COOR SECTION 1254. INDIGENT 1906. Name. Wulton. County Regiment 36" WARRANT ISSUED

JOHN W. LINDSEY.

WARRANT HANDED TO

Commissioner of Pensions.

[L. S.]

Executed in the presence

Witness my hand

and seal,

and receipt for

the

pension

allowed,

that

same

hereby authorize

POWER OF ATTORNEY.

OF GEORGIA,

TO PUBLISHES CO., GEO. W. HARRISON, MER.

#### POWER OF ATTORNEY.

	T.	COUNTY.)			hereby	authoriz
			of			
receive an	d receipt for	the pension			t he remit	same t
у						1.5
WITNE	ss my hand ar	nd seal, this				_1906. ' [1 s.
				,		• • •
Execut	ed in the prese	ence of				
Execut	ed in the prese	ence of		1.		7.
Execut	ed in the prese	ence of	1	6.		

Regiment 36

County

Name

WARRANT ISSUED

WARRANT HANDED TO

JOHN W. LINDSEY.

SOLDIER'S PENSION.

INDIGENT

1906.

CODE SECTION 1934.

No //2

#### POWER OF ATTORNEY

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	e and re									
	8			1.			* '.			
	TNESS my		d.							
	Executed	in prese	nce of			ł.,			`	L1
						W :	1.	٠		
		1.00			٠.		3			

Regiment

County

Name

WARRANT ISSUED

WARRANT BANDED TO

JOHN W. LINDSEY,

SOLDIER'S PENSION

1907.

INDIGENT

(FOR THOSE ALREADY ENROLLED

No. 193

#### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS State of Georgia, Fulton County. Fulton. Personally appears. 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 1834; that he is 72 years old and by occupation a Acht Hald within he enlisted in the military service of the Confederate States (or of the State of Mlangia ) during the war between the States, and served for the term of 3 Mrs (in Company , of the Regiment that his physical condition is as follows: \_ that his property consists of the following items: 120 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 County, been allowed a pension for the year 1905. Sworn to and subscribed before me, this the Ordinary. G. J. Hight Wilkinson State of Georgia. County. 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 Fulton. County. Affix your seal here

Norz.—The blank spaces must be filled.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,	
Multon Comme	
Country	1.1.1
Personally appears A	JUE of
County, State of Georgia, who, being duly swort	, says n oath that he is a bona fide citizen
and resident of said County and State, and has	
since the day of	18 3 4 that he is 7 2 years old
and by occupation a, that he	enlisted in the military service of the Con-
federate States (or of the State of VIDA	ful ) during the war between the
States, and served for the term of S Ina	in Company 4 of 36 th Regiment
of Maria	; that his physical condition is as
follows: " Insermety of	powerty
that his property consists of the following item	5
the property common of the following frem	
	V - / 15 à 15 - 15 - 15 - 15 - 15 - 15 - 15 -
of the value of	D-11 - Y
by my labor, D	ollars per month. That by reason of his
physical condition and poverty he is unable to s	
labor, and that he receives no pension but the or	nefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and mak	
is entitled for the year 1907, I have heretofore,	
County, been allowed a pension for the year 190	
Sworu to and subscribed before me, this t	0.00 1114
day of1907.	" La Company
	Outrain
John R. Willinson	_Ordinary.
State of Georgia,	
	네이 보다 맛있는 하나라 나쁜 이번
FultonCounty.	
I, John Of Michigan	Ordinary of said County,
do certify that I am well acquainted with	1. Wintel
the applicant in the foregoing affidavit, and am	well cationed that the interemous made
by him in his said affidavit are true, and I know	
to be, and that he resides in this County.	me is the individual he represents himsen
Given under my official signatur	and seal this
day ofJAN	1907.
	m cu
AMX	1
your sell ordi	nary County.
Nors:-The blank spaces must be	filled.

Norz.—The blank spaces must be filled.

Norz.—Affidavit should not be attested before January 1st, 19

GEORGIA, County.

	I, the und	ersigned, do cert	ify that (	y War	right	
	Indig	2	ioner of this	county, is on	the Pension ro	l and draws
a pen	ision of/	hyly	Dollars	for 190 6	The bearer is th	ne same man
of	Z Com	pany 36	Regiment, w	ho enlisted on	day of_	mares
100.2	, and was	discharged on th	10	day of	188,5, w	as granted a
		for Lufe		10	/	
		hand and offici		Collon		as witnesses.
		y of Jany			1	
		. / /	1004	She	dust	
	(Sea	r.)		- July	Ordinary's	V.8!
	(24	7		A	1/	

0	Tright Doc F Testion County K Fox 1908
	DIGENT PENSION. 1808
	In Section Pet on Bell, Hoge
Appr	JOHN W. LINDSEY,  Commissioner of Pensions.
Ordi	WARRANT HANDED TO

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

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STATE OF GEORGIA,

receipt for the pension allowed and

to receive

[L 8.]

to receive and rece	ipt for the pension all	owed and request that	he remit same to		y authorize
	and and seal, this	day of	1	190	_[L 8.]
Executed in p	resence of				
				H.	
· · · · · · · · · · · · · · · · · · ·				To the state of	
•					
12. 224 12. 224		1.			
oley.					sales
And the second of the second o		Regt.	1		
ON 1908 INDIGENT PENSION	190 g	County Hellord.	JOHN W. LINDSEY, Commissioner of Pension	WARRANT HANDED TO Collinary will write name of Applicant, (Objects on Back as indicated above.)	Oce W. Haripoo, Dale Fritter, Alagia, O

S	TATE OF GEORGIA,
-	- Julture County.
8.	19 7 Wordt
	avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn e 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).
7	F Might Falton County
2.	How long and since when have you been a resident of this State?
	Sured leglase years old
3.	When and where were you born? / 22 well willing Co. 4
4.	When and where and in what company and regiment did you onlist or serve?
	the state of the s
5.	How long did you remain in such company and regiment? All Lie Lie Mentes and Lean Company
-61	E Hilliam to Harry Ten Addition
	Jeans of Land Time
6.	When and where was your company and regiment surrendered and discharged? at the
-6	west Hours law april 1865
7. 8.	Were you present with your company and regiment when it was surrendered? 9
1 5	If not present, state specifically and clearly where you were, when you left your command, for what cause by whose authority?
	of the same
9.	How much can you carn (gross) per annum by your own exertions or labor? 2 4
19.	What has been your occupation since 1865
11.	Upon which of the following grounds do you base your application for pension, viz ! first, "age and poverty."
12.	nd, "infirmity and poverty," or third, "bindings and poverty"?  If upon the first ground, state how long you have been in such condition that you could not earn your  Out ! If upon the count, they have the property of the property is the property of the
1.1	are along the second, give a run and complete history of the infirmity and its extent? If upon the third,
state	whether you are totally blind and when and where you ket your eight? (borel & year)
U.	which and not be well to
_	which and now to peble to sweet site if
13.	What property, real and personal, or income, do you possess, and its gross value?
11	Clique
14.	What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and
6.	and what disposition, if any, by sale or gift, have you made of same? I converged the
211	I will us the Court & Il town with
15.	in what county and you reside during those years, and what property did you then beturn for taxation?
	How were you supported during the years 1899, 1900, 1901 and 1902?
-00	
7.	How much did your support cost for each of those years, and what portion did you contribute thereto by
	what was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year?
10	that work I had a on the
9.	Have you a family? If so, who composes such family? Give their means of support? Have they a
ome	stead, or other property? Their ages and how employed? Lo fee will
7	The state of the s
0.	Are you receiving any pension? Alf so, what amount and for what disability? You hander
	The state of the s
1.	Have you ever made an application for pension before?
	이 발표하다는 사람들은 사람들이 보고 있다면 보다 되었다. 그런 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은
	his
1	Sworn tot and subscribed before me this the Dol T. X Stright
0	Applicant,
->	THE Ordinary,
	of County.

1	QUESTIONS FOR WITNESS.
Y	STATE OF GEORGIA,
M	Justin County. S & Suiss
3	of said State and County begins bearing bearing
of	the a witness in support of the application of & Waraht
1	under section 1254, Code, and after being duly sworn true answers to make of the following questions, deposes and
10	What is your name and where do you reside? It serves & Tiers
1	2. Are you acquainted with Diff wright the applicant; if so, how
1	Flong have you known him?
7	3. Where does he reside, and how long and since when has he been a resident of this State?
do	When, where and in what company and regiment did he chlist, and how do you know?
X	C D 9" Ball Ha ary I belong to some compan
8	5. Were you a member of the same company and regiment? were
3	6. How long did he perform regular military duty? About & years 7. When and where was his command surrendered? Hear appropriately. The
2	Command was included in the Surlander of afformer
12	8. Were you present when it surrendered?
0	9. Was applicant present? He was
th	10. If he was not present, where was he? He was hereard
3	When did he leave his command? At the Surdenderfor what cause? He Somewhen
P	By what authority he left? all the Comment parole flow do you know all of this?
3	o was present
T	11. What property, effects or income has the applicant? (Give your means of knowledge,)
13	12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902,
8	and what disposition, if any, did he make of same? He has reone the Courts de well
3	against him & he has nothing lift I have men him
3	A3. Has be conveyed away any of his property in the last our years; if so, what was it, and so whom?  It would covered covering as to Steve fett.
2	14. What is the applicant's occupation and physical condition? Transaction
۲.	He is a weakly man sick most of time
9	the state of the s
17	15. Is the applicant unable to support himself by labor of any sort; if so, why?  He is work by reason of age
3	and general infirmities
7	16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902?
1.5	by help of frances + In exerting
3	17. What portion of his support for these four years was derived from his own labor or income?
3	18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under
0	Section 1254, Code? He never have been start allowing sick
ζ.	and feeble 19. Who composed family? What property have they? Children's age and their earning capacity?
3	thurself Wo property no Children
1	The second of th
)	20. What interest have you in the recovery of a pension by this applicant?
3	Sworn to and subgribed before me, this the
9	James Resort Ordinary. 6 16 Suis Capt
	0 h 90 4 5
	Caro 1 - as ary

AFFIDAVIT OF PHYSICIANS.
STATE OF GEORGIA,  COUNTY
Personally came before me In Darmehol and
of said County, who, being severally sworn, say on oath that they have examined carefully MIT. J. F.
such personal examination say that his precise physical condition is as follows:  An have factor framework framely six of The Color
The left Lids His broke it want bound
Stroly or to the destinant Time Allegather his Condition is I not our to mandle lim mouthe To room on Support out and that we have no interest in said pension being allowed orny Trade or Calling
and that we have no interest in said pension being allowed. or ny trade or Calling, Sworn to and subscribed before me, this, the  Wh. day of A Ward 1907  John Mirel Kruson Ordinary.
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,  J. Ulin County.  Ordinaty in and for and County, hereby certify.
that the applicant D7 Clyright resides in said County, and has
been a bona fide resident of this State since theday of189
and that the witnesses, viz :

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

I turther 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 neturned for taxation in his name in 1899.

Dollars of property, and in 1900. Dollars of property; in 1901

In my opinion the foregoing claim Witness my hand and seal of office, this

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following the whole truth, so help you fadd; "you shall free answer make to each of the questions asked of you, and the evidence you shall give will be 2. Additional suffeyits may be attached if binar 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.

Let applicant amend and state and prove when and what other company and regt did her husband entlat after dischenge from 38th Ca infy, give date company by letter and rest by number. Has the command infantry or carely, of the Confederate army or state troops or Ga malitia. Then prove by someone that knows his service and honorable accounting for him in this command to the end of the war. Com. W Lindsey,

Pensions.

of

Widow's Pension UNDER ACT 1919 Name Sur Bruna Wright WHOW of William Uright 1.38 H G Ryf ENTERED ROSTER OFFICE

ENTERED ROSTE OF CO.

Chas: P. Byrd, State Printer

10/31/1914 //4-1900

Rension office 12-1-1914
Let applicant amend and state and prove when and what other company and rest did her husband enlist after discharge from 38th Ca infy, give date company by letter and regt by number. Was the command infantry of cavalry, of the confidence army or state troops or Ca malitia. 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.

	Man.	ž Ç		<b>≥</b>     <b>1</b>	No.	7
ENTERED F	of the	and its	Wido	Sec. 2		7
ENTERED ROSTLE OFFICE	My & Elecan Chapter	mobres button	Widow's Pension  UNDER ACT 1910		10/01 x 10/10	イド
STER OFFICE	the state	2 Com	Pension			St. L
Pension	Le supert	in the second	9	in the same	20	MYS

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

STATE	OF GEO	DCIA
SIAIL	OF GEO	AGIA,
	the Stan	C

Talton County.
C AND I
Personally before me comes
of1910, 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? Live Juston County, So
2. How long and since when have you been a continuing resident of the State of Georgia?
3. When, where and to whom were you married? The Colyt William Wright
on the uday of October 1864 in Stalding county
4. When, where and in what Company and Regiment did your husband culist as a soldier in
Confederate Army or Georgia Militia? (State the arms and class of Service.) My Scularid
was a Captain of Course to 38 Beginnet in water two
5. When and where did the Commands of your husband surrender or discharge from the army?  **Seech Puttinhung I.A. Matth. Seri Lee Surrenders!
6. Was your husband personally present at the time of the surrender or discharge of this Com-
mand? Ma.
7. If he was not present state clearly where he was? Ut house of that time
8. Where was his command when he left? Leat Bich moise was
a. For what cause did he leave his Command? All Miles
b. By whose authority did he leave his Command? By
c. For how long was he granted leave of absence?
e. What was his physical condition when he left his Command? Mery Sick.
f. What effort did he make to return to his Command? arone, he he mulilled in
g. In what way was he prevented from going back to Command? Other Commenterry
h. Was he captured by the enemy at any time? M.C.
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? Mt huml March 28: 1889.
k. Were you residing together when he died?
1. If not, how long had you resided apart?
9. What property of any description did you own told or control for your use and its cash value. Nov. 4, 1908? (State same by items.)
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was re-
ceived for it and what did you do with the proceeds thereof? (Give items and cash value.)
Hairs met aunit all you do with the proceeds thereof (Give items and cash value)
THE LEAST STATE OF THE STATE OF
11. What property of any description of any value have you now? Ment at all
Give list and cash value
12. What are your annual earnings or income from any source and their value? Last. 114.
12 Have you be your highest honefolder have noted a margin by at State 204
13. Have you or your husband heretofore been paid a pension by the State?
If so, when and for what cause were you or your husband placed on the Roll?

, i

Questions for the Witnesses as to Service of Husband and Marriage.
STATE OF GEORGIA,
Jultan County.
Personally before me comes lachers William & Wright who after
being hily sworn true answers to make, to the following questions, answers as follows:
1. What is your name and where do you reside? in Julian County
2. How long and since when have you known Since Quine 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? We thing he How do you know of well free the
husband all my life Q am now 65 years on ments ald
6 When and where did in De Ball County Harch 28. 1889
the husband of Applicant die? March 25, 18-89
? Were the applicant and her husband living together as husband and wife at the date of his
death yel
8. If not, how long did they live apart before his death?
Were they divorced? MO.
9. When, where and in what Company and Regiment did he enlist?
In Company R - 38. Sa Regiment two
miles west of Decatur sa.
10. Were you a member of the same Company?
11. How long within your personal knowledge did he perform actual military service with his
Company and Regiment? about Kine months
Deters bus 29 War Just after Sel Surrender
13. Were you personally present when it was surrendered? Mel
were you of an al al element was surrendered and to where
bristower of war captred gune 3. 1884
11. Was the husband of applicant personally present at surrender? MO If not
where was he? at home in Dehall Countwhen, where and for what
cause did he leave Command? (Give date.) - alex-tet guly field 1862, By whose
authority did he leave his Command? by advice of Brigade surge and how
long was he granted leave? He Rulig and his farm How do you know all this?
I was fusent with him in camp and in the
Harfital until be left Richmond for his home.
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? He made up another und Enlitted in new wife
16. 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 superined before me this the W. A. Wright
19 day of tal
blue William Ordinary
1 Lullon County

## 

AFFIDAVIT OF TWO FREEHOLD	DERS.
STATE OF GEORGIA,	
Tue Son County of AM Con	ery
Personally before me comestarch do ery The Ge	who on oath says that they
are freeholders of said County and that they know	a wayyes
of said County and know what property she owned on 4th Nov. 1908, and	its cash value to be as set out
by Schedule (A) as follows.	
Personal property 7	<b>\$</b>
Notes and accounts due	\$
Total	\$
Schedule (B).  We know the property sold or given away since Nov. 1th, 1908, its	cash value to be as follows:
Personal property Line	s.
Money, Notes and Accounts 12	8
Schedule (C). We also know what property she has now in her possession, use at	id control to-wit:
Acres of land worth 2	8
Horses and Mules	
Cows and Hogs	
Other Property	•
Income and Earnings	
	<del></del>
Total Value of all property and effects  Sworn and subscribed before me this the	\$
of Lulbon County	
ORDINARY'S CERTIFICATE.	
TATE OF GEORGIA.	
Tublon Com	4
John Williamson	
1 1/2 5 Color Of Color	ry of said County do certify
the person she represents herself to be and she is a bona fide continu	applicant for pension. She
ounty and was on the 4th Nov., 1908	ing resident citizen of said
That I also know Wa a wing ht	
the service of husband, and arch avary & Sto au	-the witness who swears
echolders. That all of them are now residents of said County and were	duly sworn by me before
gning the foregoing affidavits and that they all are truthful, trustworth	y, and their statements are
fitled to full faith and credit.	
That the Tax Returns	Returned for Tax is for
08 . Nove for 1910 & Home for 1911 & Nove for 1912 8 W	mu for 1913 8
Sworn under my hand and official seal of office this	day of Let
10/4 (100 01/1	· 1
(SEAL.)	Cordinary,
tule	County
(SEAL.)	8
	e witness in the following words
TES 1. Before any questions are answered the Ordinary shall swear, applicant and the "You do solemity awar that you will true sharpers make to baren of the quest you shall give will be the truth. So help you God,"?  2. Additional shall write may be attached # [blank apaces are insufficient.	ions asked you and the evidence

All affidavits must be made before the Ordinary.

Only widows who married prior to first January 1870, are entitled.

Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Min to by around of the Supplement of the desired of Northand Sound Street Sound Street of Northand

Atlanta, Ga, December 23rd, 1914.

Mrs. Emma L. Wright, of Atlanta, Fulten County, Georgia, Aerein 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 Floyds 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 Reme, Georgia, some time the latter part of winter 1864.

Dr. Arch Avary, who has his office at 1822 Candler Building, was a member of the Company with my husband, and will testify to the facts above stated.

Mrs. Armana Magail

Levoure to Advance the Company that

this sees 23-191X
This lockwin
Ordinary

# POWER OF ATTORNEY.

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1 40.800 as						
Fultan Co			. Witn	ų receivė	ا - ا	STATI
NDIGENT PENSION			ess' my	and receipt		ET OF
1895.			hand and	for the		GEORGIA
me I night myhe.			seal this	pension al		RGIA,
me Joseph Wright			•	llowed and		County.
Supil Dear			day of	request t		<b>-</b>
Jay/ 1806	***			hat he ren	8,	
RICHARD JOHNSON,			1	nit same to	•	
WARRANT HANDED TO						
appet			1895		fiereby a	
Gerf. W. Harfteon, State Printer, Atlanta.	19.37				uthor	

#### POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

Executed in presence of

Witness my hand and seal this

QUESTIONS FOR APPLICANT:

STATE OF GEORGIA

Julton

Dareph 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:

1. What is your name and where do you reside? (give State, Sounty and post office) weeph Whight Woodward P.C. Inllow 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 Some Forty years

3. When and where were you born? It all Co Isaryia.

4. Did you volunteer in the Confederate Army or in the Georgia Militia? Confederate army 5. When and where did you enlist? For Suth Country es correction

6. In what company and regiment did you enlist? 36 = Heorgia Co &

7. How long did you remain in that company and regiment? Whout three year

8: If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer. I was never beautiered mor du churged

9. For how long a period did you discharge regular military duty? Who at these the att

10. When, where and under what circumstances were you discharged from service ? I was surrendered at at boundary of It Na at the surrender of Jahrson Grung

11. What is your present occupation? I am dony nothing

12. How much can you earn per annum by your own exertions or labor? I comment form about

13. What has been your occupation since 1865? working a little about when I would

14. What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or ingome. Severaly five dollars I could contribute whow

15. What is your present physical condition and how long have you been in such condition? I am not able towards about sex months.

16. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second "infirmity and poverty" or third "blindness and poverty". aus and juftimity to 17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight thereby blind and about six mouth, my back , hip in effected I am also mulptures which way seriously affects me and I am in able to work wounded in Right sick of the Leadery a ming Bull 18. What property, effects or income dayon possess? Nathrug

19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? Nothing

20. In what County did you reside during those years and what property did you then return for taxation? In I willow Count I relieved no property

21. How were you supported during the years 1893 and 1894?

and many twenty fiveryears als

My tope out my grant low contribute.
22. How much did your support cost for each of those years, and what portion did you contribute thereto. by your own labor or income? Severily five duly about our furth

23. What was your employment during 1893 and 1894? What pay did you receive in each year? I worked a little doing light add for sometime Sulling + Good + houling

24. Are you chrried 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? Sam required my wife a living three children living two boy Woram forty year all John string five flows

10. What is the applicant's occupation and physical condition? He has no regular accupation the physical condition is bad he has been wounded in the heat in I battle We is ruptioned 11. Is the applicant unable to support himself by labor of any sort, if so, why?

He is muches to support hundelf. He is del and womour I He is suptimet the would in the heat mables him to work

arour our booth

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 Ha complains of his hack He're respectived. He was wounded in the heat in the balle of Respace &a

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. Applicant. mil backen

AFFIDAVIT OF PHYSICIANS. STATE OF GEORGIA, Fullon County. At the both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully lash Wright, applicant for pension under the Act of 1894, and after such personal examination, say that his precise physical condition is as follows: Khumatam Back and hips Rhight am and Shoulder went by lame Canted by Rhugustine Hemia, in left fiele, which Calier line much trouble and Rendentin mit for mainel labor Colmost blind in Sight by 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 Sworn to and subscribed before me, this the 15" day of bilobin 1895. m. L. Collina Ordinas ORDINARY'S CERTIFICATE STATE OF GEORGIA, Frielm County. I. W. L. Louelhorne, Ordinary in and for said County, hereby certify that the applicant gorph Warght resides in said County, and was a bona Edwards , J. F. Buk and J. H. Regues 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 tools 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. Finelin County show that applicant Northerny dollars of property. returned for taxation in his name in 1893, of property, and in 1894,

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

mil both our Ordinary

Fruel - ) County.

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. \_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 Executed in presence of Soldier's Pension.

## POWER OF ATTORNEY.

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10 1666	ive and rece	eipt for the	pension pa	hid hereon	and reques	t that he	remit same
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day of		in presence	189			A scal	[L.s
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(For Those Aiready Enrolled.)		NSIC	10	12	a Ī	ON, or of Pens	0
88 Aiready E	INDIGEN	H Q	1/2	7	WARKANT ISSUE!	RICHARD JOHNSON,	MACH TO
10 as 11	1 0	ER'S	1/1	4	E \	5	WARRANT HA

#### For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, Bullan County. personally appears lose the Might of Kelton 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 continously ever since 1857; that he is 67 years old andby occupation a der bree ; that he enlisted in the military service of the Confederate States (or of the State of Lorge a.) during the war between the States, and served for the term of about 3 Grand in Company & , of 36th Regiment of follows: I Phenerale sin Y Hearne ; that his physical condition is as 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 1897. I have heretofore as a resident of county been allowed a pension for the year 1896 Sworn to and subscribed before me, this, the At Hiller - Ordinary. STATE OF GEORGIA, Tell for County. Ordinary of said County, do certify that I am well acquainted with loss the thing he applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Carriery 1897.

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,
Fulton County.
Personally appears ast the Might of Fuller
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
by occupation a Saddice that he enlisted in the military service of the Confedence
crate States (or of the State of Marina ) during the war between the States,
and served for the term of 3 feels in Company & , of 36 th Regiment of
Georgia ; that his physical condition is as
Pheumation + Temnia.
that his property consists of the following items
A second
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 Fullan
county been allowed a pension for the year 1897
Sworn to and subscribed before me, this, the
12 day of Juny 1898. 5 Post 110
On the Cordinary.
State of Georgia,
Fullen County.
I, It I Thulsly , Ordinary of said County,
do certify that I am well-acquainted with Just for This he the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know 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

ere.

Ordinary County

NOTE.-The blank spaces must be filled.

Note-The blanks spaces must be filled

STATE OF		ER OF	ATT	ORNE	EY.	
I,		County.		_of		ereby authorize
to receive and	receipt for the	pension	*	74 G	· .	remit same to
	my hand and sea	l this	da	y of	•	1899.
Execute	ed in presence of		}		Commission of the Commission o	(L. s <sub>i</sub> )
				*		
	•					
					· vesta/ca.	
dy Enrolled.)	ent Pension,	9.	NO	ISSUED 1899	JOHNSON,	KUK KUK
(For Lines Apparay Enrolled.	INDIGEN SOLDIER'S PE	681	County FULT	WARRANT ISSUEL	RICHARD JOHNSON	WARRANT. HANDED TO CAKULA Geo. W. Harrison, State Printer, Autoni

## POWER OF ATTORNEY.

STA	TE	OF	GEC	RGIA	

Ι,			hereby auti	hórize	
•	<del> </del>	о	f		1.
to receive and r	eccipt for the	pension all	owed and	request that	he remit same to
by		- a	t		
	y hand and sea	l, this	day of		1901.
	4		: `		∫t., s./

Executed in presence of

INDIGENT

SOLDIER'S PENSION. 1901.

WARRANT ISSUED

JOHN W. LINDSEY,

# For Applicants Heretofore Allowed Pensions.

y ( ) [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2
STATE OF GEORGIA,
FULTON County.
Personally appears oxeph Arightor FULTON
County, State of Georgia, who being duly sworn, says on oath that be 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 68 years old and
by occupation a Kelisted in the military service of the Confed-
erate States (or of the State of Comment of during the war between the States
and served for the term of 3 years in Company & , of 36th Regiment of
that his physical condition is as
fallows.
Rheunatism, Harris
that his property consists of the following items
and the
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of the value of. Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion of labor; and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1899. I have heretofore as a resident of FULTON county been allowed a pension for the year 189
Sworn to and subscribed before me, this, the
and the state of t
day of lay 1899. \ manh
Ordinary.
State of Georgia,
FULTON County.
I, W H HILLSEY Ordinary of said County,
do certify that I am well acquainted with Joseph Mright the
applicant in the foregoing amdavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know 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
Affix John Committee Commi
Ordinary FULTON County
Norn.—The blank spaces must be filled.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  County
County, State of Georgia, who being duly sworn, says on oath that he is a bona hide citizen and resident of said County and State, and has resided in said State continuously ever
by occupation a that he culisted in the military service of the Con-
States, and served for the term of 3 yr in Company of 3th Regiment
follows:
Chamalian o Hours
that his property consists of the following items
of the value of Dollars, that by reason of his physical
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
Sworn to and subscribed before me, this the
John Park mo mordinary.
STATE OF GEORGIA
I, Jahn & William Ordinary of said County.
do certify that I am well acquinted with the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
John R Wilking of Predict County

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

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49.

#### POWER OF ATTORNEY

STATE OF	GEORGIA,		}				7;	
I,		Jounty.	).				hereby	authorize
			of	-, ` 2			,,,,,	Luchorize (
to receive and	receipt for the	pension	allowed,	and	request	that	he remit	same to
by						8		
Witness	my hand and sea	al, this	da	y of	***************************************			1900.
Execut	ted in presence o	ſ						_[L. S.]

Consecutor

SOLDIER'S PENSION,

NO. 291

Medde Mario

WARRANT ISSUED

JOHN. W. LINDSEY,

WARRANT HANDED TO

Geo. W. Harrison, Style Printer, Atlan

Geo, W. Hartana, Stoie Printer, Atl

# For Applicants Heretofore Allowed Pensions.

FULTON	County.				
personally appears	$\sim$	W. Sal	4-6	FULTON	9
County, State of Georgia				Same Same	the state of the s
and resident of said Cour	ity and State a	nd has rea	idad in ani	Chata a oon	a fide citizen
since the day of		10.5			
by occupation a	* *	100	that he		ears old and
erate States (or of the Sta				ry service of	
			) during the	war between	the States,
and served for the term of	- recue	n Go		•	
follows:			that his	s physical co	ndition is as .
iollows:	200				4.
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that his property consists	of the following	items.			
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of the value of		Do	lfars, that b	y reason of	his physical
condition and poverty he i	s unable to suppo	ort himself	by his own	exertion o	r labor, and
hat he receives no pension					
Deponent desires to	participate in the	benefits o	f the Act, a	pproved Dec	ember 15th,
1894, and the Acts amenda	tory thereof, and	makes app	plication for	the pension	to which he
s entitled for the year 190	0. I have heret	ofore as a	resident of	tull	on .
county been allowed a pens	ion for the year	189 9		2.	
Sworn to and subscrib	ed before me, thi	s, the	- nex	Land !	rugi
15 day of a		.1000.	/	marc	
Most	- west	Ordinary.			al al
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State of Georgia,	1.				
Fulton	County.	college.			
I. W. H. HULS			, , ,		
o certify that I am well as		2 121		rdinary of s	
pplicant in the foregoing a					the
his said affidavit are true	and I know he	e Me indi	widual-ha	statements in	ade by him
nd that he resides in this (	County	a the mai	vidual, ne r	epresents nii	ment to be
	ven under my of	ficial signa	ture and se	il this	¥
	Jany		900.	,	
your seal		, 1	900.		
nere.			M	Tuck	23
	Or	dinary	NOTJU	4	Color

#### POWER OF ATTORNEY.

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to receive	and receip	pt for th	e pension		and re	quest th	at he r	emit sa
by						,		
	ness my ha		al, this		lay of			1902
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ENROLLEB.		55		1		3-	Person	
	I		1	35			JOHN W. LINDSEY	0 10
( FOR THOSE ALREADY I	No. (f.)	2	1	7	WARRANT ISSUED	1	IND	WARRANT HANDED TO
LRE		SOLDIER'S	$\mathbf{X}$	00	ANT	11	V. L.	TH
9				2 -	1 8		2.1	3 7

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

County, State of Georgia, who being duly sworn, says on oath that he is a bona find and resident of said County and State, and has resided in said State continuous since the day of that he is year that he enlisted in the military service of federate States (on of the State of the State of the State and served for the term of the said State of the said State of the State of the State of the said State on the said State on the said State on the said State continuous said State c	s old and the Con- ween the Regiment
County, State of Georgia, who being duly sworn, says on oath that he is a bona finand resident of said County and State, and has resided in said State continuous since the day of that he is year that he enlisted in the military service of federate States (on of the State of he was better and served for the term of the line Company, of the Rollows:	de citizer ously ever s old and the Con- ween the
since theday ofthat he isyear by occupation athat he enlisted in the military service of federate States (on of the State of) during the was let in Company, ofthat his physical conditions:	s old and the Con- ween the
by occupation a that he enlisted in the military service of federate States (or of the State of ) during the was let in Company of Cth R in Company of Cth R in Company in that his physical conditions:	the Con- ween the
by occupation a that he enlisted in the military service of federate States (or of the State of ) during the was bet States and served for the term of the company of the R in Company of	the Con- ween the Regiment
federate States (or of the State of ) during the was bet States and served for the term of Mass.  in Company , of Lith R  it that his physical condit follows:	ween the
States and served for the term of Man in Company , of 6th R	Regiment
follows: ; that his physical condit	Regiment ion is as
follows: ; that his physical condit	tion is as
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that his property consists of the following items	
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Dollars, that by reason of his	physical
ondition and poverty he is unable to support himself by his own exertion or lat	or and
beasion but the one nergin applied for	1.
Deponent desires to participate in the benefits of the Act and a land	
894, and the Acts amendatory thereof, and makes application for the pension to w	er 15th,
sentitled for the year 1902. I have heretofore as a resident of	hich he
ounty been allowed a pension for the year 1	-
Sworn to and authority to	
	MX
day of 1902 1902 The Heavy Mick	
Ordinary.	
TAPE OF GEORGIA,	4
County.	
I. John R. Wilkinson. Ordinary of said C	100
certify that I am well acquainted with Ordinary of said C	ounty,
e applicant in the foregoing affidavit, and am well satisfied that the statements m	*
m in his said affidavit are true, and I know he is all that the statements m	ade by
m in his said affidavit are true, and I know he is the individual he represents him and that he resides in this County.	self to
Given under my official signature and seal, this	-
day of 1902	
imx end	
ere)	
Ordinary	
Norg.—The blank spaces must be filled.	ounty.

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Witness my hand and seal, this	day of		
Executed in presence of			
	*	. 1903.	
OLDIER'S PENSION 1903.	the Unight	WARRANT ISSUED  Z. O 1903  JOHN W. LINDSEY, Commissioner of Pensions.	KARRANT HANDED TO
ζ . g ~ Q	Sgi Sgi	ANT ISSU  / 2.0  W. LINDS  Commissed	HA

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	to reće	ive and	receipt	for the	pension		and re	quest 1		remit s	ame to
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. ड्रेम्	NROLLED.		NSIO		1/1/6	6		061 7	I, of Pensions.	TO	tlanta.
3	THOSE ALREADY ENROLI	1/4/	INDIGENT	0	my,	ULTON. Regiment	VARRANT ISSUED	13	JOHN W. LINDSEY, Commissioner of Pensions.	HANDED	State Printer, Atlanu
33	THOSE AL	No.	OKE O	9	The		WARRA		M NHor	FARRANT	a v lander.
3	(f08		SOL		Name	S. S.					

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

A	F GEORGIA,
	County.)
Personally a	ppears Joseph Wright of
	Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
	id County and State, and has resided in said State continuously ever
since the	day of
by occupation a	
federate States ( o	r of the State of) during the war between the
States, and served	for the term of 3 4 in Company 6, of th Regiment
of you	; that his physical condition is as
	1 x P
,	The second secon
hat his property	consists of the following items:
	s amendatory thereof, and makes application for the pension to which he year 1903. I have heretofore as a resident of
	ed a pension for the year 1
	subscribed before me, this the
day o	of1903. \( \begin{align*}
	Ordinary.
STATE OF	GEORGIA,
	_County.
	2.77
I,	Mondon Ordinary of said County
lo certify that I a	um well acquainted with Joseph Wight
lo certify that I a he applicant in th	om well acquainted with Jough Wight of said County, and well satisfied that the statements made by
o certify that I a he applicant in the him in his said aff	ordinary of said County, am well acquainted with Joseph Wight or said County, are foregoing affidavit, and am well satisfied that the statements made by idavit are thue, and I know he is the individual he represents himself to
lo certify that I a he applicant in th nim in his said aff	ordinary of said County, am well acquainted with Joseph Wight with the foregoing affidavit, and am well satisfied that the statements made by idavit are true, and I know he is the individual he represents himself to ides in this County.
lo certify that I a the applicant in th him in his said aff	ordinary of said County, and well satisfied that the statements made by ides in this County.  Given under my official signature and seal, this
do certify that I a the applicant in th him in his said aff	ordinary of said County, am well acquainted with Joseph Winght in foregoing affidavit, and am well satisfied that the statements made by idavit are true, and I know he is the individual he represents himself to ides in this County.
lo certify that I a the applicant in th him in his said aff	ordinary of said County, and well satisfied that the statements made by ides in this County.  Given under my official signature and seal, this
lo certify that I a the applicant in th him in his said aff	Ordinary of said County, and well satisfied that the statements made by ides in this County, and I know he is the individual he represents himself to ides in this County.  Given under my official signature and seal, this

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, WOITH County.

- Journay.	
Personally appears Joseph Wright of	
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen	a -
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 enlight in the mile.	
, that my chilisted in the mintary service of the Con-	
States, and served for the term of 3 1 in Company 6, of 10 th Regiment	
that his physical condition is as	
follows	
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that his property consists of the following items:	
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of the value of Dollars that human Class	
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 house of the	
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.	· .
Sworn to and subscribed before me, this the	
( X ~ FOL X	1
Gay of JAN 20 1904 1904.	_
John Alle Kurson Ordinary.	de
STATE OF GEORGIA	
F 11 14 6 75 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
John Jt. 4 County	
John R. Williams Ordinary of said County	
to certify that I am well acquainted with for the Wight	·
he applicant in the foregoing affidavit, and am well satisfied that the statements made	1
y him in his said affidavit are true, and I know he is the individual he represents himself	- 30
o be, and that he resides in this County.	
Given under my official signature and seal, this.	
day of	
Ame Alle Nesson	. *
Orcidary County	1
Norg.—The blank spaces must be filled.	

In HARA	Sign	TO MAN
	,	
	No	
Wido	w's A	pplication
To Be Put or	Roll in He	o Own Right Wh
	14	Indigent Roll or July 11, 1910
V -		
County	ultor	į.
	1	1 1 1
NameZuu	diver	ria Urigh
Widow of Z	leas ?	Thiright
Company	36 th	sa vol
Approved		
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		. W. LINDSEY,
•	C	ommissioner of Pensions
	-	Printer, Atlanta.

	+	Approx	Co THE	L		, F	¥		海
•			4 6	muslumana Khight	Pa	Be Pet on Roll in Her Own Right When Insheard Was on the Indigent Roll or Put on Under Act of July 11, 1910.	Widow's Application	N.	MANAN Sount
Comm			F 36 hosy &	wenn	ton	on the la	s Ap		1
W. LINDSEY,			I 36 the gar bot	allh	*	Put on Roll in Her Own Right Wiband Was on the Indigent Roll or at on Under Act of July 11, 1910.	plicat		NAME OF

## WIDOW'S AFFIDAVIT.

STATE OF C		County.				5
Personally b	ofore me comes	mrs 7	wer	a Curi	alit	anid Count
who, after being du	lyeworn on oat	h 44 -4 -1	. t. 41 t	Ral	1900	Baid County,
in the County of A	the firm	in says, that she	is the widow	01.1.9/2/1.20	Journ	Co whom
on the County of A	- N-	Stati	of	she wa	as married on	the
day offan	1855 and that	she remained h	is wife, and re	sided with his	m to the date	of his death
man 31	19.1.16 and	that she has no	t since his de	th remarried.	At the time	of his death
he was a resident	of the	tou con	inty, in	9said	State of Ge	orgia, and he
was on the	68 (1)	Per	nsion Roll of th	e State and p	aids pension	of \$ 49
n Mayl	County	y for 19 / H	per annum o	n account of b	eing a soldier	in Company
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Sworn to and  Affidavit of  TATE OF C	resided singe. Listende de la composition della	ore me, this the well King.  to Prove  Death of	Marriage	County.	Whom-	Date of
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Affidavit of TATE OF C Truston Personally be not truthful personal known personal	Witnesses EORGIA,  of the thick	to Prove Death of County, who mad resided togo and that roll of said State	Marriage Husband Mirry, Marriage Husband Mirry, Mir	County.  Cou	Whom-	responsible that of their affidavit, is
Personally be diffusion of the state of the	Witnesses  EORGIA,  fore me come for residing in the ledge Mrs.  A That she be hat she and he hat she and he had no the pension relations to the p	dore me, this the county.  to Prove Death of County, who county, who county, who can dead togo and that roll of said Stated.	Marriage Husbane  Husbane  White having  White as man an the Second	County.  Cou	Whom-	responsible that of their affidavit, is
Personally be difful truthful personal known to and truthful personal known to as not since remarks. And to day of me man who was to and s sworn to and s	Witnesses  EORGIA,  fore me come for residing in the ledge Mrs.  A That she be hat she and he hat she and he had no the pension relations to the p	to Prove Death of County, who ame the wife of and resided toge and that roll of said State ed.	Marriage Husbane  Husbane  White having  White as man an the Second	County.  Cou	Whom-	responsible that of their affidavit, is

# AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORG	IA,			
	County.			
	0.0	e P pon	Tarolina distribution	
Personally before me	comes N /n	chale the	who after bein	R Aworn on
oath says, that they are freel	holders of said Count	tv. and that they ke	PLAXI	and to
said County and knew her said	husband Cha	76	1	2 /
day of Proceed 101 H	Abea about the	and the state of t	at his death on th	3 J
day of	that and and ne w	ere in the use, posse	ision and control of the	ne following
property at his death to wit:				
			···	
of the value of \$	That she i	s now in the use, pos	session and control of t	he following
property to wit:	has	ne /		
of the value of \$				<u> </u>
Sworn to and subscribe	100	• • • • • • • • • • • • • • • • • • • •	in	1
			19 Jan 1	ion
day of	191 4		, 0	
John 1	Williams.	Ordinary,		
	2	110/11		u .
	or	- Course	County.	V. 4.
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	ORDINARY'S	CEDTIFICA	TE	
		CERTIFICA	IE.	
STATE OF GEORGI				
tullan	County.			-
01 01				
THE WAY	remission	Ordinary of	said County, do certi	ify, that, I
now Mrs. & - T. W	ught the	applicant for this p	ension and that she is	the person
the represents herself to be, an	d that she is a bona	fide continuing resid	ent of said County and	was on the
11-1 I CLANDIANO	1.64			
That I also know	Cauhon			
De Carlo				
hat all of the foregoing were	duly even by me be	who I know to be a r	esident free holder of	said County
hat all of the foregoing were cruthful and trustworthy and t	heir statements are er	iore signing the respontitled to full faith ar	ctive amdavits and th	at they are
That the tax Books of.	Fultour	shows that Sh	4	
mount of \\ for 1	1 1 1 1 2 000	BUOWS thatS	returned prop	erty to the
The second of th	T T			3 11000
Sworn under my band a	and official seal of off	fice this	day of OCA	191.4
(SEAL.)	Kom	It willing	Ordinary.	
		4 1 1	tulton	County.
OTES 1. Before any questions as	re answered, the Ordina	y shall swear applicant	and the witness in the fall	
"You do solemnly swer	ar that you will true and	wers make to each of the	questions asked you and	the evidence
OTES 1. Before any questions as "You do solemnly swee you shall give will to 2. Additional affidavits m 3. All affidavits must be 4. Only widows who mar 5. Attach certified copies general reputation.	made before the Ordina	spaces are insufficient.		
<ol> <li>Only widows who man</li> <li>Attach certified copies</li> </ol>	ried prior to first Janua	ry 1870, are entitled.	ove massiage he same	- I
general reputation.	and a second second second	,		TOTAL OF DE

Wright Mary 8.
Tutton Courty TO THOSE HERETOFORE PAID.
1904.
No. 4 970
INDIGENT
WIDOW'S PENSION
FOR YEAR ENDING DECEMBER 81, 1904. PAID TO
Mu Many & Wright
Widow of William
Co. JW Regiment
JOHN W. LINDSEW,  Commissioner of Pensions.
WARRANT ISSUED
AND HANDED TO

Geo. W. Harrison, State Printer, Atlants.

2	4 -		<b>A</b>
eive			. H
pare			<b>F</b>
receive and receipt for the pension paid hereon, and request that he remit same to			ATE OF GEORGIA,
<b>F</b>			عل
pension		COUNTY.	V
paid		77.	
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Same	легеоў алдостае		
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# POR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, PERSONALLY COMES MRS.	
County of Thetetore Many & Wright	
who, being sworn, says on oath that she is a bona fide resident of said County	
continuously ever since 30 years. That she is the Widow	
who was a soldier in Company	ıy
of theRegiment of	
Volunteers, that he enlisted in said regiment on or about the month of	•
186 and served in the Army up to186 . That he did	ed -
on the day of Feb 1863	*
Typhoid Fiver and Rehumalien	
Vypuvia VIVII acca virtuinales in	
	-
	<del>,</del>
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as	
soldier, and that she has never married since his death aforesaid, and that she became his wife i the year 18 56	n .
I have been allowed an Indigent pension as a resident of Janyth	.f ',
County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the	e
year ending December 31, 1904.	
this and day of Feb 1904. Muy Exwight	-
Post Office.	
MULLY Ordinary Ordinary	, Sa
State of Georgia, John Wilkinson	= ',
	4.
Many of said County; certify that I am well	-
acquainted with Mrs. Many's Wight who made the above affidavit, and	
am satisfied that the facts therein stated are true, and I know she is the individual she represent	5
herself to be, and that she has continuously resided in this State since the	
day of Do Juns 18	
Given under my official signature and seal, this the 2nd day of Fig. 1904	
(opein) John William	
Ordinary of Fulton County	1
NOTE.—All blanks must be filled.	F :

Georgia, Forayth County. I the undersigned do certify that Mrs Mary E. Unightow of the

County of Clo is the same person who as Que Lucligaril

pensioner was on the pension rolls of this county, and drew a pension of Lightly dollars: for 1900, and the bearer is same man-

Given under my hand and official seal of office Jany 30

Hofomo

[L. S.]

APPLICATION FOR CONFEDERATE SOLDIER. Applicant Was Wnght County Fulton timb Leg about Knie Amount ... 4 /00 Date of Warrant Oct 28 1/19 G C, 31 Ry

APPLICATION FOR
APPLICATION FOR
FOR CONFEDERATE SOLDIER.
Applicant MCA MMAGAL
County FULLATION
Limb GOO DON KANLO
Amount WITCH OF 28 Mg
Page of Warrant Oct 28 Mg
Page

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STATE OF GEORGIA.	
DW County.)	
Personally appeared before me	
and says that he was on the 20th day of September, 1879, a bona file resident of this State; that he	
enlisted in the military service of the Confederate States, or of this State, as a T. WW.	_
in Company "V" 2 W. Regiment of V. V. Q. V. Q. Volunteers	
that while engaged if such military service, to wit: at the battle or engagement of him the state of him the	1
Millimit 1852 be was wounded in the SCA mild	
that the same was amputated. WWW MW XXXX	
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	
done so, he prefers to supply houself with an artificial . S. 19	
John Rhon V. Prody J. P. My A. My let	
or County sear at the Superior Court, or Ordinary.	•
COMMISSIONED OFFICERS AFFIDAVIT.	
STATE OF GEORGIA,	
W W	d
County.	
Personally came before no. 200 of	
the county of	
and says that he was MY MIT	ا ا
in said and that this deponent knows that said. W.A. MYVQW	
lost a	
Sworn to and subscribed before me this 20.14	
m. 1 michin	,
must be minimal at the commessioned officer is no obtainable, the following affidavit of three responsible citizens,	

di:

#### AN ACT

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

SECTION I. Be it enacted by the General Assembly of the State of Georgis, 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; jost 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. 11. 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

Size. III. He is further enacted by the said authority, That no applicant shall receive the sum allowed under this set oftener than once in five years.

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

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

A. O. BACON,
Speaker House Representatives.
RUFUS E. LESTER,
President Senate.

ALPRED. H. COLQUITT, Governor

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STATE	C SH.	CTRUB	(11 A
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an	d know that he lost	n	in the mil	itary sorvice during	the late
at said				y , aci vice during	the law war,
nt said	was amputated			· ····; that ho	is a bona fide.
tizen of this State, an	d we are well satisfic	ed that the facts	stated by him	In the above of the	
			3 11111	m the above ameav	it are true.
vorn to and subscribe	I before me this				
day of		. }	7.6		•
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Julton		County,	25 5 7		7. 5.
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applicant for a	e and	amewell satisfic	d that the facts	stated by him is t	
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davit are true, and the art. Mag. citizenf who makes od by was are true.	at I am well acquain	they are respect	table citizens of	this county, and t	hat the facts
davit are true, and the art. Mag. citizenf who makes od by was are true.	at I am well acquain	they are respect	table citizens of	this county, and t	hat the facts

## 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. It an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and obvisicions, and followed by a plain statement of facts showing the extent of the dischildy. If applicant claims disability from discuse 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

-3. 1( will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is not 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,"

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

5. It papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made nuder outh before an officer, and the proofs must show that the amendments have been

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

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

## For Hea of An

Tor use of Applicants who Have not Heretofore Drawn.
STATE OF GEORGIA, County
PERSONALLY appears I'M Amghs of Factors county,
State of Georgia, who being duly sworn, says on oath that he is a fond fide citizen and resident of said State, and has been such since the
federate States (or of the State of States, and served as a States, and served
in such military service, at the battle of service at the battle of ser
wounded as follows: Regard Town our Shirt 1862, he was
leg amputated about knu-
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 anowance to which he is entitled for the year thereunder ending October 26, 1880.
day of Africe 188.9 10 188.9 10 188.9 10 188.9
Norg . State fully nature of would or characteristic disease which causes the disability, and explain particularly the extent of

Commissioned Officer's Affidavit.

STATE OF GEORGIA,	
Fultar County	•
PERSONALLY came before me Sino Milledie	of the county
of fullar State of Georgia, who, being duly sworn,	says that he was
a commissioned officer in Company of Illians	0/30
Volunteers, and that deponent knows Lim Am and that	t he received the
would (of contracted the disease) in the military service as stated in his fo	roccina affilia
and that wounds (or disease) permanently disables the said Line of the said Line of the said affidavit. Deponent further is a bona fide citizen of this in Fullow	ingar
um Amaka	r states that said
in Fullow	State and resides
in Futton county.	1

ted to suff the facts should be made by a commissioned officer of Company or Regiment. If the optainable, the following affidavit of three responsible citizens should be furnished:

STATE OF GEORGIA,
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 stayed by him in the foregoing affidavit; that said wounds
(or disease) permanently disables applicant, as stated by him; that said applicant is a bona
hde 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
Note Above allidavit must be made by three citizens of the county of applicant's regidence.
STATE OF GEORGIA,
County
PERSONALLY comes before meOrdinary 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
Si MEMINISTE
BEAD WORK TO ANALYSIS THE SECOND STATE OF THE

BEAD NOTE.—The physicians will state fully the extent of the wound, and then give flots to show a

STATE OF GEORGIA,	
Fullow county	
I W L balkom Ordin	ary of said county,
do certify that I am well acquainted with mm Amgah	the
applicant in the foregoing affidavit, and am well satisfied that the staten	· · · · · · · · · · · · · · · · · · ·
in his said affidavit are true, and I know he is the individual he represe	
and that he resides in this county. I also certify that the foregoing with	
of respectability, and that their statements are worthy of full credit and	belief
I further certify that Edgar A Or	
before whom the foregoing affidavits were made and power of attorney	was signed, is a
notary Ruble of said county, and the said affiday	its and signatures
thereto are genuine.	
Given under my official signature and seal, this day of	10 ,000
Given under my official signature and seal, this 4 day of A	Cliff
7	- Commy
Ordinary O'MAC	County.
중이 이 맛있다. 그 하는 것은 사이트 입니까요	
그리 교육과 성격이 그리지 그리 때문장과 [편	
Power of Attorney.	
STATE OF GEORGIA,	
Lounty,	
Know all Men by these Presents, That I,	
, that i,	
of of	
ounty, in said State, do hereby appoint	
my true and lawful at	torney in fact, for
e and in my name, to receive and receipt for whatever amount of money	I may be entitled
form the State of Georgia by reason of the injury received as aforesaid in	
ce of the Confederate States (or of this State), as stated in the foregoing	affidavit; hereby
therizing my said atterney to receipt the my name for any Warrant that	
	may be issued by
e Governor, or for any sum of mony which may be coming to me for the	may be issued by
e Governor, or for any sum of money which may be coming to me for the	may be issued by reason aforesaid.
In witness whereof I have hereunto set my hand and seal, this	may be issued by reason aforesaid.
e Governor, or for any sum of money which may be coming to me for the	may be issued by reason aforesaid.

do certify that I am well acquainted with UM I more than 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

celly in of said county, and the said affidavits and
signatures thereto are genuine.

Given under my official signature and seal, this 10 day of 7cb

m. L. bachon

Ordinary Freedom Co

County.

APPLICATION FOR ALLOWINGE.

MALL of County, Author

County, Author

Date of warrant 18th, 10

Enteres on record

County, Author

Why to resord

Why to resor

STATE OF GEORGIA,

I, W. S. County.

I, W. S. County.

Ordinary of said County, do certify that I am well acquainted with W. D. Y. O. S.

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 1891.

Ordinary Fullow.

County.

Whight, W. a.

1891

No. 97 K

Application for Allowance

No. 97 K

Application of Allowance

No. 97 K

Application of Allowance

No. 97 K

Application for Allowance

No. 97 K

Application for Allowance

No. 97 K

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STATE OF GEORGIA

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For Applicants Heretofore Allowed Pensions.	For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,	STATE OF GEORGIA,
	Full on County.
PERSONALLY appears MM A MOUNT of Feetton county	PERSONALLY appears Um & m alp of Fulton
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and	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 assistant to	resident of said State, and has resided therein continuously ever since the 1974
Sany 1844 that he enlisted in the military service of the Can	day of Juny 1844; that he enlisted in the military service of the Con-
feddrate States (or of the State of He or a call ) during the war between the	lederate States (of of the State of
States, and served as a Probate in Company of 324 th	States, and served as a Frank at a freval in Company of of Both Paris
Volunteers Word Outs 's Brigades that whilet and	of Hall Volunteers 1/02 A/A A A A A A A A A A A A A A A A A A
in such military service, at the battle of Brend Manascae in the State of Da., on the 30 day of Brace 1862 he will be state	in such military service at the battle of Bacond Meinare in in the State
wounded as follows: In right knee and leg ambutated	of Da on the 30 day of august 1862, he was wounded as follows: in the right knew quest the para
abon kner - gas knee and leg ampulated	right be was and a later along the
	ory the 3 des day of langues 1862
실수 없었다면 집에 가장 사람들이 보면서 그래요? 이렇게 되었다면 하다.	
얼마나 나는 아이들이 되었다면 하는데 그렇게 되었다.	and the second s
	A second
Deponent desires to participate in the benefits of the Act, approved October 24, 1887,	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	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 L.O.
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 Our the adverse dollars.	dollars, for Las N lea
Sworn to and subscribed before me, this the Um & mglis	Sworn to and subscribed before me, this, the
We welled so with a	day of March 1891.)
Nors.—State fully usture of wound or character of diagram which must the diagram of the state of	Norz. 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.
[시계대 ] [ - 1 ] [ - 1 ] [ - 1 ] [ - 1 ] [ - 1 ] [ - 1 ] [ - 1 ] [ - 1 ] [ - 1 ] [ - 1 ] [ - 1 ] [ - 1 ] [ - 1 ]	Nors.—State fully nature of wound of character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
POWER OF ATTORNEY.	POWER OF ATTORNEY.
STATE OF GEORGIA	STATE OF GEORGIA,
County.	County
KNOW ALL MEN BY THESE PRESENTS, That I,	Know all Men by these Presents, That I.
of	of County, State of Georgia, do hereby appoint
county, in said State, do hereby appoint	
me and in my name, to receive and receipt for what ever amount of money I may be entitled	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;	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 affidavity, hereby authority
issued by the Governor, or for any sum of money which may be coming to the reason	ing my said attorney to receipt in my name for any Warrant that may be issued by the Gover- nor, or for any sum of money which may be coming to me, for the reason aforesaid.
aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of a me tree processing to the control of the c	1891,
(L. 8.)	Presented talena president of the
spo based in the presence of as:	Executed in the presence of us:
Can come and	
DIMESON ON	DIRACTION.
Send money to me as follows, by	Send money to me as follows, by
P.O.	<b>6</b> P.O.
County, Georgia	County, Georgia.

#### STATE OF GEORGIA. POWER OF ATTORNEY. Full Tit STATE OF GEORGIA, 1. Il a calanza Ordinary of said county, County. Know all Men by these Presents, That I\_\_\_ do certify that I am well acquainted with LIM A III. San County, State of Georgia, do hereby appoint 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 my true and lawful attorney in fact, for individual he repesents himself to be, and that he resides in this county. 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 follogoing 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 the for the reason aforesaid. Given-under my official signature and seal, this 4 day of 1/1. 816 1802 W. S. Calhoum IN WITNESS WHEREOF, I have hereunto set my hand and seal, this TAN F P ME SOUR DE MANY INTO DE LE 1893. [L S] Executed in the presence of us: DIRECTION. Send money to me as follows, by County, Georgia. States, and nerydd as a c. l. 18 . 1 ; that he entitled in the military service of the resident of said State, and has resided therein continuously ever since the conty, state of Georgia, who, being duly sworn, says on eath that he is a bows year citizen STATE OF GEORGIA STATE OF GEORGIA or Applicants interesting

For Applicants Heretofore Allowed Pensions.
Personally appears (12) 11115hh
of County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously since the day of 1844; that he enlisted
during the war between the States, and served as a
of Latt Regiment of Volunteers  Brigade: that whilst engaged in such military service at the battle of List Manager List.
in the State of Collection on the 30th
is the regine cer ain feetalen day of
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
Dollars for the int of a cog
Sworn to and subscribed before me this the
day of Mich 1892.
NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the
POWER OF ATTORNEY.
STATE OF GEORGIA,
Know all Men by these Presents, That I,
of
County, in said State, do hereby appoint
my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.
The Hard F. I have hereunto set my hand and seal this
day of
Executed in the presence of us:
na kana a <b>jiki<u>ni</u>. J</b> anahati katawa
DIRECTION.
Send money to me as follows, by

County, Georgia.

FOP STATE C	Applicant FIGEORG	8 Hereto	fore A	Pensions.
Ful	1	ounty (		
PERSONALL			right of	81 16
County, State o	f Georgia, who, be	eing duly awar	of of	he is a bona fide citizen and
	L. C. Constitution	I & J. E : that	he enlisted in the m	the 17.
	the of one profite 0		y d	uring the war between the
	ed as a		in Company	A th Regiment
of Mug /	Volunt	teere 10 Au	's Brig	ade that whilst engaged in
of Visaimi	O the	30 15	11 1000000	in the State
	ws: Low L		day of	1862, he was
	A. A	Maria de La Carta	and righ	leg aututa
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Conclose	October 26, 1803.	I have hereto	fore been allowed a	ed October 24th, 1887, and to which he is entitled for pension of
310D	day of Mea.		LIM S	mgh
	nature of wound or char	acter of disease which	una	
			canses the disability, and e	uplain particularly the extent of the
STATE OF	GEORGIA			
July	On Coun	ly. S		
1, X. L	· Callio	un	Lac -	Ordinary of said County
	m well acquainted	with Win	Ja X righ	the
pplicant in the fo	regoing affidavit,	and am well sat	isfied that the staten	nents made by him in his
aid affidavit are ti	rue, and that he is	disabled, to the	extent he claims, a	nd I know he is the in-
ividual he represe	enta himself to be,	and that he res	ides in this County.	
I further certi	fy that	***		,
government the	oregoing affidavi	ts were made	and power of att	orney was signed, is a
gnatures thereto	are gangine.		J. Said County, a	and the said affidavits and
	ny official signatur	re and east able	3/47	Marel 1801
7,7,7,7,7				1893.
7.5.		1 CO CO	0 -	
	* 31ML)	Ordinary	Juston	County.
	Sistematical			

# POWER OF ATTORNEY. GEORGIA, }

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		COUNTY.			
Know all M	en by these Presen	nts. That I,	4		
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ounty, State of	Georgia, do hereb				
<b>f</b>					attorney in fact, for
e and in my na	ime, to receive and	receipt for what			entitled to from the
tate of Georgia	by reason of an i	njury received as	aforesaid in the	military serviće	of the Confederate
states (or of th	is State), as stat	ed in the forego	ing affidavit:	hereby authorizing	or my said Attor-
er to receipt in	my name for any ming to me for the	Warrant that may	be issued by the	Governor, or for	any sum of money
IN WITSE	SS WHEREOF,	I have bereunto	set my band an	d sool this	
av of		1894.	accomp name an	d scal, tills.	
		1004			
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Execut	ed in the presence	of us			
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· .		DIREC	TIONS.		
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		County, G	. 1		T. W.
		County, G	corgia.		
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sse Already Enrolled	~ · · · · · · · · · · · · · · · · · · ·	23	32	H. HARRISON,	3911
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# POWER OF ATTORNEY.

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21	AI	E.O	L. C	LO	KG.	ľΑ.

CQUNTY.)
Know all Men by these Presents. That I,
of
County, State of Georgia, do hereby appoint
of ny true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever appoint of manage I may be added to 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 friend
hey to receipt in my name for any Warrant that may be issued by the Covernor on the name for any
which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of1894.
Example 1 in the second
Executed in the presence of as
DIRECTIONS.
DIRECTIONS.
Send money to fue as follows, by
to
County, Georgia.
The same of the sa

Soldier's Pension.

### For Applicants Heretofore Allowed Pensions.

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10	TAT	OT	C	COL	TOLA	
10	LAL	LO	r U	LUI	RGIA	
*		ton	. 6			1
4	TU	MAN			Count	11

PERSONALLY appears Low Amak

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 that he enlisted in the military service of the Confederate States (or, of the State of ) during the war between the States, and servel as a morate in Company of, of Freginent of Hiogain volunteers Wrights 's Brigade; that whilst engaged in in Company of the Regiment such military service at the battle of Brend Minassas, in the State inghi of Virginia on the 30 th day of August 1862 he was wounded as follows: Ut right kines with leg amfulith about the Knew 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 om amidred dollars, for the year 189 3

Sworn to and subscribed before me, this, the 24 day of Nearch 1894.

STATE OF GEORGIA.

Affix your seal here.

W & ballom Ordinary of said County. do certify that I am well acquainted with WM Amagak applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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

m. L. backon

### For Applicants Heretofore Allowed Pensions.

o	STATE OF GEORGIA, [
	Fullon County.
i	PERSONALLY appears Un I Mak of Fulton
	County, State of Georgia, who, being duly sworn, says on eath that he is a hona fide citizen
	and resident of said State, and has resided therein continuously ever since the 19
	day of Junuary 1844; that he eplisted in the military service of the Con-
	federate States (or of the State of ) during the war between the
	States, and served as a private in Company of 8 th Regiment of 40 Volunteers Wmght 's Brigade; that whilst engaged in
	of 44 Volunteers Wm9 ht 's Brigade; that whilst engaged in such military service at the battle of Biton d. Manas me in the State
	of Organia on the 30 day of August 1862 he was
*	wounded as follows: In Night Ime and same loss
	am fulated about the Imer-

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

Om Hundred

dollars, for the year 189'3

Sworn to and subscribed before me, this, the day of march 1894

LoganBlesslip, Deschu

NOTE-State fully the nature of wound or characteroff disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease

STATE OF GEORGIA. Fullow

1. Who loalhoon Ordinary of said County, do certify that I am well acquainted with Lem Amgak applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Mounts 1896-

m. L. Lockim

Ordinary Fracelow County.

POWER OF ATTORNEY. STATE OF GEORGIA, STATE OF GEORGIA, County. County. hereby authorize hereby authorize receive and receipt for the pension paid hereon and request that he remit same to 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. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of\_ day of .. Executed in presence of us Executed in presence of (For Those Already Enrolled.) SOLDIER'S PENS RICHARD JOHNSON

LAMEY OL WITOVIER

### For Applicants Heretofore Allowed Pensions.

STATE OF GEO	RGIA,
Fulton	County.
Dergonally annears	was make of Fullon
	being duly sworft, says on oath that he is a bona fide citizen
and resident of said State, and	I has resided therein continuously ever since the 19
day of Can.	18/14; that he enlisted in the military service of the Con-
federate States (or of the State	of
States, and served & Sta	of Gul & R ling company K, of 3 th Regiment
of Volunte	ers, 's Brigade; that whilst engaged
in such pullitary service in th	e State of Ma on the 30 day
of August 1862	he was wounded, injured or diseased as follows:
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amfulated ab	
Deponent desires to partic	cipate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory there	of, and makes application for the pension to which he is
	October 26th, 1896. I have heretofore as a resident of
	y been allowed a pension of Om himdred
dollars, for the year 189 3.	4.
Sworn to and subscribed b	
19th day of Jet	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
m. L. Louis	to cin O odinary probability and explain particularly the extent disease.
NOTE-State fully the nature of wound of the disability, resulting from the wound of	or character of disease which causes the dispullity, and explain pacticularly the extent
STATE OF GEOF	RGIA.
Fullin Co	
I, m.L.La	Ordinary of said County,
do certify that I am well acquai	nted with ma A. might the
applicant in the foregoing affid	avit, and am well satisfied that the statements made by him
	d I know he is the individual he represents himself to be
and that he resides in this Cou	· · · · · · · · · · · · · · · · · · ·
Given u	nder my official signature and seal, this
day of	trabanony 1896.
Amix	made
your sent here.	m. L. bouch our
	~ ~ ~ ′

### For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA,

Fullon	County.	
	Um Amghy of	
		oath that he is a bona fide citizen
id resident of said State	, and has resided therein contin	nously ever since-the 19
ny of Jan	1844 that he enlisted in	the military service of the Con-
derate States for of the	State of	) during the war between the
tates, and served as a	my wat in Co	mpany L, of 5 th Regiment
, 4a / 1	olunteers, Um ght	s Brigade; hat whilst engaged
such military service in	All sighe of Overgon	on the day
August 1	862, he was wounded, injured	or diseased of follows:
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ambulated 1	on the 31th of Ac	16 1861 later
In Kny		
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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 Fullon ... county been allowed an invalid pension of

Sworn to and subscribed before me, this, the war 1897.

Sworn to and subscribed before me, this, the war arriver of the first factorial for the stantal for th

Logan Blees cley, notony Public Jullanta, Car.

Nore-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extension of the disability, resulting from the wound or disease.

#### STATE OF GEORGIA.

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

Given under my official signature and seal, this

STA	TR O	POW P GEORGIA,	ER OF	ATTOR	NEY.		
	1.5, 0,		inty.				
I	,			hereby auth	orize		•
			of.				
to rec	eive ar	d receipt for the	pension paid	hereon and	request that	ne remit same to	
/				by			
at							
day of	N WIT	NESS WHERE		eunto set my	hand and sea	l, this	
day of	Marie at		1898.				
	Exe	ented in presence of				[L. S.]	
	.,,,,,	area in presence o	" )				
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		estate.					
		والورقومادين وقسيد بتدييمات	-	-	and the second party	Million and a secondary and for any according	er Carlo
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(For Those Aiready Enrolled.)			. 0	1	ON,	2	
T. Iss	28	P P	1 7 13	25	OHNSON		
ACT OF 24 OCT. 1867.	No. 232	AS	5 2 0	1 2	RICHARD JOHNSON	WARRANT HANDED CHOCK	
ACT 0	0	INV.	2/4	72.	A NEW Y	E S	
F .			1 2 "		ІСН	WAR	
F.		<b>=</b>	nty nty	Disability Amount, \$	<b>A</b>		
		SS	Name	Disa			
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### POWER OF ATTORNEY.

	County.		
I,		hereby authorize	
		* * * * * * * * * * * * * * * * * * * *	
receive and r	eccipt for the pension	paid hereon and requ	est that he remit same
		by	
t			
IN WITNE	SS WHEREOF, I have	hereunto set my hand	and seal, this
y of	18		1
			17.
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,	, c		[L. 1
	in presence of		(L.)
	l in presence of		[L.)

SOLDIER'S PENSION. CODE SECTION 1794.
(Fer Those Aiready Estelled.) No. // 324

1888

RICHARD JOHNSON, Name Mr Albrid Disability

WARRANT HANDED TO

# For Applicants Heretofore Allowed Pensions.

tullon	County.		
personally appea	re Lem & MAN	app of Fu	lton
County, State of Georgia	a, who being duly sworn	, says on oath that he	is a bona fide citize
and resident of said Sta	te, and has resided there	ein continuously ever	since the 19
day of anuar	18 44 that he e	ulisted in the military	service of the Con
fodountal Chaten Con of 1th	Charles of the second		the war between the
States and served as	Macux on Z	in Confpany	of 33 Regimen
	Volunteers,	's Brigade :	that whilst engaged
in such military service i	in the State of Corre		the 30 day
of August	1862, he was wound	ed, injured or disease	d as follows:
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nd the acts amendatory ntitled for the year ending esident of Fact for	ng Oetober 26th, 1898.	Plication for the pen I have heretofore to county been allowed a	sion to which he is
nd the acts amendatory intitled for the year ending esident of Factor of Minn do	thereof, and makes aping October 26th, 1898.	I have heretofore to ounty been allowed a the year 189 7	sion to which he is inder said law as a u invalid pension of
ntitled for the year ending esident of Fullow OM Hum dr	thereof, and makes appropriate appropriate the second makes appropriate appropriate the second makes appropriate appropriate the second makes appropriate appropri	I have heretofore to county been allowed a the year 189 Z	sion to which he is
ntitled for the year ending sident of Feel or Mum dr	thereof, and makes appropriate appropriate the second makes appropriate appropriate the second makes appropriate appropriate the second makes appropriate appropri	I have heretofore to ounty been allowed a the year 189 7	sion to which he is inder said law as a u invalid pension of
sident of the year ending esident of testion of testion of testion of testion of testion of the year ending esident of testion of te	thereof, and makes apply October 26th, 1898.  Dollars, for ibed before me, this, the	I have heretofore to county been allowed a the year 1897.	sion to which he is ander said law as a n invalid pension of
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sworn to and subscribed for the year ending esident of Teeffor Sworn to and subscribed for the disability, resulting from the way of TATE OF GEORGE Teeffor that I am well plicant in the foregoing his said affidavit are true	bed before me, this, the last white disease white disease.  County.  County.  County.  County.  County.  County.  County.  Acquainted with affidavit, and am well sie, and I know he is the	Post-office  Ordina  Ordina  All Magnetics  All Mag	sion to which he is ander said law as a u invalid pension of a major of the plain particularly the extent ary of said County, the units made by him.
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# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
TulionCounty.
personally appears UM AMMahh of Fulton
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the /9
day of 1844; that he gulisted in the military service of the Con.
federate States (or of the State of) during the war between the
States, and served as a froral in Company K of 3 th Regiment
of Nolunteers, WM 908 's Brigade: that whilst average
in such military service in the State of
of 186 2 he was wounded, injured or diseased as follows:
Winder in right mw and lig am butalist
abou In Imu
and the second s
the state of the s
County been allowed an invalid pension of DM hamdred Dollars, for the year 1899.  Sworn to and subscribed before me, this, the day of March 190 1969.  POST OFFICE
NOTE -State fully the better of wound as absent of the
Nork-State fully the hature 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,
County.
ordinary of said C
Ordinary of said County,
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
n his said affidavit are true, and I know 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
Affiz your here
Ordinary County

		,		
STATE OF GEORGIA	4;" /			
	County.			
- J	~	hereby authorize	<b>.</b>	
	,	of		
to receive and receipt for	the pension paid	hereon and req	nest that he r	emit same to
	, i			
at ·		DŸ	1	
IN WITNESS WHE	EREOF, I have her	eunto set my har	id and seal, th	is
day of	1899.			
				[L. S.]
Executed in prese	ence of	)		
				- 40.

WARRANT HANDED TO

SOLDIER'S PENSION. (For Those Already Enrolled.)

RICHARD JOHNSON, Name Mr. O. Mr. 1899. County

STAT	E OF GE	ORGIA,	County.	OF A				5
to recei	ve and re	ceipt for the	e pension	ofof_ paid her	eon and	request th	at he res	nit same to
IN day of	WITNES	SS WHERE		ave hereu	nto set m	y hand and	l seal this	[L. S.]
	Executed	in presence	e of.	- /				
					V			
<b>.</b> ()		<b>S</b>				1901	ritors.	
CODE SECTION. 170. For Those Aiready Enrolled.	30%	DISABLED IER'S PENSI	5	my he	20	INDSEX.	Compilationer of Per	de Printer, Atlanta.
CODE SECTION 1730 Those Already	No. 2331	DISA DIER'S		P. S.	3 100	S/>	Completion of the Control of the Con	W. Harrisons Dea
Ē.		<b>20</b> 1		Name County	Disability Amount, \$			. Pro-

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Gullan County.
M M OF THE
personally appears M. a. Might of Gullon
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of Assay 1844; that he enlisted in the military service of the Con-
States, and served as a hivelety Lillin Company of the Regiment
of Lin Missolanteers & Laff A's Brigade; that whilst engaged
in such military service in the State of Ja- on the 3000 day
of Cuid. 1852, he was wounded, injured or diseased as follows:
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the destination of the destination of the
들어 그렇게 요요하다는 생각 이 제공들이는 전기에 깨워.
[ 1 : 스틴스 Jg [에에 [ 현기 대통령 기
Deponent makes application for the pension to which he is entitled for the year end-
that determine under said law as a resident of
County been allowed an invalid pension of leollars, for the year 189 8.
7
POST OFFICE
7775 Carey
Note, State fields 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,
Fullan County.
Motulier
do certify that I am well acquainted with HO H Ordinary of said County,
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know 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 1899.
2 Local
Ordinary Fullion County.
eduity.

# For Applicants Heretofore Allowed Pensions.

STATE OF GE	· · · · · · · · · · · · · · · · · · ·
- Leeffel	County
Personally appea	
County, State of Georgia,	who being duly sworn, says on eath that he is a bona fide cit
and resident of said State	, and has resided therein continuously ever since the 194
day of gau.	1844; that he enlisted in the military service of the
federate States (or of the	State of
States, and served as a	want affricande honging of the war between
	Shankeers, Umghta 's Brigade; that whilst energy
in such military service in	n the State of / for a med on the 30
of suguen	1862, he was wounded, injured or diseased as follows:
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	of the state of th
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and the second s	and the same of th
Deponent maker and	
	lication for the pension to which he is a sittle !
ng October 26th, 190	lication for the pension to which he is entitled for year e
ng October 20th, 190	1. I have heretofore under said law as a resident
ng October 20th, 190	I. I have heretofore under said law as a resident
ing October 20th, 190  Full M  Fund	I. I have heretofore under said law as a resident County been allowed an invalid pension Dollars, for the year 1900.
ng October 26th, 190  TM Huno  Sworn to and subscrib	County been allowed an invalid pension Dollars, for the year 1800.
ing October 20th, 190  Full M  Om Huma	I. I have heretofore under said law as a resident County been allowed an invalid pension Dollars, for the year 1900.
Sworn to and subscrit	Dollars, for the year 1800.
Sworn to and subscrit  day of  Nors.—State fully the nature	County been allowed an invalid pension  County been allowed an invalid pension  Dollars, for the year 1900.  1901. Postoffice  To the word or charecter of linear which caree the many than the county of the word or charecter of linear which caree the many transfer of the word or charecter of linear which caree the many transfer of the word or charecter of linear which caree the many transfer of the word or charecter of linear which caree the many transfer of the word or charecter of linear which caree the many transfer of the word or charecter of linear which caree the many transfer of the word or charecter of linear which caree the many transfer of the word or charecter of linear which caree the many transfer of the word or charecter of linear which caree the many transfer of the word or charecter or char
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Sworn to and subscribed by the nature of the state fully the nature day of the disability r	County been allowed an invalid pension Dollars, for the year 1900.  Dollars, for the year 1900.  1901. Postoffice  of the would or character of disease which causes the disability, and Aphain passulting from the would or disease.
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Sworn to and subscribed and of the Nore.—State fully the nature dury the extent of the disability r	County been allowed an invalid pension Dollars, for the year 1900.  Dollars, for the year 1900.  Dollars, for the year 1900.  My M
Sworn to and subscrit day of Norg.—State fully the natare day the extent of the disability r	County been allowed an invalid pension pollars, for the year 1900, and before me; this the spot the word or character of disease which causes the disability, and explain possibility.  County.  Ordinary of said County.
Sworn to and subscriber of the disability of STATE OF GEORG	County been allowed an invalid pension Dollars, for the year 1900, and before me; this the Dollars for the year 1900. If the wound or character of disease which causes the disability, and Aphain passulting from the wound or disease.  County.  Ordinary of said Cour acquinted with
Sworn to and subscriber of the disability of STATE OF GEORG	County been allowed an invalid pension  County been allowed an invalid pension  Dollars, for the year 1900,  and before me; this the  1901. Postoffice  of the wound or character of disease which causes the disability, and Aphain passulting from the wound or disease.  County.  Ordinary of said Court  acquinted with  affidavit, and am well satisfied that the statements made by he
Sworn to and subscriber of the disability of STATE OF GEORG	County been allowed an invalid pension  County been allowed an invalid pension  Dollars, for the year 1900,  and before me; this the  1901. Postoffice  of the wound or character of disease which causes the disability, and Aphain passulting from the wound or disease.  County.  Ordinary of said Court  acquinted with  affidavit, and am well satisfied that the statements made by he, and I know he is the individual he represents himself, to
Sworn to and subscribed by the natural day of the extent of the disability restricted by the extent of the	County been allowed an invalid pension  County been allowed an invalid pension  Dollars, for the year 1900,  Postoffice  1901. Postoffice  1901. Postoffice  Ordinary of said County.  Ordinary of said County.  Affidavit, and am well satisfied that the statements made by he, and I know he is the individual he represents himself, to County.
Sworn to and subscribed by the natural day of the extent of the disability restricted by the extent of the	County been allowed an invalid pension  County been allowed an invalid pension  Dollars, for the year 1900,  and before me; this the  1901. Postoffice  of the wound or character of disease which causes the disability, and Aphain passulting from the wound or disease.  County.  Ordinary of said Court  acquinted with  affidavit, and am well satisfied that the statements made by he, and I know he is the individual he represents himself, to
Sworn to and subscribed by the natural day of the extent of the disability restricted by the extent of the	County been allowed an invalid pension  County been allowed an invalid pension  Dollars, for the year 1900,  Postoffice  1901. Postoffice  1901. Postoffice  Ordinary of said County.  Ordinary of said County.  Affidavit, and am well satisfied that the statements made by he, and I know he is the individual he represents himself, to County.
Sworn to and subscriber of the disability restriction in the foregoing in his said affiliavit are truind that he resides in this Given	County been allowed an invalid pension Dollars, for the year 1900, and before me; this the 1901. Postoffice
Sworn to and subscribed by the extent of the disability restrained by the extent of the extent	County been allowed an invalid pension Dollars, for the year 1900, and before me; this the 1901. Postoffice

### POWER OF ATTORNEY

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			HEREO	F, I hav			my han	d and s	eal thi	s	,
				F, I hav			my han	d and s	eal thi	S	,

SOLDIER'S PENSION (FOR THOSE ALREADY ENROLLED.) which William No. 2434 DISABLED

JOHN W. LINDSEY. ARRANT HANDED TO

(FOR THOSE ALREADY ENROLLED.)

No. 2665

DIER'S PENSION

1902

DISABLED

JOHN W. LINDSEY,

WARRANT HANDED TO

1903.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

	-cellon	Co	unty.			
	ersonally appea	.*	Mark	of	Fulton	
Coun	ty, State of Georg	gia, who being d	iuly sworn, sa	ys on oath tha	he is a bona fide	citize
and r	esident of said S	tate, and has re	esided therein	continuously	ever since the	9
	f_ lau	1844	; that he enlis	ted in the mil	tary service of the	he Cor
	ite states (or of		un as Il	ompany S	the the west bear	con th
f	ou.	Volunteers,	Wmask	's Briga	de: that whilst e	
n suc	h military servic	e in the State o	s /ani	inia	on the 30	da
f	august	186.2	he was wound	ed. injured or	diseased as follow	ua
U	amided as	bilond	battle		are at u	
	ight Sine				about 1	and a sign of a
m	th 3/4	N Am	10/01	uraun	allow 1	na
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	11.	6 36	· · · · · · · · · · · · · · · · · · ·			
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				f. r		
D	eponent makes	application for	the pension	to mhish h-		
	Getober 26th, Fullon OM Hun		Coun		ed an invalid pen	
	worn to and subs	7 /	e, this the \		YMank 94	/
10	NA	1 1 1 1	<b>1</b>			
No rticula	те.—State fully the rely the extent of the di	nature of the wound	or character of	disease which causisease	ses the disability, and	explai
	TE OF GEO		)			
TA'		County.	}	)		
TA'	6	County.	).			
ra'	***			r	dinary of said C	ounty
. I,.	The second secon					
I,	ify that I am w				on contract to the second	
I, cert	licant in the fore	egoing affidavit,	and am well	satisfied that t	he statements me	ide by
I, cert	licant in the fore	egoing affidavit,	and am well	satisfied that t	he statements ms	ide by
I, cert e app	licant in the fore	egoing affidavit, are true, and I	and am well	satisfied that t e individual h	he statements me e represents him	ide by
I, cert e app	blicant in the fore his said affidavit that he resides in	egoing affidavit, are true, and I n this County.	and am well know he is th	e individual h	e represents him	ide by
I, cert e app	blicant in the fore his said affidavit that he resides in Giv	egoing affidavit, are true, and I n this County. en under my off	and am well know he is th	e individual h	e represents him	ade by
I, cert e app	blicant in the fore his said affidavit that he resides in Giv	egoing affidavit, are true, and I n this County.	and am well know he is th	e individual h	e represents him	ade by
I, cert e app	blicant in the fore his said affidavit that he resides in Giv	egoing affidavit, are true, and I n this County. en under my off	and am well know he is th	e individual h	e represents him	ade by
I, cert e app	licant in the forch his said affidavit that he resides in Giv day	egoing affidavit, are true, and I n this County. en under my off	and am well know he is the ficial signature Ordinary	e individual h	e represents hims	ade by

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Gutter County	
dutter County.	
County.	
Personally appears, Wina Wright of	Futtor
ounty, State of Georgia, who being duly sworn, says on oath that	t he is a have fide citizen
d resident of said State, and has resided therein continuously en	ver since the 19
y of June 18 44 that he enlisted in the mili	tary service of the Con
arata States (an of the Ct-t- C	ring the war between the
	of 3 the Regiment
line the	ade; that whilst engaged
o brigg	
August 1882, he was wounded, injured	, on the 200 day
, lie was wounded, injured	d or diseased as follows:
Last right leg any 3/2 1862	
Sou rogu ay any 3/21/862	
	angan makang anan ka ili sa managa
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differentiation of the state of	
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· · · · · · · · · · · · · · · · · · ·	
Dollars, for the year 190	ed an invalid pension of .
Sworn to and subscribed before me, this the day of 1903.  Post-office	Atlanta 41
NOTZ.—State fully the nature of the wound or character of disease which causeularly the extent of the disability resulting from the wound or disease.	ses the disability, and explain
그는 전시 그리지 작가 되었다면 전시하다 그런 그리지가 가다면서 그렇게 하다.	
TATE OF GEORGIA,	
County.	
I John William Ordi	inary of said County,
costly that I am well acquainted with Wes allri	skil county,
applicant in the foregoing affidavit, and am well satisfied that	
in his said affidavit are true, and I know he is the individual h	the statements made by
and that he resides in this County.	re represents intinsen to
Given under my official signature and seal, this	
day of1903.	
· · · · · · · · · · · · · · · · · · ·	
ns p	
Ordinary	County.
NOTE Fill all blanks and of Company and Regiment.	January 1, 1903.

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#### POWER OF ATTORNEY.

	I,	COUNTY.		hereby authorize
to receive and rece	ipt for the p	ension paid hereon, a	nd request that	he remit same to
		by		
at	1			
	WHEREOF, I	have hereunto set my h	and and seal, this	s :
day of	4	1904.		
			1111	[L. S.]
Executed in the	he presence of			
<u> </u>				10,70
	,		· 6.	
	~	1	1 8 1	
^ B	95	my the	= //	HANDED TO
(FOR THOSE ALREADY ENROL No.	2	• 2	, ,	of Pe
		Eulton Kegment	JOHN W. LINDSEY	WARRANT HANDED
E ALREADY IO. : C.	LDIER'S	ulto		
No.	2	五百多	2 C B	8 50
SE S		21 2	3 2 8	RRA
	VA-200	1	Disability Amount, \$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

		Co				
		-	of_		ner	eby authoriz
			on paid here	on, and requ	est that he re	emit same
			by			
y of		1905.		t my hand and		[ī,. s
Execu	ted in the pre	seuce of t		,		

SOLDIER'S PENSION DISABLED 1905.

Name

(FOR THOSE ALMEADY ENROLLED.)

no deta

No. 2530

3/8 F 1905. JOHN W. LINDSEY.
Commissioner of Pension

Amount, \$

WARRANT HANDED TO

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STAT	E OF	EORGIA,
, e 's	Bulton	County.

Personally appears was a day and
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of Laz 1844 that he enlisted in the mill
federate State of the Con-
alou, i a manual del ween the
in cush william whilst engaged
in such military service in the State of July, on the 30 day
Collected to the first way woulded injured or diseased as follows:
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sor my ar leg ling 31 01/862
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the state of the s
And the first of management of the first of
Deponent makes application for the pension to which he is entitled for the year
as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1903.
Sworn to and subscribed before me, this the
day of JAN 21 1904 1904
The state of the s
State fully the nature of the wound or character of disease which causes the disability, and explain proportion of the disability resulting from the wound or disease.
STATE OF GEORGIA,
STATE OF GEORGIA,
County.
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 AN 21 1904
day of
Ami }
heid )
Nove - kill all blanks and of Company and Regiment.
NOTE - All vouchers and affidavis must hear date after January 1 1004

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

deresident of said State, and has resided therein continuously of and 1844; that he enlisted in the lerate States (or of the State of in Company Volunteers Impute 's B such military service in the State of in Manual 1862, he was wounded, injute the makes application for the pension to which the October 26th, 1905. I have heretofore, under state of the pension to which the Component makes application for the pension to which the October 26th, 1905. I have heretofore, under state of the pension to which the pension the pension to which the pension the pension to which the pension	nulltary service of the Conduring the war between the state of the Regiment of the Regiment of the Wilst engaged, on the 30 day and or diseased as follows:  A control of the Wilst engaged of the well of the well and the well and the well and the well and invalid pension of the well an invalid pension of
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County.	
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applicant in the foregoing affidavit, and am well satisfied	
in in his said affidavit are true, and I know he is the indivi	that the statements made
e, and that he resides in this County.	qual he represents himself
Given under my official signature and seal, this	
day of	.1
Ordinary	

### POWER OF ATTORNEY.

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at		- 14°	by		
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#### POWER OF ATTORNEY

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# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Futor County.
Personally appears UM STW 9th of Fulton
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizer
and resident of said State, and has resided therein continuously ever since the 19
day of fau 1844; that he enlisted in the military service of the Con
federate States, (or of the State of La ) during the war between the
States, and served as a private / in Company /7 , of 32th Regimen
of Volunteers Wright 's Brigade; that whilst engaged
in such military service in the State of Progunch, on the 30 day
of August 1862, he was wounded, injured or, diseased as follows
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a bow rome on 3/th ang 1862
Deponent makes application for the pension to which he is entitled for the year
County, been allowed an invalid pension o
Sworn to and subscribed before me, this the
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la Will
. Well the field
Note.—State fully the nature of the wound or character of disease which causes the disability, and capital particularly the extent of the disability resulting from the wound or disease.
State of Georgia,
Julion County.
77/1
do certify that I am well acquainted with mma. Wright
the applicant in the foregoing affidavit, and am well satisfied that the statements mad
by him in his said affidavit are true, and I know he is the individual he represents himse
to be, and that he resides in this County.
Gives under my official signature and seal, this 23
day of January 1908 Wilkinson
ont Jordinary Feetton County.
Norg.—Fill all blanks and of Company and Regiment.

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	DAD	APPLICANT	A TITID TO	TARABA.		E	1. 1. 1
i	HIIK	APPLICANT	CULULI	MEMBE	ALLAUIF	D DDMGI	OTTO
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STATE OF GE		lon	County.		
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that I personal	y know Lus	Mary		the applican	
is the lawful w	idow of Lorse	a.c.	right		, who was on
the Pension Ro	ll of said	Full	074	County,	and was paid
· a Pension from	tue	ton_	729	inty for 1929, a	nd at the time
of his death on	the 13 day of	Dept		192 <b>9</b> , the	ere was due to
	his Pension of	~	0	Dollars	from the State
of Georgia, and	I know Mice	Jan	y box		, the within
witness, and he	is of a truthful and	trustworthy ch	racter and entitl	ed to full credit.	
Given under	my hand and seal	this 29 of	por	I()	, 1924
is the pro	Seal of Ordinary)		1 hours	Delle	
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٧.	<b>P</b> S €	P 3	320	d d	D-roll
1 2	pplication for Pens Oue Deceased Soldi (UNDER ACT 1891)	(To be paid to his Widow	1331	Approved and ordered	Depa nion
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g =	S S S	<b>B</b> 3	1 2 3	8 %	Pens ou pour pour properties the pour properti
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13	Application for Pensi Due Deceased Soldie (UNDER ACT 1891)	(To be paid to BY	f De	4 P	E SE
C+3	4		Widow of Aurige P. Date of Marriage P.	.3	O m o u u
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Wright War A. 1929

	CERTIFICA	E OF UK	DINAKY	
STATE OF GEORGI	A Fullo	County.		Ø
	TO H. Oall			
11.	when hear	Lwrig	. 0 1	County, do certify
				icant, and that she
is the lawful widow		L. Wrig	a .	, who was on
the Pension Roll of	said Yu	econ no	Cour	nty, and was paid
a Pension from	Yulton	· 5	County for 1929	and at the time
of his death on the	13 day of 0	ept	1929	, there was due to
him and unpaid his P	ension of		, J.	
of Georgia, and I kno		Farry	Sou	ars from the State
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	a truthful and trustwor		- /	dit.
Given under my h	nand and seal this	of 7	90, (,)	
(Seal	of Ordinary)	1	- Alle	Office
			The state of	Ordinary
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Application for Pension Due Deceased Soldier

192.9

Freton

(UNDER ACT 1891) (To be paid to his Widow)

ALT WOR A. 1929

def. Lawrence Kommissioner of P. Approved and ordered paid.

Date of Death 1101

## 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	1 17
and that said Pensioner was on the Pension Roll of Fulton	the contract of the contract of
and was paid a Pension of Fifty (\$ 500	
from said County for 2nd Quarter, 192 9 , and that the said Pensioner died in	
Fulton County on the 13th day of September	
Applicant further swears that she married the said William A. Wright	
on the 19th day of Nov , 1885, in Richmond	
State of Georgia , and resided with him from the date of marriage to his	
lawful wife, and is now his dependent widow, and she asks that the 3rd Or. Pe	
due and unpaid be paid to her.	nsion, 192.
Sworn to and subscribed before me this 29th day of November	192 9
100. Place 0. L	
Fulton County mu many Le Ware	L. S.)
(Seal of Ordinary)	
AFFIDAVIT OF WITNESS	1.
STATE OF GEORGIA, Fulton County.	
Personally before me comes. Kiss Funny Cox	
on oath says that he knew William A. Wright	
and that he knows Mrs. Kary L. Wright	
above applicant; and knows that the said . William A. Wright	1 4
above applicant; and knows that the said . Villiam A. Wright and Mrs. Mary L. Wright were in due form of law married i	n the County
above applicant; and knows that the said . William A. Wright	n the County
above applicant; and knows that the said . William A. Wright and Mrs. Mary L. Wright were in due form of law married in the State of Georgia	n the County
above applicant; and knows that the said e William A. Wright and krs. Mary L. Wright were in due form of law married i of Richmond in the State of Georgia the 19th day of November , 1885, and that they	n the County on were residing
above applicant; and knows that the said a William A. Wright and hrs. Mary L. Wright were in due form of law married in the State of Georgia the 19th day of November , 1885, and that they together as husband and wife at the time of his death on the 13th	n the County on were residing
above applicant; and knows that the said a William A. Wright and Mrs. Mary L. Wright were in due form of law married in the State of Georgia the 19th day of November , 1885, and that they together as hubband and wife at the time of his death on the 13th September , 19 29 and that she is his dependent widow.	n the County on were residing day of
above applicant; and knows that the said e Villiam A. Wright and krs. Mary L. Wright were in due form of law married i of Richmond in the State of Georgia the 19th day of November 1885, and that they together as husband and wife at the time of his death on the 13th September 1929, and that she is his dependent widow. Sworn to and subscribed before me this 29th day of November	n the County on were residing day of
above applicant; and knows that the said e Villiam A. Wright and krs. Mary L. Wright were in due form of law married i of Richmond in the State of Georgia the 19th day of November , 1885, and that they together as hubband and wife at the time of his death on the	n the County on were residing day of

# Application for Pension Due Deceased Soldier (To Be Paid to His Widow) (UNDER ACT APPROVED OCTOBER 9, 1891)

Personally before me, i	the Ordinary of said County, comes Mrs. Mrs. Mary L. W
of said County, who after be	being duly sworn, on oath says that she is the widow of
William A.	
and that said Pensioner w	vas on the Pension Roll of Fulton
and was paid a Pension of	그렇게 보세요. [편집 기를 통해 다시 하다 시간 등을 계속하는 것 같아. 이 점점 하다.
	Quarter, 192 9 , and that the said Pensioner died in
Fulton (	County on the 13th day of September
	hat she married the said William A. Wright
on the 19th day of	Nov. 18 85, in Richmond C
State of Georgia	, and resided with him from the date of marriage to his de
	is dependent widow, and she asks that the 4th Or. Pensio
due and unpaid be paid to he	
Sworn to and subscribe	ed before me this 29th day of November
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	Ordinary )
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	1ton County Mrs Many 2 - Wat green
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(Seal of Or	AFFIDAVIT OF WITNESS
(Seal of Organization (Seal of Organization)	AFFIDAVIT OF WITNESS Pulton County.
(Seal of Ord  A  STATE OF GEORGIA,  Personally before me c	AFFIDAVIT OF WITNESS Pulton County.  comes kine Fanny Cox
(Seal of Ord	AFFIDAVIT OF WITNESS Pulton County.  comes kids Fanny Cox William A. Wright
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STATE OF GEORGIA,  Personally before me of the control on oath says that he knew, and that he knew, Mrs. Mar.	AFFIDAVIT OF WITNESS  Pulton County.  comes kide Panny Cox  William A. Wright w  ry L. Wright  that the said William A. Wright
STATE OF GEORGIA,  Personally before me control on oath says that he knew and that he knows Mrs Mar above applicant; and knows and Mrs Mary L. W	AFFIDAVIT OF WITNESS Pulton County.  comes kins Fanny Cox William A. Wright  ry L. Wright that the said William A. Wright Wright were in due form of law married in the
STATE OF GEORGIA,  Personally before me control on oath says that he knew and that he knows Mrs. Mar above applicant; and knows and Mrs. Mary L. Woof. Richmond	AFFIDAVIT OF WITNESS Fulton County.  comes kine Fenny Cox  William A. Wright  ry L. Wright  that the said William A. Wright  were in due form of law married in the State of Georgia
STATE OF GEORGIA,  Personally before me control on oath says that he knew, and that he knows Mrs. Mar above applicant; and knows and Mrs. Mary L. Worf. Richmond the 19th day of	AFFIDAVIT OF WITNESS  Pulton County.  comes kike Panny Cox  William A. Wright w  ry L. Wright  that the said William A. Wright  Wright were in due form of law married in the lin the State of Georgia  Bovember , 18 85, and that they were
STATE OF GEORGIA,  Personally before me of the knew and that he knows Mrs. Mars above applicant; and knows and Mrs. Mary L. Woof Richmond the 19th day of together as husband and wif	AFFIDAVIT OF WITNESS  Pulton County.  comes kine Panny Cox  William A. Wright w  Ty L. Wright  that the said William A. Wright  Wright were in due form of law married in the State of Georgia.  Movember , 18 85, and that they were in the time of his death on the 13th.
STATE OF GEORGIA,  Personally before me control on oath says that he knew and that he knows Mrs. Mary above applicant; and knows and Mrs. Mary L. Woof Richmond the 19th day of together as husband and wif September	AFFIDAVIT OF WITNESS Pulton County.  comes kins Fanny Cox  William A. Wright  ry L. Wright  that the said William A. Wright  Wright were in due form of law married in the state of Georgia.  Hovember , 18 85, and that they were at the time of his death on the 13th.  19 20 and that she is his dependent widow.
STATE OF GEORGIA,  Personally before me control on oath says that he knew and that he knows Mrs. Mary above applicant; and knows and Mrs. Mary L. Woof Richmond the 19th day of together as husband and wif September  Sworn to and subscribed	AFFIDAVIT OF WITNESS Pulton County.  comes kine Fanny Cox  William A. Wright  ry L. Wright  that the said William A. Wright  Wright were in due form of law married in the in the State of Georgia.  Movember , 18 85, and that they were in at the time of his death on the 13th, 19 29 and that she is his dependent widow.  It is at the time of his death on the 13th 19 29 and that she is his dependent widow.
STATE OF GEORGIA,  Personally before me control on oath says that he knew and that he knows Mrs Mar above applicant; and knows and Mrs. Mary L. Woof Richmond the 19th day of together as husband and wif September  Sworn to and subscribed	AFFIDAVIT OF WITNESS Pulton County.  comes kins Fanny Cox  William A. Wright  ry L. Wright  that the said William A. Wright  Wright were in due form of law married in the state of Georgia.  Hovember , 18 85, and that they were at the time of his death on the 13th.  19 20 and that she is his dependent widow.
STATE OF GEORGIA,  Personally before me control on oath says that he knew, and that he knows Mrs. Mary above applicant; and knows and Mrs. Mary Le. Woof Richmond the 19th day of together as husband and wif September.  Sworn to and subscribed	AFFIDAVIT OF WITNESS Pulton County.  comes kine Fanny Cox  William A. Wright  ry L. Wright  that the said William A. Wright  Wright were in due form of law married in the in the State of Georgia.  Movember , 18 85, and that they were in at the time of his death on the 13th, 19 29 and that she is his dependent widow.  It is at the time of his death on the 13th 19 29 and that she is his dependent widow.

Audited April 8 1889. Voucher No. 1823.

Amount, \$ 100.

Paid to Many By Right,

For Las & By Right,

Leg

Uncluded in Warrani No.

issued to Tressurer.

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

Audited Feb. 11 18 90 Amount \$100 Street Street For Loss of Tey

Included in warrant No.

issued to Treasurer.

Maimed Soldiers.

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WARRANG CLERK

J. Campbell, State Printer, Constitution July Office.

Applieand. Ma Ev

STATE OF GEORGIA,  EXECUTIVE DEPARTMENT.)  Allanta, Ga, VIfril 6 1889.	STATE OF GEORGIA,  EXECUTIVE DEPARTMENT. Glanta, Sa., Pory 10, 1990
EXECUTIVE DEPARTMENT.)	EXECUTIVE DEPARTMENT.
[1] 2~ 10 [1] [1] [4] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1	
Mr. William V. Thought of the County of Sullin having filed the application in the Executive	Mr. All all sight of the County
	of Chaving filed his application in the Executive  Department for an allowance under the Act approved October 24, 1887, as amended by Act,
Department for an allowance ander the Act approved October 24, 1887, as amended by Act,	취임하다 맛있다는 사람이 하다는 것이 되었다면 하는 사람들이 다른 사람들이 되었다고 나타를 다 다 다 나타를 다 살아 먹었다.
Dec. 24, 1883, and the same having been allowed for	approved, Dec. 24, 1888, and the same having been examined and allowed for
He's entitled to receive the sum of the Mitalian ed y of Dollars	He is entitled to receive the sum of One Hill area Dollars
for such disability, the same being the allowance due for the ear ending October 24, 1889.	for such disability, the same being the allowance due for the year ending October 24, 18 70
The Treasurer will pay the same and hold his receipt on this voucher, and return same to	The Treasurer will pay the same and hold his receipt on this von and return same
Executive Department for warrant.	to Executive Department for warrant.
Lordon	1 Lordan
GOVERNOR. By the Governor.	By the Governor,
Did Marison	clost Harrison
GLERK EXECUTIVE BINENT.	CLERK EXECUTIVE DEPARTMENT:
	하는 항상 나는 아이는 이 사람들이 되어 하네요요? 나를 다니다
	· \$ 100
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,	The state of the s
Cinc Annaved & of	RECEIVED OF SPATE TREASURER, RET HERDEMAN
the state of	One Hundred unsvilled
	per above voucher, this 10 of Hely 1890
mingle	um Amalik
[요] 다른 사람들은 경기를 다 수입하는 사람들이 다른 아니라도 하다고 있다.	

1879 Jultan

WHEN AND WIERE BOKNY

ENLISTED WHEN AND WHERE?

COMPANY AND REGIMENT? Private, Co. C. 38 Regiment Co. Vols.

MAME OF CAPTAIN AND COLONYL? John F. Jones, Major.

WOUNDED? At Manages Ve., Aug. 50, 1862 in leg above knee.

CAPTURES, THEE ATT THETE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURREMMER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

PURIED.

WITNESSES, John F. Jones, Major. No date

P.O. 1079

COUNTY. Fulten

Audited MARITABIL 1891

MARITABIL 1891

LM LANGUAGE GENERAL

CCMPTROLLER GENERAL

1891

Maimed Soldiers.

Voucher No.

Amount \$ 100

11/1/

Included in warrant No.

issued to Treasurer.

1801

1891.

WARRANT-CLERK.

W. Harrison, State Printer, Atlanta

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MA Might

MAIK	E ,	Wri	ght,	19	A.

WHEN AND WIDER BOLNS

PARTITION OF A MILE WITE WITE OF

OTLENA AND REPUBLIE? Private, Co. K, 3d Regiment Ca. Vols. wrights Brigade.

THEY OF CAMELY ALLE & COURTY Jno. Milledge, Comm. Off.

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

Aftraki, Militari seriger

RELEADED,

VUEY AND WIFE THE TOP OF

F NOT PRESENT AT SURRETDER, WE'RE HELL TOUS

DIED, WEET ALL STREET

FURIED.

WITHESES, Jno. Milledge. No data.

F.O. 1889

COUPTY. Fulton

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. \ Allanta, Ba. 146/1 1891

Eccutive Department for warrant.

By the Governor

MANAGERIAN SECV EXECUTIVE DEPARTMENT.

100

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