.

## AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

*Franklin* COUNTY

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

With a double, direct Scrotal Hernia of very large size. He also has extensive bleeding piles.

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 29 day of July, 1900, A. H. Lindorne M.  
M. M. M. Ordinary.

### ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Fuller COUNTY

I, M. M. Moseley, 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.: J. H. Cummings  
E. W. Bradford & C. C. Simons  
are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Indian 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 31- day of Jan 1900.

of Franklin County.

**NOTE**

8. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall now answer me to each of the questions asked of you, and the evidence you shall give will become whole truth, so help you God."

9. Additional oaths may be attached if blank spaces are insufficient.

10. In every case the Ordinary must certify to the character of the witness, and as to the execution of the process above.

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.

[Signature]

Executed in presence of

*Lawrence George Jr.  
Caretaker*

( For Those Already Enrolled )

No 364

INDIGENT

SOLDIER'S PENSION.

1901.

No 364  
County of      Ga

WARRANT ISSUED

July 19      1901.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

*App*

John W. Lindsey, Sec. Gen. of Ala.

*Mc G. & Co*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County

Personally appears,

*W. S. Ransom*  
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 *65* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States for of the State of *South Carolina* during the war between the States, and served for the term of *4 years* in Company *E* of *1st* Regiment of *Col. Wm. D. Ransom* 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.

Dependent desires to participate in the benefits of the Act, approved December 15th, 1891, and the Act amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of *Georgia* county been allowed a pension for the year 1899.

Sworn to and subscribed before me this the

*10th* day of *January* 1901

*John R. Williamson* Ordinary

STATE OF GEORGIA,

County

I, *John R. Williamson* Ordinary of said County,

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

Given under my official signature and seal, this

day of *January* 1901



Ordinary

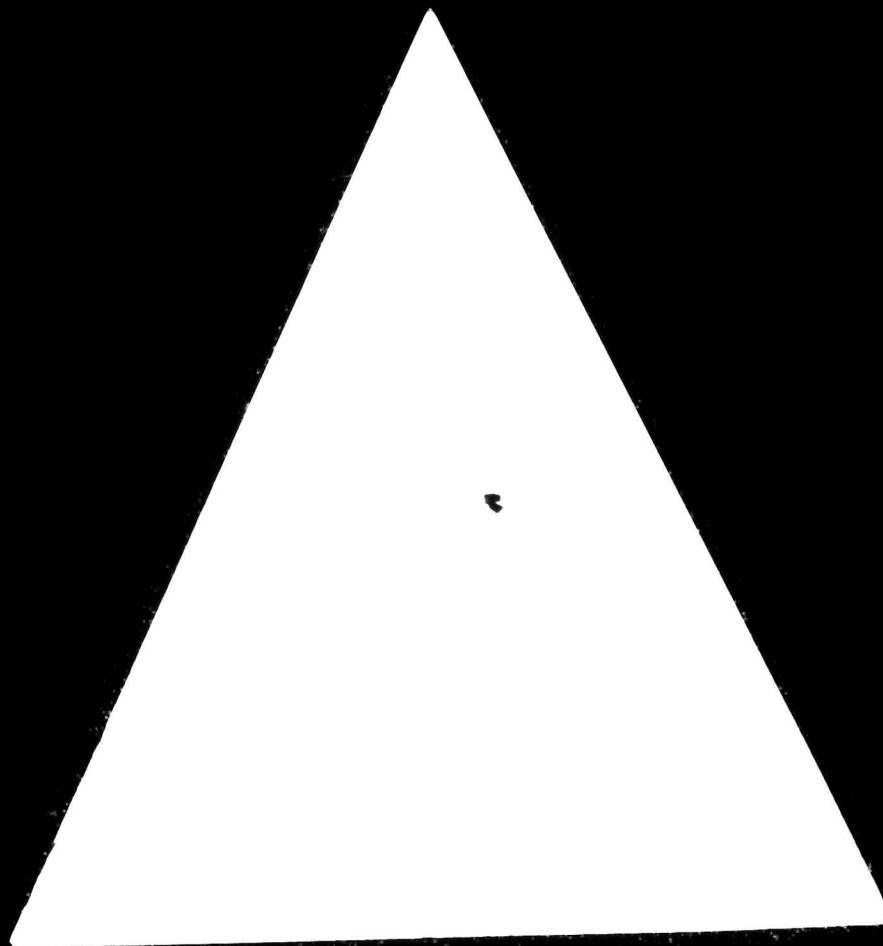
County

NOTE: This blank space must be filled.

NOTE: Affidavits should not be attested before January 1st, 1901.



Note - The black spaces must be filled in.  
Note - Affidavit should not be attested before January 1st, 1980.



## POWER OF ATTORNEY.

STATE OF GEORGIA.

County, WaldoKnow all Men by these Presents, That I, Sarah Ransomof Fulton County,County, in said State, do hereby appoint M. H. Harrisonof Fulton County, Georgia

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 \_\_\_\_\_, 1891.

Sarah Ransom [L. S.]  
ma

Executed in the presence of us

Sp. Offic.

## DIRECTIONS.

If allowed, send amount by check to \_\_\_\_\_  
me at 38 Emmet St. Atlanta, Ga. and oblige  
Sarah Ransom  
ma



## Widows' Pension

PAID TO

Mrs. Sarah Ransom  
—OF—  
Fulton COUNTY.

**\$100.00.**

Warrant Issued

1891

AND HANDED TO

# POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA, )

(Clarke County.)

Know all Men by these Presents, That I, Sarah Ransom  
of Fulton County,

County, in said State, do hereby appoint W. H. Harrison  
of Fulton County, Georgia, 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; heretofore authorizing my said attorney to receipt in my name for any Warrant that may  
be issued by the Governor, or for any sum of money which may be coming to me for the reason  
aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  
day of March 1891

Executed in the presence of us

J. P. Weil

Sarah Ransom [i. s.]

## DIRECTIONS.

It allowed, send amount by check to  
me at 38 Emmet St. Atlanta, Ga. and oblige  
Sarah Ransom



Warrant Issued

\$1000.00

Clarke

COUNTY

W. H. Harrison

Widow's Pension

No. 2735

1891.

Harrison, W. H.

# Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,

County of Clarke

in person came before me, the undersigned Ordinary  
in and for the County of Clarke

Mrs. Sarah Ransom, who being sworn according to law, says under  
oath that she is the widow of Eugene Ransom, who was a soldier in  
the service of the Confederate States, and served as a member of Company "E.", of the

20th Regiment of North Carolina Volunteers; that he enlisted in said  
service on or about the 28th day of April 1862 and was in the  
Virginia Army up to December 13th 1862 That while in the  
Army, he was on the 13th day of December 1862 (See Note No. 1)

Killed in the battle of Fredericksburg in  
the State of Virginia

Deponent further swears that she was the wife of said deceased soldier during his term of service in  
the Army, and that she has never married since his death; that she became his wife on the 1st day of  
March 1858, and that she has resided in Georgia continuously since the  
her day of birth 28; 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, 1891, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the 6th day of May 1891  
Sarah Ransom  
W. H. Harrison Ordinary.

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 *DeKalb*  
*David Hemrick* *H. D. Williams*  
*J. M. L.*  
 In person came before me, the undersigned Ordinary  
 in and for said County, witnesses  
 (each known to said Attesting Officer as truthful,  
 reliable and reputable citizens), who severally say under oath that, from their own personal knowledge  
 Mrs. *Sarah Ransom* of the County of *DeKalb*  
 State of Georgia, is the widow of *Engene Ransom*, who was a soldier in  
 Company *B* of the *25th* Regiment of *North Georgia* Volunteers.  
 That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or  
 about the *28th* day of *April* 1862. The while in said service, or by  
 reason of said service in the Army, he lost his life as follows:

*He was killed*  
*in the battle of Fredericksburg in the State*  
*of Virginia on the 13th day of December*  
*1862*

Our opportunity for knowing the facts stated in reference to death of applicant's husband were  
*we were each members of the same com-*  
*mand.*

We further swear that Mrs. *Sarah Ransom* was the wife of said  
 soldier during the service, and that she has not intermarried since his death, and that she resides in  
*Fullon* County of the State of Georgia.

Sworn to and subscribed before me this, the  
*6th* day of *May* 1891.  
*S. M. Williamson*  
 Ordinary.

NOTE: Witnesses must not testify about things they may believe, but confine their statements to such facts as they personally know.

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

Form No. 3.

State of Georgia,

County of *DeKalb*  
*S. M. Williamson* Ordinary  
 in and for said County of *DeKalb*  
 State of Georgia, hereby certify that I am acquainted with Mrs. *Sarah Ransom*  
 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 *Fullon* 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 on  
 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  
*6th* day of *May* 1891.

*S. M. Williamson*  
 Ordinary  
*I, D. L. Williams, Ordinary of Fullon County, certify that the said Applicant Sarah Ransom is a resident of this County and that the statements in the foregoing Certificate are true.*  
 NOTES: *See under my official signature below of May 2nd 1891*  
*D. L. Williams*  
*Ossman*

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 contract a 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 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

STATE OF GEORGIA, County of Fulton  
 I, W. B. Bachman Ordinary in and for said County of  
Fulton State of Georgia, hereby certify that I am acquainted with Mrs.  
Sarah Rawson the applicant for a pension in this case, and  
 know, from my own knowledge (or from positive proof presented to me by reputable wit-  
 nesses), that she resides in this County, and that she resided in the State of Georgia on  
 December 23, 1890, and has not lived out of the State since that date. That she is the  
 widow of Eugene Rawson 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.



W. B. Bachman

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 en-  
 titled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the  
 foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any  
 Warrant that may be issued by the Governor, or for any sum of money which may be  
 coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  
 day of 1894.

Executed in the presence of us:

[L. S.]

## DIRECTIONS

Send amount by \_\_\_\_\_ to  
 me at \_\_\_\_\_, and oblige

|   |         |
|---|---------|
| FOR THOSE HERETOFORE PAID.                |         |
| 1894.                                     |         |
| No. 1597                                  |         |
| WIDOWS' PENSION,                          |         |
| for year ending February 15th, 1894.      |         |
| PAID TO—                                  |         |
| Sarah Rawson                              |         |
| OF—                                       |         |
| Fulton                                    | County. |
| WARRANT ISSUED                            |         |
| AND HANDED TO                             |         |
| 7/1                                       | 1894.   |
| Applicant                                 |         |
| Geo. W. Harrison, State Printer, Atlanta. |         |

STATE OF GEORGIA,

Personally comes Mrs.

County of

Fulton

Sarah Rawson

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

her birth

18... That she is the Widow of

Eugene Rawson

who was a Soldier in Company

G

of the

25th

Regiment of

Georgia

Volunteers, that he enlisted in said Regiment on or about the month of Apr 11

1862 and served in the Army up to

13th Dec

1862

That he lost his

life on the 13th

day of

December

1862

(State here

full particulars of the husband's death, when, where and from what cause.) (

Killed in the battle of Fredericksburg in the State of 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 18 58; that Georgia is her home and she resided in this State 23d day of December, 1850, 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.

M. L. Jackson Ordinary.

Post-office

Sarah Rawson

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. Sarah Rawson 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 Eugene Rawson 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, 30<sup>th</sup> day of January 1893.

W. L. Calhoun Ordinary.

### 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 1890.

Executed in the presence of us

### DIRECTIONS.

Send amount by

me at

and oblige

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

STATE OF GEORGIA, County of

FULTON

Ordinary in and for said County of

FULTON State of Georgia, hereby certify that I am acquainted with Mrs. Sarah Rawson 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 Eugene Rawson 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, 1<sup>st</sup> day of Feb'y 1895.

W. L. Calhoun Ordinary.

### 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.

Executed in the presence of us:

### DIRECTIONS.

Send amount by

me at

and oblige

1895.

No. 618

WIDOW'S PENSION.

for year ending February 15th, 1895.

PAID TO—

Sarah Rawson

OF—

Fulton

County.

Widow of Eugene Rawson

WARRANT ISSUED

Feb 1 1895

AND HANDED TO

Applicant

W. L. Calhoun, State Treasurer.

1893.

FOR THOSE HERETOFORE PAID:

270. 1494

Widows' Pension,

for year ending February 15th, 1893.

PAID TO—

Mrs Sarah Rawson

OF—

FULTON

County.

Warrant Issued

AND HANDED TO

Applicant

1893

W. L. Calhoun, State Treasurer, Atlanta.

# For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,  
County of WILTON

Personally comes Mrs.

*Sarah Rawson*

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

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

continuously ever since *her birth*

18 That she is the Widow of

*Eugene Rawson*

who was a Soldier in Company

*1st* of the *2nd*

Regiment of *Georgia*

Volunteers, that he enlisted in said Regiment on or about the month of *April*

1862 and served in the Army up to *13<sup>th</sup> Dec* 1862 That he lost his

life on the *13<sup>th</sup>* day of *December* 1862 (State here

full particulars of the husband's death when, where and from what cause.)

*Killed in the battle of Fredericksburg in the State of 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 1855, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this

*30<sup>th</sup>* day of *January* 1893

*W. L. Leachman* Ordinary

Post-office *Marion*

# For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,  
County of *Fulton*

Personally Comes Mrs.

*Sarah Rawson*

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 *her birth*

18 That she is the Widow of

*Eugene Rawson*

who was a Soldier in Company

*1st* of the *35th*

Regiment of *Georgia*

Volunteers, that he enlisted in said Regiment on or about the month of *April*

1862 and served in the Army up to *13th Sep* 1862 That he lost his

life on the *13th* day of *December* 1862 (State here

full particulars of the husband's death, when, where and from what cause.)  
*Killed in the battle of Fredericksburg in the State of 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 1855, 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 *July* 1895

*W. L. Leachman* Ordinary

Post-office

*Sarah Rawson*

*Mark*

PENSION



STATE OF GEORGIA, County of

Fulton

W. L. Calhoun

Ordinary in and for said County of

Fulton

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

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

JOSEPH RANSON

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  
day of  
1891 1896

[SEAL]

W. L. Calhoun

Ordinary.

Form No. 1.

## 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

STATE OF GEORGIA, County of

Fulton

W. L. Calhoun  
Fulton  
Seal Ranson

Ordinary in and for said County of

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

the applicant for a pension in this case, and

know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of  
deceased, and as such 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

day of

1897

[SEAL]

Ordinary

Form No. 1.

## POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, hereby authorize  
of to receive and receipt for the pension paid hereon and request  
that he remit same to at

In Witness Whereof, I have hereunto set my hand and seal, this  
day of 1897

[L.S.]

Executed in the presence of

FOR THOSE HERETOFORE PAID.

1897.

No.

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO

W. L. Calhoun

OF

Fulton

County.

widow of Joseph Ranson

RICHARD JOHNSON,

(Commissioner of Pensions)

WARRANT ISSUED

1/30

1897.

AND HANDED TO

W. L. Calhoun

W. L. HARRISON, STATE PRINTER, ATLANTA

FOR THOSE HERETOFORE PAID.

1896.

No. 2352

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO

W. L. Calhoun

OF

Fulton

County.

widow of Joseph Ranson

WARRANT ISSUED

2/11

1896.

AND HANDED TO

W. L. Calhoun

W. L. HARRISON, STATE PRINTER.

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of

Fulton

Personally Comes Mrs.

Sarah Rawson

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

1861

18

That she is the Widow of

George D. Rawson

who was a Soldier in Company

1st

of the

Regiment of

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

1861

1861 and served in the Army up to

1862

1862

That he lost his

life on the

day of

1862

(State here

full particulars of the husband's death, when, where and from what cause.)

She is now residing in the State of Georgia

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 1861,

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

1896

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

1896

1896

Notary Public Ordinary.

Post-office

Sarah Rawson  
Mark

# For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,

County of

Fulton

Personally Comes Mrs.

Sarah Rawson

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

1861

18

That she is the Widow of

George D. Rawson

who was a Soldier in Company

1st

Regiment of

Georgia

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

April

1862 and served in the Army up to

1862

1862

That he lost his

life on the

13th

day of

December

1862

State here

full particulars of the husband's death, when, where and from what cause.)

Killed in the battle of Red Bank Bay  
in the State of 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 1861, 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, 1897

Sworn to and subscribed before me, this

5th day of

1897.

Ordinary

Post-office

# POWER OF ATTORNEY.

State of Georgia,

County.

I hereby authorize

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

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

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

at

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

day of 1899,

[L. S.]

Executed in presence of

For Those Heretofore Paid,

1898.

No. 2184

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

McGeehan, Anne S.

OF

County

Widow of McGeehan, Anne S.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

1898

AND HANDLED TO

appt

SEC. W. HARRISON, STATE PRINTER, ATLANTA

For Those Heretofore Paid.

1899.

No. 873

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO

McGeehan, Anne S.

OF

County

Widow of McGeehan, Anne S.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

1899.

AND HANDLED TO

appt

SEC. W. HARRISON, STATE PRINTER, ATLANTA

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,  
County of *Fulton*

Personally Comes Mrs.

*Sarah Rawson*

who, being sworn, says on oath, that she is a bona fide resident of said county of  
*Fulton* State of Georgia, and that she has resided in said State  
 continuously ever since *Birth* 18 *1870* That she is the Widow of

*August Rawson* who was a Soldier in Company  
*5th* of the *25th* Regiment of *Georgia*

Volunteers, that he enlisted in said regiment on or about the month of *April*  
 186 *2* and served in the Army up to *31st Dec* 186 *2* That he lost his  
 life on the *31st* day of *December* 186 *2* State here  
 full particulars of the husband's death, when, where and from what cause.

*Killed in battle Fredericksburg Va.*

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that  
 she has never married since his death aforesaid, and that she became his wife in the year 18 *58*

I have been allowed a pension as a resident of *Fulton* County for the year ending  
 February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898.

Sworn to and subscribed before me, this

day of *Jan* 1898, at

Ordinary

Post Office

State of Georgia,

County of *Fulton*

Ordinary of said county, certify that I am well acquainted  
 with Mrs. *Sarah Rawson* who made the above affidavit and am satis-  
 fied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she  
 has continuously resided in this State since the *23rd* day of *Dec* 18 *58*

Given under my official signature and seal this the *2* day of *Jan* 1898.

(Official Seal)

Ordinary of

County.

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,  
County of *FULTON*

Personally Comes Mrs.

*Sarah Rawson*

who, being sworn, says on oath, that she is a bona fide resident of said county of  
*FULTON* State of Georgia, and that she has resided in said State  
 continuously ever since *Birth* 18 *1870* That she is the Widow of

*August Rawson* who was a Soldier in Company  
*5th* of the *25th* Regiment of *Georgia*

Volunteers, that he enlisted in said regiment on or about the month of  
 186 *2* and served in the Army up to *31st Dec* 186 *2* That he lost his  
 life on the *31st* day of *December* 186 *2* State here  
 full particulars of the husband's death, when, where and from what cause.

*Killed in battle Fredericksburg Va.*

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that  
 she has never married since his death aforesaid, and that she became his wife in the year 18 *58*

I have been allowed a pension as a resident of *FULTON* County for the year ending  
 February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1899.

Sworn to and subscribed before me, this

day of *Feb* 1899, at

Post Office

State of Georgia,

County of *FULTON*

County.

I, *W. H. HULSEY*,

Ordinary of said County, certify that I am well acquainted

with Mrs. *Sarah Rawson* who made the above affidavit and am satis-  
 fied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she  
 has continuously resided in this State since the *23rd* day of *Dec* 18 *58*

Given under my official signature and seal this the *24* day of *Feb* 1899.

(Official Seal)

Ordinary of *FULTON*

County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

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

of \_\_\_\_\_

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

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1900.

[L. S.]

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

*Ransom, Sarah*  
*Fulton County*  
To Those Heretofore Paid

1900.

NO. 996

WIDOW'S PENSION,

For year ending February 16th, 1900.

PAID TO  
*Mrs. Sarah Ransom*

OF  
*Fulton* County,

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

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

*Feb 14th* 1900,

AND HANDED TO

*[Signature]*

Geo. W. Hardman, State Printer, Atlanta.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

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

of \_\_\_\_\_

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

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1901.

[L. S.]

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

*Ransom, Sarah*  
*Fulton County*  
To Those Heretofore Paid.

To Those Heretofore Paid.

1901.

No. 807

WIDOW'S PENSION,

For year ending February 16th, 1901.

PAID TO  
*Mrs. Sarah Ransom*

OF  
*Fulton* County.

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

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

*Feb 17* 1901,

AND HANDED TO

*[Signature]*

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

STATE OF GEORGIA

FOR WIDOWS HERETOFORE ALLOWED PENSIONS

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,  
County of Fulton

Personally Comes Mrs.

Sarah Rawson

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 1862. That she is the Widow of George Rawson who was a soldier in Company 25th of the Georgia Regiment of Volunteers, that he enlisted in said regiment on or about the month of Dec 1862 and served in the Army up to 13th Dec 1862. That he lost his life on the 13th day of December 1862 (State here particulars of the husband's death, when, where and from what cause)

Killed in battle Fredericksburg Va.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1858

I have been allowed a pension as a resident of Fulton County for the year ending February 15th, 1899, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this

17 day of July 1900  
John R. Williams Ordinary

Sarah Rawson  
Post Office

State of Georgia,

Fulton County.

John R. Williams  
Ordinary of said County, certify that I am well acquainted

with Mrs. Sarah Rawson, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 23rd day of Dec 1890

Given under my official signature and seal, this the 14 day of July 1900.

Official Seal.

John R. Williams  
Ordinary of Fulton County.

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,  
County of Fulton

Personally Comes Mrs.

Sarah Rawson

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 George Rawson who was a soldier in Company 25th of the Georgia Regiment of Volunteers, that he enlisted in said regiment on or about the month of Dec 1862 and served in the Army up to 13th Dec 1862. That he lost his life on the 13th day of Dec 1862 (State here particulars of the husband's death, when, where and from what cause)

Killed in battle Fredericksburg Va.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1858

I have been allowed a pension as a resident of Fulton County for the year ending February 15th, 1899, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this

15 day of July 1901.  
John R. Williams Ordinary.

Sarah Rawson  
Post Office Atlanta

State of Georgia,

Fulton County.

John R. Williams  
Ordinary of said County, certify that I am well acquainted

with Mrs. Sarah Rawson, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 23rd day of Dec 1890

Given under my official signature and seal, this the 15 day of July 1901.

Official Seal.

John R. Williams  
Ordinary of Fulton County.

BOULEVARD OF ALLEGORIES

# 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 \_\_\_\_\_

*Rawson, Sarah*  
*Fulton Co*

To Those Heretofore Paid.

**1902.**

No. 43

**WIDOW'S PENSION,**

For year ending Dec. 31, 1902.

PAID TO

*Mr. Sarah Rawson*

OF

**Fulton.**

County,

*Widow of Eugene Rawson*

Co.

Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

**WARRANT ISSUED**

1902

AND HANDED TO

*[Signature]*

JOHN W. LINDSEY, STATE ARCH. GEORGIA.

*Rawson, Sarah*  
*Fulton, County*

To Those Heretofore Paid

**1903.**

No. 43

**WIDOW'S PENSION,**

For year ending Dec. 31, 1903.

PAID TO

*Mr. Sarah Rawson*

OF

**Fulton.**

County,

*Widow of Eugene*

*Co. 4th Regiment 25 Yrs*

JOHN W. LINDSEY,

Commissioner of Pensions.

**WARRANT ISSUED**

1903.

AND HANDED TO

*[Signature]*

JOHN W. LINDSEY, STATE ARCH. GEORGIA.

STATE OF GEORGIA,

County.

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

of \_\_\_\_\_

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

at \_\_\_\_\_

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

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

[L. S.]

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

STATE OF GEORGIA

FOR WIDOWS HERETOFORE ALLOWED PENSIONS



# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of **Fulton**.

PERSONALLY COMES MRS.

*Sarah Rawson*

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*  
*of Eugene Rawson*  
*25th*

That she is the Widow of

who was a soldier in Company

Regiment of *4th*

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

186 *2* and served in the Army up to *13th Dec*

186 *2* That he lost his

life on the *13th* day of *Dec*

18 *62* (State here

particulars of the husband's death, when, where and from what cause.)

*Killed in battle of Fredricksburg Va*

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18 *58*

I have been paid a pension as a resident of **Fulton** County for the year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902

Sworn to and subscribed before me,  
this *13* day of *JAN 13 1902*

Ordinary.

Post-Office

*Sarah Rawson*  
*Mark*

State of Georgia,

**Fulton** County,

Ordinary of said County, certify that I am well

acquainted with Mrs. *Sarah Rawson*, who made the above affidavit and

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

herself to be, and that she has continuously resided in this State since the *23rd*

day of *Dec* 18 *90*

Given under my official signature and seal, this the *13* day of *JAN 13 1902*

Official  
Seal

Ordinary of

**Fulton** County.

NOTE.—All blank spaces must be filled.  
Voucher and affidavit must bear date after January 1st, 1902.

Form No. 1.

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of **Fulton**.

PERSONALLY COMES MRS.

*Sarah Rawson*

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*  
*Eugene Rawson*  
*20th*

That she is the Widow of

who was a soldier in Company

Regiment of *4th*

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

186 *2* and served in the Army up to *13th Dec*

186 *2* That he lost his

life on the *13th* day of *Dec*

18 *62* (State here

particulars of the husband's death, when, where and from what cause.)

*Killed in battle of Fredricksburg Va*

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18 *58*

I have been paid a pension as a resident of \_\_\_\_\_ County for the year ending December 31, 1902, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me,

this *22* day of *JAN 22 1903* 1903.

Ordinary.

Post-Office

*John R. Wilkinson*

State of Georgia,

**Fulton** County,

*John R. Wilkinson*

Ordinary of said County, certify that I am well

acquainted with Mrs. *Sarah Rawson*, 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 1903* 1903.

Official  
Seal

Ordinary of

County

NOTE.—All blank spaces must be filled.  
Voucher and affidavit must bear date after January 1st, 1902.



# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

hereby authorize

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

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

day of 1904.

[L. S.]

Executed in presence of

*Lawson, Sarah*  
*Fulton County*  
TO THOSE HERETOFORE PAID.

1904.

No. 410

WIDOW'S PENSION

FOR  
YEAR ENDING DECEMBER 31, 1904.

PAID TO

Fulton.

County,

Widow of *Langston*  
Co. *E* Regiment *25<sup>th</sup> Ga*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

AND HANDLED TO *1/31 1904*

*aff*

Gen. W. Harrison, State Printer, Atlanta.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, hereby authorize

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

at

In Witness Whereof, I have hereunto set my hand and seal, this  
day of 1906.

[L. S.]

Executed in presence of

*Lawson, Sarah*  
*Fulton County*  
TO THOSE HERETOFORE PAID.

1905.

No. 80.

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

Fulton.

County,

Widow of *Langston*  
Co. *E* Regiment *25<sup>th</sup> Ga*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

AND HANDLED TO *1/20 1905*

*aff*

Gen. W. Harrison, State Printer, Atlanta.

FOR WIDOWS HERETOFORE PAID

# FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 1.

STATE OF GEORGIA,

County of Fulton.

PERSONALLY COMES MRS.

Sarah Rawson

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

Eugene Rawson who was a soldier in Company

of the 25th Regiment of Ga

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

1862, and served in the Army up to 13th Dec 1862. That he lost his

life on the 13th day of Dec 1862. (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 1858.

I have been paid a pension as a resident of Fulton, County for the year ending December 31, 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me,

this 1st day of Jan 1904.

Post Office

Ordinary

Sarah Rawson

State of Georgia,

Fulton County.

I, John H. Wilkinson Ordinary of said County, certify that I am well

acquainted with Mrs. Sarah Rawson, 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 1858.

Given under my official signature and seal, this the JAN 22 1904 day of Jan 1904.

Official Seal

John H. Wilkinson

Ordinary of

Fulton, County.

NOTE.—All blank spaces must be filled.

Voucher and Affidavit must bear date after January 1st, 1904.

# FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Fulton.

PERSONALLY COMES MRS.

Sarah Rawson

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

Eugene Rawson who was a soldier in Company

of the 25th Regiment of Ga

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

1862, and served in the Army up to Dec 1862. That he lost his

life on the 13 day of Dec 1862. (State here

particulars of the husband's death when, where and from what cause.)

Killed Frederickburg Dec 13th, 1862

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1858.

I have been paid a pension as a resident of Fulton, County for the year ending December 31, 1904, and now apply for the pension provided by law for the year ending December 31, 1905.

Sworn to and subscribed before me,

this 1st day of JAN 2 1905.

Ordinary

Post Office

Sarah Rawson

State of Georgia,

Fulton County.

I, John H. Wilkinson Ordinary of said County, certify that I am well

acquainted with Mrs. Sarah Rawson, 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 1858.

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

Official Seal

John H. Wilkinson

Ordinary of

Fulton, County.

NOTE.—All blank spaces must be filled. Voucher and Affidavit must bear date after January 1st, 1905.

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

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

*Rawson Sarah*  
*Fulton County*  
To Those Heretofore Paid.

1906.

No. 14

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO

*Mrs. Sarah Rawson*

OF

Fulton

County,

Widow of *August Rawson*  
Co. H. Regiment 25<sup>th</sup> Inf.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

4/2 1906.

AND HANDED TO

*CSH*

This Pension Issued and Pensions Co. Geo. W. Harrison, Sec.

*Rawson Sarah*  
*Fulton Co*  
To Those Heretofore Paid.

1907.

No. 33

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO

*Mrs. Sarah Rawson*

OF

Fulton

County,

Widow of *August Rawson*  
Co. H. Regiment 25<sup>th</sup> Inf.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED.

4/2 1907.

AND HANDED TO

*CSH*

Geo. W. Harrison, Bude Printer, Atlanta.

Ray, Cynthia S.  
Fulton

O.K.

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

**WIDOW'S  
Indigent Pension  
1902.**

Name Miss C. C. Ray

County Fulton

Widow of Thomas H. Ray

Ced. 7 Ga

Approved \_\_\_\_\_ 1902

JOHN W. LINDSEY,  
Commissioner of Pensions.

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

Geo. W. Harrison, State Printer, Atlanta  
8-6-902-12/16-1902

**Power of Attorney**

STATE OF GEORGIA

County 3

being authorized \_\_\_\_\_

County to receive and receipt for the pension allowed by law to \_\_\_\_\_  
by his check or registered mail.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_ 190 \_\_\_\_\_

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

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

L. B.

STATE OF GEORGIA,

County.

hereby authorize

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

resent the same to me a by his check or registered mail.

Witness my hand this day of 190

Executed in presence of

Ordinary,

I. S.

County.

STATE OF GEORGIA,

County.

of said State and County, desiring to avail herself of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly, passed 1900, hereby submit her proof, 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)

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

3. When and where were you born?

4. When and where was your husband born—state his full name, and when were you and he married?

5. When, and where, and in what Company and Regiment did your husband enlist or serve during the war between the States?

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

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?

9. If not with his Company 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?

11. Which is the following ground for your husband's application for Pension, viz: First—Age and Poverty; Second—Infirmary and Poverty; or Third—Blindness and Poverty?

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

13. What has been your occupation since your husband's death?

14. How much do you earn gross, by your own exertion or labor?

15. What property, real or personal, or income do you have or possess, and has grown yours since 1899, 1900, 1901, and what description, if any, by sale or gift, has a portion of the same?

16. In what counties did you reside in 1899, 1900 and 1901, and what property did you return for taxation?

17. How have you been supported since death of husband, and especially for 1899, 1900 and 1901?

18. How much of your support cost for each of those years, and how much did you contribute by your own labor or income?

19. What was your employment during 1899, 1900 and 1901—how much did you receive for each year?

20. Have you a family? If so, who composes such family? Give their means of support? Have they any lands or other property?

21. Have you ever made an application for Pension before?

22. How many applications have you made for a Pension, and under what class?

Sworn to and subscribed before me this

day of 1902

John W. Lindsey, Ordinary,

County.

Witness my hand and seal this day of 1902

Ray, Cynthia B. Fulton Co

WIDOW'S Indigent Pension 1902.

Name Mrs C. C. Ray County Fulton

Widow of Thomas H. Ray

Calhoun Co

JOHN W. LINDSEY, Ordinary

WARRANT HANDLED TO

960909-11-11-11



Fulton

County.

James Bell

of said State and County, having been presented as a witness in support of the Application of Mrs. C. C. Ray for a Pension under the Act of 1900, 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? James Bell  
415 Pullman St. Atlanta Ga.

2. Are you acquainted with the applicant, Mrs. C. C. Ray

If so, how long have you known her? I am. Have known her over 25 years.

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

At Hb. Rector St. Atlanta Ga. Resident of State over her life.

4. When and where was she born? That I do not know.

5. Were you ever acquainted with her husband?

I was, and before he enlisted.

6. Where did he reside in 1861? In Atlanta Ga.

7. When and to whom was he married?

I do not know who he married, but I know of Mrs. C. C. Ray.

8. When and where was he born?

That I do not know of your knowledge.

9. How long have you known him?

I would say since 1861.

10. When and where did Thomas H. Ray enlist, in the war between

the States and in what Company and Regiment did he enlist, and how do you know this?

In May 1861, in Atlanta Ga. in Co. K. 7th Regt of Infantry.

11. Were you a member of the same Company and Regiment?

I was not but was a citizen of Atlanta, and knew that he enlisted in Co. K.

12. How long did he perform regular military duty?

From my knowledge, I do not know, but he understood he was in about 2 years, then transferred to the ranks in March 1862.

13. When and where was his Company and Regiment surrendered and discharged from service?

I do not know, but he was at Appomattox Va.

14. Were you with the Command when it surrendered?

I am not.

15. Was Thomas H. Ray the husband of applicant present?

I have understood he was not, but he had been married to a wife.

16. If not present, where was he?

One term, I do not know.

17. When and where did he leave his Command?

That I do not know.

For what cause? By transfer to detail, to do work for the Government in Atlanta Ga.

By whose authority he left? By the Government.

How do you know all this? (State fully and clearly.) I am sure of it, as I have heard of it, and I have seen him and found in Atlanta Ga. and he was in the war.

18. When and where did Thomas H. Ray die?

Some time in March 1860, in my first recollection, Atlanta Ga.

19. Where did he reside at his death and how long had he been a resident of Georgia at his death?

In Atlanta Ga. and had been a resident of Ga. since 1860.

20. Do you of your own knowledge know that applicant is the lawful widow of Thomas H. Ray?

I do. She was his wife during the war, and has been unmarried.

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

She has, and is now the lawful widow of Thomas H. Ray.

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, has no income. She is married, and she has a husband, but he is dead.

23. What property, effects or income did applicant possess in 1899 and 1900, and what disposition did she make of it?

She had a small lot, and I have seen her sell it in 1900, and has been living on the proceeds of said lot, and the help of her married daughters.

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

In 1900, I have seen her convey a small house, and to whom I do not know.

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

She is old and physically weak, and in my opinion she is unable to earn her support. She has always been a hard working woman, and her brother, Henry Ann, and his wife, Mary, are now unable to do any manual labor, sufficient to earn their support.

27. How was she supported for 1899, 1900 and 1901? She was supported by her husband, and by the help of her two daughters.

28. How much did applicant contribute to her support for last two years? Nothing of anything.

29. Give a full and complete statement of applicant's physical condition? She is old and has worked hard all her life, and is now weak and feeble, and unable to do any work, that would make her a support.

30. What interest have you in the recovery of this pension by the applicant? None, but I am sworn to and subscribed before me this.

day of July, 1902, James Bell

John R. Westinon Ordinary, Fulton County.

Witnesses.

## Affidavits of Physicians.

STATE OF GEORGIA,

County.

Personally before me comes R. R. Weaver M.D. 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: She is old and decrepit, almost totally deaf, her sight is of general health poor, and in no way able to earn a means of support.

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 2nd

day of July, 1902, R. R. Weaver M.D.

John R. Westinon Ordinary, Fulton County.

Witnesses.

## 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. \_\_\_\_\_

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 \_\_\_\_\_ day of \_\_\_\_\_, 1902.

\_\_\_\_\_, 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 Jan. 1, 1900, not entitled.

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

STATE OF GEORGIA,

Fullon County.

been presented as a witness in support of the Application of Mrs. C. C. Ray of said State and County, having 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? Charles K. Matlock, 150 Madison St., Atlanta, Ga.
2. Are you acquainted with the applicant, Mrs. C. C. Ray?
- If so how long have you known her?
3. Where does she reside, and how long and since when has she been a resident of this State?
4. When and where was she born?
5. Were you ever acquainted with her husband?
6. Where did he reside in 1891?
7. When and to whom was he married?
8. When and where was he born?
9. How long have you known him?
10. When and where did Thomas H. Ray enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? May 1861, Atlanta, Ga. Co. K. 7th Regt. Ga. Infantry.
11. Were you a member of the same Company and Regiment? Yes
12. How long did he perform regular military duty? I think two years
13. When and where was his Company and Regiment surrendered and discharged from service? April 1865, Appomattox, Va.
14. Were you with the command when it surrendered? No
15. Was Thomas H. Ray the husband of applicant present? No
16. If not present, where was he? He left Co. K. about 1863
17. When and where did he leave his Command? San Francisco
- For what cause? I think he was transferred to Atlanta to do duty with the
- By whose authority he left? By the Confederate Government. He did not desert.
- How do you know all this? (State fully and clearly) I saw Ray in Atlanta, while I was at home, or wounded for long. I was then waiting Company to be at the time he may have been present. I would have had him arrested, he has been absent
18. When and where did Thomas H. Ray 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 Thomas H. Ray?
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 and 1900 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?
25. What is applicant's physical condition and her chances and ability to earn a support?

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

27. How was she supported for 1899 and 1900?

28. How much did applicant contribute to her support for last two years?

29. Give a full and complete statement of applicant's physical condition?

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

Sworn to and subscribed before me this 28th day of August, 1902.  
James P. Williamson Ordinary,  
Fullon County.

Charles K. Matlock  
Witnesses.

# POWER OF ATTORNEY.

# POWER OF ATTORNEY.

STATE OF GEORGIA.

STATE OF GEORGIA.

COUNTY.

COUNTY.

*Wm C. Ray* hereby authorize  
*J. M. McFar* of *Atlanta Ga*  
 to receive and receipt for the pension paid herein and request that he remit same to  
 by hand at *Atlanta Ga*  
 In WITNESS WHEREOF, I have hereunto set my hand and seal this  
 day of *Jan* 1904

I, \_\_\_\_\_ hereby authorize  
 of \_\_\_\_\_  
 to receive and receipt for the pension paid herein, and request that he remit same to  
 at \_\_\_\_\_  
 In WITNESS WHEREOF, I have hereunto set my hand and seal, this  
 day of \_\_\_\_\_ 1905.

Executed in presence of  
*E. A. Littlejohn M.P.*  
*Guston Co. Ga*

Executed in presence of

[B. S.]

**INDIGENT  
 WIDOW'S PENSION**  
 FOR YEAR ENDING DECEMBER 31, 1904

*Mr. C. C. Ray*  
 PAID TO  
*Widow of Thomas B. Ray*  
 Co. B 7th Regt.  
 JOHN W. LINDSEY  
 Commissioner of Pensions  
 WAREHOUSE ISSUED  
 AND HANDLED TO  
*J. M. McFar*  
 (Care of Ray, State of Georgia)

*Ray, C. C. (mo.)*  
*Fulton County*  
 TO THOSE HERETOFORE PAID.

**1905.**

No. *135*

**INDIGENT  
 WIDOW'S PENSION,**  
 For year ending Dec. 31, 1905

*Mr. C. C. Ray*  
 PAID TO  
*Fulton* COUNTY,  
 Widow of *Thos. B. Ray*  
 Co. B 7th Regt.

JOHN W. LINDSEY,  
 Commissioner of Pensions  
 WARRANT ISSUED  
 AND HANDLED TO  
*J. M. McFar*  
 (Care of Ray, State of Georgia)

*Ray, C. C. (mo.)*  
*Fulton County*  
 TO THOSE HERETOFORE PAID.

**1904.**

*Mr. C. C. Ray*  
 PAID TO  
*Widow of Thomas B. Ray*  
 Co. B 7th Regt.  
 JOHN W. LINDSEY  
 Commissioner of Pensions  
 WAREHOUSE ISSUED  
 AND HANDLED TO  
*J. M. McFar*  
 (Care of Ray, State of Georgia)



# FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Fulton.

PERSONALLY COMES MRS.

C. C. Ray

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

Thomas H. Ray

who was a soldier in Company

No of the

7th

Regiment of

Georgia Infantry

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

May

1861, and served in the Army up to 2 years

186

That he died

on the 9th

day of

Mar

188

R F 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 58

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 22 day of JAN 1904

Ordinary

Post Office

John R. Wilkinson

State of Georgia,

Fulton County

I, John R. Wilkinson

Ordinary of said County, certify that I am well

acquainted with Mrs. C. C. Ray, 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 22 day of JAN 1904

1904.

Official Seal

Ordinary of

Fulton County

NOTE.—All blanks must be filled. Vouchers and Affidavits must bear date after January 1st, 1904.

# FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Fulton.

PERSONALLY COMES MRS.

C. C. Ray

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

Thomas H. Ray

who was a soldier in Company

No of the

7th

Regiment of

Georgia

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

1861, and served in the Army up to 2 years

186

That he died on

the 9 day of

March

1880

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 58

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 22 day of JAN 1905

Ordinary

Post Office

John R. Wilkinson

State of Georgia,

Fulton County

I, John R. Wilkinson

Ordinary of said County, certify that I am well

acquainted with Mrs. C. C. Ray, 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 Birth 18

Given under my official signature and seal, this the 22 day of JAN 1905

1905

Official Seal

Ordinary of

Fulton County

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

# 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 Thomas H. Ray  
and Miss Cynthia C. Butler

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 3<sup>rd</sup> day of June 1888.

Joe H. Meane  
ORDINARY. S. S.

I hereby certify, that Thomas H. Ray  
and Miss Cynthia C. Butler

were joined together in the Holy Bans of Matrimony  
on the 3<sup>rd</sup> day of June 1888, by me

T. L. Thomas M. C.

State of Georgia,

Fulton County.

ORDINARY'S OFFICE

I, Joe H. Meane, Clerk of the Court of

Ordinary of said County, do hereby certify that I have compared the foregoing copy of the Marriage License  
and Certificate of Marriage of Thomas H. Ray and Miss Cynthia C. Butler

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

In Testimony Whereof, I have hereunto set my hand and affixed the seal of  
the Court of Ordinary, this 16<sup>th</sup> day of December 1892.

Marcellus M. Hudson C. C. O.

State of Georgia,

Fulton County.

ORDINARY'S OFFICE

I, J. B. Williams, Ordinary of said County, and

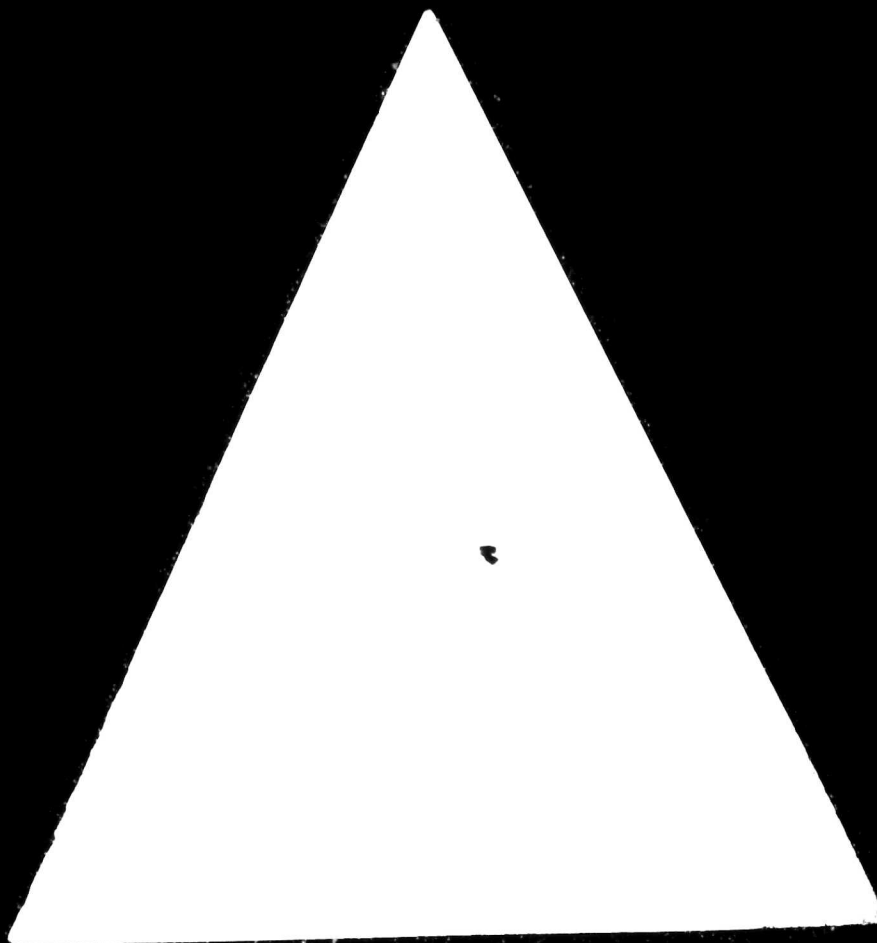
presiding Magistrate of the Court of Ordinary thereof, do hereby certify that the above attestation sub  
scribed by Marcellus M. Hudson, as Clerk of said Court, is sufficient and in due form of law,

and that his signature thereto is genuine.

WITNESS, my hand and official signature, this 16<sup>th</sup> day of Dec 1892.

John R. Williams Ordinary.

WITNESS, my hand and official signature, this 10<sup>th</sup> day of Dec 1892  
John R. Watkins Ordinary.



*Ray, C. E. (2)*  
*Approved for 2.000*  
*Fulton Co.*

# Widow's Application

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

County *Fulton*  
 Name *Mrs. C. E. Ray*  
 Widow of *J. A. Polak*  
 Date of Marriage *Dec. 21* 18 *75*  
 Company  
 Regiment *9th Regt. La. Inf.*  
 Approved *John W. Clark*  
*2 April 1927*

*OK*  
*Affidavit of second*  
*husband's death to*  
*be furnished*

JOHN W. CLARK,  
 Commissioner of Pensions.

*9-28-27 E*

## STATE OF GEORGIA.

### Ordinary's Certificate.

*Fulton*  
*Two Highways*  
*Mrs. C. E. Ray*

I, *Ray, C. E.* Ordinary of said County, do certify that I know *Mrs. C. E. Ray* 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 *Ray, C. E.*

*Ray, C. E.* but *Ray, C. E.* is now resident of said County and very duly sworn by *Ray, C. E.* before signing the foregoing affidavit and that they are truthful and trustworthy and these statements are entitled to full faith and credit.

Given under my hand and official seal of office this *May 2* 192 *7*  
*John W. Clark* Ordinary.  
 of *Fulton* County

#### Instructions:

1. Before any questions are answered the Ordinary shall swear al loud 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 given by you shall be the truth, so help you God."
2. Additional questions may be asked by the Ordinary if the answers are insufficient.
3. Only widows who married prior to January 1st, 1920, are eligible for pension as a widow.
4. An applicant must remain before the Ordinary of the County in which the applicant or witness resides and must be examined by the Ordinary.
5. An applicant must have been married by some person or by General reputation.
6. Fill out the back of the application carefully.
7. Don't use the back form of Marriage Certificate in Georgia throughout the State. A short simple form is easier to handle.

1927  
Ray, C. E. (2)  
Fulton Co.  
Approved for 2

Widow's Application

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

County Fulton  
Name Mrs. C. E. Ray  
Widow of John W. Ray  
Date of Marriage Dec. 21 1875  
Company 9th Regt. Ga. Inf.  
Regiment John W. Ray  
Approved 2 April 27

Affidavit of record  
husband's death to  
be furnished

JOHN W. CLARK,  
Commissioner of Pensions

9-28-27 E

Ordinary's Certificate.

STATE OF GEORGIA.

Fulton COUNTY

I, Thos. H. Jeffries, Ordinary of said County do certify that I know Mrs. C. E. Ray 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, and I also know her who was to the service of her husband, that both of them are now residents of said County and were duly sworn by her before signing the foregoing affidavit, 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 27 day of March, 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, 1861, are entitled.
4. An affidavit 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. C. E. Ray 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. C. E. Ray, 712 Wilbert St., Atlanta, Ga.
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? All my life.
3. When, where and to whom were you married? Dec. 21, 1875 to J. A. Roberts, Walton County, Ga. Married second time to W. F. Ray on Dec. 6, 1882, Walton County, Ga. He died in 1906, Atlanta, Ga.  
a. Have you married since the death of first and soldier husband? Yes. 2nd husband dead.
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.) Co. B, 9th Regt. Ga. Infantry, Walton County, Ga., June 12, 1861.
5. When and where did the commands of your husband surrender or discharge from the Service? Appomattox, Va., Apr. 9, 1865.
6. Was your husband personally present with his command when it was surrendered or discharged? Yes.
7. If he was not present, state specifically and clearly where he was? Present.
8. When did he leave the Command? War ended.
9. For what cause did he leave? " "
10. By whose authority did he leave? " "
11. For how long was his leave of absence granted? None In what way? None
12. What was his physical condition when he left his command? Poor, result of wound.
13. What effort did he make to return to his Command? Never left except when
14. In what way was he prevented from going back to Command? wounded.
15. Was he captured by the enemy at any time? No.
16. If so, when and where? In what prison was he held and when was he released? None.
17. When and where did your first husband die? Dec. 31, 1882, Walton County, Ga.
18. Were you residing together when he died? Yes.
19. If not, how long had you resided apart? ...
20. Are you now a widow? Yes.
21. Have you or your husband heretofore been paid a pension by the State? No.
22. If so, when and for what cause were you or your husband placed on the roll? ....

Sworn to and subscribed before me, this the

26 day of March, 1927.  
William R. ... Ordinary  
of Fulton County.  
(SEAL OF ORDINARY)

Mrs. C. E. Ray Applicant.

See back of this page

Office Ga. Soldier Roster Commission,  
Atlanta, Ga., Mon. 22, 1927.

The rolls of Co. C, 9th Regiment Ga. Vol. Infantry show that  
John A. Roberts enlisted as a private, June 13, 1861. Wounded,  
Bean's Station, Tenn., Dec. 10, 1863. Surrendered, Appomattox,  
Va., Apr. 9, 1865.

Given under my hand and official seal the day and year first  
above written.

*William L. Harrison*  
Acting Superintendent.

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, answers 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 dates) .....
- 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 Com-  
mand? .....

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

17. Was he captured as a prisoner? ..... If so, when and where? .....  
In what prison was he held? ..... and when released? .....

Sworn to and subscribed before me, this the

..... day of ....., 1927.

..... Ordinary

of ..... County.

(SEAL OF ORDINARY)

(Witness)

STATE OF GEORGIA, Walton COUNTY.

## ORDINARY'S OFFICE—ss.

I, G. A. Garrett, Ordinary and ex-officio Clerk of the Court  
or Ordinary of said County, do hereby certify that I have compared the foregoing copy of  
Marriage License of John A Roberts and Clara E Marable

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 24 day of March, 1927.

G. A. Garrett  
Ordinary and ex-officio C. C. O.

## MARRIAGE LICENSE

OF

John A Roberts

AND

Clara E MarableIssued December 21st, 1875and Recorded on Page 462 Book

F of Marriage Licenses

Ordinary

GEORGIA, FULTON COUNTY.

Personally appeared J. B. Marable who swears  
that he was personally acquainted with J. A. Roberts who died  
in December 1881, leaving a widow and that said widow was residing  
with him at the time of his death. She later married V. P. Ray and  
lived with him until the date of his death in May 1906 and is now  
his dependent widow.

J. B. Marable

Sworn to and subscribed before me,  
this 1 th day of April, 1927.

Arthur R. Marbut

C. C. ORDINARY.

Arthur R. Munnally  
C. C. ORDINARY.



TO ANY JUDGE, JUSTICE OF THE PEACE, OR MINISTER OF THE GOSPEL

John A Roberts

and

Clara E Marable

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 to prove of the fact and date of the Marriage within thirty days after the date of said Marriage.

Given under my hand and seal this 21st day of December, 1875.

Thos. Giles  
Ordinary (L.S.)

STATE OF GEORGIA

**CERTIFICATE**

COUNTY OF WALTON

I Certify that John A Roberts and Clara E Marable were joined in Matrimony by me this 21st day of December 1875.

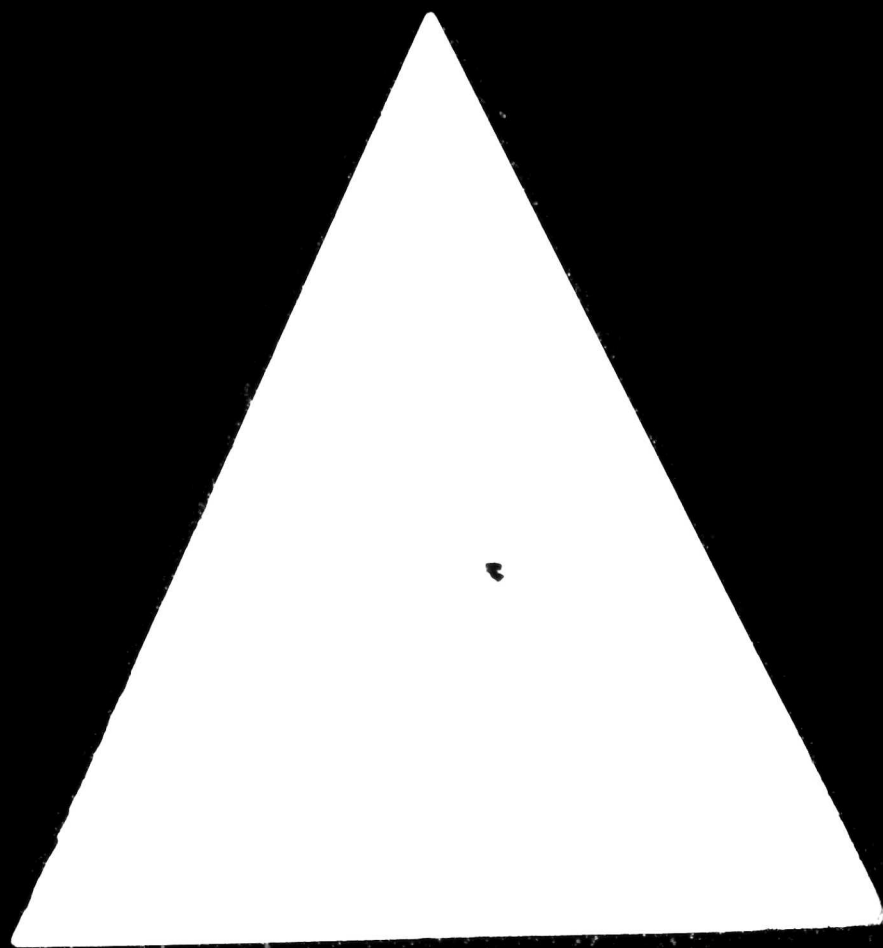
Recorded Dec. 30th 1875.

G A Munnally. M.C.

Ordinary.

PARTY PERFORMING CEREMONY RETURN TO ORDINARY TO BE RECORDED





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

*Ray, David R.*  
*Gulton County*

CODR SECTION 1850

(For Those Already Enrolled.)

*From No. 2544*

DISABLED  
SOLDIER'S PENSION.  
1901.

Name *David R. Ray*  
County *Gulton*  
Disability *Paralysis*  
Amount, \$ *17*

*July 18* 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*CRH*  
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

*David R. Lindsey*  
*John W. Lindsey*  
 (For Those Already Enrolled.)  
*John W. Lindsey*

DISABLED

SOLDIER'S PENSION.

1901.

Name *David R. Lindsey*  
 County *Butter*  
 Disability *Paralysis*  
 Amount, \$ *50*

*John W. Lindsey*  
 1901.

JOHN W. LINDSEY.

Commissioner of Pensions

WARRANT HANDED TO

*John W. Lindsey*  
 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 1902.

[L. S.]

Executed in presence of

*Reg. David R. Lindsey*  
*John W. Lindsey*

(FOR THOSE ALREADY ENROLLED.)

No. *28*

DISABLED

SOLDIER'S PENSION.

1902.

Name *David R. Lindsey*  
 County *Butter*  
 Disability *Paralysis*  
 Amount, \$ *50.00*

*John W. Lindsey*  
 1902.

JOHN W. LINDSEY.

Commissioner of Pensions

WARRANT HANDED TO

*John W. Lindsey*  
 Geo. W. Harrison, State Printer, Atlanta.

*No date*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Hutton County.

Personally appears David R Ray of Hutton County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and has resided therein continuously ever since the 25 day of August 1834; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company C, of 9th Regiment of Georgia Volunteers, 1's Brigade; that whilst engaged in such military service in the State of Georgia on the 15 day of June 1864, he was wounded, injured or diseased as follows:

Mind affected and Paralysis.

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 Hutton County been allowed an invalid pension of \$5.00 Dollars, for the year 1900.

Sworn to and subscribed before me, this the 15th day of June 1901, at Atlanta Postoffice 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,

Hutton County.

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

Given under my official signature and seal, this 15th day of June 1901, John R. Wilkinson Ordinary Hutton County.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Hutton County.

Personally appears D R Ray of Hutton County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18 34; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company C, of 9th Regiment of Georgia Volunteers, 1's Brigade; that whilst engaged in such military service in the State of Georgia on the 15 day of June 1864, he was wounded, injured or diseased as follows:

Had measles which caused general disability to perform duty.

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 Hutton County, been allowed an invalid pension of Fifty Dollars, for the year 1901.

Sworn to and subscribed before me, this the 13th day of Jan 1902, at Atlanta 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,

Hutton County.

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

Given under my official signature and seal, this 13th day of Jan 1902, John R. Wilkinson Ordinary Hutton 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.

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 \_\_\_\_\_, 1904.

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

(FOR THOSE ALREADY ENROLLED.)

No. 441

DISABLED

SOLDIER'S PENSION

1903.

Name D. R. Ray  
County Fulton.  
Co. C Regiment 9 Lya  
Disability Measles &c  
Amount, \$ 50.00  
1903. 436

JOHN W LINDSEY.

Commissioner of Pensions.

WARRANT HANDED TO

1084  
SIO. W. HARRISON, STATE PRINTER, ATLANTA

*No date*

(FOR THOSE ALREADY ENROLLED.)

CODE SECTION 1250.

No. 36

DISABLED

SOLDIER'S PENSION

1904.

Name D. R. Ray  
County Fulton.  
Co. C Regiment 9 Lya  
Disability Measles &c  
Amount, \$ 50.00  
1904. 436

JOHN W LINDSEY.

Commissioner of Pensions.

WARRANT HANDED TO

1084  
SIO. W. HARRISON, STATE PRINTER, ATLANTA

*No date*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears,

*D R Ray*

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 *1834* 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 *G*, of *9*th Regiment of *150* Volunteers *1st* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *1st* day of *1862*, he was wounded, injured or diseased as follows:

*General Disability from mauling*

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 *5080* County, been allowed an invalid pension of *5080* Dollars, for the year 1902.

Sworn to and subscribed before me, this the *1st* day of *1903*

Post-office

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

STATE OF GEORGIA,

County.

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

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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears

*D R Ray*

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 *1834* 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 *G*, of *7*th Regiment of *150* Volunteers *1st* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *1st* day of *1862*, he was wounded, injured or diseased as follows:

*General Disability from mauling*

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 *5080* County, been allowed an invalid pension of *5080* Dollars, for the year 1903.

Sworn to and subscribed before me, this the *1st* day of *1904*

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

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

*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, 1904.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I,

hereby authorize

of

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

by

at

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

day of

1905.

Executed in the presence of

[L.S.]

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

hereby authorize

of

to receive and receipt for the pension paid hereto, 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

*Ray David R.*  
*Fulton County*  
(FOR THOSE ALREADY ENROLLED.)  
No. 30

## DISABLED SOLDIER'S PENSION 1905.

Name *David R. Ray*  
County *Fulton*  
Co. *6* Regiment *9th Ca*  
Disability *Sound*  
Amount *\$50.00* 119 1905.

JOHN W. LINDSEY

(Commissioner of Pensions)

WARRANT HANDED TO

*6-84*

This Pension is paid to the Pensioner for the month of June 1905.

*no date*

*Ray David R.*  
*Fulton County*  
No. 30

(FOR THOSE ALREADY ENROLLED.)

No. 163

## DISABLED SOLDIER'S PENSION 1906.

Name *David R. Ray*  
County *Fulton*  
Co. *6* Regiment *9th Ca*  
Disability *Sound*  
Amount *\$50.00* 119 1906.

JOHN W. LINDSEY

(Commissioner of Pensions)

WARRANT HANDED TO

*6-84*

This Pension is paid to the Pensioner for the month of June 1906.

*no date*

STATE OF GEORGIA, )

Fulton COUNTY. )

Personally appears David R. Ray of Fulton.

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

day of 18 that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company No. 9 of 9th Regiment of 1st Volunteers' Brigade; that whilst engaged in such military service in the State of Georgia, on the 18 day of 186 he was wounded, injured or diseased as follows:

Wounds

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 Five Dollars, for the year 1904.

Sworn to and subscribed before me, this the

day of JAN - 1905

W. H. Robinson Post-office

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

STATE OF GEORGIA,  
Fulton COUNTY.

I, W. H. Robinson Ordinary of said County, do certify that I am well acquainted with David R. Ray the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

W. H. Robinson 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 David R. Ray of Fulton.

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

day of 18 that he enlisted in the military service of the Confederate States, (or of the State of Georgia) during the war between the States, and served as a Private in Company No. 9 of 9th Regiment of 1st Volunteers' Brigade; that whilst engaged in such military service in the State of Georgia, on the 18 day of 186 he was wounded, injured or diseased as follows:

Wounds

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 Five Dollars, for the year 1905.

Sworn to and subscribed before me, this the

day of JAN - 1906

W. H. Robinson 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, W. H. Robinson Ordinary of said County, do certify that I am well acquainted with David R. Ray the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

W. H. Robinson Ordinary Fulton County

NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1st, 1906.



Georgia,

County.

I the undersigned do certify that *David R. Ray* now of the  
County of *Fulton* is the same person who as  
residence in the pension rolls of this county and draw a pension of *\$5.00* dollars  
per month and his heirs or assigns.

Given under my hand and official seal of office this *10th* day of *May* 1907.

[Seal]

*Ray David R.*  
*Fulton Co.*

COPIES SECTION 1241  
(FOR THOSE ALREADY ENROLLED)

No. *24*

DISABLED  
SOLDIER'S PENSION  
1907.

Name *David R. Ray*  
County *Fulton*  
Co. *A* Regiment *1st Ga*  
Disability *disabled*  
Amount, \$ *5.00*

1907.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

*D. R. Ray*

JOHN W. LINDSEY, COMMISSIONER OF PENSIONS

*7-0-10*

POWER OF ATTORNEY.

STATE OF GEORGIA.

*Fulton* COUNTY.

I, *David R. Ray* hereby authorize  
*Mr. Angley* of *Lawrenceburg*  
to receive and receipt for the pension paid hereon, and request that he remit same to  
me by *check*  
at *my home at once*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *10th*  
day of *May* 1907.

*David R. Ray* [L.S.]  
Executed in presence of  
*John R. Williams*  
*Idem*

FOR AFFIDAVITS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton County.

Personally appears David R. Ray of Fulton

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 1877; that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served as a Private in Company Co., of 7th Regiment of Ga. Volunteers. Co.'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:

Stomach

Deponent makes application for the pension to which he is entitled for the year ending October 25th, 1907. I have heretofore, under said law, as a resident of Fulton County, been allowed an invalid pension of Fifty Dollars, for the year 1906.

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

Postoffice   

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

State of Georgia,

Fulton County.

I, John R. Williamson

Ordinary of said County,

do certify that I am well acquainted with David R. Ray the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 27 day of    1907.

Ordinary Fulton County.



NOTE—Fill all blanks and of Company and Regiment.  
NOTE—All vouchers and affidavits must bear date after January 1st, 1907.

*Roy, Eva* *(Mrs)*  
*Fulton Co. May.*  
*Approved 1931*

# Widow's Application

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

County *Fulton*  
 Name *Mrs Eva Roy*  
 Widow of *Geo R. P. Fields*  
 Date of Marriage *May 27* 18*66*  
 Company *H*  
 Regiment *7th Cal. Inf.*  
 Approved *R. de J. Lawrence*  
*Pension Commissioner*

*Ord. Notified*

JOHN W. CLARK,  
 Commissioner of Pensions.

*5-5-1931 E*

## Ordinary's Certificate

STATE OF GEORGIA.

*Fulton* COUNTY,  
*I, Geo H. Jeffries*  
*know Mrs Eva Roy*

Ordinary of said County, do certify  
 the applicant for pension, that  
 she is the person she represents herself to be and that she has been, continuously, a bona fide resi-  
 dent citizen of said State since January 1st, 1929 that I also know *E. R. W. McAllister*  
 the witness who swears to the *death* of said husband that both of them are now residents of said  
 County and were duly sworn by *me* before signing the foregoing affidavits, and that they are truth-  
 ful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this *4th* day of *May* 19*31*  
 (SEAL OF ORDINARY) *Geo 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 do solemnly swear that you will true answers make to each of the questions asked you and the ev-  
 dence you give in this case, and that you will not be false in your testimony. So help you God."
2. Additional affidavits may be taken if desired. So help you God."
3. Only widows who married prior to January 1st, 1921 are entitled to pension.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be attested by said Ordinary.
5. At least three copies of marriage license if obtainable. If not prove marriage by some other or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage License in your application. Use the State A form, simple form as 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 Eva Ray 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 James Patrick Ray, Atlanta, Fulton

2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? 1850

3. When, where and to whom were you married? May 1866, Wheat St. to Mr. James K. Palk Field

a. Have you married since the death of first and soldier husband? yes, Dec 11, 1896

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)  
James K. Palk Field enlisted in Co H 7 Reg't Ia. Infantry May 31, 1861

5. When and where did the commands of your husband surrender or discharge from the Service? Paroled Lynchburg, Va. April 13, 1865.

6. Was your husband personally present with his command when it was surrendered or discharged? yes

7. If he was not present, state specifically and clearly where he was?

8. When did he leave the Command?

a. For what cause did he leave?

b. By whose authority did he leave?

c. For how long was his leave of absence granted? In what way?

e. What was his physical condition when he left his command? severely wounded.

f. What effort did he make to return to his Command?

g. In what way was he prevented from going back to Command?

h. Was he captured by the enemy at any time?

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

j. When and where did your first husband die? 1888, Atlanta Georgia

k. Were you residing together when he died? yes

l. If not, how long have you resided apart?

m. Are you now a widow? yes

n. Have you or your husband heretofore been paid a pension by the State? no  
If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me, this the 2 day of May, 1931

John W. Clark Ordinary  
of Fulton County.  
(SEAL OF ORDINARY)

Mrs Eva Ray Applicant.

## Widow's Application

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

County Fulton  
Name Mrs Eva Ray  
Widow of James K. Palk Field  
Date of Marriage May 27 1866  
Company H  
Regiment 7th Regt Ia. Inf.  
Approved P. de S. Leathers  
Fulton, Commissioner

Ad. McKel

JOHN W. CLARK,  
Commissioner of Pensions.

5-5-1931

## Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY.

I, Thos H. Jeffries

that I know Mrs Eva Ray the applicant for pension; that

she is the person she represents herself to be, and that she has been, continuously, a bona fide resi-

dent citizen of said State since January 1st, 1920; that I also know E R McKel

the witness who swears to the death of her husband; that both of them are now residents of said

County and were duly sworn by me before signing the foregoing affidavits, and that they are truth-

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

Given under my hand and official seal of office this 4 day of May, 1931

(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.