

Fulton Co.
John H. Smith 4/12
No. _____

**Confederate
Soldier's Application.**

✓ UNDER ACT 1910.

County *Fulton*
Name *John Weather*
Company *3*
Regiment *1st Miss*
Approved *(Signature)*

J. W. [illegible]
[illegible]
[illegible]
[illegible]
11/10/10

Applied to by
what was at
who is or is

J. W. LINDSEY,
Commissioner of Pensions.

W. W. Harrison, State Printer, Atlanta.

9/27/05
9/27/05

[Seal]

for

hereby authorize

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize

or

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

at

by

Witness my hand and seal, this

day of

190

[SEAL]

Executed in presence of

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Personally came Mrs. Martha C. Weaver

COUNTY OF Fulton

who says on oath she is the

widow of at 2 years

to whom, in the County of

Fulton

State of Georgia

she was married on the

28

day of September

1852

that she remained his wife up to the

28

day of July

1904

at which time he died, and that she has not since married.

At the time of his death he was a resident of

Fulton

County, in said State of

Georgia, and was on the

Invalid pension roll of the State of Georgia, having been allowed

a pension of \$ 50.50

per annum on account of being a soldier in Company

B.

7th

Regiment, Inf Ga

Volunteers or State

Ga.

What affliction have you and how does it affect you?

What have you been doing to earn a support since 1st January, 1900?

Nothing

What property or effects had you on 1st January, 1900?

Nothing

What have you acquired since, and what income have you now?

per year

Twenty dollars

What disposition have you made of any property since 1st January, 1900, and at what price and for what

purpose?

None

usual application
for Pension (Mrs.)
Martha C. Weaver
born 1852
Fulton County
No.

[DOW'S PENSION]

1908
(1905)

Martha C. Weaver

of Fulton

of St. D. Weaver

at 190

ended to

J. W. LINDSEY,

Commissioner of Pensions.

W. W. Harrison, State Printer, Atlanta.

9/27/05

STATE OF GEORGIA,
 DISTRICT COURT,
 COUNTY OF DISTRICT.

I, John R. Wilkinson, Ordinary in and for said County, hereby certify that the applicant, Seaborn J. Weaver, resides in said County, and has been a bona fide resident of this State since the 15th day of July 1899 and that the witnesses, viz: Jno E. Prather & Commander 8th Cav Cavalry 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 Dist. County show that applicant returned for taxation in his name in 1898 \$ Dollars of property, and in 1899 \$ Dollars of property.

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

Witness my hand and seal of office this 13th day of Sept 1900

John R. Wilkinson Ordinary,
 of Dist. 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 the whole truth, so help you God."

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

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

STATE OF GEORGIA,
 COUNTY OF DISTRICT.

I, John R. Wilkinson, Ordinary in and for said County, hereby certify that the applicant, Seaborn J. Weaver, resides in said County, and has been a bona fide resident of this State since the 15th day of July 1899 and that the witnesses, viz: Jno E. Prather & Commander 8th Cav Cavalry 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 Dist. County show that applicant returned for taxation in his name in 1898 \$ Dollars of property, and in 1899 \$ Dollars of property.

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

Witness my hand and seal of office this 13th day of Sept 1900

John R. Wilkinson Ordinary,
 of Dist. 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 the whole truth, so help you God."

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

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

POWER OF ATTORNEY.

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

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

[L. S.]

Executed in presence of _____

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 _____

W. H. HARRISON,
Clerk Ex. Dept.

Right breast wound in the right breast. The ball entering the top of the right shoulder & passing down in & still remains in right breast. Said wound is continually growing worse and renders applicant permanently disabled & totally unable to perform manual labor.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year thereunder, ending October 26, 1890.

Sworn to and subscribed before me this the 26 day of August 1890 J. H. Weaver

Note: State fully nature of wound, nature of disease which causes the disability and explain particularly the extent of the disability. If claim is based on disease, state nature of disease, tracing it directly to the service.

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

County of *Chatham* Personally came before me *R. B. Hikes* of the county of *Chatham* State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company *H* of *74* Regiment of *Volunteers*, and that deponent knows *J. H. Weaver*, 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 *J. H. Weaver* as stated by him in said affidavit. Deponent further states that said *J. H. Weaver* is a bona fide citizen of this State and resides in *Waynesboro* county.

Sworn to and subscribed before me this 30 day of August 1890 *R. B. Hikes Capt Co H 74 Regt*

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

Recd by J. H. 1891
10000
Justices Co
No 3113
APPLICATION FOR ALLOWANCE
Wounded in Chest
Chatham
52
W. H. Harrison
1891
Applicant
W. H. Harrison
Ex. Dept. Atlanta
Sept 6 1890
The disability was
by the prof. doc
and on the affd
was the doc
the law provide
was disabled
and when
the army has been
wounded & disabled
and was totally
disabled. no other
and justifying me.
that was in the cy
of it. I wish for
all deposed
the facts note.
W. H. Harrison

STATE OF GEORGIA,

County.

PERSONALLY came

citizens of _____ county, in said State, who being duly sworn, say that they are well acquainted with _____ and know, from having been with him in the army, that

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

Sworn to and subscribed before me, this _____ day of _____ 1890.

NOTE: Above affidavit must be made by three citizens who personally know of the service of applicant and can state of their own knowledge precisely how he is disabled, and what the disability is.

STATE OF GEORGIA,

Chatham County.

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

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

Given under my official signature and seal, this 6 day of Sept 1890.

W. H. Weaver
Ordinary *Chatham* 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 _____ 1874; 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 2nd Sergeant in Company D, of 7th Regiment of Ga Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Ga, on the 5 day of Apr 1863, he was wounded, injured or diseased as follows:

Wounded in right shoulder

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 Eighty Dollars, for the year 1901.

Sworn to and subscribed before me, this the 11th day of JAN 1902, 1902. Post-office Belleville

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 Thos H Weaver the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.



John R. Wilkinson

Fulton County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1902.

County, 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 _____ 1874; 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 2nd Sgt in Company D, of 7th Regiment of Ga Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Ga, on the 5 day of Apr 1863, he was wounded, injured or diseased as follows:

Wounded in right shoulder

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of

50

County, been allowed an invalid pension of _____ Dollars, for the year 1902.

Sworn to and subscribed before me, this the _____ day of April 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, _____ Ordinary of said County, do certify that I am well acquainted with Thos H Weaver the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

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



John R. Wilkinson County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize

of _____

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

GEORGIA, _____ County.

I, _____ Ordinary of said county, do certify that I personally know _____, the applicant, and that she is the lawful widow of _____, and was on the _____ Pension Roll of said _____ county, and was paid a Pension from _____ county for 190 _____, and at the time of his death on the _____ day of _____ 190 _____, there was due to him and unpaid his Pension of _____ dollars from the State of Georgia, and I know _____, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this _____ day of _____ 190 _____.

STATE OF GEORGIA.

Fulton County.

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

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

W. L. Noalburn

Ordinary. *Fulton* County.

Weaver, W. D.
210 N. W.
No. *13*

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892

Name *W. D. Weaver*
County *Fulton*
Disability *Body maimed*
Amount \$ *130*
Entered on record *Met 1* 1892.
W. H. HARRISON
Sergeant of Engineers, Department of War
AGENT.
applied
Geo. W. Harrison, State Printer, Albany, Ga.

Weaver, W. D.
Fulton Co.

1893.

No. *13*
Application for Allowance

For the Year Ending October 31, 1892.

Body maimed
Applicant *W. D. Weaver*
County *Fulton*
Amount *130*
Date of Warrant *13*
Entered on record *13* 1893.

13
WARRANT HANDED TO
applied
Geo. W. Harrison, State Printer, Albany, Ga.
No total

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.

STATE OF GEORGIA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize
_____ of _____
to receive and receipt for the pension allowed and request that he remit same to _____
at _____ by _____
Witness my hand and seal this _____ day of _____ 1897.
Executed in presence of _____

OK
Clara
No. 2321
E. P. O.

INDIGENT PENSION

1897.

Name _____
County _____

Approved _____
E. P. O.

WARRANT HANDLED TO

Chet

Aug 10 1897

Questions for Applicant.

STATE OF GEORGIA,

Fulton County.
Austin Webb

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

1. What is your name and where do you reside? (Give State, County and post office) Austin Webb, Ga., Fulton Co. Clara, Ga.
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? Fulton Co. All my life.
3. When and where were you born? 1835 in Franklin Co. Ga.
4. When and where and in what company and regiment did you enlist or serve? Atlanta Ga. 15th Reg of Sept 1862 Co. A. 1st Confederate Battalion.
5. How long did you remain in such company and regiment? After two years and was transferred to Co. D. 42 Ga.
6. For how long a period did you discharge regular military duty? Over three years.
7. When, where and under what circumstances were you discharged from service? 1865 was discharged by surrender of Confederate Army. I was sick at home on disability.
8. What is your present occupation? Living in infirmity and old age nothing.
9. How much can you earn (gross) per annum by your own exertions or labor? Nothing.
10. What has been your occupation since 1865? Farming.
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 & Blindness.
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? Upon the third state whether you are totally blind and when and where you lost your sight? About 2 years. A severe spinal affection My eye sight is very bad.
13. What property, effects or income do you possess and its gross value? None except a small amount of household goods.
14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? The same as I now have.
15. In what County did you reside during those years and what property did you then return for taxation? In Fulton Co. As Poorly.
16. How were you supported during the years 1895 and 1896? What little I could earn and kindness of family.
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? Nominally nothing I have earned.
18. What was your employment during 1895 and 1896? What pay did you receive in each year? No steady employment & earned very little.
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Wife and one daughter neither can able to do anything.
20. Are you receiving any pension, if so, at amount and for what disability? None.

Every Question MUST be Answered.

Sworn to and subscribed before me this the _____ day of _____ 1897.
_____ Applicant.
_____ Ordinary.
of _____ County.

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 A of 1th Regiment of Conf. Bat.; that his physical condition is as follows: Age & poverty

that his property consists of the following items: _____

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

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

Sworn to and subscribed before me, this the _____ day of _____, 1907.

John R. Wilkinson Ordinary.

State of Georgia,

Fulton County.

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

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

John R. Wilkinson
Ordinary Fulton County.



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

Georgia, Fulton County.

I hereby authorize and constitute Harry Wood of Fulton County my lawful attorney, to collect and receipt for me in my name, the Pension due to Austin Webb for 1906, now deceased, who was on the Indigent Pension Roll from said County at his death.

Witness my hand and seal, this 26th day of February, 1907.

NAME, Webb, Benjamin

1892 Fulton

WHEN AND WHERE BORN? Resident Ga. since 1874

ENLISTED WHEN AND WHERE?

COMPANY AND REGIMENT? Private Co I 30th Regt. Ala Vols
Tracy's Brip.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Port Gibson, Miss. May 2nd 1868 - Minnie ball struck
right leg breaking and tearing through large bone below knee,
which rendered the leg useless; also has chronic bronchitis con-
tracted from exposure in the service.
CAPTURED, WHEN AND WHERE?

RELEASED,

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES, J F Stovall; J J Swape; J T Thrower

P.O.

COUNTY.

1892

Fulton

In what prison was he held? and when released?

Sworn to and subscribed before me, this the
23rd day of August, 1919
Ordinary
John B. Webb
Ordinary
This is to certify I have sworn to be the clerk of the
Good moral character, this August 1919, Ordinary

Ordinary's Certificate

STATE OF GEORGIA,

Newton

COUNTY.

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

Sworn under my hand and official seal of office this 4 day of Sept, 1919.

A. D. Meador Ordinary

of Newton County.

SEAL

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

STATE OF GEORGIA, FULTON COUNTY.
 I, John B. Webb, Ordinary of said County, certify that I know John B. Webb, the applicant for pension, is the person he represents himself to be; that he was duly sworn by my clerk before signing the foregoing affidavit; that he is truthful and trustworthy and his statements are entitled to full faith and credit; that he is a resident of this county.
 Sworn under my hand and official seal of office this 5 day of Sept, 1919.

Ordinary Fulton Co., Ga.

J. W. MINSEY,
 Commissioner of Pensions.

Bird Printing Co. State Printer, Atlanta.

10-23-1919

Confederate Soldier's Application Under Act 1910-As Amended by Act of 1919.

No.
 County Fulton
 Name John B. Webb
 Company B
 Regiment Hannon's Brigade
 Approved

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

Questions For Applicants to Answer

STATE OF GEORGIA,

Fulton

COUNTY.

John B. Webb of said State and County, hereby applies for the pension provided by Act of 1910, as amended by Act of 1919, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give County and Post-office).
John B. Webb, College Park, Ga.
2. How long and since when have you been a continuous resident citizen of this State?
All my life
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865?
Yes
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service)
Co. B, Young's Division, Hannon's Brigade, Roswell Bat. of Cav. Sept. 1864 at Stockbridge, Ga.
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge)
From enlistment to surrender in 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service?
Hamburg S. C. near Augusta, Ga., May 1865
7. Were you actually present with your command when it was surrendered or discharged? Yes
8. If you were not actually present, state specifically and clearly where you were. XX
- a. Where was your command when you left it? Was with command
- b. When did you leave the command? XX
- c. For what cause did you leave? XX
- d. By whose authority did you leave? XX
- e. For how long was your leave granted? In what way? XX
- f. Why did you not return to your command after leave expired? XX
- g. In what way were you prevented? XX
- h. What effort did you make to return? XX
- i. Were you captured during the war? No
- j. If so, when, and where? In what prison were you held and when were you released? XX
9. Are you drawing a pension of any amount from this State or the United States? No
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? Applied about two years ago and was not allowed on account of property.

Sworn to and subscribed before me, this the

5 day of September, 1919

John B. Webb

extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Fulton County.

I, N. L. Helms Ordinary of said County,
do certify that I am well acquainted with J. H. Webb the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know 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.



Ordinary Fulton County.

extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this 17th
day of January 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.]

CODE SECTION 125
USE ALREADY ENROLLED.

No. 176

DISABLED
HER'S PENSION
1902.

J. H. Webb
Fulton
Regiment 60 Ala
wound in hand
2500

No. 445 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

VARRANT HANDED TO

W. H. Harrison
W. H. Harrison, State Printer, Atlanta.

CODE SECTION 125A
USE ALREADY ENROLLED.

No. 160

DISABLED
HER'S PENSION
1903.

J. H. Webb
Fulton
Regiment 60 Ala
wound in hand
2500

No. 445 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

VARRANT HANDED TO

W. H. Harrison
W. H. Harrison, State Printer, Atlanta.

Directions.
If allowed, send amount by _____ to _____
me at _____, and oblige _____



Warrant Issued
\$100.00.
AND HANDED TO
1891

PAID TO
Mrs. Laura A. Webb
of
Fulton County

Widows' Pension

No. 1833

1891.

Webb, Laura A. Webb
Fulton County

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 14th day of September 1854, and that she has resided in Georgia continuously since the day of her marriage 1854; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the 25th day of May 1891.
Ordinary.
Mrs. Laura A. Webb

Notary Public.

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

Affidavit for Three Witnesses.

Form No. 2.

State of Georgia,

County of Fulton
Parke, F. I. Lean
and
C. F. McDaniel

In person came before me, the undersigned Ordinary in and for said County, witnesses J. M.

each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Laura A. Webb of the County of Fulton State of Georgia, is the widow of C. A. Webb, who was a soldier in Company B of the 40th Regiment of Inf Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the 1st day of March 1862. That while in said service, or by reason of said service in the Army, he lost his life as follows: Contracted Malaria at Chattanooga Tenn. Sept 1862

was sent to the Georgia State Troops and died of the relaps of Malaria at the age of 32.

The Ordinary of Fulton County has
caused to be duly as to the contents of the
following certificate. Given at my office this 25th day of May 1891.

Form No. 3.

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

State of Georgia,

County of Fulton

I, J. I. Hill Ordinary

in and for said County of Fulton State of Georgia, hereby certify that I am acquainted with Mrs. Laura A. Webb 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 Fulton County, and that she resided in the State of Georgia on December 23d, 1890, and has not lived out of the State since that date. I also certify that the witnesses whose testimony she presents to sustain her claim are known to me to be truthful witnesses, entitled to full faith and credit as such. I am fully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 25th day of May 1891.

SEAL

J. I. Hill
Ordinary.

Georgia - Fulton County. I write to all persons to whom of said County certify that the above statement made in this program. NOTE: one must go to the address of Laura A. Webb. Also include other...

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY. }

I, _____

of _____

being authorized

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

at _____

by _____

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

[L. S.]

Executed in presence of _____

*Webb, Luther P.
Fulton County*

No. *OK for 1908*

INDIGENT PENSION.

1907

Name *Luther P. Webb*

County *Fulton*

Co. *Tenth Cavalry* Regt. _____

Approved _____ 190_____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____

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

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

9/20/07

*E. R. C.
11/26*

11/11/912

Widow's Application

In Full on Roll in Her Own Right When
 Deceased Was on the Indigent Roll or
 Put on Under Act of July 11, 1910.

W. H. H. H.
 County

W. H. H. H.
 County

W. H. H. H.
 County

W. H. H. H.
 County

W. H. H. H.
 County

J. W. LINDSEY,
 Commissioner of Pensions

CHAS. F. STED, State Printer, Atlanta.

11/11/912

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

County,

wif of J. A. Webb

Personally before me comes *Mrs. Margaret J. Webb* of said County, who, after being duly sworn, on oath says, that she is the widow of *J. A. Webb* to whom in the County of *DeKalb* State of *Georgia* she was married on the *20th* day of *January* 1912 and that she remained his wife, and resided with him to the date of his death in *Oct 20* 1912 and that she has not since his death remarried. At the time of his death he was a resident of *DeKalb* County, in *Georgia* said State of Georgia, and he was on the *DeKalb* Pension Roll of the State and paid a pension of *\$6.00* in *DeKalb* County for 1912 per annum, on account of being a soldier in Company *B* *7th* Regiment *1st* (Volunteers of State Militia)

At the death of *J. A. Webb* he was in the use and possession of the following property *He had no property*

What property of any kind and of any value have you in your use, control and possession now, and the cash value, (State fully.) *Household & Kitchen furniture*

Acres land	\$
Horses and Mules	\$
Hogs, Cows, etc.	\$
Total Cash value of all property	\$ <i>50.00</i>

That she is now a bona fide resident citizen of said County of *DeKalb* and she has so continuously resided since *Oct* day of *1904*

Sworn to and subscribed before me, this the *29th* day of *Oct* 1912 *Margaret J. Webb*
John R. Wilkinson Ordinary,
 of *DeKalb* County.

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

STATE OF GEORGIA,

County,

DISAPPROVED.

NAME Webb, William Henry YEAR 1918 COUNTY Fulton

WHEN AND WHERE BORN? Resident of Georgia, 68 years.

ENLISTED WHEN AND WHERE? April 1862, Decatur, Georgia.

RANK:

COMPANY AND REGIMENT? Co. D. 42nd, Reg.
(Western Army)

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Left Command March 1863, discharged on account of sickness.
Permanent discharge.

CAPTURED, WHEN AND WHERE? July 1864 and August 1864. Does not state
where. Witness states: (only guarded)

RELEASED: First time in July 1864- Second time in August 1864.
Does not state where.

WHEN AND WHERE SURRENDERED? Command surrendered: April 1865,-
Greensboro, North Carolina.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? In DeKalb County, Georgia.
Left Command March 1863,
in Atlanta, Ga., Dischar-
ged on account of sickness
by Capt. Eli Gray. Per-
manently discharged.

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: Jas. L. Crowley, -- In Service with applicant -- No data.

sh.

Confederate Soldier's Application

UNDER ACT 1910

Autos

Cambridge, MA

OWEN, P. BYRON, State Printer, Atlanta.

day of JAN 13 1902 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 Peter Weeks
 the applicant in the foregoing affidavit, and am well satisfied that the statements made by
 him in his said affidavit are true, and I know 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 13 1902 1902.

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

day of _____ 1903. } *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 Peter Weeks
 the applicant in the foregoing affidavit, and am well satisfied that the statements made by
 him in his said affidavit are true, and I know 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.

Richard Johnson.
 COMMINSIONER OF DEPOSITIONS
 ATLANTA GA.

12 11 1899

Peter Weeks Esq
 City -

Dear Sir -

Your claim
 has been approved for \$60.00
 payable in Jan'y 1900

Yrs Rich Johnson

(To Be Paid to His Widow)
(UNDER ACT APPROVED OCTOBER 9, 1891)

STATE OF GEORGIA, Fulton County.

Personally before me, the Ordinary of said County, comes Mrs. Annie E. Welch
of said County, who after being duly sworn, on oath says that she is the widow of

Isaac A. Welch

and that said Pensioner was on the Pension Roll of Fulton County

and was paid a Pension of Fifty (50.00) Dollars

from said County for 1st Quarter, 1928, and that the said Pensioner died in the State of
Fla. White County on the 5 day of January, 1929

Applicant further swears that she married the said I. A. Welch

on the 17 day of Dec, 1890, in Cobb County and

State of Ga, 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 1900 Pension, 1929

due and unpaid be paid to her.

Sworn to and subscribed before me this 4 day of Nov, 1929

William R. Usalant }
Ordinary }
Fulton County }
(Seal of Ordinary)

Mrs. Annie E. Welch
Residing at Center St. & 2nd
R. 5 Box 211

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Fulton County.

Personally before me comes Missie Barnes, who

on oath says that he knew Isaac A. Welch while in life

and that he knows Mrs. Annie E. Welch, the

above applicant; and knows that the said Isaac A. Welch

and Annie E. Welch were in due form of law married in the County

of the State of

the 5 day of Jan, 1890, and that they were residing

together as husband and wife at the time of his death on the 5 day of

January, 1929, and that she is his dependent widow.

Sworn to and subscribed before me this 11 day of Nov, 1929

William R. Usalant }
Ordinary }
Fulton County }
(Seal of Ordinary)

Mrs. Bessie Barnes

INSTRUCTIONS:

1st. Proof of marriage must be made.
2nd. Do not use the extremely large form of marriage certificate in common vogue throughout the State, suitable only for framing.
Such certificate is entirely too bulky for use in any pension application. A plain certificate written on the back of the copy of marriage
license is the proper form. It should be written in ink, and the blank after it is filled in, and see that everything is fully and correctly completed, and the
resulting certificate should be submitted to the Pension Department and returned to you as your authority to make
the pension application. Do not use the application until approved in the Pension Department and returned to you as your authority to make
the pension application. Return this application with your final statement to the Pension Department.
3rd. The widow, or person claiming her proper share of estate, must be ready for this pension by signing name, as widow, opposite the name
of her husband on the above form.
4th. Only the one printed is covered by this application. Take another application, on the white blank, to admit widow to roll in her
own right.

Ordinary's Certificate

STATE OF GEORGIA,

Fulton

COUNTY

I, Mac H. DeHaven, Ordinary of said County, do hereby

that I know Wm C. West 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 Wm C. West

the widow of Mac H. DeHaven, that both of them are now residents of said County and

were duly sworn to before signing the foregoing affidavits and that they both are truthful, trust-

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

Sworn under my hand and official seal of office this 17th day of April 1920

(SEAL) Mac H. DeHaven Ordinary, County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You shall give all the truth, so help you God." 2. Additional affidavits may be attached if taken before the Ordinary. 3. The Ordinary must be sworn to before signing the foregoing affidavits and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit. 4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by the Ordinary. 5. A true certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

West, Emma
Apr 19 1920
No. 63
Widow's Pension
Under Act 1910—as Amended by Act of 1919.
Fulton
County Emma West
Name R C West
Widow of _____
Company 16
Regiment 6 3rd Ga
Approved _____

10-30-1920

CODE SECTION 134
(For Those Already Enrolled.)

No. 439

From Enrolled 1900
INDIGENT
To Campbell 1903
SOLDIER'S PENSION.
1901.

Name Lloyd West
County Benton

Original Subsidy
WARRANT ISSUED

Jan 14 1901.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

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

No date

Executed in presence of

Witness my hand and seal, this

day of

1901.

[L. S.]

STATE OF GEORGIA,
COUNTY }
POWER OF ATTORNEY

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
COUNTY }

I, _____ hereby authorize _____
of _____

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

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

I, W. J. Sheehy of Fulton hereby authorize

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

me at Atlanta Ga.

by W. J. Sheehy 17 day of June 1905.

Witness my hand and seal, this 17 day of June 1905.

Executed in the presence of W. J. Sheehy [L. S.]

West Fulton
Fulton County
COGNITION SECTION 1904.
(FOR THOSE ALREADY ENROLLED)
W. J. Sheehy
No. 197
INDIGENT SOLDIER'S PENSION 1905.
Name W. J. Sheehy
County Fulton
Co. H Regiment 8th Battalion Sharp
WARRANT ISSUED 4/18 1905.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO W. J. Sheehy
THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

no date

STATE OF GEORGIA,

County.

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

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

[L. S.]

Executed in presence of _____

West, W.W.
Fulton County

COLE SECTION 1284
(FOR THOSE ALREADY ENROLLED.)

No. *300*

INDIGENT
SOLDIER'S PENSION
1903.

Name *W.W. West*
County *Fulton*
Co. *C* Regiment *1st*
WARRANT ISSUED *1/20* 1903.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO *W.W.*
Gen. Harrison, State Prisoner, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

Witness my hand and seal, this _____ day of _____ 1904.

[L. S.]

Executed in the presence of _____

West, W.W.
Fulton County

COLE SECTION 1284
(FOR THOSE ALREADY ENROLLED.)

No. *307*

INDIGENT
SOLDIER'S PENSION
1904.

Name *W.W. West*
County *Fulton*
Co. *C* Regiment *1st*
WARRANT ISSUED *1/20* 1904.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO *W.W.*
Gen. Harrison, State Prisoner, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

*Passed on Saldiers
Pensions Record*

*Westbrook, Henry
Fulton County, Ga.
OK
1938*

Widow's Application

Under Act of 1916—As Amended by Act of
1919, and Constitutional Amendments
of 1920 and 1937.

County Fulton
Name Mrs. T.A. Westbrook
Widow of Henry Westbrook
Date of Marriage March 8, 1888
Date of Husband's Death December 1885
Company _____
Regiment _____
Approved DEC 27 1937 Director
Director.
CONFEDERATE DIVISION
STATE DEPARTMENT OF PUBLIC WELFARE

AUG 19 1937

Ordinary's Certificate

STATE OF GEORGIA.

Fulton COUNTY.

I, THOMAS H. JEFFRIES Ordinary of said County, do certify
they know Mrs. T.A. Westbrook 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, 1926; that I also know W. T. Backolitz

the witness who swears to the ~~same~~ same ~~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 4 day of August 1937.

(SEAL OF ORDINARY)
of Fulton County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall read applicant and the witness in the following words: "You do solemnly swear that you will give answers make to each of the questions asked you and the evidence you shall give will be the truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
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. Fill out the back of the application carefully.
6. Do not take an application from any witness who is already receiving a pension.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
County. }

Personally appears W. F. Vestbrook of Fulton County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 11th day of Dec 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 D, of 38th Regiment of Georgia Volunteers, Lanston's Brigade; that whilst engaged in such military service in the State of Georgia, on the 11th day of Dec 1862, he was wounded, injured or diseased as follows: While in service I was forced to go to the hospital for a week or more, and I have never been able to serve since that time. At that time I had the fever & next day was sent to hospital where I remained about three months, since then have not been able to do any kind of manual labor.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of Fulton county been allowed a pension of

26 dollars, for the year 1896.

Sworn to and subscribed before me, this, the 26th day of Nov 1896.
W. E. Vestbrook
M. L. Walhman County.

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. F. Vestbrook Ordinary of said County, do certify that I am well acquainted with W. F. Vestbrook the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Nov 1896.



M. L. Walhman

Ordinary Fulton County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Fulton County. }

Personally appears W. F. Vestbrook 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 14th day of Dec 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 D, of 38th Regiment of Georgia Volunteers, Lanston's Brigade; that whilst engaged in such military service in the State of Georgia, on the 11th day of Dec 1862, he was wounded, injured or diseased as follows:

While in service, I was forced to make a move or be captured by enemy. At the time I had the fever & next day was sent to hospital where I remained about three months, since then have not been able to do any kind of manual labor.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Fulton county been allowed an invalid pension of

22 Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 22nd day of Nov 1897.
W. F. Vestbrook
M. L. Walhman County.

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

Given under my official signature and seal, this 22nd day of Nov 1897.



M. L. Walhman

Ordinary Fulton County.

17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100
101
102
103
104
105
106
107
108
109
110
111
112
113
114
115
116
117
118
119
120
121
122
123
124
125
126
127
128
129
130
131
132
133
134
135
136
137
138
139
140
141
142
143
144
145
146
147
148
149
150
151
152
153
154
155
156
157
158
159
160
161
162
163
164
165
166
167
168
169
170
171
172
173
174
175
176
177
178
179
180
181
182
183
184
185
186
187
188
189
190
191
192
193
194
195
196
197
198
199
200
201
202
203
204
205
206
207
208
209
210
211
212
213
214
215
216
217
218
219
220
221
222
223
224
225
226
227
228
229
230
231
232
233
234
235
236
237
238
239
240
241
242
243
244
245
246
247
248
249
250
251
252
253
254
255
256
257
258
259
260
261
262
263
264
265
266
267
268
269
270
271
272
273
274
275
276
277
278
279
280
281
282
283
284
285
286
287
288
289
290
291
292
293
294
295
296
297
298
299
300
301
302
303
304
305
306
307
308
309
310
311
312
313
314
315
316
317
318
319
320
321
322
323
324
325
326
327
328
329
330
331
332
333
334
335
336
337
338
339
340
341
342
343
344
345
346
347
348
349
350
351
352
353
354
355
356
357
358
359
360
361
362
363
364
365
366
367
368
369
370
371
372
373
374
375
376
377
378
379
380
381
382
383
384
385
386
387
388
389
390
391
392
393
394
395
396
397
398
399
400
401
402
403
404
405
406
407
408
409
410
411
412
413
414
415
416
417
418
419
420
421
422
423
424
425
426
427
428
429
430
431
432
433
434
435
436
437
438
439
440
441
442
443
444
445
446
447
448
449
450
451
452
453
454
455
456
457
458
459
460
461
462
463
464
465
466
467
468
469
470
471
472
473
474
475
476
477
478
479
480
481
482
483
484
485
486
487
488
489
490
491
492
493
494
495
496
497
498
499
500
501
502
503
504
505
506
507
508
509
510
511
512
513
514
515
516
517
518
519
520
521
522
523
524
525
526
527
528
529
530
531
532
533
534
535
536
537
538
539
540
541
542
543
544
545
546
547
548
549
550
551
552
553
554
555
556
557
558
559
560
561
562
563
564
565
566
567
568
569
570
571
572
573
574
575
576
577
578
579
580
581
582
583
584
585
586
587
588
589
590
591
592
593
594
595
596
597
598
599
600
601
602
603
604
605
606
607
608
609
610
611
612
613
614
615
616
617
618
619
620
621
622
623
624
625
626
627
628
629
630
631
632
633
634
635
636
637
638
639
640
641
642
643
644
645
646
647
648
649
650
651
652
653
654
655
656
657
658
659
660
661
662
663
664
665
666
667
668
669
670
671
672
673
674
675
676
677
678
679
680
681
682
683
684
685
686
687
688
689
690
691
692
693
694
695
696
697
698
699
700
701
702
703
704
705
706
707
708
709
710
711
712
713
714
715
716
717
718
719
720
721
722
723
724
725
726
727
728
729
730
731
732
733
734
735
736
737
738
739
740
741
742
743
744
745
746
747
748
749
750
751
752
753
754
755
756
757
758
759
760
761
762
763
764
765
766
767
768
769
770
771
772
773
774
775
776
777
778
779
780
781
782
783
784
785
786
787
788
789
790
791
792
793
794
795
796
797
798
799
800
801
802
803
804
805
806
807
808
809
810
811
812
813
814
815
816
817
818
819
820
821
822
823
824
825
826
827
828
829
830
831
832
833
834
835
836
837
838
839
840
841
842
843
844
845
846
847
848
849
850
851
85

over

Sign me & send me
a copy of the story
of Emily 1893. H F Ware
D. A. Cook

[illegible]

STATE OF GEORGIA,

County.

Personally appears J H P Withington of 31 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 63 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 30 mos in Company 13, of 7 th Regiment of 4th; that his physical condition is as follows: I & P

that his property consists of the following items:

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

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

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

Ordinary.

STATE OF GEORGIA,

County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Fulton. County.

Personally appears J H P Withington 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 64 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 30 mos in Company 13, of 9 th Regiment of 4th; that his physical condition is as follows:

that his property consists of the following items:

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

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

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

Ordinary.

STATE OF GEORGIA,

Fulton. County.

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

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

Ordinary

Fulton. County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

[illegible]

lived in any other State or locality since that date. I have been allowed a pension as a resident of
Fulton County for the year ending February 15th, 1895, and now apply for
the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this
day of February 1896.
M. C. Hallahan Ordinary.

Post-office

Mrs. C. A. Whately

February 15th, 1897.

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

Ordinary.

Post-office

Cynthia Whately

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 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
at

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

day of 1896.

[L. S.]

Executed in presence of

Whately, Cynthia A.
Fulton County
For Those Hereofore Paid

1898.

No. 2232

WIDOW'S PENSION.

For year ending February 15th, 1898.

PAID TO

Mrs. Cynthia Whately

of

Fulton County

Widow of Geo. E. Whately

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

2/11

AND HANDLED TO

affet

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

Whately, Cynthia A.
Fulton County

For Those Hereofore Paid.

1898.

No. 920

WIDOW'S PENSION.

For year ending February 15th, 1898.

PAID TO

Mrs. C. A. Whately

of

Fulton County

Widow of George E. Whately

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

2/13

AND HANDLED TO

affet

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

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

Form No. 1.

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.
Elizabeth Whately the applicant for a pension in this case, and
 know, from my own knowledge (or from positive proof presented to me by reputable wit-
 nesses), that she resides in this County, and that she resided in the State of Georgia on
 December 23, 1850, and has not lived out of the State since that date. That she is the
 widow of James M. Whately deceased, and as such has heretofore
 been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office,
 this, the 1st day of February 1894.

[Seal]

W. L. Calhoun

Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, County.

KNOW ALL MEN BY THESE PRESENTS, That I,
 of

County in said State, do hereby appoint

of my true and lawful attorney in fact, for
 me, and in my name, to receive and receipt for whatever amount of money I may be en-
 titled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the
 foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any
 Warrant that may be issued by the Governor, or for any sum of money which may be
 coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
 day of 1894.

[L. S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by _____ to
 me at _____, and oblige

W. L. Calhoun, Esq.
Fulton County
 FOR THOSE MENTIONED IN

No. 1633
1894.

WIDOWS' PENSIONS

for year ending February 15th, 1894

PAID TO —
Elizabeth Whately
 OF —
Fulton

WARRANT ISSUED
7/2
 AND HANDS TO
Calhoun

W. H. Harrison, Sec. Ex. Department.

Application for Pension Due Deceased Soldier

(To Be Paid to His Widow)

(UNDER ACT APPROVED OCTOBER 9, 1891)

STATE OF GEORGIA Fulton County.

Personally before me, the Ordinary of said County, comes Mrs. Eugenia P. Whitley of said County, who after being duly sworn, on oath says that she is the widow of

J. L. Whitley
and that said Pensioner was on the Pension Roll of Fulton County and was paid a Pension of Fifty (\$ 50.00) Dollars from said County for 4 Quarter, 1928, and that the said Pensioner died in Fulton County on the 8 day of Jan, 1929.

Applicant further swears that she married the said J. L. Whitley on the 15 day of Dec, 1896 in Richmond County and State of Ga, 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 1st Qr. Pension, 1929 due and unpaid be paid to her.

Sworn to and subscribed before me this 11 day of Feb, 1929
William B. Marshall Ordinary Eugenia P. Whitley (L. S.)
Fulton County (Seal of Ordinary)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA Fulton County.

Personally before me comes H. L. Taliferro, who on oath says that he knew J. L. Whitley while in life and that he knows Mrs. Eugenia P. Whitley, the above applicant; and knows that the said Eugenia P. Whitley and J. L. Whitley were in due form of law married in the County

of Fulton in the State of Ga on the 15 day of Dec, 1896, and that they were residing together as husband and wife at the time of his death on the 8 day of Jan, 1929 and that she is his dependent widow.

Sworn to and subscribed before me this 11 day of Feb, 1929
William B. Marshall Ordinary H. L. Taliferro
Fulton County (Seal of Ordinary)

INSTRUCTIONS:

- 1st. Proof of marriage must be made.
- 2nd. Do not use the unnecessary large form of marriage certificate in common vogue throughout the State, suitable only for framing. Such certificate is entirely too bulky for use in any pension application. A plain certificate written on the back of the copy of marriage license is the proper thing.
- 3rd. The Ordinary should examine the blank after it is filed in, and see that everything is fully and correctly completed, and the seal affixed, and that each of application, when taken, is filed in.
- 4th. Pay out no money on this application until approved in the Pension Department and returned to you as your authority to make the payment.
- 5th. Return this application with your final settlement in the Pension Department.
- 6th. The widow or person holding the proper power-of-attorney receipts for this pension by signing name, as widow, opposite the name of husband on the under per roll.
- 7th. Only the one pension is covered by this application. Take another application, on the white blank, to admit widow to rolls in her own right.

Application for Pension Due Deceased Soldier

(To Be Paid to His Widow)

(UNDER ACT APPROVED OCTOBER 9, 1891)

STATE OF GEORGIA Fulton County.

Personally before me, the Ordinary of said County, comes Mrs. Eugenia P. Whitley of said County, who after being duly sworn, on oath says that she is the widow of

J. L. Whitley
and that said Pensioner was on the Pension Roll of Fulton County and was paid a Pension of Fifty (\$ 50.00) Dollars from said County for 4 Quarter, 1929, and that the said Pensioner died in Fulton County on the 8 day of Jan, 1929.

Applicant further swears that she married the said J. L. Whitley on the 15 day of Dec, 1896 in Richmond County and State of Ga, 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 1st Qr. Pension, 1929 due and unpaid be paid to her.

Sworn to and subscribed before me this 15 day of Jan, 1929
William B. Marshall Ordinary Eugenia P. Whitley (L. S.)
Fulton County (Seal of Ordinary)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA Fulton County.

Personally before me comes W. L. Barnhart, who on oath says that he knew J. L. Whitley while in life and that he knows Mrs. Eugenia P. Whitley, the above applicant; and knows that the said J. L. Whitley and Eugenia P. Whitley were in due form of law married in the County

of Fulton in the State of Ga on the 15 day of Dec, 1896, and that they were residing together as husband and wife at the time of his death on the 8 day of Jan, 1929 and that she is his dependent widow.

Sworn to and subscribed before me this 18 day of Mar, 1929
William B. Marshall Ordinary W. L. Barnhart
Fulton County (Seal of Ordinary)

INSTRUCTIONS:

- 1st. Proof of marriage must be made.
- 2nd. Do not use the unnecessary large form of marriage certificate in common vogue throughout the State, suitable only for framing. Such certificate is entirely too bulky for use in any pension application. A plain certificate written on the back of the copy of marriage license is the proper thing.
- 3rd. The Ordinary should examine the blank after it is filed in, and see that everything is fully and correctly completed, and the seal affixed, and that each of application, when taken, is filed in.
- 4th. Pay out no money on this application until approved in the Pension Department and returned to you as your authority to make the payment.
- 5th. Return this application with your final settlement in the Pension Department.
- 6th. The widow or person holding the proper power-of-attorney receipts for this pension by signing name, as widow, opposite the name of husband on the under per roll.
- 7th. Only the one pension is covered by this application. Take another application, on the white blank, to admit widow to rolls in her own right.

1909
 Name W. B. Whalley
 County Dillon
 Co. H 7th Ga Regt.
 Approved _____ 190__

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

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

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

8/24/08

POWER OF ATTORNEY.
 GEORGIA,
 COUNTY, }

I, _____ of _____
 for the pension allowed and request that he remit same to _____
 at _____ day of _____ 190__
 and seal, this _____
 presence of _____ [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY, }

I, _____ hereby authorize

of _____

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

at _____

by _____

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

[L. S.]

Executed in presence of _____

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

COUNTY, }

I, W. B. Whalley of said State and County, desiring
 to avail himself of the Pension Act (Section 1204, Code), hereby submits his proofs, and after being duly sworn,
 true answers to make to the following questions, depose and answers as follows:

1. What is your name and where do you reside? (Give State, County and Postoffice.)
Dillon Co., Georgia
2. How long and since when have you been a resident of this State? All of my life
3. When and where were you born? May 22 - 1838 in Dublin Ga
4. When and where and in what company and regiment did you enlist or serve? March 1 - 1862
Navarre Ga, Company H, 7th Ga Regiment
5. How long did you remain in such company and regiment? 2 years and a half
6. When and where was your company and regiment surrendered and discharged? April 1865
at Affirmation
7. Were you present with your company and regiment when it was surrendered? No
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and
at _____ 1862

answered.

APPROVED
Fulton County
FOR APRIL 1937

Widow's Application

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

County Fulton
Name Mary S. Wheeler
Widow of T. S. Wheeler
Date of Marriage Oct 3 1895
Company 3rd Co. T.
Regiment 12th Regt. Ga. Inf.
Approved _____

JOHN W. CLARK,
Commissioner of Pensions.

Ordinary's Certificate

STATE OF GEORGIA.

Fulton COUNTY.

I, Thos. H. Jeffers Ordinary of said County, do certify
that I know Mary S. Wheeler 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 Mary S. Wheeler
the witness who swears to the service of husband; that both of them are now residents of said
County and were duly sworn by me before signing the foregoing affidavits, and that they are truth-
ful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 12 day of April 1937
(SEAL OF ORDINARY) Thos. H. Jeffers 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 cer-
tification of this Ordinary will be true and correct." If the witness is a woman, the words "and you" shall be omitted.
2. Additional affidavits may be attached if blank spaces are insufficient.
3. The Ordinary shall certify to the service of the husband and the residence of the applicant and witness in the County in which the applicant or witness resides and must be certified by each Ordinary.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by each Ordinary.
5. The Ordinary shall retain copies of marriage license if obtainable. If not, prove marriage by other persons, or by general reputation.
6. Full and true copy of the application carefully read and approved by the Ordinary shall be made in duplicate and the original shall be retained by the Ordinary.
7. The Ordinary shall file the form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

State of Georgia

Thomas County,

To any Judge Justice of the Peace or minister of the Gospel you are hereby authorized to join Robert E. Wheelless and S. T. McBain in the Holy state of matrimony according to the constitution and laws of this state and for so doing this shall be your sufficient license.

Given under my hand and seal this 9th day of December 1874.

Jos. W. Seward, Ordinary

State of Georgia Thomas County,

I certify that Robert E. Wheelless and Miss S. T. McBain were joined in matrimony by me this 9th day of December 1874.

Augustus H. Hansell Judge,
Superior Court of Thos Co

Georgia Thomas County, Ordinary's Office.

I, Wm. M. Jones, Ordinary of Thomas County and ex-officio Clerk Court of Ordinary, the same being a court of record having a seal. Do hereby certify that the above one half page of typewritten matter contains a true and correct copy of the Marriage license issued to Robert E. Wheelless and S. T. McBain with the certificate of their marriage attached thereto as now of record in this office in Book "I" Record of Marriage license page # 73.

In witness whereof I have hereunto set my official signature and seal of office this 4th day of October 1927.

Wm. M. Jones
Ordinary,
And ex-officio Clerk Court of Ordinary,
Thomas County Georgia.

W. Wheelless & S. T. McBain
Fulton Co. May
Approved 1930
WIDOW'S APPLICATION

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

County *Fulton*
Name *Robert E. Wheelless*
Widow of *R. E. Wheelless*
Company *H*
Regiment *8th Regt*
Date of Husband's Death *Feb. 18 31*
Date of Marriage *Dec 9 18 73*
Approved *By the Court*
Pension Commissioner *OK*

JOHN W. CLARK
Commissioner of Pensions.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
Fulton COUNTY.

I, *Wm. M. Jones* Ordinary of said County, do certify that I know Mrs. *Robert E. Wheelless*, the applicant for pension; that she is the person she represents herself to be, and that she is continuously a bona fide resident of said County since January 1st, 1920; that I also know *B. U. Whildon*, the witness as to marriage, and that both the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this *10th* day of *Nov*, 192*7*.
(SEAL OF ORDINARY) *Wm. M. Jones* Ordinary,
Fulton County

Instructions:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county of residence.
4. Only widows who are married prior to first January, 1881, are entitled.

"copy"
MARRIAGE LICENSE

AND

Certificate of the Marriage

OF

Mr. L. White

TO

Anna L. Jordan

Recorded in Book of Marriages

Folio *237* this

day of *May* *1866*

ORDINARY'S OFFICE

GA--SUMTER COUNTY.

I, John A. Cobb, Ordinary and ex-officio Clerk of the Court of Ordinary of said county, hereby
certify that the within paper is a true and correct copy of

Marriage License
+ Certificate of Marriage
Mr. L. White + Anna L. Jordan

by whose authority he acts?

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

18. When and where did Geo. Franklin White die?
In 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 - Resided in Ga since 1865
20. Do you of your own knowledge know that applicant is the lawful widow of Geo. Franklin White?
Yes
21. Has she remained unmarried since her soldier husband's death, and is now his widow?
Yes
22. What property, estate or income has the applicant, if any, and how do you know this of your own knowledge?
Nothing - I have been occasionally receiving her moneys all these years & will represent her in the future, not having any money
23. What property, effects or income did applicant possess in 1899, 1900, 1901, 1902 and 1903, and what disposition did she make of it?
I think she had nothing
24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom?
I never heard of any - But don't think she has
25. What is applicant's physical condition and her chances and ability to earn a support?
Her physical condition is very good but her age renders her unable to earn a support

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

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

Witness my hand and official seal this 19th day of September 1905

SEAL

John Decker Ordinary,

- NOTES—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since the 6th April, 1865, not entitled.
5. Witnesses and two Physicians are necessary to make out claims.
6. Attach certified copy marriage license in every case, or show why it cannot be obtained.

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 _____

Elena J. White
County,
Heretofore Paid
\$06.
47
AGENT
S PENSION,
aid Dec. 31, 1906.
PAID TO E. J. White
for
County,
E. J. White
1st Regt. Cavalry
W. LINDSEY,
Commissioner of Pensions.
PAID ISSUED
47 1906
HANDLED TO
7/14
1 AND PENSION CO. ATLANTA, GA.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

In Witness Whereof, I have hereunto set my hand and seal, this _____ day of _____ 1907.

[L. S.]

Executed in presence of _____

Elena J. White
County,
Heretofore Paid
\$07.
47
AGENT
S PENSION,
aid Dec. 31, 1907.
PAID TO E. J. White
for
County,
E. J. White
1st Regt. Cavalry
W. LINDSEY,
Commissioner of Pensions.
PAID ISSUED
47 1907
HANDLED TO
7/14
1 AND PENSION CO. ATLANTA, GA.

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 April 18

(Given under my official signature and seal, this the JAN 22 1904 day of 1904.

Official
Seal

John P. Richardson
Ordinary of Fulton County

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1904.

am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of 18

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

Official
Seal

John P. Richardson
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

White, Emily J.
Fulton County
To Those Hereofore Paid

1906.

No. 134

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1906.

Emily J. White
OF

John W. White
Widow of John W. White
Co. 1st Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/19 1906,

AND HANDLED TO

FILED IN THE OFFICE OF THE COMMISSIONER OF PENSIONS, ATLANTA, GA.

[illegible]

W. E. White
G. L. S. was not in
place of the machine
There are dis... and a hand
ed ... to the ...
was ... but ...
long ...
give ...

D. R. Flepphiken,
Merchants' & Banker
1210 Washington Street
Columbus,
Georgia, S. C.
Loom & Exchange Bar Co.
Columbus, S. C.
Wholesale Book,
Nashboro, S. C.

Mar 11 1897
2 PM

Emma White
Atlanta Ga
Dear Madam -
I have not been able
to secure any more
information as to your
father's name.

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY. }

I, _____, hereby authorize

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

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

Executed in the presence of _____ [L.S.]

White John
for 1903

No. _____

INDIGENT PENSION.
1903.

Name *John White*
County *Spalding*
Co. *Benning* *17th Reg*
Infantry

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, Atlanta.

10/25/03

representatives 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 _____ 1902.

John B. Williamson
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 _____ day of _____ 1902.



Ordinary _____ County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

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

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

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

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

Witness my hand and seal, this _____ day of _____ 1904.

[L. S.]

Executed in the presence of _____

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears John T. White 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 _____, that he enlisted in the military service of the Con-
federate States (or of the State of Georgia) during the war between the
States, and served for the term of 2 yrs in Company C of 1st Confid.
of Cal. Regt.; that his physical condition is as
follows: Infirmary and poverty

that his property consists of the following items: _____

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

Deponent desires to participate in the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 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 17 day of Jan, 1905, J T White
Ordinary.

STATE OF GEORGIA.

Fulton County.

I, _____ Ordinary of said County,
do certify that I am well acquainted with John T. White
the applicant in the foregoing affidavit and am well satisfied that the statements made
by him in his said affidavit are true, and I knew 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 John T. White 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 _____ 1832; that he is 70 years old and
by occupation a _____, that he enlisted in the military service of the Con-
federate States (or of the State of Georgia) during the war between the
States, and served for the term of 2 yrs in Company C of 1st Confid.
of Cal. Regt.; that his physical condition is as
follows: Infirmary and poverty

that his property consists of the following items: _____

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

Deponent desires to participate in the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 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 17 day of Jan, 1905, J T White
Ordinary.

State of Georgia,

Fulton County.

I, _____ Ordinary of said County,
do certify that I am well acquainted with John T. White
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know 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.

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

I find he is suffering from Chronic
Bronchitis & a general Catarrhal condition
of the nose & throat. It is also a disorder of
the kidneys that gives him a great deal
of trouble causing rheumatism, etc. These
troubles are not curable, but may be kept under control
by the use of medicine.

Subscribed and sworn to before me, this the
5th day of Sept 1902.
John R. Williams

W. Mount Smith
Ordinary.

Savannah Ga Feb 3 1907

Mr John H. Lanning
Commissioner of pensions
Atlanta, Ga.

Dear Sir

This is to certify that
Mr John H. White came to my boarding
house in October 1903 and remained here
until Jan 1904 when he went to St Joseph
La.

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.)

11. What property of any description of any value have you now? Give list and cash value.

12. What are your annual earnings of income and their value?

13. Have you heretofore been paid a pension by the State?

If so, when and for what cause were you struck from the rolls?

Sworn to and subscribed before me this the

12th day of September, 1910.

Ordinary

County

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

STATE OF GEORGIA.

Pauline County

Personally before me comes *P. W. Brown* who after being duly sworn true answers to make, to the following questions, answers as follows:

- Terrill W. Brown & Richard P. Brown*
1. What is your name and where do you reside? *We reside in Pauline County, Ga.*
2. How long and since when have you known *Oliver J. White* applicant? *15 yrs.*
3. How long and since when has she continuously resided in this State? (Give date.) *Was raised in this State and we think has lived here all her life.*
4. When and to whom was she married? How do you know? *Oliver J. White, Oct. 1888.*
5. How long and since when did you know *Oliver J. White*, her husband? *for fifty years.*
6. When, where and in what Company and Regiment did *Oliver J. White* enlist? *in 1862, in Virginia, Company 4th, Phillips' Regiment of Georgia Cavalry, Thompson's Brigade.*
7. Were you a member of the same Company? *No, we were.*
8. How long within your personal knowledge did he perform actual military service with his Company and Regiment? *from time of his enlistment until the surrender.*
9. When, and where did his Command surrender, and was discharged? *26 day of April 1865 at Greensboro, N.C.*
10. Were you personally present when it was surrendered? *Yes.* If not where were you? *and how came you there?*
11. Was the husband of applicant personally present at surrender? *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?* Do you state if of your own personal knowledge? (State all you know fully, and how you know it.)
12. For what cause, if you know of your own knowledge was he prevented from returning to his Command?
13. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?

Sworn to and subscribed before me this the

9th day of Sept., 1910.

P. W. Brown
Ordinary

County

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

County

Personally before me come *Oliver J. White* and *Richard P. Brown* who on *12th* day of *Sept.* 1910, being duly sworn, depose and say that they are freeholders of said County and that they know the property of said County and know what property she owned on Nov. 4, 1908, and its cash value as set out by Schedule (A) follow:

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Pauline County

I, *John Breckinridge* Ordinary of said County do certify that, I know *Oliver J. White* the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was in the 4th Nov., 1908.

That I also know *Richard P. Brown* the witness who swears to the service of husband, and *Oliver J. White* 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 *Pauline* Returned for Tax is for 1908 \$ *2.64* for 1910 \$ *2.64*

Sworn under my hand and official seal of office this *26th* day of *Sept.* 1910.

SEAL

(SEAL)

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words. "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God." 2. Additional affidavits may be attached if blank spaces are insufficient. 3. All affidavits must be made before the Ordinary. 4. Only widows who married prior to first January 1870, are entitled. 5. Attached certified copies of marriage licenses if obtainable. If not, prove marriage, by some person, or by general reputation.

OF BOSTON, MASSACHUSETTS.
ROBERT J. GUINN, GENERAL AGENT.

VALDOSTA, GA. Jan. 20, 1920/

My father, Dr. H. E. White, tells me that he suggested to you his corrected certificate for admission and I called to see you regarding same. During the following week, I was in your office. In this connection I am writing to call your attention to the fact that the application was filed with the latter part of 1930. In the meantime, I have been told me that in the application had been made some time earlier it could have been considered for the same year.

[illegible]

I shall appreciate your cooperation in this matter and I trust that we shall be able to reach an agreement in the near future.

Thanking you in advance for your attention to this, I am,
Very truly yours,

Under the 14th

YEAR 1910 COUNTY Fulton

WHEN AND WHERE BORN? October 20, 1887 - Monroe County, Georgia

ENLISTED SOLDIERS AND WHEREAS 1862 - Griffin, Georgia

13796.

COMPANY AND REGIMENT? **Company D, 45th Georgia Regt.**

NAME OF CAPTAIN AND CO. ONEEL?

[illegible]

CAPTURED, 17 IN 1917

RELEASED

WHEN AND WHERE SURRENDERED? Command: At Appomattox, Virginia.

IF NOT PRESENT AT SUBURDER, WHERE WERE YOU?

Near Orange Court House,
Va., to serve in Medical
Department, by order of
the Surgeon General.

DIED, WHEN AND WHERE?

IMPORTED.

WITNESSES. W. W. Browning -- same command -- No data.

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

White, M. S. Mrs.
Fulton
To Those Heretofore Paid.

1900.

NO. *961*

WIDOW'S PENSION.
For year ending February 16th, 1900.

PAID TO
Mrs. M. S. White
OF
Fulton
County,

Widow of

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
24/13 1900,
AND HANDED TO
M. S.

W. W. HARRISON, State Printer, Atlanta.

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, 1880—
As Amended by Act of 1893.

County *Fulton*

Name *Mary Swite*

Widow of *Jas. T. White*

Company *D*

Regiment *7th*

Approved

J. W. LINDSEY,
Commissioner of Pensions.
Bird Printing Co., State Printers, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *Fulton*

Personally Comes Mrs.

M. S. White

Fulton who, being sworn, says on oath, that she is a bona fide resident of said county of
State of Georgia, and that she has RESIDED in said State
continuously ever since *1838*. That she is the Widow of
Robert H. White who was a soldier in Company
39 of the *13th* Regiment of *2d*
Volunteers, that he enlisted in said regiment on or about the month of *Apr. 12th*
1861 and served in the Army up to *1865* That he lost his
life on the *1st* day of *18* (State here
particulars of the husband's death, when, where and from what cause)

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,
Fulton COUNTY.

Personally before me comes *Mary S. White* of said County,
who, after being duly sworn, says that she is the widow of *Jas. T. White*
to whom, in the County of *Fulton* State of *Georgia* she was married on
the *12* day of *March* 1870 and that she remained his wife, and resided with him to the
date of his death in *Oct* 1880 and that she has not since his death remarried. At
the time of his death he was a resident of *Fulton* County, in said State
of Georgia, and he was on the *Seventh* Pension Roll of the State and paid a pension
of \$ *10.00* in *Fulton* County for 1905 per annum, on account of being a soldier in
Company *39* *13th* Regiment *Georgia* (Volunteer or State Militia)
That she is now a bona fide resident citizen of said County of *Fulton* and she
has so continuously resided since *1st* day of *Jan* 1880

Horses and mules.....
Cows, hogs and stock of all kind.....
any and all other property.....
Total cash value.....
and we know that the proceeds of this property, were..... its full cash value and was disposed of
(State fully.)

SCHEDULE C.

We know that the applicant is now in the use, possession and control of property of the actual cash value as follows, to-wit:

Land of the cash value of Nothing
Horses and mules, cash value of.....
Cows, hogs, and other stock.....
Wagon and Buggy.....
Other personal property.....
Money notes and accounts.....
Actual income and savings.....
Total cash value of all property..... Nothing

Sworn to and subscribed before me this 19th day of Oct 1911
of Fulton County
Ordinary Masoff Payne

Dillon
White, Sarah Jane (Mrs.)

For Fulton County

1927

Application for Pension Due Deceased Pensioner (UNDER ACT 1010)

(To pay expenses of last illness and funeral)

Filed H. Jefferson Ordinary
For Mrs. Sarah Jane White
Date of Death June 7 1927
Amount \$100.00

Approved and ordered paid of
John W. Clark
20 Aug 27 JOHN W. CLARK,
Commissioner of Pensions

Ordinary: Fill out above in full and send this blank to Pension Department for approval.

RECEIVED BY THE ORDINARY

ATLANTA, GA. July 19 1927
Mr H.S. Payne For Mrs Sarah Jane White
884 Beecher Street

J. AUSTIN DILLON COMPANY
FUNERAL DIRECTORS
502 PRYOR STREET, S. W.

PHONE MAIN 2880 MAIN 2881 PRIVATE AMBULANCE

June 7, 1927
Casket & Box
Embalming & Services
Hearse
Grave Fee. \$175.00

STATE OF GEORGIA.
COUNTY OF FULTON.
PERSONALLY before the undersigned authority now comes J. Austin Dillon, who upon oath says that the above account is just, true, due and unpaid.

Sworn to and subscribed before me this July 19, 1927.
John W. Clark
John W. Clark
John W. Clark

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears W H White 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 10 day of June 1847; that he is 55 years old and by occupation a Reader, 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 13 mos in Company B, of th Regiment of Cobb's Legion Ga; that his physical condition is as follows: I & P

that his property consists of the following items:

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

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

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

Ordinary.

STATE OF GEORGIA,

County.

I, John R. Henderson Ordinary of said County,

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

Given under my official signature and seal, this

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears W H White 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 10 day of June 1847; that he is 56 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 13 mos in Company B, of th Regiment of Cobb's Legion Ga; that his physical condition is as follows: Infirm

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the day of JAN 20 1904.

Ordinary.

STATE OF GEORGIA,

Fulton County.

I, John R. Henderson Ordinary of said County,

do certify that I am well acquainted with W H White the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

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?

Witness my hand and official seal this _____ day of _____ 190____.

Ordinary, _____ County.

SEAL

Notes—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will truly 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. All affidavits must be made before Ordinary.

4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since the 30th April, 1900, not entitled.

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

6. Attach certified copy marriage license in every case, or show why it cannot be obtained.

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 _____

To Those Heretofore Paid.

1906.

No. 116

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1906.

Mrs. J. C. Whitehead
OF
Fulton County,
Widow of *J. Whitehead*
Co. 1st Regt. Cavalry
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 11/9 1906.

AND HANDLED TO c. 1871

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

POWER OF ATTORNEY.

STATE OF GEORGIA, _____ County, }

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

In Witness Whereof, I have hereunto set my hand and seal, this _____ day of _____ 1907.

[L. S.]

Executed in presence of _____

To Those Heretofore Paid.

1907.

No. 132

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1907.

Mrs. J. C. Whitehead
OF
Fulton County,
Widow of *J. Whitehead*
Co. 1st Regt. Cavalry
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 11/17 1907.

AND HANDLED TO c. 1871

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

NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the 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 while in the service, he must distinctly state history of the disease should be given, tracing the disability back to the positive proof of its origin.
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 papers are returned for correction, and amendments are *added* to any of the affidavits, the amendments must be made *under oath* before an officer, and the proofs must show that the amendments have been duly sworn to.
5. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.
6. The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.
7. No payments can be made for any past year.

W. H. HARRISON,
 Clerk Ex. Dep't.

Whitfield, Ga.
 Milton A.
 1890.
 Whitfield, B. R.

No. 1248
 APPLICATION FOR ALLOWANCE.

Leg Disabled
 Applicant, *B. R. Whitfield*
 County, *Fulton Co.*
 Amount, *50*
 Date of warrant, *July 15*

Entered on record
July 15 1890
CO. H. K.
 SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO
Applicant

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 _____

Richard Johnson
Comptroller of Pension

(For Those Already Enrolled.)

No. 1939

INVALID
 SOLDIER'S PENSION.

1899.

Name *B. R. Whitfield*

County *Fulton*

Disability

Amount, \$ *2.50* 1899.

RICHARD JOHNSON,

Comptroller of Pension.

WARRANT HANDED TO

Whitfield

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Whitfield

Whitfield B. R.
Fulton County

(For Those Already Enrolled.)

No. 1939

INVALID
 SOLDIER'S PENSION.

1900.

Name *B. R. Whitfield*

County *Fulton*

Disability

Amount, \$ *2.50* 1900.

Warrant issued

JOHN W. LINDSEY,

Comptroller of Pension.

WARRANT HANDED TO

Whitfield

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____ of _____ to receive and receipt for the pension paid hereon and request that he remit same to _____ by _____ at _____ IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 1900.

[L. S.]

Executed in presence of _____

Mellus Anderson
660
No. 1248
1890
Included in warrant No. 18
issued to Treasurer.
WARRANT CLERK
W. J. Campbell, State Printer, Constitution Job Office.
W. J. Campbell

1891
Included in warrant No. 1891
issued to Treasurer.
WARRANT CLERK
Geo. W. Harrison, State Printer, Atlanta.
Geo. W. Harrison

No. 1248
STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } *Atlanta, Ga. July 15 1890*

Mr. *P. R. Whitfield* of the County
of *Shulton* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
approved, Dec. 24, 1888, and the same having been examined and allowed for

Leg disabled
He is entitled to receive the sum of *Eighty 8001* 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. J. Harrison
CLERK EXECUTIVE DEPARTMENT.

No. 6
1891
STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } *Atlanta, Ga. July 15 1891*

Mr. *P. R. Whitfield* of the County
of *Shulton* 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. 14, 1889, and the same having been examined and allowed for
Leg disabled
He is entitled to receive the sum of *Eighty 8001* 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. J. Harrison
Sec'y EXECUTIVE DEPARTMENT.