POWER OF ATTORNEY

Form 5.

STATE OF GEORGIA, }
Gilmer County. }

KNOW ALL MEN BY THESE PRESENTS, That I, John F. Baker of Gilmer County, in said State, do hereby appoint Wm A Wright of Fulton Co 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 29 day of June 1891.

John F Baker [L. S.]

Executed in the presence of us:

A. M. Johnson }
Gilmer }

DIRECTION.

If allowed, send amount by ______________________ to me at ______________________, and oblige

NOTES.

Form 6.

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

1. If an applicant has been wounded, the description of the wounds 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 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 puposes be "substantially and essentially useless."

4. If the 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.

5. 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.

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

7. No payments can be made for any past year.

W. H. HARRISON,
Clerk Ex. Department.

Held for fuller proof by witnesses — Jul 18/91

1891.

No.

APPLICATION FOR ALLOWANCE

—FOR—

Applicant, Jno F. Baker

County, Gilmer

Amount,

Entered on Record

1891.

SECRETARY EXECUTIVE DEPARTMENT

WARRANT HANDED TO

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

POWER OF ATTORNEY

Form 5.

STATE OF GEORGIA,
Gilmer County.

KNOW ALL MEN BY THESE PRESENTS, That I, John F. Baker of Gilmer County, in said State, do hereby appoint Wm A Wright of Fulton Co 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 29 day of June 1891.

John F Baker [L. S.]

Executed in the presence of us:

A McJohnson
Ordinary

DIRECTION

If allowed, send amount by .... to me at ...., and oblige,

NOTES.

Form 6.

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

1. **If an applicant has been wounded, the description of the wounds 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 an arm or leg, unless the arm or leg has been rendered *substantially and essentially useless.*
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4. If the 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.
5. 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 recieved in any case.
6. The Ordinaries of the several Counties are specially requested to call the attention of the physicians and applicants to these points.
7. No payments can be made for any past year.

W. H. HARRISON,
Clerk Ex. Department.

Rec'd for Fuller proof by Ordinary, July 1891

1891.

No.

APPLICATION FOR ALLOWANCE
—FOR—

Applicant, Jno F. Baker
County, Gilmer
Amount,
Entered on Record 1891.

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

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

Form 1.

For Use of Applicants Who Have Not Heretofore Drawn.

STATE OF GEORGIA,
Gilmer County.

PERSONALLY appears John F. Baker 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 continuously since the first day of November 1872; 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 B, of 4th Regiment of Alabama Volunteers .... Brigade; that whilst engaged in such military service, at the battle of .... in the State of .... on the .... day of .... 186 , he was disabled as follows: by exposure in camp life and while in line of duty as a soldier and en route from Nashville ~~Murfreesboro~~ Tenn 1st March 1862 was attacked with Rheumatism involving his entire system and especially his hips back and knees swelling and causing continual pain which was so severe that in three hours he could not walk and was hauled in a wagon to Murfreesboro was in the Hospital until sent to Rome Ga at a private residence and was treated by physicians and was sent home sick with said disease and was never able for service as a soldier, and never [illegible] until now walks with a stick, suffered continually ever since and that he is now totally disabled for labor of any kind on account of Rheumatism

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 thereunder, ending October 26, 1891.

Sworn to and subscribed before me, this, the 29 day of June 1891.

John F Baker

A McJohnson
Ordinary.

NOTE.—State fully nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability. If claim is based on disease, give *full and connected history* of disease, tracing it directly to the service.
NOTE.—Do not trouble to mention wounds which do not disable.

Form 2.

AFFIDAVIT FOR WITNESSES.

STATE OF GEORGIA,
County of ____________

PERSONALLY appears before me, the undersigned Ordinary in and for said County, ____________, ____________ and ____________ each of whom, being duly sworn according to law, severally say, under oath, that they are personally well acquainted with ____________ whose application is herewith presented for a pension, and that they served with him in the army, and from our personal *knowledge* he was injured by the service as follows: (*Give full statement, and tell in your own language how badly applicant is disabled from work. If he does any labor, or can do any, state what.*) ____________

Our opportunities for knowing that his condition results from the service are as follows: ____________

Applicant is permanently disabled, and has been so to our certain knowledge ever since 18____

We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this ____ day of ____________ 1891.

____
ORDINARY.

NOTE.—The Ordinary will see that the full text of the Affidavit is understood by the *witnesses*, and that they are legally qualified to the same.

Form 3.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA,
Gilmer County.

PERSONALLY comes before me A. McJohnson Ordinary of said County, J S Tunkersly and E W Watkins, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have carefully examined John F. Baker and after such examination, say that the applicant has been injured as follows:

We find him suffering with General Rheumatism affecting joints & muscles most all over his body his knees partially stiff and tender and muscles slightly contracted making it quite difficult to straighten his legs his shoulders & elbows tender and partially stiff He has considerable atrophy of muscles all over body he cannot rest at night cannot lay on his back he is forced to sleep on his side with legs drawn up and his body curved forward he is totally disabled from labor or performing the manual avocations of life for subsistence

We have treated applicant professionally for ____________ years.

Sworn to and subscribed before me, this 29 day of June 1891.

J. S. Tunkersley M.D.
E W Watkins M.D.

A McJohnson
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.

NOTE 2.—If claim is for disability resulting from disease, state *how* the disease is *known* to result from the service as a soldier. Also state how long physicians have known and treated applicant.

Form 4

STATE OF GEORGIA,
Gilmer County.

I, A McJohnson Ordinary of said County, do certify that I am well acquainted with John F. Baker the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, *and he is disabled, as he claims,* [totally disabled] 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 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 29 day of June 1891.

A McJohnson
Ordinary Gilmer County.

Refused John F. Baker
Gilmer Co.

No. Apl 6/93

Soldier's Pension.

1893.

Name John F. Baker

County Gilmer

Disability

Amount, $

1893.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Ex Dept Atlanta
Mch 21/1893.

Mr Baker made an application for a pension in 1891, but none in 1892 that I know of. His claim sent up in 1891 was refused for want of proper proof to sustain it. He moved to this State many years after the war. His claim is a very doubtful one & he cannot be paid a pension without the fullest & most positive proof by comrades & physicians to show clearly that his condition is a positive & direct result of the war & nothing else.

W. H. Harrison

Form 5.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Gilmer County.

Know all Men by these Presents, That I, John F. Baker of Gilmer County, in said State, do hereby appoint Wm A Wright of Fulton County 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 17 day of March 1893.

John F. Baker [L. S.]

Executed in the presence of us:

A W Johnson
Drinnon

DIRECTION.

If allowed, send amount by Reg. L. to me at Ellijay Ga, and oblige,

John F. Baker

Form 8.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Gilmer County.

KNOW ALL MEN BY THESE PRESENTS, That I, John F. Baker of Gilmer County, in said State, do hereby appoint Wm A Wright of Fulton County 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 17 day of March 1893.

John F Baker [L. S.]

Executed in the presence of us:

A.H. Johnson
Ordinary

DIRECTION.

If allowed, send amount by Check to me at Ellijay Ga, and oblige,

John F Baker

Ex Dept Atlanta
Mch 21 1893

Mr Baker made an application for a pension in 1891, & his name in 1892 and claim sent back in 1891 for more proof of ... It moved to this State many years ... a claim ... he was disabled ... private ... by ... physician ...

No. ... John F. Baker, Gilmer Co.

Soldier's Pension.

1893.

John F. Baker

County Gilmer

Disability

Amount, $

1893.

W. H. HARRISON, Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Form 1.

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

STATE OF GEORGIA,
Gilmer County.

PERSONALLY appears John F Baker of Gilmer 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 continuously since the first day of November 1882, that he enlisted in the military service of the Confederate States (or the ~~State of~~) during the war between the States, and served as a Private in Company B, of 4th Regiment of Alabama Volunteers Breckinridges Brigade; that whilst engaged in such military service, at ~~the battle of~~ in the State of Tenn, on or about the 30 day of January 1862, he was disabled as follows: Contracted Rheumatic Pains brought on by Exposure and Swift Marching from Nashville to Murfreesborough Tenn in the night in mud and Rain Rheumatism was severe causing him to be unable to march and had to be Hauled in Wagon was sent to Rome Ga and was treated there and sent Home on sick List and was unable for service any more Rheumatism affecting Knees Hipps and Back causing Swelling and Suffering since first contracted in 1862 Have suffered continually cannot sleep or Rest at night muscles contract so that he cannot straighten his Legs and from this disability contracted in the service he is totally disabled from Labor of any kind and Rheumatism affects whole system

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 thereunder, ending October 26th, 1893.

Sworn to and subscribed before me this the 17 day of March 1893.

John F Baker

A.H. Johnson
Ordinary.

NOTE.—State fully nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability. If claim is based on disease, give *full and connected history* of disease, tracing it directly to the service.
NOTE.—Do not trouble to mention wounds which do not disable.

Form 2.

Affidavit for Witnesses.

STATE OF GEORGIA,
County of ____________ }

PERSONALLY appears before me, the undersigned, Ordinary in and for said County, ____________ and ____________ each of whom, being duly sworn according to law, severally say, under oath, that they are personally well acquainted with ____________ whose application is herewith presented for a pension, and that they served with him in the army, and from our personal *knowledge* he was injured by the service as follows: *(give full statement, and tell in your own language how badly applicant is disabled from work. If he does any labor, or can do any, state what.)*

Proof furnished in 1892 to which reference is made

Mr Baker States that he furnished proof in 1892 and Relies on that as the Proof furnished is as good as he can make
Mr Baker is totally disabled for Labor and if it is shown that his present condition is the Result of Service his claim has merit he is a good citizen - A.W. Johnson Ordinary

We personally know above stated facts. We were with him in the army and have known him ever since. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18____ We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me this ____ day of ____ 1893.

____________ ORDINARY.

NOTE.—The Ordinary will see that the full text of the Affidavit is understood by the *witnesses*, and that they are legally qualified to the same.
2. Witnesses are asked to make their statements full and explicit.

Form 3.

PHYSICIAN'S AFFIDAVIT.

STATE OF GEORGIA,
Gilmer County. }

PERSONALLY comes before me ____________ Ordinary of said County, J. S. Tankersley and E. W. Watkins, both known to me as reputable physicians of said County, who being severally sworn, say on oath that they have carefully examined John T. Baker and after such personal examination say that the applicant has been injured as follows:

Find applicant suffering from general rheumatism totally disabled from manual labor. He cannot straiten his legs by reason of contraction of muscles. He has general atrophy of muscles in extremities. It is difficult for him to elevate his hands above his head on account loss muscular power. He is very much emaciated and suffers general debility. His joints tender & painful to him. He suffers from heart trouble as a sequelae of rheumatism. He is permanently disabled from usual avocations of life. He is not able to do any labor.

We have treated applicant professionally for ____________ years.

Sworn to and subscribed before me this 4 day of April 1893. } J. S. Tankersley M.D.
E. W. Watkins M.D.

A.W. 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.
NOTE 2.—If claim is for disability resulting from disease, state *how* the disease is *known* to result from the service as a soldier. Also state how long physicians have known and treated applicant.

Form 4.

STATE OF GEORGIA,
Gilmer County. }

I, A.W. Johnson, Ordinary of said County, do certify that I am well acquainted with John T. Baker the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, *and he is disabled, as 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 are persons of respectability, and that their statements are worthy of full credit and belief.

Given under my official signature and seal this 17 day of March 1893.

A.W. Johnson
Ordinary Gilmer County.

PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—The affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions must be carefully observed before writing out the statement. All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of Alabama, **County of** Cherokee, **ss:**

In the Pension Claim No. ____

of John F. Baker late of

Co B 4 Regt Ala Infantry Vols Confederate States Service
(Company and regiment of service, if in the army; or vessel and rank if in the navy.)

Personally came before me, a J. W. H. Woolf J.P. in and for the aforesaid County and State J. M. McLenney, M.D. a citizen of the State of Ala Cherokee Co whose Post Office address is Pleasant Gap well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

That he is a Practicing Physician, and that he has been acquainted with said soldier for about 30 years, and that

(Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be permitted unless the magistrate certifies in his jurat that they were made before executing the paper.)

that I was personally well acquainted with said John F. Baker from the year 1860 to the present time and Know that said J F Baker was a stout healthy man prior to and up to the year he joined the Confederate Army in 1862 and free from Rheumatism so far as I could know. And that said J F Baker when he came home from the Confederate Army at the close of the war was afflicted with Rheumatism and that I was his family physician for some time in about several weeks. this was in time of the war he called on me for treatment. Said soldier was then at home on sick leave. He then had Rheumatism which I believe he contracted while in the service. And I know said Baker from close of the war in 1865 on to the ~~[illegible]~~ present time that he has been continuously afflicted with the Rheumatism all the [illegible]

claiment prior to the was sound I treated him while at home on furlugh dont rember deffinateley the the preise days of proscription claiment moved to georgia some time after discharged have seen him frequentley

NOTES.
The Physician's Affidavit should show the following facts: Whether or not he knew the soldier prior to ... the length of time he has known him intimately and what opportunities he has had of observing his physical condition, whether as his family physician or a neighbor; and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state, giving, if true, that had he been unsound, he would have known it. If he treated claimant while in the service either as his regimental surgeon or while claimant was home on furlough, that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the NATURE OF HIS DISABILITY and dates of treatment. If he has treated soldier since discharge he should so state, giving the date of his first treatment, what the physical condition was at the time, with complete diagnosis of the disability; and the periods during which he treated him should be stated, with dates as near as possible, and the prescriptions. ... The extent to which he has been unable to perform manual labor during each year from discharge to the present time.

STATE OF Texas, COUNTY OF McLennan

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words "Captain" ~~~~ erased, and the words "Lieutenant" ~~~~ added and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is a credible person.

J W Baker
(Official signature.)

[L. S.] Clerk of the County Court of McLennan County
(Official character.)

I, ____ Clerk of the County Court in and for aforesaid County and State, do certify that ____ Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing ____ in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this ____ day of ____, 188__

[L. S.] Clerk of the [illegible]

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

ADDITIONAL EVIDENCE.

CLAIM OF ____

AFFIDAVIT OF ____

Filed by

H. H. WALKER,

ATTORNEY-AT-LAW,

BELLTON, ____ GA.

GENERAL AFFIDAVIT.

State of Texas, County of McLennan, ss:

In the matter of Claim of John F. Baker late a private Co. B. 4 Regt. Alabama Infty Vols Confederate States Army War of 1861.

ON THIS 22nd day of November A. D. 1890, personally appeared before me J. W. Baker Clerk of the County Court in and for the aforesaid County duly authorized to administer oaths, Gilman H. Knight aged 58 years, a resident of in the County of McLennan and State of Texas whose Post Office address is Moody, McLennan County, Texas.

aged years, a resident of in the County of and State of whose Post Office address is

well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

I at I Was 2nd Lieutenant of C. B 4th Regt. Alabama Infty Vols And Said John F Baker Was a private in my Co. B. 4th Regt. Ala Vols. He Was Stout healthy able bodied passed the Medical Examination When he entered the Confederate Service about Janry 1862. Was received as an able Soldier fit for Service. And Was put in active field duty He Continued as Such in the line of his duty as a Soldier Until Some time about the 20th day of March 1862. While on Route from Tennpee River to Murphreysborough. The weather Was Rainey & Cold. Said Soldier with others Was much exposed. and at Which time the Said J. F Baker Was Severly attacked with Rheumatism that his whole System Was involved. he broke down not able to march. And Was put in a Waggon hauld to Murphreysboro put in Hospital Under Medical Treatment. Where he remained for Some time. he was Sent home on Sick List. and he Continued disabled and afflicted with the Rheumatism the balance of the War not able for Service. I paped Bakers house to See him in the East of the War to See him at Which time he was Confined with Rheumatism. And Baker handed me the Affidavit of Dr Teague his family Physician Showing Bakers inability to do any Soldiers Service

[Note.—Affiants should state how they gain knowledge of the facts to which they testify.]

I further declare that I have no interest in said case and am not concerned in its prosecution.

Gilmon H. Knight

(If Affiants sign by mark, two persons who can write sign here.) (Signature of Affiants.)

He further declares that he has been a practitioner of medicine for 35 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

George M McIlwry, MD
(Affiant's signature. Give rank and service, if in the army.)

Sworn to and subscribed before me this 8th day of May A. D. 1890

and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, &c., were fully made known to him before swearing, including the words erased, and the words added; and that I have no interest, direct or indirect, in the prosecution of this claim.

W. H. Wooly J.P.
(Official Signature.)

(Official Character.)

[L. S.]

I, Thos. Bradford Judge, Clerk of the County Court in and for aforesaid County and State, do certify that W. H. Wooly Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing a Justice of the Peace in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this 14th day of May 1890.

Thos. Bradford,
Judge & Clerk of the Probate Court Cherokee County, Ala.

[L. S.]

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

MEDICAL EVIDENCE.
AFFIDAVIT OF
CLAIM OF
No.
for
Filed by
H. H. WALKER,
ATTORNEY-AT-LAW.
BELLTON, GA.
Printed and for sale by J. H. SHUEY, Washington, D. C.

Georgia Gilmer County }

Personally
appeared before me John F. Baker
who on oath says he did not leave
Alabama and come to Georgia with
any view of getting a Pension
but in search of health.
That he knew nothing about
Confederate soldiers being entitled
to any Pension except on account
of wounds. untill informed
by Mr. E. H. Bagnell and Mrs
M. C. Robertson at White Path
Springs in Gilmer County
where deponent was lying
sick with rheumatism
as well as deponent can
recollect in the year 1888
Sworn to and Subscribed
before me This the 1st of
April 1893 John F. Baker
A. W. Johnson
Ordinary