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9	worthy	, and th	eir state	ments s	are enti	tled to	full fa	ith and ere	edit.	_ ^				
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Application for Pension by a Widow Under Act of 1910 As Amended by Act of 1919

Questions for Applicant

TATE OF GEORGIA,	
Fulton COUNTY.	
Personally before me comes	
and, after being duly sworn, says that she desires to apply for a pension allowed under the Act	
of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to	
he following questions to-wit: Angela D. Woodward 1. What is your name, and where do you reside!	
2. How long and since when have you been a continuing resident of the State of Georgia	
For 44 years, since 1774 (except for short stay in Miss.)	
3. When, where and to whom were you married? May , 1875 in Attanta, Ga.,	
to Butler Woodward	
a. Have you married since the death of first and soldier husband!	
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-	
ederate Army or Georgia Militia! (State the arms and class of Service.) JERUARY 1864.	
. 1st., Co., Washington Artillery. At Petersburg Va.	1.
5. When and where did the commands of your husband surrender or discharge from the army! H18	
Command was captured at Hatches Run., Va., April 3rd., 1865.	
6. Was your husband personally present at the time of the surrender or discharge of this command?	
He was present at the capture of his command,	
7. If he was not present state clearly where he was !	
8. Where was his command when he left?	
a. For what cause did he leave his command !	1
b. By whose authority did he leave his command f	
c. For how long was he granted leave of absence !	
e. What was his physical condition when he left his command?	
f. What effort did he make to return to his command?	
g. In what way was he prevented from going back to Command	
h. Was he captured by the enemy at any time! YABA	
i If so, when and where captured and where held as a prisoner, and when and for what cause released?	
ptured at Hatches Run. Va., Prisoner at Point Lookout. Md. rulea ad Lucust 1 1 55 at his furnitudes j. When add where dd your firsblusband die . Pol., 28th., 1997. Test Paint, Miss.	
k. Were you residing together when he died?Yes	
I If not, how long had you resided apart?	
m Are you now a widow iYes	
9. Have you or your husband heretofore been paid a pension by the State!	
so, when and for what cause were you or your husband placed on the roll?	
' 1	
Sworn to and subscribed before me this the Angela D. Will Mond	
Lacad Collacar Bordinary	
t ultou county.	

Questions for Witnesses as to Service of Husband and Marriage

Personally before me comes Thomas James Wilson who, being duly sworn, true answers to make to the following questions, answers as follows. 1. What is your name and where do you reside! Thomas James Wilson Talladeks 2. How long and since when have you known. Angels D. Foodward appl Dont. know. hgr. 3. How long and since when has she continuously resided in this State! (Give date.). Dont. know. 4. When and to whom was she married? Bullar Mondward. How do you know! 5. How long and since when did you know. Butgler Yoodward husband! Since toxyhood. 6. When and where did Eutler Mondward. the husband of applicant, die!. Dont. know. 7. Were the applicant and her husband living together as husband and wife at the date of his death: Were they divorced! 9. When, where and in what Company and Regiment did Buller Mondward. 10. Were you a member of the same Company! 19. 11. How long within your personal knowledge did he perform actual military service with his Command Regiment! A. Litle. mor.e. than a. your little more was held in the Command! Matches Bunn. ya. April Sri. 1868. 13. Were you personally present when it was surrendered! Yes If not, were you mand for applicant personal knowledge did he leave his Command! (Give date Captured April Sri. 1868. 14. Was the husband of applicant personally present at surrender of the same did he leave his Command! (Give date Captured April Sri. 1868. 15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command! 16. What effort did he make to return to his Command and how do you know this! Of your mowledge or how! 11. Drison. 12. What effort did he make to return to his Command and how do you know this! Of your mowledge or how!		STATE OF THORONAX ALABAMA
Personally before me comes Thomas James Wilson who, being duly sworn, true answers to make to the following questions, answers as follows. 1. What is your name and where do you reside? Thomas James Wilson. Telladege Don't Krow her. 2. How long and since when have you known. Acgels D. Woodward apple Don't Krow her. 3. How long and since when has she continuously resided in this State? (Give date.)	,	TALLEDEGA
being duly sworn, true answers to make to the following questions, answers as follows. 1. What is your name and where do you reside! Thomas Lawes Wilrun, Talladegs 2. How long and since when have you known. Angels D. Woodward appl Dont know her. 3. How long and since when has she continuously resided in this State! (Give date.). Dont know. 4. When and to whom was she married? Butlar Mondward How do you know!. 5. How long and since when did you know. Butler Youdward husband! Since Layhood. 6. When and where did Butler Woodward the husband of applicant, die! Dont know. 7. Were the applicant and her husband living together as husband and wife at the date of his don't know. 9. If not, how long did they live spart before his death: Were they divorced!. 9. When, where and in what Company and Regiment did Butler Woodward. 10. Were you a member of the same Company! Yse. 11. How long within your personal knowledge did he perform actual military service with his Command Regiment! A little more than a year. 12. When and where did his Command surrender, and was discharged! Applieded Batons Ban, Ys. April Sri., 1869. 13. Were you personally present when it was surrendered! Yea April Sri., 1869. 14. Was the husband of applicant personally present at surrender of the where was he! In prison How Command! 14. Was the husband of applicant personally present at surrender of the where was he! In prison How do you know all the time did he leave his Command! 15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command! 16. What effort did he make to return to his Command and how do you know this! Of your mowledge or how? 17. In prison 18. What effort did he make to return to his Command and how do you know this! Of your mowledge or how?	es Wilson	Λ'
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15. For what cause, if you know of your own knowledge, was he prevented from returning to his contained. In prison 16. What effort did he make to return to his Command and how do you know this? Of your mowledge or how? In prison		
16. What effort did he make to return to his Command and how do you know this? Of your nowledge or how?	, was he prevented from returning to his Co	15. For what cause, if you know of your ow
mowledge or how!In pr.1 20n		
Swort to and subscribed before me this the	The fas holean	Sworn to and subscribed before me this the

STATE OF GEORGIA. TOULTY OF FULTON .

Personally before the undersigned authority now comes JOHN R. WO DYARD, who upon oath says:

That he knows Mrs. Angela D. Woodward and knew her husband, Butler Woodward; that he knows of his own personal knowledge that the

Said I'rs. Angela D. Woodward and the said Butler Woodward lived together as man and wife continuously for over seven years before the death of said Butler Woodward; that the said Butler Woodward died in West Point, lise, in 1897, while there temporarily on a visit; that the said Mrs.

is now his lawful widow.

Sworn to and subscribed be foreme this Cotober 24, 1919.

Angela D. Woodward has not, remarried since the death of her hus band and John R Woodwood.

MARRIAGE LICENSE

State of Georgia-Fulton County.

			7 3			
211 -	man manay		* *		~	
Ψn	any minister	or the Gospel	sudue of the	Buverier Court.	Austice of the	Peace, or other Person
	nuthautenh	to Solomates				Transfer College Process.

You are hereby authorized and permitted to join in the honorable state of Matrimony Butler Wagaward

and

Angela D. Ruse

According to the Rites of your Church, provided there be no lawful cause to obstruct the same, according to the

Constitution and Laws of this State; and for so doing this shall be your sufficient License.

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

Given under my Hand and Seal this 22nd day of 1875

Ordinary.

I hereby certify that

Butler Toodward

Angela D. Ruse

were joined together in the HOLY BANS OF MATRIMONY

on the 25th day of May by me. 1. C. Fonte, Hector Bt. Phillip

State of Georgia.

ORDINARY'S OFFICE

Bulton County. ATLANTA, GA., 0. Vtder 24th 1919.

CLAUTE C. MASON Clerk Court of Ordinary of said County, hereby certify

that the foregoing is a true copy of the Marriage License and Certificate of Marriage of

Butler Woodward

and Angels D. Ruse

as the same appears of record in this office.

Given under my official Signature and Seal of the Court of Ordinary,

the day and year aforesaid.

Clerk Court of Ordinary.

			7	
Code Section 1850.				of INV
Soldier's Pension,	Com: Of Amelo		Executed in the pres	t he remit same to
1900. Name Daniel & Woodward		,	effee of	County.
County Resilver Charles Would in Sholdry Mount, \$ 57				herely aut
JOHN-W. LINDSEY,			· ,	receive and excelp
WARRANT HANDED TO				t for the pension
Sec. 9 Sarrison, State Printer Assense			[F. 8.]	allowed and
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E OF GEORGIA,

of Attorney.

Power of Attorney.

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Por Use of Applicants Who Have Not Heretofore Drawn.

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	STATE OF GEORGIA.
	STATE OF GEORGIA,
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	tulloro County.
	County.
	PERSONALLY Appear. Daniel to bookward of Rain Fustion
	101 8800
- 4	σ
	O County, State of Georgia, who being duly sworn says on eath that he was born on the
· .	. //
	P
- 5	18 3 3 that he is a bona fldr citizen and resident of Georgia, and has been
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	on continuously since the 12 day of May
	on confiduously since the 12 day of May
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	The the military service of the Confederate States (or the State of
*	
	day of Ausgreet 1861 during the war between the States, and
	gay of the states, and
	O served in Company (1)
. 0	o served in Company of /v th Regiment of Volunteers
	Malle I '- I
	Delle frique Brigade, and was honorably discharged on the 26 day of
	is cut nel
	1860 ; that whilst engaged in such military service, and in limit of daty in
	the State of Miss on the He day of Och 1803
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	the was disabled or wounded as follows: By being Shot in The
	orght & houlder of right arm at the battle
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1	United the state of the second
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Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof,

Nore—State fully nature of wound or character of disease which causes the disability, and explain particul-ray the extent of the disability. If chairs is based on disease, give full and connected history of disease, tracing it directly to the service.

Nore—Do not trouble to mention wounds which do not disable.

Nore—The Ordinary will see that all blank spaces are filled when the affidavits are signed.

Affidavit for Three Witnesses.

STATE	OF	CEC	DOTA
SIAIE	UF	UEU	KUIA.

Sincola

PERSONALLY appears before me, the undersigned Ordinary in and for said County, Cdward &-Bussey 1st Lientenant

personally known to me to be trustworthy citizens, each of whom; being duly sworn according to law, severally say, under oath that they are personally and well acquainted with Daniel to Wood ward whose application is nerewith presented for a pension, that he has resided in this State continuously since the

18 / 2, that he served in Company of the 12 Regiment of La Villshigue Brignete, and from our personal knowledge, he

while in line of duty, was injured by the service as follows: (give full statement, and tell in your own language when, where and holy the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any luber for can do any, state what)

Shot in right Shoulder & right and at battle of Corninch miss- on 4" day of October 1862 The was the word shot man I pier paw to get able to go around the is not wall get and is meda Bee to Refine manical lator -

We personally know above stated facts. We were with him in the Army and have known him ever since. He was to orably discharged or retired from the service on 26 day of Chris

1865 . Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1864 We have no interest in the recovery of a pension by

Sworn to and subscribed before me, this

12 divor Jeh

-The Ordinary will see that the full text of the Affidavit is anderstood by the witnesses, and that they are legally

natified to this same.

2. Wilineans are acked to make their statements full and explicit, tracing disability to its true cause.

3. All black spaces open to filled when signed.

All blank spaces quer la alled when signed.
Throw witnesses are supprised.
R. W. Nations of What field as be sureous to the truth of the above before
for Books, to demand of What field as but looks? 1,901 & gently
is a nellable man. Jos Bogle

9	Physicians' Affidavit.
200	STATE OF GEORGIA, Gunty. PERSONALLY comes byfore me John R. Wilkinson Gritinary of said County.
of the	me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined
12	Name to Moodward and after such personal examination, my that the present dendition of applicant is as follows: Shoulder torn &
1	first wounds in thigh he is
7	So that he cannot do any mount labor that would are any mount
1/	Suffort the down is assurtially useless from the flue and that such condition arises trops the following facts: was - what and that such condition arises trops the following facts: was - what a battle of someth in 86 >
1	Aug 12-1901. We further crotify that the armin dubslancialy and fromamully useless and was
3	We have treated applicant professionally for venue and rectived wiff 42.
7	does not arise from bereditary or gongenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this

John R William House Start Sta

NOTE 1. State fully the physical condition and especially the extent of disability. If disability results from veund or noury state its location, character unit present constitue. If from ciscuse, give its noture and character, and its causes or origin, as under-

Note 2.—The physicians will be careful to fill every blank space in oath,

STATE OF GEORGIA, tullon

I also certify that the witnesses, to-wit:

John Raul Kennen , Ordinary of pold County. do certify that I am well acquainted with a Chart applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affiliavit are true, and he is disabled, as he clatime, and I know he is the individual he represents himself to be, and that he

resides in this County and has been a bons fide residence since the

are persons of respectability, that their statements are worthy of full credit and belief and that the full text of the affidivit was read to and understood by them before they signed the same.

Given under my official signiture and seal this I day of april John R Wilkenson

Ordinary Fail Co

All amending ploofs must be executed with the same formality as original proofs, and the Ordinary must so configuration

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ges	5		Name	County	Disabilit		1 1 1

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	
County.	
Personally appears, DOWood	lument
County, State of Georgia, who being duly swo	
and resident of said State, and has resided the	rein continueral
day of June 1833; that he	ordinal factors of the state of
federate States (or of the State of Xa	entisted in the military service of the Con-
States, and served as a	during the war between the
of La Volunteers Vellah	in Company , of /2 th Regiment
in such military service in the State of	's Brigade; that whilst engaged
of Sch hen	on the day
of 1862 , he v	was wounded, injured or diseased as follows:
Wound in right should	
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	and the second s
Deponent makes application for the pens	sion to which he is entitled for the year
ending October 26th, 1903. I have hereto	fore under said law as a mild in a
	die, much said law, as a resident of
	County, been allowed an invalid pension of
	county, been allowed an invalid pension of
So Doll	ars, for the year 1902.
Sworn to and subscribed before me, this the	ars, for the year 1902.
Sworn to and subscribed before me, this the	ars, for the year 1902.
Sworn to and subscribed before me, this the	ars, for the year 1902. Post-office
Sworn to and subscribed before me, this the	Post-office
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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

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STATE	OT	ana	
STATE	UF	Little	RGTA
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Fulton. County.	
Personally appears Il Chrodunisch	
County, State of Georgia, who, being duly sworn	
and resident of said State, and has resided therein continuously ever since the	
day of 18.32; that he enlisted in the military service of the Con-	
federate States (or of the State of A) during the war believed	
States, and served as a	
of La Volunteers Company of the Regiment	
in such military service in the State of Misse, on the 4 day	
of Oel 1861 2 the day	
of Wet 186 2, he was wounded, injured or diseased as follows:	
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The state of the s	
	1
Deponent makes application for the pension to which he is entitled for the year	3
I have heretolore, under said law as a resident	
to delice County, been allowed an invalid pension of	
Dollars, for the year 1903.	
Sworn to gaid subscribed before me, this the	
day of JAN 21 1904 1804.	
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North-State fully he nature of the wound or character of disease which	
North State fully he 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.	P
do certify that I am well acquainted with A 1 O P & B A A A County,	
the applicant in the foregoing affidavit, and am well estiched that the	
and a his said amuguit are true, and I know he is the individual his said	
to ye, and that he resides in this County.	
Given under my official signature and seal, this HAN 27	
1904.	
Ant Jul Kinson	
Ordinary Fulton. County.	
County.	

Norm.—Fill all blanks and of Company and Regiment. Norm.—All vouchers and affidavits must bear date after January, 1, 19.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	
County.	
Personally appears, DOWood	lument
County, State of Georgia, who being duly swo	
and resident of said State, and has resided the	rein continueral
day of June 1833; that he	ordinal factors of the state of
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of La Volunteers Vellah	in Company , of /2 th Regiment
in such military service in the State of	's Brigade; that whilst engaged
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Deponent makes application for the pens	sion to which he is entitled for the year
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Sworn to and subscribed before me, this the day of 1903. Fore—State fully the nature of the would or charac purishing the extent of the disability resulting from the wount STATE OF GEORGIA, County. I, do certify that I am well acquainted with the applicant in the foregoing affidavit, and ambim in his said affidavit are true, and I know he be and that he resides in this County. Given under my official signature day of	Post-office Ordinary of said County, well satisfied that the statements made by is the individual he represents himself to e, and seal, this
Sworn to and subscribed before me, this the day of 1903. Some State fully the nature of the wound or charac purificularly the extent of the disability resulting from the wound STATE OF GEORGIA, County. I, do certify that I am well acquainted with the applicant in the foregoing affidavit, and ambim in his said affidavit are true, and I know he be and that he resides in this County. Given under my official signature day of	Post-office Ordinary of said County, well satisfied that the statements made by is the individual he represents himself to e and seal, this 1903.
Sworn to and subscribed before me, this the day of 1903. Note:—State fully the nature of the wound or charac purisidarly the extent of the disability resulting from the wound STATE OF GEORGIA, County. I, do certify that I am well acquainted with the applicant in the foregoing affidavit, and ambim in his said affidavit are true, and I know he be and that he resides in this County. Given under my official signature day of	Post-office Ordinary of said County, well satisfied that the statements made by is the individual he represents himself to e and seal, this 1903: County.
Sworn to and subscribed before me, this the day of 1903. Sworn to and subscribed before me, this the day of 1903. Fore:—State fully the nature of the would or charac particularly the extent of the disability resulting from the wount STATE OF GEORGIA, County. I, County. I, deposite that I am well acquainted with the applicant in the foregoing affidavit, and ambin in his said affidavit are true, and I know he be and that he resides in this County. Given under my official signature day of Ordinary would be a controlled to the county. Ordinary Note:—Fill all blanks and of Ordinary	Post-office Ordinary of said County, well satisfied that the statements made by is the individual he represents himself to e and seal, this 1903: County.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

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STATE	OT	ana	
STATE	UF	Little	RGTA
			TECHTER
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Fulton. County.	
Personally appears Il Chrodunisch	
County, State of Georgia, who, being duly sworn	
and resident of said State, and has resided therein continuously ever since the	
day of 18.32; that he enlisted in the military service of the Con-	
federate States (or of the State of A) during the war believed	
States, and served as a	
of La Volunteers Company of the Regiment	
in such military service in the State of Misse, on the 4 day	
of Oel 1861 2 the day	
of Wet 186 2, he was wounded, injured or diseased as follows:	
would no right winstle 1	
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The state of the s	
	1
Deponent makes application for the pension to which he is entitled for the year	3
I have heretolore, under said law as a resident	
to delice County, been allowed an invalid pension of	
Dollars, for the year 1903.	
Sworn to gaid subscribed before me, this the	
day of JAN 21 1904 1804.	
Post-office	
North-State fully he nature of the wound or character of disease which	
North State fully he 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.	P
do certify that I am well acquainted with A 1 O P & B A A A County,	
the applicant in the foregoing affidavit, and am well estiched that the	
and a his said amuguit are true, and I know he is the individual his said	
to ye, and that he resides in this County.	
Given under my official signature and seal, this HAN 27	
1904.	
Ant Jul Kinson	
Ordinary Fulton. County.	
County.	

Norm.—Fill all blanks and of Company and Regiment. Norm.—All vouchers and affidavits must bear date after January, 1, 19.

POWER OF ATTORNEY.

ST	ATE OF G	GEORGIA,	COUNTY.			S	
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to r	eceive and	receipt for t	he pension pa	id hereon, a	and request	that he re	mit same to
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at.							
	In WITNES	s Whereof,	I have hereur	ito set my h	and and se	al, this	***
day	of.		1905		4.4		
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POWER OF ATTORNEY

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rece	eive and re	ceipt for the p	pension paid	d hereon, an	d request	that he ren	nit same
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SOLDIER'S PENSIO 1906.

COR SECTION 1280. (FOR THOSE-ALREADY ENROLLED.)

No. // V

Bulle Hood

JOHN W. LINDSEY.

Disability

Commissioner

WARRANT HANDED TO

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton county.
Personally appears Daniel le Frodward Fulton.
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 30 Mal 18 that he enlisted in the military service of the Con-
federate States (or of the State of Jauisanie) during the war between the
States, and served as a Mingle in Company , of /2th Regiment
of La. Volunteers Villefuguel's Brigade; that whilst engaged
in such military service in the State of Hills, on the // day
of 1862, he was wounded, injured or diseased as follows:
Thoulder wound 1862
Shourach Mounes, 1862
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1905. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1904.
Sworn to and subscribed before me, this the
· day of 1905.
Post-office (that ith
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.
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 Lance lo. Noodward
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County. Given under my official signature and seal this JAN 2 1905
and bear, this
day of1905.
Ama your S Neet 1
(Derinary)

Note:—Pili all blanks and of Company and Regiment.
Note:—All vouchers and affidavits must bear date after January 1, 1906.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

		7.	
Fulton Count	y.)		*
Personally appears Leul, 6.	Modera	rd Ful	fon
County, State of Georgia, who, being duly			
and resident of said State, and has resident	ed therein continu	ionsly ever since the	Jule Citizen
lay of 18 19, that	Are enlisted in the	e military cornice the	5 Ale O
ederate States, (or of the State of	usana) during the war l	otmoon the
States, and served as a	in Company	, of 12 th	Desiment the
	- 3	Brigade; that while	regiment
n such military service in the State of_	Juiso	on the	st engaged
		injured or diseased	
11	Tourist,	injured of diseased	as follows:
houlder wound	1 horse	itte la	71.
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Sworn to and subscribed before me,	Dollars, for	A CANTAI	
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day of JAN 1 1906 19	906. Post-	J.,	divo
Sorn. State fully the nature of the wound or c	Post-	Office	
Sorn.—State full the nature of the wound or controllarly the extent of the disability resulting from the state of Georgia, Fulton. Count	Post-tharacter of disease whe wound or disease.	Office	
Sorz.—State fully the nature of the wound or conficularly the extent of the disability resulting from the state of Georgia,	Post-tharacter of disease whe wound or disease.	Office	and explain
Born.—State fully the nature of the wound or confecularly the extent of the disability resulting from the state of Georgia, Fulton. Count	Post- character of disease whe wound or disease.	Office	and explain
Sorz.—State fully the nature of the wound or conticularly the extent of the disability resulting from the state of Georgia, Fulton. Count	character of disease whe wound or disease.	Office	and explain
Sorn.—State full the nature of the wound or contemprise the extent of the disability resulting from the state of Georgia, Fulton. Count I, certify that I am well acquainted with a applicant in the foregoing affidavit, a	character of disease whe wound or disease.	Office	and explain d County
Born.—State fully the nature of the wound or contemprity the extent of the disability resulting from the state of Georgia, Fulton. Count I. Certify that I am well acquainted with a applicant in the foregoing affidavit, a bim in his said affidavit are true, and I	character of disease whe wound or disease.	Office	and explain d County
Born.—State fully the nature of the wound or contemprity the extent of the disability resulting from the state of Georgia, Fulton. Count I. Certify that I am well acquainted with a applicant in the foregoing affidavit, a bim in his said affidavit are true, and I	Post- character of disease whe wound or disease. Ly. Ly. Ly. Ly. Ly. Ly. Ly. L	Office Ordinary of sai	and explain d County
Sorz.—State fully the nature of the wound or conticularly the extent of the disability resulting from the state of Georgia, Fulton. Count I, count I, count in the foregoing affidavit, a bim in his said affidavit are true, and I be, and that he resides in this County.	Post- character of disease whe wound or disease. Ly. Ly. Ly. Ly. Ly. Ly. Ly. L	Office Ordinary of sai	d County
Sorz.—State fully the nature of the wound or contemporty the extent of the disability resulting from the state of Georgia, Fulton. Count I. I. Count I. Cou	post- character of disease whe wound or disease. y. indiam well satisf know he is the in quature and seal, t	Office Ordinary of sai	and explain d County

JOHN P. DAVIS, Ordinary,

OFFICE OF

COURT OF ORDINARY, &

FLOYD COUNTY.

Rome Ga Novem er 19th. 1901.

Hon. J.W. Lindsey

Commissioner of Pensions Atlanta Ga.

Dear Judge:-

In answer to your letter and inquiry; Will say that the application of D.C. Woodward was mailed to your office Feby.6th 1901, (he now lives in Allanta and possibly he has had it changed to Fulton County) his Daughter works for Capt. Phill G. Byrd there at the Capitol. Mrs. M.E.Fitzsimmons was mailed March 15th.1901.(Invalid Solat diers wife) J.P.Blaylock's was mailed March 1901(along with 10 others whose claims have been heard from except his) and Thomas Tant's was mailed October 9th.1901,(along with 18 others whose claims have been reported except his) I certainly hope that we will have no trouble in finally tracing them up. You know that it is very hard indeed to satisfy them with any kind of an explanatio n,however we will arrange the matter some way if they can not be found, alright.

Very Respectfully.

A Louis

POWER OF ATTORNEY.

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STATE OF C	EORGIA,		1 .			
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We Citify that the applica is arm this been rendered substantially and asentially markers, as date and direct result of the wound received so work to automathes before the firsten med surver to a outsoin bed before the firsten had ince Hor 29 nd 1901.

John Weldmann ordinary

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
Fulton. Country 1/
Personally appears aniel to Hoodwards Tillion.
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has/resided therein continuously ever since the
day of 1870; that he endsted in the military service of the Con-
federate States (or of the State of) during the war between the
124
in such military service in the State of The on the day
of186 \(\dots\), he was wounded, injured or diseased as follows:
The state of the s
Thoulder wound, Corneth house,
Maulaer wound, Corully fries,
Commence of the commence of th
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1907. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1906.
Sworn to and subscribed before me, this the
day of 1907.
John R. Williamson Postoffice 3 M Afee D
Nove.—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.
1, Jestin R. Wilmonson. Ordinary of said County,
do certify that I am well acquainted with a will by Woodward
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the judividual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal this
day of1907.
John 9. 41 Mines
Ordinary Hultoff. County.

Nors.—Fill all blanks and of Company and Regiment. Nors.—All vouchers and affidavise must bear date after January 1st, 1937

roved for Widow's Under Act of 1910 -As Amended by Act of 1919, and Constitutional Amendment of 1920. County Fullon Name Kale Howelf Woodward Widow of Clargo Brus Wood word Date of Marriage Fell 1 3 187 Company Regiment John W. Clark 30 Oct 26

> JOHN W. CLARK, Commissioner of Pensions.

10-30-26

COUNTY

certify that

Much

person she represents herself to be, January 1st, 1920; tha and that she

residents of said County

entitled to full faith

Given under my hand and official OF ORDINARY)

Instructions:

County

v shall swear a vers make to e applicant and the witness in the following words: each of the questions asked you and the evidence

If not, prove m

Ordinary's Certificate.

	STATE OF GEORGIA,
	tuelon COUNTY.
	1. Thos H. leffues Ordinary of will County to and
	that I know Mis Kale Howell woodward, the applicant for pension; that
	she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen
	of said State since January 1st, 1920; that I also know
	the witness who saches to the service of husbands that both of them are now resident of said County and
	were duly sworth by me before signing the foregoing affidavit, and that they are truthful and trustworthy
	and their statements are entitled to full faith and credit.
	Given under my hand and official seal of office this 7 day of 1996
	(SEAL OF ORDINARY) has Assert Ordinary,
	of Fileton County
_	

Instructions:

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

- reputation.

 Fill out the back of the application carefully.

 Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

APPLICATION FOR PENSION BY A WIDOW

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

OUESTIONS FOR APPRICANT TO ANSW

	Personally appears before me Hatt Howell Brookware of said State and and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the stitutional Amendment of 1920, and submits testimony to support the same, and after being duly swo answers to make to the questions propounded, answers as follows, to wit: What is your name, and where do you reside? (Give Post Office and County)
	2. How long and since when have you been, continuously, a bona fide resident citizen of the S Georgia? All run left
	8. When, where and to whom were you married? In high 1: 1816 attacks In
	a. Have you married since the death of first and soldier husband?
	4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confe
	Army or Georgia Militia? (State the arms and class of Service, and give name of Colonel and Capt Line Wile 3 West Osing, name Samuel Ja Jernel Gratilla o
	the work of which they bear the south
	5. When and where did the commands of your husband surrender or discharge from the Service?
	6. Was your husband personally present with his
	personally present with his command when it was surrendered or dischar
	7. If he was not present, state specifically and clearly where he was?
C.	8. When did he leave the Command? New 3 + 1/8/4
	a. For what cause did he leave? Amelia at close of war
	b. By whose authority did he leave?
	c. For how long was his leave of absence granted? In what way?
	e. What was his physical condition when he left his command?
	f. What effort did he make to return to his Command?
	g. In what way was he prevented from going back to Command?
	h. Was he captured by the enemy at any time? Jout / Cum
	i. If so, when and where? In what prison was he held and when was he released?
	When and also did a control of the c
	i. When and where did your first husband die? Mcha. 17 1914. k. Were you residing together when he died?
	k. Were you residing together when he died? U.L. l. If not, how long had you resided apart?
	m. Are you now a widow? had
	the state of the search paid a pension by the state 2.2
	If so, when and for what cause were you or your husband placed on the roll?
	Sworn to and subscribed before me, this the
	Owner to and supermod before me this the

The recepts show that
A. P. Vocaburd not berne as
Alsop Parkler Park A. Woodward, private., Captain
Brockts Company (Terrall
Light Artillery) Se. Vels.
C. S. A., enlisted May 6, 1884
at Savannah, Ga., and on muster roll for Sept. d Oct. 1884.
(last on file) is chewn "abasent on Surgeon's Certifivate
30 days from Oct. 34, 1864."

Ho capture, parole or
later record found. (W. R.)

MARRIAGE LICENSE

Bigis of Genedia	Julion County
To any Minister of the Cospel, & unthurtred to Sulemnige.	udge of the Superior Court, Instite of the Peace, or other Person
You are hereby auth	orized and permitted to join in the hon-
orable state of Matr	imony A. P. Woodward
and	Katie S. Howell
Constitution and Laws of this State; and	provided there be no lawful cause to obstruct the same, according to the for so doing this shall be your sufficient License.
	H YOUR CERTIFICATE THEREON, TO MY OFFICE FOR RECORD 1876 281 this
	Daniel Pittman L.S.
I hereby certify that	Ordinary A. P. Woodward
and	Estie S. Howell
were joined together in the HOLY BANS	
	T
State of Ceorgia,	ORDINARY S OFFICE
Fulton County.	ATLANTA, GA, Oct. 29th 1926
, Arthur R. Marb	ut Chart Court of Outliness Sould Court
2 Y 2	rue copy of the Marriage License and Certificate of Marriage of
	rae copy of the marriage themse and verificate of marriage of
	A. P. Woodward
end	Katle S. Howell

as the same appears of record in this office.

Given under my official Signature and Seal of the Count of Ordinary,

the day and year aforesaid.

arthus R. wasbut Clerk Court of Ordinary.