

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY }

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

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

at \_\_\_\_\_

by \_\_\_\_\_

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

[L.S.]

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

*Wright, C. J.  
Fulton County  
right wolfen  
at room*

CODR SECTION 1254.

(FOR THOSE ALREADY ENROLLED)  
*from Cobb Co. - 1905*

No. *112*

INDIGENT  
SOLDIER'S PENSION  
1906.

Name \_\_\_\_\_

County \_\_\_\_\_

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

Regiment \_\_\_\_\_

WARRANT ISSUED

*1/7 - 1906.*

JOHN W. LINDSEY.

Commissioner of Pensions.

WARRANT HANDED TO

*Wright*

THE FRANKLIN PRINTING AND PUBLISHING CO., GEO. W. HARRISON, SEB.

*no date*

## POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

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

of \_\_\_\_\_

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

at \_\_\_\_\_

by \_\_\_\_\_

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

[I. S.]

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

COOK SECTION 1254.  
(FOR THOSE ALREADY ENROLLED)

From Colt Co. 1905

No. 112

## INDIGENT SOLDIER'S PENSION 1906.

Name C. J. Wright

County W. L. Co.

Co. A Regiment 36 Regt

WARRANT ISSUED

112 - 1906

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

AK

The Pensioners' and Widows' Co., 215 N. Main Street, N.Y.

*no data*

Wright C. J.  
Fulton Co.

## POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

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

of \_\_\_\_\_

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

at \_\_\_\_\_

by \_\_\_\_\_

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

[I. S.]

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

COOK SECTION 1254.  
(FOR THOSE ALREADY ENROLLED)

No. 193

## INDIGENT SOLDIER'S PENSION 1907.

Name C. J. Wright

County W. L. Co.

Co. A Regiment 36 Regt

WARRANT ISSUED

112 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

AK

The Pensioners' and Widows' Co., 215 N. Main Street, N.Y.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton County.

Personally appears L. T. Wright of Fulton

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1834; that he is 72 years old and by occupation a night watchman; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 yrs in Company 1, of 36th Regiment of Ca.; that his physical condition is as follows:

Infirmity and poverty

that his property consists of the following items: no property

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

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

Sworn to and subscribed before me, this the

day of JAN 1 1906.

Ordinary.

L. T. Wright  
L. T. Wright

State of Georgia,

Fulton County.

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

Given under my official signature and seal, this

day of JAN 1 1906.

John R. Williamson  
Ordinary

Fulton County.



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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton County.

Personally appears L. T. Wright 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 1834; that he is 72 years old and by occupation a \_\_\_\_\_, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 yrs in Company 1, of 36th Regiment of Ca.; that his physical condition is as follows:

Infirmity and poverty

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

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

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

State of Georgia,

Fulton County.

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

Given under my official signature and seal this

day of JAN 1907.

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



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

GEORGIA, Bolton County.

I, the undersigned, do certify that C Y Wright  
now Indigent Pensioner of this county, is on the Pension roll and draws  
a pension of Sixty Dollars for 1906. The bearer is the same man  
of 7 Company 36 1st Regiment, who enlisted on March day of 1862,  
last of war and was discharged on the March day of 1865, was granted a  
pension \$60- for Infirmary & poverty

Proven by C B News J. H. Cotton as witnesses.

Given under my hand and official seal this

the 8<sup>th</sup> day of June 1906

(SEAL)

John A. [Signature]  
Ordinary's L. S.



POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY, }  
I, \_\_\_\_\_  
of \_\_\_\_\_  
hereby authorize \_\_\_\_\_  
to receive and receipt for the pension allowed and request that he remit same to \_\_\_\_\_  
at \_\_\_\_\_ day of \_\_\_\_\_ 190 \_\_\_\_\_  
by \_\_\_\_\_  
Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 190 \_\_\_\_\_  
Executed in presence of \_\_\_\_\_  
[L. S.]

*Wright, Doc F.*  
*Putnam County*

No. *OK for 1908*

INDIGENT PENSION.

1908

Name *W. Wright*

County *Putnam*

Co. *P. 4th Ca. 54th Regt.*

Approved \_\_\_\_\_ 190 \_\_\_\_\_

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

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

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

*9/27/08*

# 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, D. F. Wright of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

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

D. F. Wright Fulton County

2. How long and since when have you been a resident of this State? all of my life I am

seventy-three years old

3. When and where were you born? 1832 Fulton Co. Ga

4. When and where and in what company and regiment did you enlist or serve? Fulton Co. Ga. 1862

March 1862 Co. 1st Regt. 1st Div. 1st Army

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

at Appomattox April 1865

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

April 1865

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

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was present when Co. 1st Regt. 1st Div. 1st Army

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

10. What has been your occupation since 1865? The same

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

second, "infirmity and poverty," or third, "blindness and poverty"?

12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? about 8 years

I was a slave major at 60 years I failed

completely and now unable to work

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

nothing

14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? I conveyed the

property I owned to Steve Jett and he finally ben

and left me the house & I have nothing more

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

16. How were you supported during the years 1899, 1900, 1901 and 1902? by 7 or 8 sons

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? not much as I am a farmer

18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year? doing what work I could on farms

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed? No family

20. Are you receiving any pension? If so, what amount and for what disability? No pension

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

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

Sworn to and subscribed before me this the

6th day of September 1907

Paul E. Eversham Ordinary,

of Fulton County.

D. F. Wright Applicant

Mark

Every Question MUST Be Answered.

INDIGENT PENSION.

1907

Name D. F. Wright

County Fulton

Ca. 1st Regt. 1st Div. 1st Army

Approved 190

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will write name of Applicant, Com

and Regiment on back as indicated above.

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

Wright

Wright, Dec 1

to the County

OK for 1908

# QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Fulton COUNTY.

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

1. What is your name and where do you reside? Francis L. Guiss  
In De Kalb County, Ga
2. Are you acquainted with D. Wright the applicant; if so, how long have you known him? I saw him since 1868 about 46 years
3. Where does he reside, and how long and since when has he been a resident of this State?  
Fulton County, Ga  
When, where and in what company and regiment did he enlist, and how do you know?  
C B 9<sup>th</sup> Batt Ga Arty I belong to same company
5. Were you a member of the same company and regiment? I were
6. How long did he perform regular military duty? about 3 years
7. When and where was his command surrendered? Near Appomattox the Command was included in the Surrender at Appomattox
8. Were you present when it surrendered? I were
9. Was applicant present? He was
10. If he was not present, where was he? He was present  
When did he leave his command? at the Surrender For what cause? He Surrendered  
By what authority he left? all the General ordered How do you know all of this?  
I was present

11. What property, effects or income has the applicant? (Give your means of knowledge.)  
He has none & have known him since 1868
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? He has none the Courts decided against him & he has nothing left I have seen him
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?  
He made and conveyed to Steve Jett.
14. What is the applicant's occupation and physical condition? Francis  
He is a weakly man sick most of time

15. Is the applicant unable to support himself by labor of any sort; if so, why?  
He is unable to work by reason of age and general infirmities

16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902?  
by help of friends & his children

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

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He never have been stout always sick and feeble

19. Who composed family? What property have they? Children's age and their earning capacity?  
himself. No property no children

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

Sworn to and subscribed before me, this the 8 day of June 1907

F. L. Guiss (C)  
E. H. Guiss Capt  
C B 9<sup>th</sup> Ga Arty

Ordinary.

# AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Fulton COUNTY.

Personally came before me Dr. Carmichael West and William A. Allen, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mr. F. L. Guiss, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

the back painful paralysis of the left side especially the leg and foot on the left side his back is weak, cannot sustain the strain of his condition is such as to render him unable to earn or support out and that we have no interest in said pension being allowed. any funds or calling.

Sworn to and subscribed before me, this, the 20th day of September 1907  
John Burkhuson Ordinary.

Dr. Carmichael West

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton COUNTY.

I, John R. Burkhuson Ordinary, in and for said County, hereby certify that the applicant, D. F. Wright resides in said County, and has been a bona fide resident of this State since the 20th day of September 1897 and that the witnesses, viz.:

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

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

I further certify that the tax digest of \_\_\_\_\_ County shows that applicant returned for taxation in his name in 1899 \_\_\_\_\_ Dollars of property, and in 1900 \_\_\_\_\_ Dollars of property; in 1901 \_\_\_\_\_ Dollars of property; in 1902 \_\_\_\_\_ Dollars of property.

In my opinion the foregoing claim is \_\_\_\_\_ made in good faith.  
Witness my hand and seal of office, this 20th day of September 1907

John Burkhuson Ordinary,  
of Fulton County.

# NOTE.

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

I hereby certify that Francis L. Guiss and E. H. Guiss are men of good character and their statements are entitled to full faith and credit.

Pension office 12-2-1914

Let applicant amend and state and prove when and what other company and regiment did her husband enlist after discharge from 38th Ga Infy. Give date company by letter and regiment by number. Was the command infantry or cavalry, of the Confederate army or state troops or militia. Then prove by someone that knows his service and honorable accounting for him in this command to the end of the war.

J W Lindsey, Com. of Pensions.

Wright Emma M  
Full 1915  
W. Lindsey, Com. of Pensions  
No. 12-2-1914

Received from 100  
Department filed 11/24  
**Widow's Pension**

UNDER ACT 1910

County

Fulton

Name

Mrs Emma Wright

Widow of

William Wright

11.38th Ga Ryf Reg

ENTERED ROSTER OFFICE

11/23/14  
J. W. LINDSEY,  
Com. of Pensions.

Chas. P. Byrd, State Printer

10/31/1914



Pension office 12-2-1914

Let applicant amend and state and prove, when and what other company and regt did her husband enlist after discharge from 38th Ga. Infy, give date company by letter and regt by number. Was the command infantry of cavalry, of the Confederate army or state troops or Ga militia. Then prove by someone that knows his service and honorable accounting for him in this command to the end of the war.

J W Lindsey, Com. of Pensions.

ENTERED ROSTER OFFICE

ENTERED ROSTER J. W. LINDSEY, Com. of Pensions.

Chas. F. Byrd, State Printer

Widow's Pension

UNDER ACT 1910

County

Fulton

Name

Emma Wright

Widow of

William Wright

1138th Ga. Regt. Infy

Wright Emma Mrs

Fall 1914

11/24

No.

114

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

STATE OF GEORGIA,

Fulton County.

Personally before me comes Emma Wright of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of 1910, and submit testimony to make out the same, true answers makes to the following questions to-wit:

1. What is your name, and where do you reside? in Fulton County, Ga.
2. How long and since when have you been a continuing resident of the State of Georgia? Since 1 day of October 1845.
3. When, where and to whom were you married? to Capt. William Wright on the 11 day of October, 1866, in Spalding County, Ga.
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) My husband was a Captain of Comp. B. 38 Regiment in Cavalry.
5. When and where did the Commands of your husband surrender or discharge from the army? Near Petersburg, Va. after Gen. Lee's surrender.
6. Was your husband personally present at the time of the surrender or discharge of this Command? no
7. If he was not present state clearly where he was? at home at that time
8. Where was his command when he left? Near Richmond, Va.
- a. For what cause did he leave his Command? at home at that time
- b. By whose authority did he leave his Command? By the order of the commanding officer.
- c. For how long was he granted leave of absence?
- e. What was his physical condition when he left his Command? very sick
- f. What effort did he make to return to his Command? none, he remained in an
- g. In what way was he prevented from going back to his Command? other company
- h. Was he captured by the enemy at any time? no
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released?

- j. When and where did your husband die? at home March 2, 1889.
- k. Were you residing together when he died? yes
- l. If not, how long had you resided apart?
9. What property of any description did you own; hold or control for your use and its cash value, Nov. 4, 1908? (State same by items.) Did not own any property at that time.

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.) Have not owned any property since March 1908.

11. What property of any description of any value have you now? none at all. Give list and cash value.

12. What are your annual earnings or income from any source and their value? have not income

13. Have you or your husband heretofore been paid a pension by the State? no If so, when and for what cause were you or your husband placed on the Roll?

Sworn to and subscribed before me this the 13 day of March, 1914, at Fulton County, Georgia.  
John R. Harrison Ordinary.



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

STATE OF GEORGIA,

Fulton County.

Personally before me comes before William A. Wright who after being duly sworn true answers to make, to the following questions, answers as follows:

- What is your name and where do you reside? in Fulton County
- How long and since when have you known since June 1862 applicant?
- How long and since when has she continuously resided in this State? (Give date.) all her life since 4 day Oct 1845
- When and to whom was she married? no right How do you know? I was present.
- How long and since when did you know her husband? All my life. I am now 65 years on month old.
- When and where did in De Kalb County March 25. 1889 the husband of Applicant die? March 25. 1889
- Were the applicant and her husband living together as husband and wife at the date of his death? yes
- If not, how long did they live apart before his death? no.
- Were they divorced? no.
- When, where and in what Company and Regiment did he enlist? In Company K. 38. Co. Regiment two miles west of Decatur Ga.
- Were you a member of the same Company? yes
- How long within your personal knowledge did he perform actual military service with his Company and Regiment? About nine months
- When and where did his Command surrender, and was discharged? near Petersburg Va just after Lee's surrender.
- Were you personally present when it was surrendered? no. If not where were you? I was at Elmwood Va and how came you there? I was a prisoner of war. Captured June 3. 1864.
- Was the husband of applicant personally present at surrender? no If not where was he? at home in De Kalb Count when, where and for what cause did he leave Command? (Give date.) about July first 1862 By whose authority did he leave his Command? by advice of General Sargant and how long was he granted leave? He returned in 1862 How do you know all this? I was present with him in camp and in the Hospital until he left Richmond for his home.
- For what cause, if you know of your own knowledge, was he prevented from returning to his Command? He made up another and enlisted in new comp.
- What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? He did not make any effort to return

Sworn to and subscribed before me this the

19 day of Feb 1914

W. A. Wright

Ordinary.

of Fulton County.

## AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Fulton County.

Personally before me comes Arch Avery J. C. Avery who on oath says that they are freeholders of said County and that they know Mrs Emma Wright of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows: none

Personal property none \$  
Notes and accounts due none \$  
Total none \$

### Schedule (B).

We know the property sold or given away since Nov. 1th, 1908, its cash value to be as follows:

Personal property none \$  
Money, Notes and Accounts none \$

### Schedule (C).

We also know what property she has now in her possession, use and control to-wit:

Acres of land worth none \$  
Horses and Mules none \$  
Cows and Hogs none \$  
Other Property none \$  
Income and Earnings none \$  
Total Value of all property and effects none \$

Sworn and subscribed before me this the

19 day of Feb 1914  
John W. Westerson Ordinary.  
of Fulton County.

Arch Avery  
James C. Avery

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

I John W. Westerson Ordinary of said County do certify that I know Mrs Emma Wright the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th Nov. 1908.

That I also know W. A. Wright the witness who swears to the service of husband, and Arch Avery J. C. Avery who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns none Returned for Tax is for 1908 \$ none for 1910 \$ none for 1911 \$ none for 1912 \$ none for 1913 \$ 3.45

Sworn under my hand and official seal of office this

19 day of Feb 1914

(SEAL.) John W. Westerson Ordinary.

Fulton County.

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

Fulton  
 Min. to Harlan  
 was app by S. W.  
 for Dec 1914  
 and app is in place  
 Mr. Harlan was  
 on a trip to the  
 when the Harlan was  
 Dec 1914

Atlanta, Ga, December 23rd, 1914.

Mrs. Emma L. Wright, of Atlanta, Fulton County, Georgia, therein amends  
 her application for pension, by stating that her husband Captain William  
 Wright, reenlisted in Company A. as that of Lieutenant in what is better  
 known as Captain Milton A. Candler's Company of Floyd's Regiment State  
 troops, that went into service about August 1863, and served until the  
 expiration of the time of enlistment. The Company was discharged at Rome,  
 Georgia, some time the latter part of winter 1864, ~~early spring of 1865~~  
 Dr. Arch Avery, who has his office at 1522 Candler Building, was a member  
 of the Company with my husband, and will testify to the facts above stated.

Mrs. Emma Wright  
 Arch Avery  
 Sworn to & subscribed before me  
 this Dec 23-1914  
 John R. Walker  
 Ordway

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

hereby authorize

I, \_\_\_\_\_, do hereby authorize and request that he remit same to

Witness my hand and seal this

day of

by

1895.

Executed in presence of

*Approved*  
*Rich Johnson*  
No. *809*  
*Wright, Joseph*  
*Fuller Co*  
**INDIGENT PENSION**  
**1895.** *1896*

Name *Joseph Wright*

County *Fuller*

Ground

*pay 1* 1896  
RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDSD TO

*Appet*  
Geor. W. Harrison, State Printer, Atlanta.  
*6/18/97*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I,

hereby authorize

of

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

at

by

Witness my hand and seal this

day of

1895.

Executed in presence of

# QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Fulton

County.

Joseph Wright

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:

- What is your name and where do you reside? (give State, County and post office)  
Joseph Wright Woodward P.O. Fulton Co Georgia
- Where did you reside on January 1st, 1894, and how long have you been a resident of this State?  
in Fulton Co Georgia since forty years
- When and where were you born?  
Hall Co Georgia
- Did you volunteer in the Confederate Army or in the Georgia Militia?  
Confederate Army
- When and where did you enlist?  
Fulton County Georgia
- In what company and regiment did you enlist?  
36th Georgia Co
- How long did you remain in that company and regiment?  
About three years
- If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer?  
I was never transferred nor discharged
- For how long a period did you discharge regular military duty?  
about three years
- When, where and under what circumstances were you discharged from service?  
I was surrendered at the surrender of Johnston Army
- What is your present occupation?  
I am doing nothing
- How much can you earn per annum by your own exertions or labor?  
I cannot earn about one fourth the wages of a common hand
- What has been your occupation since 1865?  
working a little about when I was able
- What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or income?  
severely five dollars I could contribute about one fourth the sum
- What is your present physical condition and how long have you been in such condition?  
I am not able to work about six months
- Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second "infirmary and poverty" or third "blindness and poverty"?  
age and infirmity & poverty
- If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight?  
I am not blind in left about six months my back & hip is affected I am also ruptured which very seriously affects me and I am unable to work I wounded in right side of the head by a Mining Bull
- What property, effects or income do you possess?  
Nothing
- What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same?  
Nothing
- In what County did you reside during those years and what property did you then return for taxation?  
in Fulton County I returned no property
- How were you supported during the years 1893 and 1894?  
my son and my grand son contribute
- How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income?  
severely five dollars about one fourth
- What was your employment during 1893 and 1894? What pay did you receive in each year?  
I worked a little doing light odd jobs sometimes cutting wood & hauling
- Are you married and have you a family? If so, is your wife living and how many children have you? Give age and sex of children and their means of support?  
I am married my wife is living three children living two boys were born forty years old John thirty five years and Mary twenty five years old

Approved  
Richard Johnson  
No. 809  
Wright & Joseph  
Fulton Co  
INDIGENT PENSION

1895.

Name Joseph Wright

County Fulton

1896  
Richard Johnson,  
Secretary Executive Department.

WARRANT HANDED TO

Effect

Post to Harrison State Prison, Atlanta

6/14/97



Sworn to and subscribed before me this the

10 day of April 1895.

W. L. Calhoun Ordinary

of Fulton County.

Joseph Wright Applicant.

### QUESTIONS FOR WITNESS.

STATE OF GEORGIA,  
Fulton County.

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

1. What is your name and where do you reside? Peter Edwards
2. Are you acquainted with Joseph Wright, the applicant, if so how long have you known him? Only years
3. Where does he reside, and how long has he been a resident of this State? in Fulton Co. Only years
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? I was with him in the same brigade I was
5. When, where and in what company and regiment did he enlist? Co "C" 36th Reg
6. Were you a member of the same company and regiment? I was not I was a member of the same brigade
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? He was to have term of service in the army over two years I left him at the surrender of Vicksburg
8. What property, effects or income has the applicant? (Give your means of knowledge.) He has none I am his neighbor
9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? He had none
10. What is the applicant's occupation and physical condition? He has no regular occupation His physical condition is bad he has been wounded in the head in battle He is ruptured
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is unable to support himself He is old and worn out He is ruptured He would in the head unable him to work
12. How was he supported during the years 1893 and 1894? He and his Grand Son contributed to his support
13. What portion of his support for these two years was derived from his own labor or income? Answer one fourth
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? His age He complains of his back He is ruptured He was wounded in the head at the battle of Resaca Ga
15. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this  
the 10 day of April 1895.  
W. L. Calhoun Ordinary  
Peter Edwards Applicant.

### AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,  
Fulton County.

Personally came before me

J. H. Ream and J. F. Burk, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully

Joseph Wright, applicant for pension under the Act of 1894, and after such personal examination, say that his precise physical condition is as follows:

Rheumatism in Back and hips Rheumatism in Shoulder joint and lame caused by Rheumatism Hemiplegia in left side, which causes him much trouble and renders him unfit for manual labor, almost blind in right eye

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

Sworn to and subscribed before me, this  
the 15 day of October 1895.

W. L. Calhoun Ordinary

### ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,  
Fulton County.

I, W. L. Calhoun Ordinary in and for said County, hereby certify that the applicant Joseph Wright resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz. Peter Edwards, J. F. Burk and J. H. Ream are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Fulton County show that applicant returned for taxation in his name in 1893, dollars of property, and in 1894, dollars of property.

Witness my hand and seal of office, this 15 day of October 1895.

W. L. Calhoun Ordinary  
of Fulton County.

### NOTE.

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



# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

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

[L. S.]

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

INDIGENT

Soldier's Pension.

1897.

Name *Joseph Wright*  
County *Fulton*

1897.

*July 12*  
RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDED TO

*apch*  
SEC. W. HARRISON, STATE PRINTER, ATLANTA.

*no later*

INDIGENT  
SOLDIER'S PENSION,  
1898.

Name *Joseph Wright*  
County *Fulton*

WARRANT ISSUED

*1/12* 1898.

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDED TO

*apch*  
SEC. W. HARRISON, STATE PRINTER, ATLANTA.

*no later*

# POWER OF ATTORNEY.

State of Georgia,

County. }

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

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

[L. S.]

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

INDIGENT

(For Those Already Enrolled.)

NO. 478

Name *Joseph Wright*  
County *Fulton*

WARRANT ISSUED

*1/12* 1898.

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDED TO

*apch*  
SEC. W. HARRISON, STATE PRINTER, ATLANTA.

*no later*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears *Joseph Wright* of *Fulton* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *1st* day of *January* 18*97*; that he is *67* years old and by occupation a *laborer*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *about 3 years* in Company *E*, of *36th* Regiment of *Georgia*; that his physical condition is as follows: *Rheumatism & Neuria*

that his property consists of the following items

*Nothing*

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1897. I have heretofore as a resident of *Fulton* county been allowed a pension for the year 1896.

Sworn to and subscribed before me, this, the

*11th* day of *January* 1897.

Ordinary.

STATE OF GEORGIA,

Fulton County.

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

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



Ordinary *Fulton* County.

NOTE.—The blank spaces must be filled.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears *Joseph Wright* of *Fulton* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *1st* day of *January* 18*97*; that he is *67* years old and by occupation a *laborer*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 years* in Company *E*, of *36th* Regiment of *Georgia*; that his physical condition is as follows: *Rheumatism & Neuria*

that his property consists of the following items

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

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

Sworn to and subscribed before me, this, the

*12* day of *January* 1898.

Ordinary.

State of Georgia,

Fulton County.

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

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



Ordinary *Fulton* County.

NOTE.—The blank spaces must be filled.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

of

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

at

by \_\_\_\_\_

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 1800.

Executed in presence of

(L. S.)

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

of

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

at

by \_\_\_\_\_

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

(L. S.)

Executed in presence of

CODE SEC. 1284.

(For Those Already Enrolled.)

No.

INDIGENT

SOLDIER'S PENSION,

1899.

Name *Joseph M. Wright*  
County *FULTON*

WARRANT ISSUED

1899

RICHARD JOHNSON,

(Commissioner of Pensions.)

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

CODE SECTION 1284

(For Those Already Enrolled.)

No.

INDIGENT

SOLDIER'S PENSION.

1901.

Name *Joseph M. Wright*  
County *Fulton*

WARRANT ISSUED

1901.

JOHN W. LINDSEY,

(Commissioner of Pensions.)

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

FULTON County.

Personally appears Joseph Wright of FULTON

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 1st day of Jan 1857; that he is 68 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 yrs in Company E, of 36th Regiment of Georgia; that his physical condition is as follows:

Rheumatism, Hernia

that his property consists of the following items

None

of the value of None Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor; and that he receives no pension but the one herein applied for.

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

Sworn to and subscribed before me, this, the

18 day of Jan 1899.

Ordinary.

State of Georgia,

FULTON County.

I, W H HILSEY

Ordinary of said County,

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

Given under my official signature and seal, this 18

day of Jan 1899.

W H Hilsey

Ordinary FULTON County.



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

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears Joseph Wright of Fulton

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 1st day of Jan 1857; that he is 70 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of GA) during the war between the States, and served for the term of 3 yrs in Company E, of 36th Regiment of GA; that his physical condition is as follows:

Rheumatism, Hernia

that his property consists of the following items

of the value of None Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of Fulton county been allowed a pension for the year 1900.

Sworn to and subscribed before me, this, the

15 day of Jan 1901.

Ordinary.

STATE OF GEORGIA,

Fulton County.

I, John R Wilkinson Ordinary of said County,

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

Given under my official signature and seal, this 15

day of Jan 1901.

John R Wilkinson

Ordinary Fulton County.



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



POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

of \_\_\_\_\_

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

at \_\_\_\_\_

by \_\_\_\_\_

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

[L. S.]

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

*Wright Joseph  
Chilton County*

CODE SEC. 1284.

(For Those Already Enrolled.)

NO. *391*

INDIGENT

SOLDIER'S PENSION,  
1900.

Name *Joseph Wright*  
County *CHILTON*

WARRANT ISSUED

*Jan 15* 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*App*  
One W. Harrison, State Printer, Atlanta.

*No data*



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

FULTON

County.

Personally appears Joseph Wright of FULTON County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the \_\_\_\_\_ day of \_\_\_\_\_ 1857; that he is 69 years old and by occupation a \_\_\_\_\_; that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served for the term of 3 years in Company E, of 36th Regiment of Georgia; that his physical condition is as follows: Rheumatism -

that his property consists of the following items

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

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

Sworn to and subscribed before me, this, the 15 day of January, 1900, M. M. Mulvey Ordinary.

State of Georgia,

Fulton

County.

I, W. H. HOLSEY,

Ordinary of said County,

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

Given under my official signature and seal, this 15 day of January, 1900.



Ordinary

FULTON

County.

NOTE.—The blank spaces must be filled.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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 \_\_\_\_\_

*Wright, Joseph*  
*Huston Co*

CODE SECTION 124.  
(FOR THOSE ALREADY ENROLLED.)

No. *162*

INDIGENT  
SOLDIER'S PENSION  
1902.

Name *Joseph K. Wright*  
County *Fulton*

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

WARRANT ISSUED

*114* 1902.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

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

*W. H. Harrison*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
Fulton County.

Personally appears Joseph Wright 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 \_\_\_\_\_, 1877, that he is 71 years old and  
by occupation a \_\_\_\_\_ that he enlisted in the military service of the Con-  
federate States (or of the State of \_\_\_\_\_) during the war between the  
States, and served for the term of 3 years in Company E, of 6th Regiment  
of \_\_\_\_\_; that his physical condition is as  
follows: Rheumatism & Hernia

that his property consists of the following items

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

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

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 1902.

Ordinary.

STATE OF GEORGIA,  
County.

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

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

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

[L. S.]

CODE SECTION 134.

(FOR THOSE ALREADY ENROLLED.)

No. 58

INDIGENT

**SOLDIER'S PENSION  
1903.**

Name Joseph Wright

County \_\_\_\_\_

Co. E Regiment 26th

Wm

WARRANT ISSUED

120 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Wm

Gen. Election State Printer, Alabama.

*no data*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

of \_\_\_\_\_

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

at \_\_\_\_\_

by \_\_\_\_\_

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

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

[L. S.]

CODE SECTION 134.

(FOR THOSE ALREADY ENROLLED.)

No. 141

INDIGENT

**SOLDIER'S PENSION  
1904.**

Name Joseph Wright

County \_\_\_\_\_

Co. C Regiment 26th

Wm

WARRANT ISSUED

120 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Wm

Gen. Election State Printer, Alabama.

*no data*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears Joseph Wright 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 \_\_\_\_\_, 1857, that he is 72 years old and  
by occupation a \_\_\_\_\_, that he enlisted in the military service of the Con-  
federate States (or of the State of \_\_\_\_\_) during the war between the  
States, and served for the term of 3 yrs in Company E, of 26th Regiment  
of \_\_\_\_\_; 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, \_\_\_\_\_, Ordinary of said County,  
do certify that I am well acquainted with Joseph Wright  
the applicant in the foregoing affidavit, and am well satisfied that the statements made by  
him in his said affidavit are true, and I know 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, 1904.

Attest  
your  
seal  
here

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears Joseph Wright 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 \_\_\_\_\_, 1857, that he is 23 years old and  
by occupation a \_\_\_\_\_, that he enlisted in the military service of the Con-  
federate States (or of the State of \_\_\_\_\_) during the war between the  
States, and served for the term of 3 yrs in Company E, of 26th Regiment  
of \_\_\_\_\_; that his physical condition is as  
follows: Infirmary

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

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

Ordinary

County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1904.

Attest  
your  
seal  
here



Wright Love Nis An  
in Fulton County  
Oct 1914

No. ....

### Widow's Application

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

County Fulton

Name Mrs. Bessie Wright

Widow of Charles T. Wright

Company 36th Ga. Inf.

Approved .....

J. W. LINDSEY,  
Commissioner of Penitentiaries

CHAR. F. BYRD, State Printer, Atlanta.

10/31-1914

# WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Fulton County.

Personally before me comes Mrs Luvania Wright of said County, who, after being duly sworn, on oath says, that she is the widow of Chas B Wright to whom in the County of Fulton State of Ga she was married on the 15 day of Jan 1911 and that she remained his wife, and resided with him to the date of his death in Mar 31 1911 and that she has not since his death remarried. At the time of his death he was a resident of Fulton County, in Ga said State of Georgia, and he was on the Pension Roll of the State and paid a pension of \$ 00 in Fulton County for 10 11 per annum, on account of being a soldier in Company 36th Regiment Ga (Volunteers of State Militia.) Mar 4 1861

At the death of Chas B Wright was in the use and possession of the following property not any

of the cash value of \$ not any

What property of any kind and of any value have you in your use, control and possession now, and the cash value, (State fully) not any

<input checked="" type="checkbox"/>	Acres land	\$
<input checked="" type="checkbox"/>	Horses and Mules	\$
<input checked="" type="checkbox"/>	Hogs, Cows, etc.	\$
<input checked="" type="checkbox"/>	Total Cash value of all property	\$

That she is now a bona fide resident citizen of said County of Fulton and she has so continuously resided since 1911 day of Aug 11 1911

Sworn to and subscribed before me, this the 11 day of Aug 1911 John C. Williams Ordinary, of Fulton County.

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

STATE OF GEORGIA,

Fulton County.

Personally before me come John C. Williams and J. M. E. Williams known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs Luvania Wright who made the foregoing affidavit, is the lawful widow of Chas B Wright who died in Fulton County in said State of Ga on the 31 day of Mar 1911 and that she has not since remarried. That she became the wife of Chas B Wright in the Jan 5 day of 1857 and that she and he had resided together as man and wife continuously since Jan 5 day of 1857 and that the Guest was the same man who was on the pension roll of said State Georgia from Fulton County Mar 3 1861 when he died.

Sworn to and subscribed before me, this the 11 day of Aug 1911 John C. Williams Ordinary, of Fulton County.

## Widow's Application

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

County Fulton

Name Luvania Wright

Widow of Chas B Wright

Company 36th Ga Inf

Approved

J. W. LINDSEY,  
Commissioner of Pensions

CHAR. P. BYRD, State Printer, Atlanta.

## AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,

County.

Personally before me comes J. J. Echols & J. P. Lawhorn who after being sworn on oath says, that they are freeholders of said County, and that they know Charles T. Wright said County and knew her said husband Charles T. Wright at his death on the 31st day of March 1914 that she and he were in the use, possession and control of the following property at his death to wit: None

of the value of \$..... That she is now in the use, possession and control of the following property to wit: None

of the value of \$.....

Sworn to and subscribed before me, this the

11 day of Aug 1914

John P. Wilkinson Ordinary,

of Fulton County.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton

County.

John P. Wilkinson Ordinary of said County, do certify, that, I know Mrs. C. T. Wright the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the

11th day of Aug 1914

That I also know J. J. Lawhorn witness as to marriage and I also know J. J. Lawhorn who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of Fulton County shows that she returned property to the amount of None for 1908 \$ None for 1909 \$ None for 1910 \$ None

Sworn under my hand and official seal of office this 30th day of Oct 1914

(SEAL.)

John P. Wilkinson Ordinary.

Fulton County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

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

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

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

Executed in presence of

[L. S.]

Wright, Mary E.  
Fulton County  
TO THOSE HERETOFORE PAID.

1904.

No. 970

INDIGENT  
WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs. Mary E. Wright  
or Forryete  
Fulton from County,  
Widow of William  
Co. 4th Regiment.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED

2/2 1904,  
AND HANDED TO  
aff

Geo. W. Harrison, State Printer, Atlanta.



# FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 2.

STATE OF GEORGIA,

County of Fulton

PERSONALLY COMES MRS.

Mary E Wright

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

continuously ever since 30 years That she is the Widow of

Wm Wright

who was a soldier in Company

of the

Regiment of Ga

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

186 and served in the Army up to 186

That he died

on the

day of

Feb

1863

Typhoid Fever and Rheumatism

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1855

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

Sworn to and subscribed before me,

this 2nd day of Feb 1904.

Mary E Wright  
munt

Post Office.

Ordinary.

State of Georgia,

Fulton

County.

John R Wilkinson Ordinary of said County; certify that I am well

acquainted with Mrs. Mary E Wright who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of 30 years 18

Given under my official signature and seal, this the 2nd day of Feb 1904.



John R Wilkinson

Ordinary of

Fulton

County

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1904.

Georgia, *Horroby* County.

I the undersigned do certify that *Mrs Mary E. Wright* now of the  
County *Franklin* is the same person who as *An Indigent*  
pensioner was on the pension rolls of this county, and drew a pension of *Sixty* dollars  
for 1900, and the bearer is same man.

Given under my hand and official seal of office *Jan'y 30*

190*4*

*H. V. Jones*

[L. S.]

SEAL

No. 22

APPLICATION FOR

Leg

FOR CONFEDERATE SOLDIER.

Applicant... W. A. Wright

County... Fulton

Limb... Leg above Knee

Amount... \$100

Date of Warrant... Oct 28<sup>th</sup> 1869

Page.....

G. C. 31 R. 45

E. 1952

# STATE OF GEORGIA.

County.)

Personally appeared before me W. H. Wright of the county of Wilkes State of Georgia, who, being duly sworn, deposes and says that he was on the 20th day of September, 1879, a bona fide resident of this State; that he enlisted in the military service of the Confederate States, or of this State, as a Private in Company "C" 3rd Regt. Georgia Volunteers that while engaged in such military service, to wit: at the battle or engagement of Chickamauga in the State of Georgia on the 20th day of September 1862, he was wounded in the left arm and that the same was amputated above the elbow that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th, 1870; that he has not supplied himself with an artificial leg or that, not having done so, he prefers to supply himself with an artificial leg.

Sworn to and subscribed before me this 20th day of October 1879 John P. Jones before some officer authorized to administer oaths, a Judge of the Superior or County Court, or the Superior Court, or Ordinary.

## COMMISSIONED OFFICER'S AFFIDAVIT.

# STATE OF GEORGIA,

County.)

Personally came before me John P. Jones of the county of Wilkes State of Georgia, who, being duly sworn, deposes and says that he was W. H. Wright Private in Company "C" 3rd Regt. Georgia and that W. H. Wright the above deponent, was a Private in said Company and that this deponent knows that said W. H. Wright lost a leg in the military service as said in the above affidavit.

Sworn to and subscribed before me this 20th day of October 1879 John P. Jones before some officer authorized to administer oaths, a Judge of the Superior or County Court, or the Superior Court, or Ordinary.

## APPLICATION FOR

FOR CONFEDERATE SOLDIER.

Applicant W. H. Wright

County Wilkes

Limb leg above knee

Amount \$100

Date of Warrant Oct 28 1879

Page 1

1131 Regt



## AN ACT

To carry into effect the last clause of Paragraph 1, Section 1, Article 2 of the Constitution of 1877:

SECTION 1. Be it enacted by the General Assembly of the State of Georgia, That any person now a bona fide resident of this State, who enlisted in the military service of the Confederate States, or of this State; who, while engaged in said military service, lost a limb or limbs, may furnish to the Governor of this State proof that such applicant has supplied himself with such needful artificial limb or limbs, and the Governor, on reception of such proof, is hereby authorized to draw his warrant on the Treasurer of this State in favor of such applicant for either amount hereinafter mentioned, to wit: For a leg extending above the knee, one hundred dollars; for a leg not extending above the knee, seventy-five dollars; for an arm extending above the elbow, sixty dollars; for an arm not extending above the elbow, forty dollars: Provided the said amounts of money may be allowed to any one entitled to the benefits of this Act who may prefer to supply himself with the said artificial limb.

SEC. II. Be it further enacted by the said authority, That such application shall contain proof of such applicants being entitled to the benefits of this act, and shall further state whether arm or leg has been supplied. If an arm, whether extending above the elbow or not, if a leg, whether extending above the knee or not, and the Governor shall decide the sufficiency of the proof submitted.

SEC. III. Be it further enacted by the said authority, That no applicant shall receive the sum allowed under this Act oftener than once in five years.

SEC. IV. Be it further enacted by the authority aforesaid, That all laws and parts of laws in conflict with this Act be and the same are hereby repealed.

HENRY R. GORTCHUS,  
Secretary House Representatives.  
WM. A. HARRIS,  
Secretary Senate.  
Approved, September 9th, 1879.

A. O. BACON,  
Speaker House Representatives.  
RUFUS E. LUSTEN,  
President Senate.  
ALFRED H. COLQUITT, Governor.

STATE OF GEORGIA,

County.

Personally came.....

who, being duly sworn, depose and say they are acquainted with.....  
.....and know that he lost a .....in the military service during the late war;  
that said .....was amputated.....; that he is a bona fide  
citizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.  
Sworn to and subscribed before me this.....  
.....day of.....18.....

STATE OF GEORGIA,

County,

I, *Orville Pittman*, Ordinary of *Fulton* county, do certify that I am well acquainted with *William A. Wright* the applicant for a *leg*, and am well satisfied that the facts stated by him in the foregoing affidavit are true, and that I am well acquainted with *late Major of the 30th Co. Resident* the citizen who make these affidavits, that they are respectable citizens of this county, and that the facts stated by them are true.

Given under my hand and official seal, this *27th* day of *October*, 18*79*.

*Orville Pittman*  
Fulton Co.

# 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 physicians, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.

2. The law makes no allowance for an arm or a leg, unless the arm or leg has been rendered substantially and essentially useless.

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

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

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

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

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

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

### STATE OF GEORGIA,

*Fulton* County,

PERSONALLY appears *Wm. A. Migh* of *Fulton* county, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the *19th* day of *Jan'y* *1844*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *VT* of *3rd* Regiment of *4th* *Volunteers* *Wright's* Brigade; that whilst engaged in such military service, at the battle of *Manassas* in the State of *Va* on the *30* day of *August* *1862*, he was wounded as follows: *Right arm gunshot wound and leg amputated above knee.*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved December 24, 1888, and makes application for the allowance to which he is entitled for the year thereunder ending October 26, 1889.

Sworn to and subscribed before me, this the

*4th* day of *April* *1889*

*W. L. Cochran,*

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

### Commissioned Officer's Affidavit.

### STATE OF GEORGIA,

*Fulton* County,

PERSONALLY came before me *Jno Milledge* of the county of *Fulton* State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company *of Milledge* Regiment of *1st* *Volunteers*, and that deponent knows *Wm. A. Migh*, 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 *Wm. A. Migh* as stated by him in said affidavit. Deponent further states that said *Wm. A. Migh* is a bona fide citizen of this State and resides in *Fulton* county.

*Edgar H. Orr,*

*JP Fulton Co. Ga.*

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

*Wright, William M.*

*Fulton*

No. *1823*

### APPLICATION FOR ALLOWANCE

FOR

*Wm. A. Migh*

*Fulton*

*Amount 1000*

*Date of Warrant 10/1*

*Entered on Record*

*1889*

*W. H. H.*

SECRETARY EXECUTIVE DEPARTMENT.

*Applicant*

STATE OF GEORGIA,

County. }

PERSONALLY came

citizens of

county, in said State,

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

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

Sworn to and subscribed before me, this  
day of 188

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

STATE OF GEORGIA,

County. }

PERSONALLY comes before me

Ordinary of said county,

and

both known to

me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined and after such examination say that the applicant has been injured as follows:

Sworn to and subscribed before me, this

day of 188

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

STATE OF GEORGIA,

Fulton

County. }

I, W. L. Calhoun

Ordinary of said county,

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

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

Given under my official signature and seal, this 4<sup>th</sup> day of April 1889  
W. L. Calhoun  
Ordinary Fulton County.

### POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

Know all Men by these Presents, That I,

of

county, in said State, do hereby appoint

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

In witness whereof I have hereunto set my hand and seal, this  
day of 188

Executed in the presence of us:

(L.S.)



STATE OF GEORGIA,

*Fulton* County.

I, *W. L. Calhoun*

Ordinary of said county,

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

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

Given under my official signature and seal, this *10* day of *Feb.* 189*0*

*W. L. Calhoun*

Ordinary

*Fulton*

County.

STATE OF GEORGIA,

*Fulton* County.

I, *W. L. Calhoun*

Ordinary of said County,

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

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

Given under my official signature and seal, this *17* day of *March* 189*1*.

*W. L. Calhoun*

Ordinary

*Fulton*

County.

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1890.

No. *792*

*Loss of day*

Applicant *W. L. Wright*

County, *Fulton*

Amount, *100*

Date of warrant *Feb. 10*

Entered on record

*Feb. 10* 189*0*

*W. L. Wright*

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

*Applicant*

STATE OF GEORGIA

STATE OF GEORGIA

*Wright, W. A.*

1891.

*Fulton Co*

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

No. *978*

*Loss of day*

Applicant *W. L. Wright*

County, *Fulton*

Amount, *100*

Date of Warrant *Feb. 10*

Entered on record *Feb. 10* 189*1*

*W. L. Wright*

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

*Applicant*

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



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County.

PERSONALLY appears *Wm A Mink* of *Fulton* county,

State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the *19* day of

*Jan* 18*44* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *X*, of *3rd* Regiment of *4th* Volunteers *Wright's* Brigade; that whilst engaged

in such military service, at the battle of *Second Manassas* in the State of *Va*, on the *30* day of *August*, 1862, he was wounded as follows: *in right knee and leg amputated*

*about knee*

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

Sworn to and subscribed before me, this the

*10* day of *Feb*, 1891

*Wm A Mink*

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

## POWER OF ATTORNEY.

STATE OF GEORGIA

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

county, in said State, do hereby appoint

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

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

day of \_\_\_\_\_, 1891

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County.

PERSONALLY appears *Wm A Mink* of *Fulton* 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 *19th* day of

*Jan* 18*44*; that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served as a *First as a Private* in Company *X*, of *8th* Regiment of *4th* Volunteers *Wright's* Brigade; that whilst engaged

in such military service at the battle of *Second Manassas* in the State of *Va*, on the *30* day of *August*, 1862, he was wounded as follows: *in the right knee and the right leg was amputated about the knee*

*on the 30th day of August 1862*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of *100* dollars, for *loss of leg*

Sworn to and subscribed before me, this, the

*17* day of *March*, 1891.

*Logan B. Blevins*

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of \_\_\_\_\_ County, State of Georgia, do hereby appoint

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

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

day of \_\_\_\_\_, 1891.

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

# STATE OF GEORGIA.

*Fulton* County.

I, *W. S. Salmon*, Ordinary of said county,

do certify that I am well acquainted with *W. S. Salmon* 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 *11th* day of *Nov* 1892

*W. S. Salmon*

Ordinary

*Fulton*

County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I

of \_\_\_\_\_ County, State of Georgia, do hereby appoint

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

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

\_\_\_\_\_ day of \_\_\_\_\_ 1893.

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by:

\_\_\_\_\_ to \_\_\_\_\_ P. O. \_\_\_\_\_ County, Georgia.

*Fulton Co*  
*Wright, William A.*  
*26.2.594*

## SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name *W. A. Wright*

County *Fulton*

Disability *Loss of leg.*

Amount, \$ *100*

Entered on record *Mar 16* 1892.

W. H. HARRISON,

Secretary of Revenue Department.

AGENT.

*Applieant*

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

*Wright, William A.*

*Fulton Co*

1893.

## Application for Allowance

No. *1284*

For the Year Ending October 31, 1892.

*Sam of Lee*

Applicant, *W. A. Wright*

County *Fulton*

Amount, *100*

Date of Warrant,

Entered on record, *24/1*

1893.

*clerk*

Secretary Executive Department.

WARRANT HANDED TO

*Applieant*

Geo. W. Harrison, State Printer, Atlanta.

*W. A. Wright*

STATE OF GEORGIA.  
FOR APPLICANTS HEREFORE ALLOWED PENSIONS.

STATE OF GEORGIA.  
FOR APPLICANTS HEREFORE ALLOWED PENSIONS.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Gulton* County.

PERSONALLY appears

of *Gulton* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously since the *1st* day of *Jan* 18*44*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *1st* of *1st* Regiment of *Volunteers* Brigade; that whilst engaged in such military service at the battle of *2nd Manassas* in the State of *Virginia* on the *30th* day of *Sept* 1862 he was wounded as follows: *See the man*

*and right leg amputated*

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

*One hundred* Dollars for *the care of a leg*

Sworn to and subscribed before me this *10th* day of *March* 1892.

*W. L. Gulton* Ordinary.

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

*Gulton* County.

Know all Men by these Presents, That I,

of

County, in said State, do hereby appoint

of *me* and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of 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 *10th* day of *March* 1892.

Executed in the presence of us:

[L. S.]

## DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Gulton* County.

PERSONALLY appears

*Wm. L. Gulton* of *Gulton* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *19th* day of *January* 18*44*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *1st* of *1st* Regiment of *Volunteers* Brigade; that whilst engaged in such military service at the battle of *2nd Manassas* in the State of *Virginia* on the *30th* day of *Sept* 1862, he was wounded as follows: *See the man*

*and right leg amputated*

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

*One hundred* dollars, for *1892*

Sworn to and subscribed before me, this, the

*31st* day of *March* 1892.

*W. L. Gulton* Ordinary.

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

STATE OF GEORGIA,

*Gulton* County.

I, *W. L. Gulton*

Ordinary of said County,

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

I further certify that

before whom the foregoing affidavits were made and power of attorney was signed, is a *Resident* of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *31st* day of *March* 1892.

Ordinary

County.



# POWER OF ATTORNEY.

STATE OF GEORGIA, }  
COUNTY. }

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

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

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

[L. S.]

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

## DIRECTIONS.

Send money to me as follows, by \_\_\_\_\_ to \_\_\_\_\_ P. O. \_\_\_\_\_ County, Georgia.

**Soldier's Pension.**

**1894.**

Name *Wm. A. Wright*  
County *Fulton*  
Disability *Loss of leg*  
Amount, \$ *100*  
*2/24*

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

*applicant*

W. Harrison, State Printer, Atlanta.

**Soldier's Pension.**

**1894.**

Name *Wm. A. Wright*  
County *Fulton*  
Disability *Loss of leg*  
Amount, \$ *100*  
*2/24*

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

*app.*

W. Harrison, State Printer, Atlanta.

# POWER OF ATTORNEY.

STATE OF GEORGIA, }  
COUNTY. }

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

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

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

[L. S.]

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

## DIRECTIONS.

Send money to me as follows, by \_\_\_\_\_ to \_\_\_\_\_ P. O. \_\_\_\_\_ County, Georgia.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Fulton

County.

PERSONALLY appears Wm A Migh 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 19 day of Jan. 1844; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company 1st, of 3rd Regiment of Georgia Volunteers Wright's Brigade; that whilst engaged in such military service at the battle of Batond Manassas in the State of Virginia on the 30th day of August 1862, he was wounded as follows: in right knee and leg amputated about the knee on the day following -

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of One hundred dollars, for the year 1893

Sworn to and subscribed before me, this, the

24 day of March 1894.

Logan Bleckley  
N. P. Fulton, S. G.

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

STATE OF GEORGIA.

Fulton

County.

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

Given under my official signature and seal, this

day of March 1894.



W. L. Bealham

Ordinary Fulton County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Fulton

County.

PERSONALLY appears Wm A Migh 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 19 day of January 1844; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company 1st, of 3rd Regiment of Georgia Volunteers Wright's Brigade; that whilst engaged in such military service at the battle of Batond Manassas in the State of Virginia on the 30 day of August 1862, he was wounded as follows: in right knee and leg amputated about the knee -

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of One hundred dollars, for the year 1893

Sworn to and subscribed before me, this, the

24th day of March 1894.

Logan Bleckley, D. C. C. L.

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

STATE OF GEORGIA.

Fulton

County.

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

Given under my official signature and seal, this

day of March 1894.



W. L. Bealham

Ordinary Fulton County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

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

at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1896.

[L. S.]

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

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

at \_\_\_\_\_

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

[L. S.]

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

Wright, William A.  
No. 375  
ACT OF SECT. 1896.  
(For Those Already Enrolled.)

**SOLDIER'S PENSION.**

**1896.**

Name W. A. Wright  
County Fulton  
Disability Loss Leg  
Amount, \$ 100  
29 Feb 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

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

No date

Wright, William A.  
No. 49  
ACT OF SECT. 1897.  
(For Those Already Enrolled.)

**INVALID**

**SOLDIER'S PENSION.**

**1897.**

Name W. A. Wright  
County Fulton  
Disability Leg  
Amount, \$ 100  
2/12 1897

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

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

No date

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears Wm S Migh 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 19 day of Jan. 1844; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company K, of 3<sup>rd</sup> Regiment of Volunteers, Wm S Migh's Brigade; that whilst engaged in such military service in the State of Va, on the 30<sup>th</sup> day of August 1862, he was wounded, injured or diseased as follows:

Was wounded by a rifle ball and leg (right) amputated above the knee

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of Fulton county been allowed a pension of one hundred dollars, for the year 1895.

Sworn to and subscribed before me, this, the

19<sup>th</sup> day of February, 1896.

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

Given under my official signature and seal, this 19<sup>th</sup> day of February 1896.



Wm S Migh

Ordinary

Fulton

County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears Wm S Migh 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 19 day of Jan. 1844; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company K, of 3<sup>rd</sup> Regiment of Volunteers, Wm S Migh's Brigade; that whilst engaged in such military service in the State of Va, on the 30<sup>th</sup> day of August 1862, he was wounded, injured or diseased as follows:

Was wounded in right knee and leg amputated on the 31<sup>st</sup> of Aug. 1862 above the knee

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

Sworn to and subscribed before me, this, the

12 day of February, 1897.

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

Given under my official signature and seal, this 12<sup>th</sup> day of February 1897.



Wm S Migh

Ordinary

Fulton

County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

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

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

[L. S.]

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

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

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

[L. S.]

ACT OF OCT. 1887.

(For Those Already Enrolled.)

No. 2328

INVALID

SOLDIER'S PENSION.

1898.

Name

*Mr. Wright*

County

*Fulton*

Disability

*Long leg*

Amount, \$

*100 and*

*2/18*

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

*Applet*

Geo. W. Harrison, State Printer, Atlanta.

*No later*

CODE SECTION 124.

(For Those Already Enrolled.)

No. 11324

INVALID

SOLDIER'S PENSION.

1898.

Name

*Mr. Wright*

County

*Fulton*

Disability

*Long leg*

Amount, \$

*100*

*2/18*

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

*Applet*

Geo. W. Harrison, State Printer, Atlanta.

*No later*



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears Wm A Migh 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 19 day of January 1844 that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company K of 3rd Regiment of Volunteers, 1st Brigade; that whilst engaged in such military service in the State of Virginia on the 30 day of August 1862, he was wounded, injured or diseased as follows:

Shot in right leg and amputated above the knee—

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of Fulton county been allowed an invalid pension of One Hundred Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 17 day of July 1898. Wm A Migh POST-OFFICE

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

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this 17th day of July 1898.

Wm A Hickley  
Ordinary Fulton County.

AMK  
your  
seal  
here.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears Wm A Migh 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 19 day of Jan 1844; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company K of 3rd Regiment of Volunteers, 1st Brigade; that whilst engaged in such military service in the State of Virginia on the 30 day of August 1862, he was wounded, injured or diseased as follows:

Wounded in right knee and leg amputated above the knee—

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of One Hundred Dollars, for the year 1899.

Sworn to and subscribed before me, this, the 6th day of March 1900. Wm A Migh POST OFFICE

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

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this 6th day of March 1899.

Wm A Hickley  
Ordinary Fulton County.

AMK  
your  
seal  
here.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1899.

[L. S.]

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

(For Those Already Enrolled.)

No. 1943

INVALID

SOLDIER'S PENSION.

1899.

Name Amos Wright

County Fuller

Disability

Amount, \$ 100

1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

Amos

U.S. W. HARRISON, STATE PRINTER, ATLANTA.

Wright, William A.  
26 Fulton County

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1901.

[L. S.]

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

(For Those Already Enrolled.)

No. 2302

DISABLED

SOLDIER'S PENSION.

1901.

Name W. A. Wright

County Fuller

Disability

Amount, \$ 100 00

1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Amos

U.S. W. HARRISON, STATE PRINTER, ATLANTA.

W. A. Wright



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County.

Personally appears *H. A. Knight* 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 *19th* day of *Jan* 18*44*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*), during the war between the States, and served as a *Private & Lieutenant* Company *1* of *3rd* Regiment of *Gen. Hughton* Volunteers, *Staff* *Co*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *30th* day of *Aug* 18*62*, he was wounded, injured or diseased as follows:

*Loss of right leg above the knee*

Deponent makes application for the pension to which he is entitled for the year ending October 30th, 1899. I have heretofore under said law as a resident of *Fulton* County been allowed an invalid pension of *\$100* Dollars, for the year 1898.

Sworn to and subscribed before me, this, the *11th* day of *May* 1899. POST OFFICE

*Wm A Migha*

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

STATE OF GEORGIA,

*Fulton* County.

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

Given under my official signature and seal, this *11th* day of *May* 1899.

Ordinary *Fulton* County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County.

Personally appears *Wm A Migha* 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 *19th* day of *Jan* 18*44*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* *Amherst* *hundred* *Co* Company *1* of *3rd* Regiment of *Volunteers* *Wright*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *30th* day of *Aug* 18*62*, he was wounded, injured or diseased as follows:

*in right knee and leg amputated on 31st Aug 1862*

Deponent makes application for the pension to which he is entitled for year ending October 30th, 1901. I have heretofore under said law as a resident of *Fulton* County been allowed an invalid pension of *One Hundred* Dollars, for the year 1900.

Sworn to and subscribed before me, this the *7th* day of *May* 1901. Postoffice

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

STATE OF GEORGIA,

*Fulton* County.

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

Given under my official signature and seal, this *7th* day of *May* 1901.

Ordinary *Fulton* County.



# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

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

[L. S.]

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

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

[L. S.]

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

*Wright, William A.*  
*Fulton Co.*

(FOR THOSE ALREADY ENROLLED.)

No. *2668*

DISABLED

SOLDIER'S PENSION

1902.

Name *W. A. Wright*

County *Fulton*

Co. *H. Regiment 3. 42*

Disability

Amount, \$ *1.00*

1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*W. A.*

Geo. W. Harrison, State Printer, Atlanta.

*No date*

*Wright, William A.*  
*Fulton County*

(FOR THOSE ALREADY ENROLLED.)

No. *2434*

DISABLED

SOLDIER'S PENSION

1903.

Name *W. A. Wright*

County *Fulton*

Co. *H. 3rd Regiment*

Disability *Low right leg*

Amount, \$ *100.00*

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*Applicant*

Geo. W. Harrison, State Printer, Atlanta.

*No date*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Co C 3rd Regt Ga

Personally appears Wm A Wright 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 17 day of Jan 1844; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company 1st of 3rd Regiment of Volunteers, Wright's Brigade; that whilst engaged in such military service in the State of Georgia, on the 30 day of August 1862, he was wounded, injured or diseased as follows:

Wounded at Second Battle of Manassas in right knee and leg amputated above knee on the 31st of Aug. 1862

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of Fulton County, been allowed an invalid pension of One Hundred Dollars, for the year 1901.

Sworn to and subscribed before me, this the 13 day of Feb 1902. } Post-office Atlanta Ga

Wm A Wright }  
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 the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feb 1902.

Ordinary Fulton County.

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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears, Wm A Wright 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 19 day of Jan 1844; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a 1st Lt in Company 1st of 3rd Regiment of Volunteers, Wright's Brigade; that whilst engaged in such military service in the State of Georgia, on the 30 day of August 1862, he was wounded, injured or diseased as follows:

Last right leg Aug 31st 1862

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of Fulton County, been allowed an invalid pension of One Hundred Dollars, for the year 1902.

Sworn to and subscribed before me, this the 13 day of Feb 1903. } Post-office Atlanta Ga

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

STATE OF GEORGIA,

Fulton County.

I, John R Wilkinson Ordinary of said County, do certify that I am well acquainted with Wm A Wright the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feb 1903.

Ordinary Fulton County.

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



## POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

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

[L. S.]

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

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

[L. S.]

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

*Fulton County*  
COLE SERIES 1250.  
(FOR THOSE ALREADY ENROLLED.)

No. 507

DISABLED

SOLDIER'S PENSION

1904.

Name *Wm. Wright*

County *Fulton*

Co. *B 3rd Regiment*

Disability *Wright's leg*

Amount, \$

*1700*

1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*Wm. Wright*

Geo. W. Hoffman, State Printer, Atlanta.

*no data*

*Wright, William A*  
*Fulton County*  
COLE SERIES 1250.  
(FOR THOSE ALREADY ENROLLED.)

No. 2530

DISABLED

SOLDIER'S PENSION

1905.

Name *Wm. Wright*

County *Fulton*

Co. *B 3rd Regiment*

Disability *Wright's leg*

Amount, \$ *100*

*2/25* 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*Wm. Wright*

Geo. W. Hoffman, State Printer, Atlanta.

*no data*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears

*Wm A Wright*

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 *17* day of *Jan* 18*44*, that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served as a *Private* in Company *K*, of *32nd* Regiment of *Volunteers* *Wright's* Brigade; that whilst engaged in such military service in the State of *Fla*, on the *30* day of *Aug* 186*2*, he was wounded, injured or diseased as follows:

*Shot in right leg and said leg amputated*  
*Shot right leg Aug 31, 1862*

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1904. I have heretofore, under said law, as a resident of *Fulton* County, been allowed an invalid pension of *One hundred* Dollars, for the year 1903.

Sworn to and subscribed before me, this the *27* day of *Feb* 1904.

*Wm A Wright*  
Post-office *Atlanta*

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

STATE OF GEORGIA,

Fulton County.

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

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

Given under my official signature and seal, this *JAN 21 1904* day of \_\_\_\_\_ 1904.

*John R. Wilkinson*  
Ordinary \_\_\_\_\_ County.

NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January, 1, 1904.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton County.

Personally appears

*Wm A Wright* 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 *19* day of *Jan* 18*44*, that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served as a *Private* in Company *K*, of *32nd* Regiment of *Volunteers* *Wright's* Brigade; that whilst engaged in such military service in the State of *Virginia*, on the *30* day of *Aug* 186*2*, he was wounded, injured or diseased as follows:

*Shot in right leg and said leg amputated*  
*above the knee*

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1905. I have heretofore, under said law, as a resident of *Fulton* County, been allowed an invalid pension of *One hundred* Dollars, for the year 1904.

Sworn to and subscribed before me, this the *27* day of *Feb* 1905.

*Wm A Wright*  
Post-office *Atlanta*

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

State of Georgia,

County.

I, \_\_\_\_\_ Ordinary of said County,

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

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

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

NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All 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

by \_\_\_\_\_

at \_\_\_\_\_

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

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

[L. S.]

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

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

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

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

[L. S.]

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

Coast Section 1260.  
(FOR THOSE ALREADY ENROLLED.)

No. 443

DISABLED  
SOLDIER'S PENSION  
1906.

Name

County

Co.

Disability

Amount, \$ 100

123 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

The Pensioner's Name and Address Co., City, W. Washington, Md.

no date

Wright, William A.  
Fulton Co.

Coast Section 1260.  
(FOR THOSE ALREADY ENROLLED.)

No. 1324

DISABLED  
SOLDIER'S PENSION  
1907.

Name

County

Co.

Disability

Amount, \$ 100

147 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

The Pensioner's Name and Address Co., City, W. Washington, Md.

no date

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton County.

Personally appears Wm R M Galt 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 19 day of Jan 1844; that he enlisted in the military service of the Confederate States, (or of the State of Ga) during the war between the States, and served as a private in Company H, of 3rd Regiment of Ga Volunteers Wright's Brigade; that whilst engaged in such military service in the State of Virginia, on the 30 day of August 1862, he was wounded, injured or diseased as follows:

Wounded in right knee and leg amputated above knee on 31st Aug 1862

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of Fulton County, been allowed an invalid pension of one Dollars, for the year 1905.

Sworn to and subscribed before me, this the

23 day of Jan, 1907.

W. H. Galt

Post-Office Plant

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

State of Georgia,

Fulton County.

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

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

Given under my official signature and seal, this 23rd

day of January, 1907.

John R. Wilkinson  
Ordinary Fulton County.

Note.—Fill all blanks and of Company and Regiment.  
Note.—All vouchers and affidavits must bear date after January 1st, 1907.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton County.

Personally appears Wm R M Galt 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 19 day of Jan 1844; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a private in Company H, of 3rd Regiment of Ga Volunteers Wright's Brigade; that whilst engaged in such military service in the State of Virginia, on the 30 day of August 1862, he was wounded, injured or diseased as follows:

In right knee and leg amputated above knee

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of Fulton County, been allowed an invalid pension of one hundred Dollars, for the year 1906.

Sworn to and subscribed before me, this the

day of Jan, 1907.

W. H. Galt

Postoffice Plant

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

Given under my official signature and seal this

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

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

Note.—Fill all blanks and of Company and Regiment.  
Note.—All vouchers and affidavits must bear date after January 1st, 1907.

# CERTIFICATE OF ORDINARY

STATE OF GEORGIA, Fulton County.

I, Thos H. Jeffries, Ordinary of said County, do certify that I personally know Miss Mary L. Wright the applicant, and that she is the lawful widow of Wm. A. Wright, who was on the Pension Roll of said Fulton County, and was paid a Pension from Fulton County for 1929, and at the time of his death on the 13 day of Sept, 1929, there was due to him and unpaid his Pension of \_\_\_\_\_ Dollars from the State of Georgia, and I know Miss Fanny Boy, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 29 of Nov., 1929

(Seal of Ordinary)

Thos H. Jeffries Ordinary  
Fulton County

# CERTIFICATE OF ORDINARY

STATE OF GEORGIA, Fulton County.

I, Thos H. Jeffries, Ordinary of said County, do certify that I personally know Miss Mary L. Wright the applicant, and that she is the lawful widow of Wm. A. Wright, who was on the Pension Roll of said Fulton County, and was paid a Pension from Fulton County for 1929, and at the time of his death on the 13 day of Sept, 1929, there was due to him and unpaid his Pension of \_\_\_\_\_ Dollars from the State of Georgia, and I know Miss Fanny Boy, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 3 of Dec., 1929

(Seal of Ordinary)

Thos H. Jeffries Ordinary  
Fulton County

WRIGHT, WM. A.  
CHILD WATER 1929

Fulton County

1924

Application for Pension  
Due Deceased Soldier

(UNDER ACT 1891)

(To be paid to his Widow)

BY

Mrs. Miss Mary L. Wright  
Widow of Wm. A. Wright  
Date of Marriage Nov. 19. 1885  
Date of Death Sept 13 1929

Approved and ordered paid.

Dec 9 1929 R. def. Lawrence  
Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Department for approval before you pay out the money, and then return it with your pay-rolls for permanent filing in the Pension Department.

32

WRIGHT, WM. A.  
CHILD WATER 1929

Fulton County

1924

Application for Pension  
Due Deceased Soldier

(UNDER ACT 1891)

(To be paid to his Widow)

BY

Mrs. Miss Mary L. Wright  
Widow of Wm. A. Wright  
Date of Marriage Sept 13-1929  
Date of Death Nov. 19. 1885

Approved and ordered paid.

Dec 16 1929 R. def. Lawrence  
Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Department for approval before you pay out the money, and then return it with your pay-rolls for permanent filing in the Pension Department.

32



# 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. Mrs. Mary L. Wright of said County, who after being duly sworn, on oath says that she is the widow of

William A. Wright

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 2nd Quarter, 192 9, and that the said Pensioner died in Fulton County on the 13th day of September, 192 9.

Applicant further swears that she married the said William A. Wright on the 19th day of Nov, 1885, in Richmond County and State of Georgia, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the 3rd Qr. Pension, 192 9 due and unpaid be paid to her.

Sworn to and subscribed before me this 29th day of November, 192 9

Fulton County

(Seal of Ordinary)

## AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Fulton County.

Personally before me comes Miss Fanny Cox, who on oath says that he knew William A. Wright while in life and that he knows Mrs. Mary L. Wright, the above applicant; and knows that the said William A. Wright and Mrs. Mary L. Wright were in due form of law married in the County of Richmond in the State of Georgia on the 19th day of November, 1885, and that they were residing together as husband and wife at the time of his death on the 13th day of September, 19 29, and that she is his dependent widow.

Sworn to and subscribed before me this 29th day of November, 192 9

Fulton County

(Seal of Ordinary)

### INSTRUCTIONS:

- 1st. Proof of marriage must be made.
- 2nd. Do not use the enormously 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 filled in, and see that everything is fully and correctly completed, and the seals affixed, and that back of application, when folded, is filled 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 to the Pension Department.
- 6th. The widow or person holding her proper power-of-attorney receipt for this pension by signing name, as widow, opposite the name of husband on the back of application.
- 7th. Only the one pension is covered by this application. Take another application, on the white blank, to admit widow to roll 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. Mrs. Mary L. Wright of said County, who after being duly sworn, on oath says that she is the widow of

William A. Wright

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 2nd Quarter, 192 9, and that the said Pensioner died in Fulton County on the 13th day of September, 192 9.

Applicant further swears that she married the said William A. Wright on the 19th day of Nov, 1885, in Richmond County and State of Georgia, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the 4th Qr. Pension, 192 9 due and unpaid be paid to her.

Sworn to and subscribed before me this 29th day of November, 192 9

Fulton County

(Seal of Ordinary)

## AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Fulton County.

Personally before me comes Miss Fanny Cox, who on oath says that he knew William A. Wright while in life and that he knows Mrs. Mary L. Wright, the above applicant; and knows that the said William A. Wright and Mrs. Mary L. Wright were in due form of law married in the County of Richmond in the State of Georgia on the 19th day of November, 1885, and that they were residing together as husband and wife at the time of his death on the 13th day of September, 19 29, and that she is his dependent widow.

Sworn to and subscribed before me this 29th day of November, 192 9

Fulton County

(Seal of Ordinary)

### INSTRUCTIONS:

- 1st. Proof of marriage must be made.
- 2nd. Do not use the enormously 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 filled in, and see that everything is fully and correctly completed, and the seals affixed, and that back of application, when folded, is filled 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 to the Pension Department.
- 6th. The widow or person holding her proper power-of-attorney receipt for this pension by signing name, as widow, opposite the name of husband on the back of application.
- 7th. Only the one pension is covered by this application. Take another application, on the white blank, to admit widow to roll in her own right.

Audited April 8<sup>th</sup> 1889.  
Wm. S. Migher  
COMPTROLLER GENERAL.

Fuelton

Maimed Soldiers.

Voucher No. 1823  
Amount, \$ 100  
Paid to H. M. Wright  
For Loss of Right  
Leg  
April 6 1889.

Included in Warrant No.  
issued to Treasurer.

1889.

WARRANT CLERK.

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

Applicant.

Audited Feb. 11 1890  
Wm. S. Migher  
COMPTROLLER GENERAL.

Maimed Soldiers.

Voucher No. 792  
Amount \$ 100  
Paid to H. A. Knight  
For Loss of  
Leg  
July 10 1890.

Included in warrant No.  
issued to Treasurer.

18

WARRANT CLERK.

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

H. A. W.



No. 1823

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

Atlanta, Ga. April 6 1889.

Mr. William A. Wright of the County  
of Fulton having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Act,  
Dec. 24, 1883, and the same having been allowed for

Loss of leg  
He is entitled to receive the sum of One Hundred & 00/ Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor,

J. B. Gordon  
GOVERNOR.

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred & 00/ Dollars,  
per above voucher, this 6 of April 1889.

Wm. A. Wright

No. 792

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feb 10 1890

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

Loss of leg  
He is entitled to receive the sum of One Hundred Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1890

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

By the Governor,

J. B. Gordon  
GOVERNOR.

CLERK EXECUTIVE DEPARTMENT.

\$ 100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred & 00/ Dollars,  
per above voucher, this 10 of Feb 1890

Wm. A. Wright

NAME, **Wright, W. A.**

1879 *Fulton*

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

COMPANY AND REGIMENT? **Private, Co. C, 3d Regiment Ga. Vols.**

NAME OF CAPTAIN AND COLONEL? **John F. Jones, Major.**

WOUNDED? **At Manassas Va., Aug. 30, 1862 in leg above knee.**

CAPTURED, WHEN AND WHERE?

RELEASED,

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES, **John F. Jones, Major.** No data.

P.O. **1879**

COUNTY. **Fulton**

Audited **AUDITED** *Wm. Wright* 1891.  
MAR 17 1891  
COMPTROLLER GENERAL.

1891.

Maimed Soldiers.

Voucher No. *2771*

Amount \$ *100*

Paid to *W. A. Wright*

For *W. A. Wright*

*W. A. Wright* 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

*W. A. Wright*

NAME, Wright, W. A.

WHEN AND WHERE BORN?

RELIGION WHEN AND WHERE?

COLOR AND RACE? Private, Co. K, 3d Regiment Ga. Vols.  
Wrights Brigade.

NAME OF COMMAND AND RANK? Jno. Milledge, Comm. Off.

DATE? At Manassas Va., Aug. 30, 1862 shot in right knee.  
(Leg amputated)

REMARKS, AND OTHER NOTES?

RELEASED,

WHEN AND WHERE DECEASED?

IF NOT PROVEN AT COURTMARTIAL, WHEN AND WHERE?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES, Jno. Milledge. No data.

P.O. 1899

COUNTY. Fulton

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

1891.

No. 2772

Atlanta, Ga. March 17 1891.

Mr. W. A. Wright of the County  
of Fulton having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Acts  
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for  
He is entitled to receive the sum of One Hundred Dollars  
for each disability, the same being the allowance due for the year ending October 24, 1891.  
I do hereby order that pay the same and hold his receipt on this voucher and return same to  
Executive Department for warrant.

By the Governor,

W. J. Harrison  
SECY EXECUTIVE DEPARTMENT.

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

One Hundred Dollars,  
per above voucher, this 17 of March 1891.