

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 Government 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 careful 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 in 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 It was inaugurated as an experiment; if abused it will naturally become unpopular and be repealed.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 *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 detailed 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.

Barley, Samuel W.
57L
15 Oct 26/89
Barley, Samuel W.
Gilmer Co.

No. 167
Application for Allowance
for Right arm
L. W. B. *disabled*
Applicant: Samuel W. Barley
County: Gilmer
Amount: 25
Date of Warrant: July 7/89
Entered on Record: July 7 1889
MWA
Secretary Executive Department.

M. A. W.

Ex. Dept. Atlanta
July 20/89
Proof, incomplete,
No attention to
Dud affidavits
1st page. No
Official Seal to
Ordinary's Certificate.
M. W. Harmon
Clerk
Just an oversight
of mine
J. C. Allen
Ordy
Gilmer Co. Ga.

NOTES

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 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 Leavelle 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 been such since the day of 1835; 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 Ga Volunteers Genl Galt's Brigade; that whilst engaged in such military service, at the battle of Alcatraz in the State of Georgia, on the 27 day of July 1864, he was wounded as follows: slight profuse
Right forearm, bursting
the bone, or radius and
gave much of the bone was
taken out, and rendering
said arm, substantially
and essentially useless

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 24 day of Nov 1888
J. C. Allen

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, }
Gilmer County, }

PERSONALLY came before me R. S. Smith of the county of Gilmer State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company 16, of 65th Regiment of Georgia Volunteers, and that deponent knows Leavelle 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 Leavelle Bailey, as stated by him in said affidavit. Deponent further states that said Leavelle Bailey is a *bona fide* citizen of this State, and resides in Gilmer county.

Sworn to and subscribed before me, this 27 day of Nov 1888
J. C. Allen R. S. Smith 1st Lt. Co. 16
Ordinary 65th Reg Ga Vol

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. Depl. W. W. W.
15 Oct 26 87
Bailey, Leavelle N.
Gilmer Co.
No. 167
Application for Allowance
for Right arm
Wounded
Applicant Leavelle Bailey
Gilmer
Amount \$5
Date of Warrant July 7/89
Entered on Record.
July 7 1889
M.A.
Secretary Executive Department
M.A.W.

Ex. Depl. W. W. W.
July 20 89
Proofs incomplete.
No attention to
and affidavit
not made.
Official Seal to
Ordinary & Certificate
M. H. Hamman
Clerk
Just an oversight
of mine
J. C. Allen
Ord.
Gilmer 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

_____ 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:

On the right side of the head a wound was made by a ball bursting the scalp causing necrosis of five inches of the bone which was done here we now find said State of Georgia to exist within the right and all our persons and substance.

Sworn to and subscribed before me, this _____ day of _____ 188 _____

*J. W. Matthews, 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 _____ 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 _____

_____ Ordinary _____ 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 _____ 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 _____

_____ [L. S.]

Executed in the presence of us:

_____ }
_____ }

Bailey, H. W.
Selmer Co.
H. W.

No. 1961

APPLICATION FOR ALLOWANCE
FOR YEAR ENDING OCT. 31, 1887.

Right arm disabled
Applicant H. W. Bailey
County Selmer

Amount 00

Date of Warrant April 13

Entered on Record, April 13 1887

SECRETARY OF THE BOARD OF EQUALIZATION
H. W. M.

No additional data
W. M.

STATE OF GEORGIA,

Selmer County,
PERSONALLY appeared H. W. Bailey of Selmer 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 continuously since the 22 day of January 1835; 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 68th Regiment of Volunteers West's Brigade; that whilst engaged in such military service, at the battle of Atlanta in the State of Ga, on the 22 day of July 1864, he was wounded as follows: Shot with small ball about half way between wrist joint and elbow joint of right arm, ball entering between hand to be shot about five inches or more into taken out, no means to hold or left anything that on account of the wound his arm has been rendered substantially and essentially

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved Dec. 24, 1888, and makes application for the allowance to which he is entitled for the year ending Oct. 31, 1889.

Sworn to and subscribed before me, this }
the 5 day of April 1889 } H. W. Bailey
A. C. Johnson
Ord.

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

STATE OF GEORGIA,

Walker County,
PERSONALLY comes before me Sam Johnson Ordinary of said county, W. W. Watkins and J. M. Anderson, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined Sam Johnson and after such examination say that the applicant has been injured as follows: Shot through right arm above wrist entered through Selmer bone a hole evidently passing directly through both bones evidently radius from effects of which the radius was fractured nearly the extremities of which were broken and the radius bone broken away all the middle of the radius bone.

Sworn to and subscribed before me, this }
the 5 day of April 1889 } Sam Johnson
A. C. Johnson
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
County of Walker
Sam Johnson
Ordinary

STATE OF GEORGIA,

Wilkes County.

I, *A. M. Johnson* 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, in a

Given under my official signature and seal, this *5th* day of *April*, 188*2*

A. M. Johnson
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 *Wm. A. Doughty* 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*, 188*2*

J. M. Bailey (L. S.)

Executed in the presence of us:

Wm. A. Doughty
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

J. W. Bailey
Victor Smith
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 (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

A. S. Ellis
Porter & Co

Send money to me as follows, by

Victor Smith
County, Georgia.

STATE OF GEORGIA,

Gilmer County

I, *W. 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.

W. M. Johnson
Ordinary *Gilmer* County.

Bailey & Co
(For Those Already Employed.)
Bailey & Co
No. 458

Soldier's Pension.
1894.

Name *J. W. Bailey*
County *Gilmer*
Rank *Drum & Horn*
Amount, \$ *50.00*
28 Feb
WAR DEPARTMENT,
Adjutant General's Department,
Washington, D. C.
Feb 11 - 11 Dec 1894
WARRANT HANDED TO
W. M.

Bailey & Co
Gilmer
1891

Gilmer Co
J. W. Bailey
No. *1146*

Application for ALLOWANCES

Name *W. M. Johnson*
County *Gilmer*
Amount *50.*
Date of Warrant *Feb 27*
Entered on record *Feb 27*

W. M. Johnson
Ordinary *Gilmer* County.

Ex. Dept. Atlanta Ga
July 11 1894
Miss Anna P. Co. Cash
Presented serial after
the money was gone
perhaps concerned
to pay.
W. M. Harrison

See

Ex. Dept. Atlanta
Mich. 7. 1891
Returnal for Genl
of City Genl is for
to Genl, and amount
for Genl of City to be
entire.
The signature of Appl
ent for Genl of City
for Genl may be
physician showing
proceeds him to am
is disabled by the
month received and
The records of the Genl
show no payment to
applicant but 7000
that he was a Regt
Genl - notice returned
to be living out of the
state but not a Genl
Genl. W. M. Harrison

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 the 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 point causing loss of about four inches of the bone wrist joint (left hand) was fingers contracted and wrist joint dislocated 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 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 1894.

Sworn to and subscribed before me, this, the 20th 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, A. M. 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. As to the nature of his contraction with small pox, he states he has always claimed Gilmer County as his home.

A. M. Johnson
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 the 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 causing loss of about four inches of the bone wrist joint (left hand) was fingers contracted and wrist joint dislocated rendering this arm substantially and 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 20th day of March 1891.

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.

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:
A. M. Johnson
Ordinary

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Sulston County.

KNOW ALL MEN BY THESE PRESENTS, That I

J W Bailey

County, State of Georgia, do hereby appoint *W A Wright* of *Sulston 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.

J W Bailey [i. s.]

Executed in presence of us

A M Johnson
Sulston

DIRECTIONS.

Send money to me as follows, by

to *Ellis* P. O.
Sulston County, Georgia.
J W Bailey

What was last paid?
Aug 3, Sulston
Jan 1895

(For Those Already Enrolled.)

Barley No. *2910*
SOLDIER'S PENSION.
1895.

Name *J W Bailey*
County *Sulston*
Disability *Dis abled arm*
Amount, \$ *50* 1895.

5/16
RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
att
Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Sulston County.

I, *J W Bailey* hereby authorize *W A Wright* of *Sulston Co Ga*

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

at *Ellis* by *check*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *10* day of *January* 1896.

J W Bailey [i. s.]

Executed in presence of us

A M Johnson
Sulston

Barley No. *303*

(For Those Already Enrolled.)

SOLDIER'S PENSION.
1896.

Name *J W Bailey*
County *Sulston*
Disability *50%*
Amount, \$ *37* 1896.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
att
Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Sibson County.

Personally appears *J W Bailey* of *Sibson*

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* 18*56*; 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 *15*th Regiment of *Su* Volunteers, *Smith's* Brigade; that whilst engaged in such military service at the battle of *Stanton* in the State of *Su* on the *22*-day of *July* 1864, he was

wounded as follows: *Shot in Right Forearm about half way between Elbow and Wrist - Wound about 4 inches deep - about four inches of Bone met - Joint stiff and drum the continued military this was 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*0*.

Sworn to and subscribed before me, this, the

26 day of *January* 1895.

All Johnson Ordinary

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, *All 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.

All Johnson

Ordinary *Sibson* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Sibson County.

Personally appears *J W Bailey* of *Sibson*

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* 1835; 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 *15*th Regiment of *Su* 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 in Right Forearm - Wound half way between Elbow and Wrist - Joint stiff - Loss of Bone five inches of the bone - Joint stiff - Resulting this was substantially and essentially useless - Cannot close fingers - Nerve found in Wrist - Joint stiff

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 *Sibson* county been allowed a pension of *Fifty* dollars, for the year 189*0*.

Sworn to and subscribed before me, this, the

10 day of *February* 1896.

All Johnson

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,

Sibson County.

I, *All 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.

All Johnson

Ordinary *Sibson* County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }
Wilkes

I, *J. H. Bailey* hereby authorize *Richard J.*

of *Wilkes*

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

by *Richard J.*

at *Wilkes*

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

day of *January* 1897.

[L. S.]

Executed in presence of

Wm. Johnson
Duluth

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }
Gilmer

I, *J. H. Bailey* hereby authorize *A. D. Caulder*

of *Atlanta Ga.*

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

me through the Ordinary by *Charles*

at *Ellijay Ga.*

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

day of *January* 1898.

J. H. Bailey [L. S.]

Executed in presence of

J. C. Allen
Ordinary

ACT OF 9 OCT. 1882.
(For Those Already Enrolled.)

No. *1241814*

INVALID
SOLDIER'S PENSION.

1897.

Name *J. H. Bailey*
County *Gilmer*

Disability
Amount, \$ *50*
2/3-0 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
R. J. C.
SEE W. JOHNSON, STATE ARCHIVES, ATLANTA.
No data

ACT OF 9 OCT. 1882.
(For Those Already Enrolled.)

No. *1914*

INVALID
SOLDIER'S PENSION.

1898.

Name *J. H. Bailey*
County *Gilmer*

Disability *Almonds*
Amount, \$ *50.00*
2/3 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
A. D. C.
SEE W. JOHNSON, STATE ARCHIVES, ATLANTA.
No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gibber County.

Personally appears D. W. Bailey of Gibber 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 1833; 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 10th Regiment of sa Volunteers, Wicks'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:

Gunshot wound in Battle of Atlanta in right forearm causing loss of four inches of bone. Joint dislocated. Hand stands at right angle from arm, completely disabling this arm. Left forearm shot with piece of shell at elbow breaking 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 189.

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

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,

Gibber County.

I, W. H. Johnson 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.

W. H. Johnson Ordinary Gibber County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gibber County.

Personally appears D. W. Bailey of Gibber 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 January 1838; 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 6th Regiment of sa Volunteers, Wicks'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. Joint dislocated. Hand stands at right angle from arm, completely disabling this arm. Left forearm shot with piece of shell at elbow breaking bone rendering this left arm substantially and essentially useless. Right arm also 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 Gibber county been allowed an invalid pension of 50 Dollars, for the year 1897.

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

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,

Gibber 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.

J. C. Allen Ordinary Gibber County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Sabine COUNTY, }
Know all Men by these Presents, That I

County State of Georgia, do hereby appoint

of *Sullivan Long Knight* 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*6*

Executed in the presence of us
Attestation
Sullivan

DIRECTIONS.

Send money to me as follows, by *Check* to *Ellijay* P. O. *Sabine* County, Georgia.

J. W. Bailey [L. S.]
J. W. Bailey

New * Central * Hotel.

Bearden Bros. & Teem Co., Proprietors.

M. V. Teem, Manager.

Ellijay, Ga., Jan 26th 1895-

George & we hereby certify that
Gilmer 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 \$500.00 dollars is not
sufficient for him

J. M. J. B. Bearden M.D.S.
Sullivan and Sabine Counties
we and I certify that Drs J. M. J. B. Bearden
are physicians of good standing in this Sabine
County and all their statements worthy of credit
Jan 26 - 1896
Sullivan Long Knight

- Court of Ordinary.

GILMER COUNTY.

A. M. JOHNSON, Ordinary.

Ellijay, Ga. March 14 1895

Benjamin J. 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
 failed his application and from 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 calling 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. O'CALLAWAY, PRIVATE SECRETARY,
G. B. CONYERS, CONFIDENTIAL CLERK AND STENOGRAPHER.

21 July 1895

Thos A. Craig Esq
Elizaville Ga

Dear Sir -

The enclosed pension
app. appears to be O.K. - if exp. may the
power of atty. is made to some party
un-known 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 a gift
at the proper time the parties named
can apply making proofs to sustain
claim - J.

George W. Watkins Esq
Gilmer County Ga me the undersigned, ~~Rich 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.

G. W. Watkins M.D.
J. R. Johnson M.D.

Sworn to & subscribed
before me this 18th day
of March 1895.
J. M. Johnson
Notary

Georgia 3d. 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 3d. A. M. Johnson
Ordinary of Gilmer County
hereby certify that I have been
well acquainted with J. W. Bailey
for twenty years that he was
born 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. Armisth
COMPTROLLER GENERAL.

Gilmer ✓

Maimed Soldiers.

Voucher No. 167

Amount, \$ 25

Paid to Jennie W. Bailey

For Right Arm
disabled

Feb. 1st 1889.

(First Payment)

Included in Warrant No.
issued to Treasurer.

1889.
Gilmer Co.
No. directions
WARRANT CLERK
W. J. Campbell, State Printer, Constitution Job Office.

W. Armisth

Audited April 15 1889.

Wm. Armisth
COMPTROLLER GENERAL.

Gilmer

Maimed Soldiers.

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.

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 + 00/100* 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.

J. W. Gordon
GOVERNOR.

By the Governor
W. H. Harrison
CLERK EXECUTIVE DEPARTMENT.

25.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Twenty Five + 00/100 Dollars,
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 Five + 00/100* 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.

J. W. Gordon
GOVERNOR.

By the Governor
W. H. Harrison
CLERK EXECUTIVE DEPARTMENT.



50.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Twenty Five + 00/100 Dollars,
per above voucher, this *13* of *April* 1889.

J. W. Bailey
W. A. Wright

Bailey, Terrell
Gilmer

1891.

Maimed Soldiers.

Voucher No.

2796

Amount \$

50

Paid to

Terrell M Bailey

For

Armed

Feb 21

1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

A. K. Edwards

Audited

1891.

COMPTROLLER GENERAL.

1891.

No. 2796

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. March 21 1891.

Mr. Samuel W Bailey of the County
of Silver 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 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.



H. J. Woodson

GOVERNOR.

By the Governor,

W. McWhorter

Sec'y EXECUTIVE DEPARTMENT.

\$ 50

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

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

A. A. Edwards