

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

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 It was inaugurated as an experiment; if abused, it will naturally become unpopular and be repealed.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

Secretary, General W.
 57L 15 Oct 26/89
 Bailey, Samuel W.
 Gilmer Co.

No. 167
 Application for Allowance
 for Right arm
 L. W. Bailey
 Applicant Samuel W. Bailey
 County Gilmer
 Amount \$25
 Date of Warrant July 7/89
 Entered on Record
 July 7 1889
 W. A. W.
 Secretary Executive Department.

W. A. W.

Ex. Dept. Atlanta
 July 20/89
 Proof, incomplete,
 No attention to
 And affidavit
 1st page. No
 Official Seal to
 Ordinary's Certificate
 W. H. Harrison
 Clerk
 Just an oversight
 of mine
 J. C. Allen
 Ordry
 Gilmer Co. Ga

-2- **NOTES** -2-

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

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

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

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

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

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

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

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

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

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

STATE OF GEORGIA,
Gilmer County.

PERSONALLY appears Samuel A. Bridge of Colquinn county, State of Georgia, who, being duly sworn, says under oath that he is a bona fide citizen and resident of said State, and has been such since the day of 1830; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company 16, of 65th Regiment of 68th Volunteers 4th Inf. Brigade; that whilst engaged in such military service, at the battle of Atlanta in the State of Georgia, on the 22nd day of July 1862, he was wounded as follows: Greenback

Right. I was not trusting
the large bone or Radius and
gave much of the bone was
taken away, and rendering
Sergeant a Substantially
one is soundly. That's

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and makes application for the allowance to which he is entitled thereunder.

Sworn to and subscribed before me, this the 14th day of Nov 1888 *David W. Cook*

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

COMMISSIONED OFFICER'S AFFIDAVIT

STATE OF GEORGIA, }
Gibson County. }

PERSONALLY came before me R L Smith of the county of Silverson State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company H., of 65th Regiment of Georgia Volunteers, and that deponent knows Samuel W. Bailey, and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said Samuel W. Bailey, as stated by him in said affidavit. Deponent further states that said Samuel W. Bailey is a bona fide citizen of this State, and resides in Silverson county.

Sworn to and subscribed before me, this 22nd day of Nov 1888

Wm. R. Smith, 1st Lt.
Ordinary 65th Regt.

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

Ex. Dept. Atlanta
May 30/89
Proofs incomplete,
No attention to
Dns affidavits
Not page. No
Official Seal to
Returning Certificate
W. H. Harrison
Clerk
Just an oversight
of mine
J. C. Allen
Ordry
Gilmur Co. Ga

STATE OF GEORGIA,

Gilmer County.

PERSONALLY came

citizens of _____ county in said State,

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

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

Sworn to and subscribed before me, this

_____ day of _____ 188 _____

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

STATE OF GEORGIA,

Gilmer County.

PERSONALLY comes before me _____ Ordinary of said county

W. W. Watkins and *J. B. Bearden*, 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: _____

I am not certain of the right arm the ball bursted the radius causing resection of five inches of the bone which was done and we now find said State of facts to exist holding the right arm to all purposes substantially useful.

Sworn to and subscribed before me, this

_____ day of _____ 188 _____

W. W. Watkins M.D.
J. B. Bearden M.D.

ORDINARY

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

STATE OF GEORGIA,

Gilmer County.

I, _____ Ordinary of said county,

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

I further certify that _____ before whom the foregoing affidavits were made and power of attorney was signed, is a _____

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

Given under my official signature and seal, this _____ day of _____ 188 _____

J. C. Miller
Ordinary *Gilmer* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Gilmer County.

Know all men by these presents, That I _____

of _____ county, in said State, do hereby appoint _____

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

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

day of _____ 188 _____

Samuel W. Bailey [L. S.]

Executed in the presence of us:

W. W. Watkins
J. B. Bearden

W. A. M.

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

STATE OF GEORGIA,

Wilkes County. }
I, *A. M. Bailey* Ordinary of said county,
do certify that I am well acquainted with *J. M. Bailey* the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is
the individual he represents himself to be, and that he resides in this county. I also certify
that the foregoing witnesses, to-wit:

are persons of respectability, and that their statements are worthy of full credit and belief.
I further certify that before whom the foregoing
affidavits were made and power of attorney was signed, is a
of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *5th* day of *April*, 189*2*
A. M. Bailey
Ordinary *Wilkes* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Wilkes County. }
KNOW ALL MEN BY THESE PRESENTS, That *J. M. Bailey*
of *Wilkes* county, in said State, do hereby appoint *J. M. Bailey*
of *Wilkes* county, my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled
to from the State of Georgia by reason of the injury received as aforesaid in the military service
of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby
authorizing my said attorney to receipt in my name for any Warrant that may be issued by
the Governor, or for any sum of money which may be coming to me for the reason aforesaid.
In witness whereof I have hereunto set my hand and seal, this *5th*
day of *April*, 189*2*

Executed in the presence of us:

J. M. Bailey
A. M. Johnson
Ordinary

DIRECTION:

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

NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of fact showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."
5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.
7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

POWER OF ATTORNEY.

STATE OF GEORGIA

Fulton COUNTY

Know all Men by these Presents, That I

County, State of Georgia, 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 an injury received in the military service of the Confederate States (of this State), as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 24th day of March 1894.

Executed in the presence of us

J. S. Ellis
J. H. Harris

Send money to me as follows, by

County, Georgia.

STATE OF GEORGIA,

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

do certify that I am well acquainted with J. W. Bailey 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 5th day of March 1894.

Ordinary J. M. Johnson, Fulton County.

Gilmer Co
(For Those Already Employed.)
Barley J. W.
No. 458
Soldier's Pension.
1894.
Name *J. W. Bailey*
County *Gilmer*
Ranking *Drum Major*
Amount, \$ *50.00*
28 Feb
Rank *1st Sergeant*
Warrant No. *458*
WARRANT DATED TO
W W

Barley J. W.
Gilmer
1891
Gilmer Co
Barley J. W.
Application for Allowance
Name *Barley J. W.*
Rank *1st Sergeant*
County *Gilmer*
Amount *50.00*
Date of Warrant *Feb 27*
Entered on record *March 27*
Warrant No. 458
Warrant No. 458
Warrant No. 458

Ex. Dept. Atlanta Ga
July 11 1894
Miss Anna D. A. Smith
presented certificate after
the money was given
to her.
W. H. Harrison

Ex. Dept. Atlanta
March 7, 1894
Referral for service
of certificate is given
to the General, and
the State of Georgia, to be
certified.
The signature of the
General is given by
the General, and
is dated by the
General, and
the record of the
show no payment
affiliated with the
that he was a
General, and
the record of the
show no payment
affiliated with the
that he was a
General, and

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

PERSONALLY appears J. W. Bailey of Gilmer County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 22 day of January 1865; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company H, of 65th Regiment of Georgia Volunteers Wicks's Brigade; that whilst engaged in such military service at the battle of Atlanta in the State of Georgia on the 22 day of July 1864 he was wounded as follows: Wound shot through of right forearm about midway between elbow and wrist joint causing loss of about four inches of the bone wrist joint stiff and on account of this wound this right arm is rendered substantially & essentially useless

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of Fifty (50.00) dollars, for the year 1893.

Sworn to and subscribed before me, this, the 30th day of March 1894. J. W. Bailey

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

STATE OF GEORGIA.

I, Wm. Johnson Ordinance of said County, do certify that I am well acquainted with J. W. Bailey 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. Wm. Johnson day of February 1894.

Ordinary Gilmer County.

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA.

PERSONALLY appears J. W. Bailey of Gilmer County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 22 day of January 1865; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company H, of 65th Regiment of Georgia Volunteers Wicks's Brigade; that whilst engaged in such military service at the battle of Atlanta in the State of Georgia on the 22 day of July 1864 he was wounded as follows: Wound shot through of right forearm about midway between elbow and wrist joint causing loss of about four inches of the bone wrist joint stiff and on account of this wound this right arm is rendered substantially & essentially useless

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

Sworn to and subscribed before me, this, the 30th day of March 1891. J. W. Bailey

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

Know all Men by these Presents, That I, J. W. Bailey of Gilmer County, State of Georgia, do hereby appoint of A. W. Edwards Maricetta my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 5th day of March 1891.

Executed in the presence of us:

Wm. Johnson [L. S.]

Send money to me as follows, by J. W. Bailey to J. W. Bailey P. O. Gilmer County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Wilkes County.

KNOW ALL MEN BY THESE PRESENTS, That I

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *20*
day of *January* 1895.

Executed in presence of us

W A Johnson
Dining

DIRECTIONS.

Send money to me as follows, by

Wilkes

County, Georgia.

to *Ellis*

P. O.

J W Bailey

(For Those Already Enrolled.)

2910
Wilkes

SOLDIER'S PENSION.

1895.

Name *J W Bailey*

County *Wilkes*

Disability *Disabled arm*

Amount, \$ *50*

9/16

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDS TO

att

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Wilkes County.

I, *J W Bailey* hereby authorize

of *Gulton Co Ga*

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

at *Ellis* by *Shuck*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *10*

day of *January* 1896.

J W Bailey

[L. S.]

Executed in presence of us

W A Johnson
Dining

(For Those Already Enrolled.)

3037

SOLDIER'S PENSION.

1896.

Name *J W Bailey*

County *Wilkes*

Disability *50%*

Amount, \$ *37*

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDS TO

att

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Liberty County.

Personally appears *J W Bailey* of *Liberty*

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *22*-day of *January* 1865; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *Private* in Company *A*, of *65th* Regiment of *Gu* Volunteers, *Smith's* Brigade; that whilst engaged in such military service at the battle of *Stanton* in the State of *Gu* on the *22*-day of *July* 1864, he was

wounded as follows: *Shot in Right forearm about half way between elbow and wrist point causing loss of about four inches of Bone that point of Staff had broken the Contracted Amputation This arm substantially and essentially useless*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of *Fifty* dollars, for the year 189

Sworn to and subscribed before me, this, the

26-day of *January* 1895.

J W Bailey

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

STATE OF GEORGIA,

Liberty County.

I, *A M Johnson* Ordinary of said County, do certify that I am well acquainted with *J W Bailey* 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 *26*-day of *January* 1895.

A M Johnson

Ordinary *Liberty* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Liberty County.

Personally appears *J W Bailey* of *Liberty*

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *22*-day of *January* 1865; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *Private* in Company *A*, of *65th* Regiment of *Gu* Volunteers, *Smith's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *22*-day of *July* 1864, he was wounded, injured or diseased as follows:

Wound of Right Arm Mangled in Right Forearm half way between elbow and wrist point causing loss of about four inches of Bone that point of Staff had broken the Contracted Amputation This arm substantially and essentially useless Cannot close fingers - Nerve found in wrist joint destroyed

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of *Liberty* county been allowed a pension of *Fifty* dollars, for the year 189

Sworn to and subscribed before me, this, the

10-day of *February* 1896.

A M Johnson

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

STATE OF GEORGIA,

Liberty County.

I, *A M Johnson* Ordinary of said County, do certify that I am well acquainted with *J W Bailey* 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 *10*-day of *February* 1896.

A M Johnson

Ordinary *Liberty* County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, W. Bailey hereby authorize W. Bailey

of Ellijay Ga.

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

by W. Bailey

at Ellijay Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 5

day of January 1897.

[L. S.]

Executed in presence of

W. Bailey
Ellijay

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, W. Bailey hereby authorize W. Bailey

of Atlanta Ga.

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

me through the Ordinary by W. Bailey

at Ellijay Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 24

day of January 1898.

W. Bailey [L. S.]

Executed in presence of

W. Bailey
Ordinary

ACT OF 3 OCT. 1887.
(For Those Already Enrolled.)

No. 1241814

INVALID

SOLDIER'S PENSION.

1897.

Name W. Bailey

County Gilmer

Disability

Amount, \$ 50

2/2-0 1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

W. Bailey

W. W. JOHNSON, STATE PRINTER, ATLANTA.

270 data

ACT OF 3 OCT. 1887.
(For Those Already Enrolled.)

No. 1914

INVALID

SOLDIER'S PENSION.

1898.

Name W. Bailey

County Gilmer

Disability Wounds

Amount, \$ 50.00

2/15 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

W. Bailey

W. W. JOHNSON, STATE PRINTER, ATLANTA.

270 data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gilmer County.

Personally appears D. W. Bailey of Gilmer 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 2 day of June 1883; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Private in Company H, of 65th Regiment of Volunteers, Gilmer's Brigade; that whilst engaged in such military service in the State of _____, on the 22 day of July 1864, he was wounded, injured or diseased of follows:

Gunshot wound in right forearm
in right forearm causing loss of four
inches of bone must point dislocated
hand stands at right angle from
arm, completely disabling this arm
left forearm shot with piece of shell
which broke bone rendering this
arm substantially and essentially useless

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

Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 24 day of January 1897. POST OFFICE _____

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

STATE OF GEORGIA,

Gilmer County.

I, J. C. Allen Ordinary of said County, do certify that I am well acquainted with D. W. Bailey 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 5 day of January 1897.



Ordinary Gilmer County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gilmer County.

Personally appears D. W. Bailey of Gilmer 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 24 day of January 1884; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Private in Company H, of 65th Regiment of Volunteers, Gilmer's Brigade; that whilst engaged in such military service in the State of _____, on the 22 day of July 1864, he was wounded, injured or diseased as follows:

Battle of Atlanta, gunshot wound in right forearm
causing loss of four inches of bone, wrist joint dislocated
hand stands at right angle from arm, completely dis
abling this arm. Left forearm shot with piece of
shell at elbow breaking bone rendering this
left arm substantially and essentially useless
both arms are substantially and essentially useless
and he is totally disabled for performing any manual labor

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

Twenty Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 24 day of January 1898. POST OFFICE Gilmer, Ga

J. C. Allen Ordinary.

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

STATE OF GEORGIA,

Gilmer County.

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

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



Ordinary Gilmer County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Salmon COUNTY.

Know all Men by these Presents, That I

County State of Georgia do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal; this *25* day of *February* 189*5*

Executed in the presence of us

Attest

DIRECTIONS.

Send money to me as follows, by

Salmon

County, Georgia.

to *William Long* P. O.

Wm Bailey

New * Central * Hotel.

Bearden Bros. & Teem Co., Proprietors.

M. V. Teem, Manager.

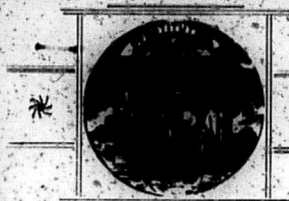
Ellijay, Ga., Jan 26th 1895-

George & we hereby certify that
Giles Co. we have this day examined
Mr T.W. Bailey and find in connexion
with a loss of 5 inches of the Radial
Bone of the Right Fore arm he
has in time made his left arm
dislocated and fractured at the
Elbow joint -
rendering him totally and essentially
disabled from manual labor
on our opinion (5 or 6) dollars is not
sufficient for him

J. M. J. B. Bearden M.D.

Smith and Gilbert D. L. P.

we and I certify that Dr J. M. J. B. Bearden
are physicians of good standing in this Salmon
County and all their statements worthy of credit
Jan 26 - 1895
M. V. Teem & Co.



STATE OF GEORGIA.

OFFICE OF

- Court of Ordinary.

GILMER COUNTY.

A. M. JOHNSON, Ordinary.

Ellijay, Ga. March 14 1895

Being i.e. 3 Personally appeared J. W. Bailey
Gilmer County of said County the applicant for
State Pension who on oath
Says that he was paid a Pension by the State
as a disabled Soldier for the years 1888-1889
1891-1892 and 1893 - that for the year 1890 he
filed his application and for some cause unknown
to applicant he was not paid in for the year
1894 he was not paid on account of some
defect in the form of allowing that his application
for Pension for the year 1894 is now on file
in the Pension department applicant wishes this
affidavit that he may be paid the Pension due
him for the years 1894 and 1895 for 1890
all of said Pension for said years 1890-1894 and
1895 being due to him as a disabled Soldier
known to and subscribed
before me March 14-1895
A. M. Johnson Ordinary

J. W. Bailey

State of Georgia,
Executive Office,
Atlanta.

W. T. ATKINSON, GOVERNOR.
J. W. WARREN, SECRETARIES EXECUTIVE DEPARTMENT.
RICHARD JOHNSON, F. E. CALLAWAY, PRIVATE SECRETARY,
G. B. CUNYERS, CONFIDENTIAL CLERK AND STENOGRAPHER.

21 Jan'y 1895-

Thos A. Craig Esq
Elizav' City

Dear Sir -

The enclosed pension
app. appears to be O.K. - excepting the
power of atty. is made to some party
unknown to me - Let it be presented
by the party named in power & same
will be paid - Jrs

Rich^d Johnson

50 Dollars pension for this
year are not being considered yet
at the proper time the parties named
can apply making proofs to sustain
claim - J.

Georgia } Personally came before
Giles County } me the undersigned, ~~Rich^d Johnson~~
J. R. Johnson, who on oath says that they are ac-
quainted with Ferrill W. Bailey, an applicant
for a Confederate Pension, now pending.
That they have examined his disability, that
his right fore arm is rendered substan-
tially and essentially useless, by having
some five or six inches of the radius or
large bone resorted, producing a con-
traction of the muscles of the fore arm
and a dislocation of the small bone
at the wrist joint, and drawing the right
hand around to nearly a right angle.
The position of the hand and the weakened
condition of the arm renders it comparatively
useless for all practical purposes. He
is a farmer by occupation, and is essentially
a one-handed one. He is a resident of
this County, and has a farm and family
here.

B. W. Watkins M.D.
J. A. Johnson M.D.

Sworn to & subscribed
before me this 18th day
of March 1895.

J. M. Johnson
Notary

Georgia 32. A. M. Johnson Ordinary
Gilmer County. Do certify
That E. H. Watkins & J. R. John-
son who made oath to and signed
the foregoing affidavit, are practicing
physicians in said County in good
standing and that their statements
are entitled to full faith and credit
Given under my hand and seal of
office this 18th day of March 1891.

A. M. Johnson
Ordinary

Georgia 33. A. M. Johnson
Ordinary of Gilmer County
herby certify that I have been
acquainted with J. W. Bailey
for twenty years that he has
lived in this County when I first met
him in 1870 that he has been
a resident of the County since that
time and that he has a farm and
family there-as to his being a
fugitive from justice he has
been in hiding and possibly
was part of time out of the State
but was at home part of the
time and as his family remained
here and his business here I have
not considered that he was a citizen of
any other State or County
Witness my hand and seal
this 18th day of March 1891. A. M. Johnson
Ordinary

Audited

Feb. 8th

1889.

Wm Amnigh
COMPTROLLER GENERAL

Voucher No. 167

Amount, \$ 25

Paid to Jennie W. Bailey

For Right Arm

disabled

Decy. 1st 1889.

(first payment)

Included in Warrant No.

issued to Treasurer.

Gilmer Co.

No. directions

WARRANT CLERK

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

W. Amnigh

Gilmer

Maimed Soldiers.

Audited

April 15

1889.

Wm Amnigh
COMPTROLLER GENERAL

Voucher No. 1961

Amount, \$ 50

Paid to J. M. Bailey

For Right arm

disabled

Apr. 13

1889.

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK

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

W. A. W.

Gilmer

Maimed Soldiers.

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 164.

Atlanta, Ga. Feby 7 1889

Mr. *Jessie W. Bailey* of the County

of *Gilmer* having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act

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

Right Arm disabled

He is entitled to receive the sum of *Twenty Five + 00* Dollars

for such disability, the same being the allowance due for the year ending October 24, 1888

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

By the Governor

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Twenty Five + 00

per above voucher, this *7* of *Feby* 1889.

Jessie W. Bailey
Per Wm A Wright

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 1961

Atlanta, Ga. April 13 1889

Mr. *J. W. Bailey* of the County

of *Gilmer* having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act

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

Right Arm disabled

He is entitled to receive the sum of *Twenty + 00* Dollars

for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Twenty + 00

per above voucher, this *13* of *April* 1889.

J. W. Bailey
W. A. Wright

Bailey, Merrill
Gilmer

1891.

Maimed Soldiers.

Audited.....1891.

COMPTROLLER GENERAL.

Voucher No. 2796

Amount \$ 50

Paid to Merrill M Bailey

For Arm and

Feb 21 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

A. H. Edwards

1891.

No. 2796

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

Atlanta, Ga. March 21 1891.

Mr. Samuel W Bailey of the County
Gilmer having filed his application in the Executive
 Department for an allowance under the Act approved October 24, 1887, as amended by Acts
 approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for
Am dis
 He is entitled to receive the sum of Fifty & 00/100 Dollars
 for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor,

W. H. Harrison

Sec'y EXECUTIVE DEPARTMENT.

GOVERNOR.

\$ 50

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

Fifty & 00/100 Dollars,
 per above voucher, this 21 of March 1891.

A. A. Edwards