

# 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, fixing the disability by positive periods to the service.
2. The law makes no allowance for a crippled *hand*, nor for a crippled foot, nor for any 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 If abused, it will naturally become unpopular and be repealed.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 priors 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.

Call, Joseph  
Call, Joseph 300  
K. L. Limer Co.

## No. 967 ✓ Application for Allowance

FOR

Left leg disabled  
Applicant Joseph Call  
County Limer  
Amount 25  
Date of Warrant June 9/88  
Entered on Record June 9 1888  
M. H. A.  
Secretary Executive Department.

6/19/88

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 foot, 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, it 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 Joseph Call 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 May 1859; 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 1st th Regiment of Georgia Regular Volunteers Thomas 9 Infantry Brigade; that whilst engaged in such military service, at the battle of Oliver Pond in the State of Florida, on the 24 day of July 1864, he was wounded as follows: Shot just below the knee with a minnie ball, which bursted the bone for four or five inches, which is now continually sore and pained and which has caused the leg, (left leg) to wither away, which wound has permanently injured him, and whereby his said left leg is rendered substantially and essentially useless, and was unable to serve any more during the war, and was discharged.

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 15<sup>th</sup> day of May, 1888 } Josephus  
J. R. Allen, Andy } mask Call

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,  
County.

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

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 188\_\_\_\_\_

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 :

All paid  
 Call for 300  
 Kilmear Co.  
 No. 967  
 Application for Allowance  
 FOR  
 Leftley, or added  
 Applicant Joseph Leall  
 County Culmer  
 Amount 205  
 Date of Warrant June 9th  
 Entered on Record  
 June 9 1888  
 MWA  
 Secretary Executive Department  
 95195x

STATE OF GEORGIA,

Gilmer County.

PERSONALLY came *P. H. Milton Braxton Painter and Smoother* citizens of *Gilmer* county in said State,

who, being duly sworn, say that they are acquainted with *Joseph Call* and were with him at the battle of *Pond Hole* 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 *Gilmer* county, and we are well satisfied that all the statements in his affidavit are true. *And we know that he was discharged on account of said wound and that he is now unable to perform any more.*

Sworn to and subscribed before me, this *15<sup>th</sup>* day of *May* 188*8* }  
*J. C. Allen*  
Ordinary

*P. H. Milton*  
*Wm B. Painter*  
*W. F. Walters*

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 *J. C. Allen* Ordinary of said county *Dr E. N. Watkins* and *Dr J. R. Johnson*, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *Joseph Call* and after such examination say that the applicant has been injured as follows:

*Shot with a ball just below the left knee which ball has bursted the bone for four or five inches and that said left leg below the knee has pushed away on account of said wound, that said wound permanently injure him, whereby said leg is rendered substantially and essentially useless.*

Sworn to and subscribed before me, this *15<sup>th</sup>* day of *May* 188*8* }  
*J. C. Allen*  
ORDINARY

*E. N. Watkins M.D.*  
*J. R. Johnson M.D.*

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, *J. C. Allen* Ordinary of said county, do certify that I am well acquainted with *Joseph Call* 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 *J. C. Allen* before whom the foregoing affidavits were made and power of attorney was signed *an Ordinary* of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *15<sup>th</sup>* day of *May* 188*8*  
*J. C. Allen*  
Ordinary *Gilmer* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Gilmer County.

Know all men by these presents, That I *Joseph Call* of *Gilmer* county, in said State, do hereby appoint *Wm A. Wright (Comp. Gen.)* of *Franklin 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 *18<sup>th</sup>* day of *May* 188*8*  
*Joseph Call*

Executed in the presence of us:

*John P. Denny*  
*J. M. Bearden*

STATE OF GEORGIA.

*Gilmer* County.  
 PERSONALLY appears *Joseph Call* 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 continuously since the *20<sup>th</sup>* day of *February* *1860*; 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 *15<sup>th</sup>* Regiment of *Georgia* Volunteers *Anderson's* Brigade; that whilst engaged in such military service, at the battle of *Ocean Pond* in the State of *Florida* on the *20<sup>th</sup>* day of *February* *1863*, he was wounded as follows: *was shot in left leg below the knee ball entering on inside of leg and passing through breaking the bone part of the Spinal bone marked out knee joint is stiff and causes continual pain and from said wound he is practically unable to perform the ordinary manual labor and totally incompetent to perform the ordinary manual avocations of life*  
 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. 26, 1889.

Sworn to and subscribed before me, this *Joseph Call*  
 the *25* day of *March* *1889*  
*Edw. Johnson*  
 Ordinary

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.

*Gilmer* County.  
 PERSONALLY comes before me *A. M. Johnson* Ordinary of said county, *J. M. Bearden M.D.* and *J. B. Bearden M.D.* both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *Joseph Call* and after such examination say that the applicant has been injured as follows: *We have this day examined said Joseph Call and find that he has been wounded in the left leg the ball entering 8 or 4 inches below the knee of the femur below the knee joint on the interior aspect coming out on the posterior aspect which renders the leg substantially and essentially useless*

Sworn to and subscribed before me, this *James M. Bearden M.D.*  
*25<sup>th</sup>* day of *March* *1889* *Joseph B. Bearden M.D.*  
*A. M. 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.

*Call Joseph*  
*Gilmer*  
*Call Joseph*  
 APPLICATION FOR ALLOWANCE  
*Edw. Johnson*  
 Applicant *Joseph Call*  
 County *Gilmer*  
 Amount *50*  
 Date of Warrant *March*  
 No. *100*  
*Met 5*  
*Met 10*  
*Met 15*  
*Met 20*  
*Met 25*  
*Met 30*  
*Met 35*  
*Met 40*  
*Met 45*  
*Met 50*  
*Met 55*  
*Met 60*  
*Met 65*  
*Met 70*  
*Met 75*  
*Met 80*  
*Met 85*  
*Met 90*  
*Met 95*  
*Met 100*



STATE OF GEORGIA.

*Gilmer* County.  
I, *A. M. Johnson* Ordinary of said county, do certify that I am well acquainted with *Joseph Call*, 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: *J. B. Brudenell* and *A. M. Brudenell*

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

Given under my official signature and seal, this *25* day of *March*, 1889.

*A. M. Johnson*  
Ordinary *Gilmer* County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

*Gilmer* County.  
KNOW ALL MEN BY THESE PRESENTS, That I, *Joseph Call* of *Gilmer* County, in said State, do hereby appoint *Mr. J. B. Brudenell* 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 *25* day of *March*, 1889.

*Joseph Call*  
(L. S.)

Executed in the presence of us:

*A. J. Carroll*  
*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 limb must for all purposes be "substantially and essentially useless." If application is for a wounded leg, it would seem to be a fair construction of the words above quoted, to say that unless the injury is such as to require the constant use of a crutch or stick, that the leg is not "substantially and essentially useless." If application is for loss of fingers or toes the proofs must be made to show the points where amputated.
4. If amendments are returned for correction, and amendments are added to any of the affidavits, 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.

STATE OF GEORGIA,

*Gilmer* County.

I, *A M Johnson* Ordinary of said county,  
do certify that I am well acquainted with *Joseph Call* 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 *4* day of *Feb* 189*0*

*A M Johnson*  
Ordinary

*Gilmer* County.

STATE OF GEORGIA,

*Gilmer* County.

I, *A M Johnson* Ordinary of said County,  
do certify that I am well acquainted with *Joseph Call* 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 *13* day of *February* 189*1*

*A M Johnson*  
Ordinary

*Gilmer* County.

1890.

APPLICATION FOR ALLOWANCE.

FOR THIS EXCISE OFFICE IN 1890.

V-1011-

Applicant, *Joseph Call*

County, *Gilmer*

Amount, *\$ 50.*

Date of warrant, *Feb 11 1890.*

Entered on record

*Feb 11*

189*0*

SECRETARY EXCISES DEPARTMENT.

WARRANT HANDED TO

*John P. Papp*

*Gilmer Co*  
*Call, Joseph*  
**1891.**  
*Call, Joseph*  
**PAID 10-1-91**

Application for Allowance

FOR THIS YEAR ENDING OCTOBER 31, 1901.

FOR

Applicant, *Joseph Call*

County, *Gilmer*

Amount, *50*

Date of Warrant, *Feb 11*

Entered on record

189*0*

*Feb 11*

SECRETARY EXCISES DEPARTMENT.

WARRANT HANDED TO

*Call, Joseph*

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

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Gilmer* County.  
PERSONALLY appears *Joseph Ball* 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 continually since the *1st* day of *July* 1869; 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 *1st* *th* Regiment of *Georgia* Volunteers *Boone*'s Brigade; that whilst engaged in such military service, at the battle of *Ocean Pond* in the State of *Florida*, on the *20* day of *July* 1863, he was wounded as follows:

*Shot with a musket ball, ball entering just below knee joint, going directly through the bone and coming out on opposite side, leaving a hole for about eight inches. Wound was treated with pain. Wound with stick. Wound has healed but is substantially disabled and is 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, 1890. I have heretofore been allowed a pension of *50* dollars.

Sworn to and subscribed before me, this the *4th* day of *July* 1890, *A. M. Johnson* *Delmon*  
NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

## POWER OF ATTORNEY.

STATE OF GEORGIA

*Gilmer* County.  
KNOW ALL MEN BY THESE PRESENTS, That I, *Joseph Ball* of *Gilmer* county, in said State, do hereby appoint *Joseph Ball* my true and lawful attorney in fact, for me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit: hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *4th* day of *July* 1890

Executed in the presence of us: *Joseph Ball* [L. S.]  
*A. M. Johnson* *Delmon*  
Send money to me as follows, by *Delmon* DIRECTION.  
to *Delmon* P. O.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Gilmer* County.  
PERSONALLY appears *Joseph Ball* 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 *1st* day of *July* 1869; 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 *1st* *th* Regiment of *Georgia* Volunteers *Boone*'s Brigade; that whilst engaged in such military service at the battle of *Ocean Pond* in the State of *Florida*, on the *20* day of *July* 1863, he was wounded as follows:

*Shot with a musket ball, ball entering just below the knee joint, passing directly through the bone, leaving a hole for about 8 inches. Wound was treated with pain. Wound with stick. Wound has healed but is substantially disabled and is 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 *50* dollars, for *1889-1890*.

Sworn to and subscribed before me, this the *15th* day of *February* 1891, *A. M. Johnson* *Delmon*  
NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

## POWER OF ATTORNEY.

STATE OF GEORGIA,

*Gilmer* County.  
Know all Men by these Presents, That I, *Joseph Ball* of *Gilmer* County, State of Georgia, do hereby appoint *Joseph Ball* 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 *15th* day of *February* 1891, *Joseph Ball* [L. S.]

Executed in the presence of us: *Thomas H. Green*  
*A. M. Johnson* *Delmon* DIRECTION.  
Send money to me as follows, by *Delmon* to *Delmon* P. O. County, Georgia.

STATE OF GEORGIA.

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

Given under my official signature and seal, this 17 day of March 1892.

Ordinary Joseph Cull County.

STATE OF GEORGIA.

Know all Men by these Presents, That I Joseph Cull  
of Wilkes County, State of Georgia, do hereby appoint  
of Joseph Cull 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 1892.

Executed in the presence of us:

Send money to me as follows, by Shute  
to William P. O.  
Wilkes County, Georgia.

Wilkes Co  
Call, Joseph  
SOLDIER'S PENSION.  
1892.

FOR THE YEAR ENDING ON FEBRUARY 28, 1892.

Name Joseph Cull  
County Wilkes  
Disability Dr. Cull  
Amount \$ 50.00  
Entered on record McK 1892.  
W. H. HARRISON,  
Secretary of Revenue Department.  
AGENT,  
W. H. Harrison  
Gen. W. Harrison, State Printer, Atlanta, Ga.

Wilkes Co  
Call, Joseph  
1893.

No. 1789  
Application for Allowance  
For the Year Ending October 31, 1893.  
FOR  
Joseph Cull  
Applicant, Joseph Cull  
County, Wilkes  
Amount, 50.00  
Date of Warrant, 3  
Entered on record, 20 1893.  
W. H. HARRISON,  
Secretary Revenue Department.  
WARRANT HANDED TO  
W. H. Harrison  
Gen. W. Harrison, State Printer, Atlanta, Ga.

STATE OF GEORGIA.  
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Liberty* County, }  
 PERSONALLY appears *Joseph Cull*  
 of *Liberty* County, State of Georgia, who, being duly sworn, says  
 on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously  
 since the *month* day of *February* 1832; 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 *1st* th Regiment of *Gu* Volunteers *Fourth*'s  
 Brigade; that whilst engaged in such military service at the battle of *Ocean Pond*  
 in the State of *Florida* on the *20* day of

*February* 1863, he was wounded as follows: *Guns shot*  
*wound ball entering just below knee joint*  
*passing directly through the bone and coming*  
*out on opposite side bridging lower part about*  
*5 inches; path with stick wound very great*  
*dean entrance was 29 substantially, with*  
*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, 1892. I have heretofore been allowed a pension of

*fifty* Dollars for *3 years*  
 Sworn to and subscribed before me this the *1st*  
 day of *March* 1892. } *Joseph Cull*  
*Deponent* Ordinary.

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

*Liberty* County, }  
 Know all Men by these Presents, That I, *Joseph Cull*  
 of *Liberty* County, State of Georgia, do hereby appoint  
 of *William C. 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 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 *1st*  
 day of *March* 1892. *Joseph Cull* [L. S.]

Executed in the presence of us:  
*A. M. Johnson* Ordinary

Send money to me as follows, by *George C. Smith* to *George C. Smith* P. O.  
*Liberty* County, Georgia.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Liberty* County, }  
 PERSONALLY appears *Joseph Cull* 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  
 day of *Feb* 1832; that he enlisted in the military service of the Con-  
 federate States (or of the State of *Georgia*) during the war between the  
 States, and served as a *Private* in Company *H* of *1st* th Regiment  
 of *Gu* Volunteers *Fourth*'s Brigade; that whilst engaged in  
 such military service at the battle of *Ocean Pond* in the State  
 of *Florida* on the *20* day of *February* 1863, he was  
 wounded as follows: *Guns shot*  
*wound ball entering just below knee joint*  
*passing directly through the bone and coming*  
*out on opposite side bridging lower part about*  
*5 inches; path with stick wound very great*  
*dean entrance was 29 substantially, with*  
*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, 1893. I have heretofore been allowed a pension of

*fifty* dollars, for *4 years*  
 Sworn to and subscribed before me, this, the *1st*  
 day of *March* 1893. } *Joseph Cull*  
*Deponent* Ordinary.

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

STATE OF GEORGIA,

*Liberty* County, }  
 I, *A. M. Johnson* Ordinary of said County,  
 do certify that I am well acquainted with *Joseph Cull* 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 in-  
 dividual 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 *1st* day of *March* 1893.  
*A. M. Johnson* Ordinary *Liberty* County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Eiburn* County, }  
PERSONALLY appears *Joseph Cull*  
of *Eiburn* County, State of Georgia, who, being duly sworn, says  
on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously  
since the *Month* day of *January* 18*82*; 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 *1st* th Regiment of *Gu* Volunteers *Tenth*'s  
Brigade: that whilst engaged in such military service at the battle of *Ocean Pond*  
in the State of *Florida*, on the *20* day of *February* 1863, he was wounded as follows:

*Gunshot wound full entering just below knee joint passing directly through the bone and coming out at opposite side. Wounding bones for about 5 inches. Wounds with stick wound, very great pain. Wound this leg substantially, with 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, 1892. I have heretofore been allowed a pension of

*fifty* Dollars for *3* years  
Sworn to and subscribed before me this the *1st* day of *March* 1892, *Joseph Cull*  
*J. M. Johnson* Ordinary.

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

*Eiburn* County, }  
Know all Men by these Presents, That I, *Joseph Cull*  
of *Eiburn* County, in said State, do hereby appoint  
of *Butler* Co. *the* 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 *2nd*  
day of *March* 1892, *Joseph Cull* [L. S.]

Executed in the presence of us:

*J. M. Johnson*  
*Ordinary*  
DIRECTION  
Send money to me as follows, by *Wm. H. Cull*  
to *Allegay* P. O.  
*Eiburn* County, Georgia.  
*Joseph Cull*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Eiburn* County, }  
PERSONALLY appears *Joseph Cull* of *Eiburn*  
County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and  
resident of said State, and has resided therein continuously ever since the  
day of *Feb* 18*82*; that he enlisted in the military service of the Con-  
federate States (or of the State of ) during the war between the  
States, and served as a *Private* in Company *H*, of *1st* th Regiment  
of *Gu* Volunteers *Tenth*'s Brigade: that whilst engaged in  
such military service at the battle of *Ocean Pond* in the State  
of *Florida*, on the *20* day of *February* 1863, he was  
wounded as follows:

*Gunshot wound full entering just below knee joint passing directly through the bone and coming out at opposite side. Wounding bones for about 5 inches. Wounds with stick wound, very great pain. Wound this leg substantially, with 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, 1893. I have heretofore been allowed a pension of

*fifty* dollars, for *4* years  
Sworn to and subscribed before me, this, the *1st* day of *March* 1893, *Joseph Cull*  
*J. M. Johnson* Ordinary.

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

STATE OF GEORGIA,

*Eiburn* County, }  
I, *J. M. Johnson* Ordinary of said County,  
do certify that I am well acquainted with *Joseph Cull* 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 in-  
dividual 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  
Justice of the Peace of said County, and the said affidavits and  
signatures thereto are genuine.

Given under my official signature and seal this *17* day of *March* 1893.  
*J. M. Johnson*  
Ordinary *Eiburn* County.

# POWER OF ATTORNEY.

STATE OF GEORGIA.

*Wilmer* COUNTY.

Know all Men by these Presents. That I, *Joseph Dall*

of *Wilmer* County, State of Georgia, do hereby appoint *Wm. Wright* of *Wilmer* 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 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 *28* day of *February* 1894.

Executed in the presence of us

## DIRECTIONS.

Send money to me as follows, by

to *Wilmer* P. O. County, Georgia.

**Soldier's Pension.**

**1894.**

Name *Joseph Dall*  
County *Wilmer*  
Disability *Disabled*  
Amount, \$ *50*  
1894. *2/17*  
W. H. HARRISON,  
Secretary Executive Department

WARRANT HANDED TO

*Wm. Wright*

Gen. W. Harrison, State Printer, Atlanta.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Wilmer* County.

KNOW ALL MEN BY THESE PRESENTS, That I, *Joseph Dall*

of *Wilmer* County, State of Georgia, do hereby appoint *Wm. Wright* of *Wilmer* 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 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 *28* day of *February* 1895.

Executed in presence of us

## DIRECTIONS.

Send money to me as follows, by

to *Wilmer* P. O. County, Georgia.

**SOLDIER'S PENSION.**

**1895.**

Name *Joseph Dall*  
County *Wilmer*  
Disability *Disabled*  
Amount, \$ *50*  
1895. *Feb 27*  
RICHARD JOHNSON,  
Secretary Executive Department

WARRANT HANDED TO

*Wm. Wright*

Gen. W. Harrison, State Printer, Atlanta.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

*Sibona* County. }

PERSONALLY appears *Joseph Call* of *Sibona* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *February* 1867; 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 1st Regiment of *24* Volunteers *Thomas*'s Brigade; that whilst engaged in such military service at the battle of *Ocean Pond* in the State of *Florida*, on the *20* day of *February* 1863 he was wounded as follows: *Wound of front of leg, about 8 inches through the bone, entering bone for about 8 inches. Wound causes much pain, hinders with stick, his leg is swollen & discolored, and essentially useless on account of this wound.*

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* dollars, for the year 1893. Sworn to and subscribed before me, this, the *28* day of *February* 1894. *Joseph Call* *Wm. Johnson* *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, }

*Sibona* County. }

I, *Wm. Johnson* Ordinary of said County, do certify that I am well acquainted with *Joseph Call* 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 *28* day of *February* 1894.



Ordinary *Sibona* County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

*Sibona* County. }

PERSONALLY appears *Joseph Call* of *Sibona* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *February* 1867; 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 1st Regiment of *24* Volunteers *Thomas*'s Brigade; that whilst engaged in such military service at the battle of *Ocean Pond* in the State of *Florida*, on the *20* day of *February* 1863, he was wounded as follows: *Shot just below right knee joint through the bone breaking the bone in returning home for about 8 inches his bullet in inflames gives great pain. Wound is deep & discolored 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 1894. Sworn to and subscribed before me, this, the *23* day of *March* 1895. *Joseph Call* *Wm. Johnson* *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, }

*Sibona* County. }

I, *Wm. Johnson* Ordinary of said County, do certify that I am well acquainted with *Joseph Call* 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 *28* day of *February* 1895.



Ordinary *Sibona* County.



# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Gilmer* County.  
I, *Joseph Cull* hereby authorize *W. D. Wright*  
of *Fulton Co. Ga.*

to receive and receipt for the pension paid hereon and request that he remit same to  
at *my* by *check*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *24*  
day of *January* 1896.

*Joseph Cull* [L. S.]

Executed in presence of us  
*Allen Johnson*  
*Bethune*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Gilmer* County.  
I, *Joseph Cull* hereby authorize *Allen D. Cauden*  
(*Secy of State*) of *Atlanta Ga.*

to receive and receipt for the pension paid hereon and request that he remit same to  
at *me through the Ordinary* by *check*  
*Edley Ga.*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *23*  
day of *January* 1897.

*Joseph Cull* [L. S.]

Executed in presence of  
*J. C. Allen*  
*Ordinary*

*Call Joseph*  
*Gilmer*  
ACT OF OCTOBER, 1890.  
(For Those Already Enrolled.)

No. *1490*  
**SOLDIER'S PENSION.**  
**1896.**

Name *Joseph Cull*  
County *Gilmer*  
Disability  
Amount, \$ *3 1/2* 1896

RICHARD JOHNSON,  
Secretary Executive Department.  
WARRANT HANDED TO  
*W. D. Wright*  
Geo. W. Harrison, State Printer, Atlanta.  
*W. D. Wright*

*Call Joseph*  
*Gilmer*  
ACT OF OCTOBER, 1890.  
(For Those Already Enrolled.)

No. *1442*  
**INVALID**  
**SOLDIER'S PENSION.**  
**1897.**

Name *Joseph Cull*  
County *Gilmer*  
Disability  
Amount, \$ *50* 1897

RICHARD JOHNSON,  
Commissioner of Pensions.  
WARRANT HANDED TO  
*A. D. C.*  
Geo. W. Harrison, State Printer, Atlanta.  
*W. D. Wright*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gilmer County.

Personally appears Joseph Cull 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 day of July 1839; 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 7th of 1st Regiment of Georgia Volunteers, Goode's Brigade; that whilst engaged in such military service in the State of Florida, on the 20 day of February 1863, he was wounded, injured or diseased as follows:

At Battle of Ocean Pond was shot below the knee ball going through bone and breaking bone for about 8 inches shoring bone to the joint - joint stiff - Nails with sticks this wound makes the leg 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, 1896. I have heretofore as a resident of Gilmer county been allowed a pension of \$15.00 dollars, for the year 1895.

Sworn to and subscribed before me, this, the 28 day of July 1896.  
W. Johnson  
Notary Public  
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, W. Johnson Ordinary of said County, do certify that I am well acquainted with Joseph Cull 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 28 day of January 1896.



Ordinary Gilmer County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gilmer County.

Personally appears Joseph Cull 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 day of February 1839; 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 7th of 1st Regiment of Georgia Volunteers, Goode's Brigade; that whilst engaged in such military service in the State of Florida, on the 20 day of February 1863, he was wounded, injured or diseased as follows:

Gun shot wound ball entering just below knee, going directly through the bone and coming out on opposite side - breaking bone for about eight inches - wound gives great pain - Walk with stick - Wound renders this leg 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 Gilmer county been allowed an invalid pension of \$15.00 Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 23rd day of January 1897.  
J. C. Allen  
Notary Public  
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 Joseph Cull the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 23rd day of January 1897.



Ordinary Gilmer County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Gilmer County.

I, Joseph Call hereby authorize A.D. Cruden  
Sicly of State of Atlanta Ga.

to receive and receipt for the pension paid hereon and request that he remit same to  
 me through the Ordinary by Cheek  
 at Ellijay Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1<sup>st</sup>  
 day of January 1898.

Joseph Call [L. S.]  
*mark*

Executed in presence of

J.C. Allen  
Ordinary

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Gilmer County.

I, Joseph Call hereby authorize Sam Wm A  
Wright of Atlanta Ga.

to receive and receipt for the pension paid hereon and request that he remit same to  
 me through the Ordinary by Cheek  
 at Ellijay Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 7<sup>th</sup>  
 day of January 1899.

Joseph Call [L. S.]  
*mark*

Executed in presence of

J.C. Allen  
Ordinary

ACT OF 31 OCT., 1871.  
 (For Those Already Enrolled.)

No. 1915

INVALID  
 SOLDIER'S PENSION.  
 1898.

Name Joseph Call  
 County Gilmer  
 Disability Wounds  
 Amount, \$ 50.00  
2/15 1898.

RICHARD JOHNSON,  
 Commissioner of Pensions.

WARRANT HANDED TO

A.D.C.

SEE W. HARRISON, STATE PRINTER, ATLANTA.

No date

(For Those Already Enrolled.)

No. 275

INVALID  
 SOLDIER'S PENSION.  
 1899.

Name Joseph Call  
 County Gilmer  
 Disability Wounds  
 Amount, \$ 50.00  
2/15 1899.

RICHARD JOHNSON,  
 Commissioner of Pensions.

WARRANT HANDED TO

or

SEE W. HARRISON, STATE PRINTER, ATLANTA.

No date

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Gilmer*

County.

Personally appears

*Joseph Ball* 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 day of *Feb'y* 18*89*; 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 *Priv* in Company *A*, of *1*th Regiment of *49* Regular Volunteers, *Tomblis*'s Brigade; that whilst engaged in such military service in the State of *Florida*, on the *20* day of *Feb'y* 186*3*, he was wounded, injured or diseased as follows:

*By gunshot wound - ball entering just below knee, going directly through the bone, and coming out on opposite side - breaking bone for about 8 inches - Wound gives great pain - Walk with stick - Wound renders the leg 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, 1898. I have heretofore under said law as a resident of *Gilmer* county been allowed an invalid pension of

*Fifty*

Dollars, for the year 189*7*.

Sworn to and subscribed before me, this, the

*1<sup>st</sup>* day of *January* 1898.

*Joseph Ball*  
POST-OFFICE *Ecstasy 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 *Joseph Ball* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this

day of *January* 1898.

*J. C. Allen*

Ordinary *Gilmer* County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Gilmer*

County.

Personally appears

*Joseph Ball* 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 day of *Feb'y* 18*89*; 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 *Priv* in Company *A*, of *1*th Regiment of *49* Regular Volunteers, *Tomblis*'s Brigade; that whilst engaged in such military service in the State of *Fla*, on the *20* day of *Feb'y* 186*3*, he was wounded, injured or diseased as follows:

*At Ocean Pond, gunshot wound - ball entering just below knee, going directly through the bone and coming out on opposite side - breaking bone for about eight inches. Wound gives great pain, hard to walk with stick. Leg rendered substantially and essentially useless.*

Deponent 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

*Fifty*

Dollars, for the year 189*8*.

Sworn to and subscribed before me, this, the

*7<sup>th</sup>* day of *January* 1899.

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

Given under my official signature and seal, this

day of *January* 1899.

*J. C. Allen*

Ordinary *Gilmer* County.



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gilmer County.

Personally appears Joseph Ball 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 County, and has resided therein continuously ever since the day of Feb'y 1839; 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 1<sup>st</sup> Regiment of 4a Regulars Volunteers, Boombs's Brigade; that whilst engaged in such military service in the State of Florida, on the 20 day of Feb'y 1863, he was wounded, injured or diseased as follows:

At Ocean pond, Gun shot wound, - ball entering just below knee, going directly through the bone, and breaking it for about eight inches. Wound gives great pain - Walk with a stick - This leg is rendered substantially and essentially useless.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of Gilmer County been allowed an invalid pension of Fifty Dollars, for the year 1899.

Sworn to and subscribed before me, this, the 2<sup>nd</sup> day of January 1900. Joseph Ball POST OFFICE Ellijay 4a

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 Joseph Ball 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 2<sup>nd</sup> day of January 1900.

J. C. Allen Ordinary Gilmer County.



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gilmer County.

Personally appears Joseph Ball 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 day of Feb'y 1839; 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 Priv. in Company H, of 1<sup>st</sup> Regiment of 4a Regulars Volunteers, Boombs's Brigade; that whilst engaged in such military service in the State of Florida, on the 20<sup>th</sup> day of February 1863, he was wounded, injured or diseased as follows:

Gun shot wound - ball entering just below knee, going directly through the bone, and coming out on opposite side, breaking bone for about eight inches - Wound gives much pain. Walks with stick - Done at Ocean Pond, Fla. Leg is rendered substantially and essentially useless.

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of Gilmer County been allowed an invalid pension of Fifty Dollars, for the year 1900.

Sworn to and subscribed before me, this the 2<sup>nd</sup> day of January 1901. Joseph Ball POST OFFICE Ellijay 4a

J. C. Allen, Ordinary.

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

STATE OF GEORGIA,

Gilmer County.

I, J. C. Allen Ordinary of said County, do certify that I am well acquainted with Joseph Ball 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 2<sup>nd</sup> day of January 1901.

J. C. Allen Ordinary Gilmer County.



# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, Joseph Ball hereby authorize  
Wm. H. A. Wright of Atlanta Ga.

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

me through Ordinary by Chick

at Ellijay Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 2nd

day of January 1902.

Joseph Ball [L. S.]

Executed in presence of

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, Joseph Ball hereby authorize  
Wm. H. A. Wright of Atlanta Ga.

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

me through Ordinary by Chick

at Ellijay Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 2nd

day of January 1903.

Joseph Ball [L. S.]

Executed in presence of

Chick  
Ordinary

(FOR THOSE ALREADY ENROLLED.)

No. 3198

DISABLED

SOLDIER'S PENSION

1902.

Name Joseph Ball

County Wilkes

Co. H. 1st Regiment Ga. Regs.

Disability Wounded

Amount, \$ 50.00

2/18

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

W. H.

Geo. W. Harrison State Printer, Atlanta.

(FOR THOSE ALREADY ENROLLED.)

No. 2862

DISABLED

SOLDIER'S PENSION

1903.

Name Joseph Ball

County Wilkes

Co. H. 1st Regiment Ga. Regs.

Disability Wounded

Amount, \$ 50.00

225-

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

W. H.

Geo. W. Harrison State Printer, Atlanta.

50 12 3 0  
100 5 0 0  
36 9 0  
3 18 4 5

W. H. A. Wright

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Gilmer County.)

Personally appears Joseph Ball 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 day of Feb'y 1839; 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 Priv in Company H, of 1<sup>st</sup> Regiment of Ga. Regular Volunteers, Turner's Brigade; that whilst engaged in such military service in the State of Florida, on the 20 day of Feb'y 1863, he was wounded, injured or diseased as follows:

At Ocean Pond, Ga. shot wound - ball entering just below knee, going directly through the bone, breaking bone for about eight inches. The wound renders the leg substantially and essentially useless.

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

Sworn to and subscribed before me, this the 2<sup>nd</sup> day of January 1902, } Joseph M. Ball Post-office Gilmer Ga.  
J. C. Allen, Ordinary

STATE OF GEORGIA,

Gilmer County.)

I, J. C. Allen Ordinary of said County, do certify that I am well acquainted with Joseph Ball 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 2<sup>nd</sup> day of January 1902.

J. C. Allen Ordinary Gilmer County.

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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Gilmer County.)

Personally appears Joseph Ball 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 day of Feb'y 1839; 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 Priv in Company H, of 1<sup>st</sup> Regiment of Ga. Regular Volunteers, Turner's Brigade; that whilst engaged in such military service in the State of Fla., on the 20 day of February 1863, he was wounded, injured or diseased as follows:

Ga. shot wound of leg breaking bone for eight inches from which the leg is rendered substantially and essentially useless.

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

Sworn to and subscribed before me, this the 2<sup>nd</sup> day of January 1903, } Joseph M. Ball Post-office Gilmer Ga.  
J. C. Allen, Ordinary

STATE OF GEORGIA,

Gilmer County.)

I, J. C. Allen Ordinary of said County, do certify that I am well acquainted with Joseph Ball 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 2<sup>nd</sup> day of January 1903.

J. C. Allen Ordinary Gilmer County.

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Gilmer COUNTY.

I, Joseph Ball hereby authorize  
Rev. Wm. A. Wright of Atlanta Ga.  
to receive and receipt for the pension paid hereon, and request that he remit same to  
me through Ordinary by Check  
at Ellijay Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4<sup>th</sup>  
day of January 1904.

Joseph Ball [L. S.]

Executed in presence of  
J. C. Bell  
Ordinary

STATE OF GEORGIA,

Gilmer COUNTY.

I, Joseph Ball hereby authorize  
Rev. Wm. A. Wright of Atlanta Ga.  
to receive and receipt for the pension paid hereon, and request that he remit same to  
me through Ordinary by Check  
at Ellijay Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 11<sup>th</sup>  
day of January 1905.

Joseph Ball [L. S.]  
Executed in the presence of  
J. C. Bell  
Ordinary

CODE SECTION 1261.  
(FOR THOSE ALREADY ENROLLED.)

No. 648

DISABLED

SOLDIER'S PENSION

1904.

Name Joseph Ball  
County Gilmer  
Co. H-1<sup>st</sup> Regiment 4<sup>th</sup> Regular  
Disability Wounded  
Amount, \$ 50.00  
2/20 1904.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

Ball

Geo. W. Harrison, State Printer, Atlanta.

*no date*

CODE SECTION 1261.  
(FOR THOSE ALREADY ENROLLED.)

No. 1786

DISABLED

SOLDIER'S PENSION

1905.

Name Joseph Ball  
County Gilmer  
Co. H Regiment 1<sup>st</sup> Reg  
Disability Wounded  
Amount, \$ 50.00

1905.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

Ball

Geo. W. Harrison, State Printer, Atlanta.

*no date*

5 X 100 - 500  
23 X 50 - 1150  
3 X 30 - 90  
1 X 5 - 5  
32 1745

5 X 100 - 500  
21 X 50 - 1050  
3 X 30 - 90  
1 X 25 - 25  
1 X 5 - 5  
31 1670



# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Wilkes County.

Personally appears Joseph Case of Wilkes County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of Feb 1889; 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 Priv in Company H, of 1<sup>st</sup> Regiment of Ge. Reg Volunteers Lowndes's Brigade; that whilst engaged in such military service in the State of Fla, on the 20 day of July 1862, he was wounded, injured or diseased as follows:

Shot wound of leg just below knee-breaking bone for about eight inches. The leg is rendered substantially and entirely useless.

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1904. I have heretofore, under said law, as a resident of Wilkes County, been allowed an invalid pension of 50 Dollars, for the year 1903.

Sworn to and subscribed before me, this the 4<sup>th</sup> day of January 1904.

Joseph Case  
Post-office Wilkes Co.

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

STATE OF GEORGIA,

Wilkes County.

I, J. H. Siler Ordinary of said County, do certify that I am well acquainted with Joseph Case 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 4<sup>th</sup> day of January 1904.

J. H. Siler  
Ordinary Wilkes County.

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

NOTE.—All vouchers and affidavits must bear date after January 1, 1904.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Wilkes COUNTY.

Personally appears Joseph Case of Wilkes County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of February 1889; 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 L, of 1<sup>st</sup> Regiment of Georgia Reg Volunteers Lowndes's Brigade; that whilst engaged in such military service in the State of Florida, on the 20 day of July 1862, he was wounded, injured or diseased as follows:

Shot wound at knee joint, ball of foot, and just below knee joint, directly through the bone, and coming out on opposite side, breaking bone, about 8 inches wound giving great pain with shock wound under through substantially and is rendered useless.

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1905. I have heretofore, under said law, as a resident of Wilkes County, been allowed an invalid pension of 50 Dollars, for the year 1904.

Sworn to and subscribed before me, this the 4<sup>th</sup> day of January 1905.

J. H. Siler  
Post-office Wilkes Co.

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

STATE OF GEORGIA,

Wilkes COUNTY.

I, J. H. Siler Ordinary of said County, do certify that I am well acquainted with Joseph Case 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 4<sup>th</sup> day of January 1905.

J. H. Siler  
Ordinary Wilkes County.

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

NOTE.—All vouchers and affidavits must bear date after January 1, 1905.

# POWER OF ATTORNEY.

STATE OF GEORGIA.

Gilmer COUNTY.

I, Joseph Call hereby authorize  
1) H. Taber of Gilmer Co. Ga  
 to receive and receipt for the pension paid hereon, and request that he remit same to  
me by check  
 at Ellijay Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2d  
 day of May 1908.

Joseph Call [L. S.]

Executed in the presence of

F. C. Taber

Call, Joseph  
Gilmer Co

Cons. Section 1250.  
 (FOR THOSE ALREADY ENROLLED.)

No. 1137

**DISABLED  
 SOLDIER'S PENSION  
 1908.**

Name Joseph Call  
 County Gilmer  
 Co. X-1st Regiment Ga. Vol.

Disability disabled by

Amount, \$ 50

FEB 1 1908

JOHN W. LINDSEY.

FEB 1 1908

WARRANT HANDED TO

The Pension Printing and Publishing Co., 111 N. Main St.,

no data

Audited March 28 1889.

Wm. A. Wright  
 COMPTROLLER GENERAL

Gilmer  
 Maimed Soldiers.

Voucher No. 1047

Amount \$ 50.

Paid to Joseph Call

For Left leg dis-  
abled

March 27 1889

Included in Warrant No. 1  
 issued to Treasurer.

1889

WARRANT CLERK

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

W. A. W.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Gilmer County.

Personally appears.

Joseph Call 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

day of July 1839; 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 1stth Regiment of Georgia Reg Volunteers Goomb's's Brigade; that whilst engaged

in such military service in the State of Florida, on the 20 day of July 1863, he was wounded, injured or diseased as follows:

Gunshot wound. Ball entering just below knee going directly through the bone and coming out in opposite side, breaking bone for about eight inches. Wound gives great pain - walks with stick. Wound renders the leg essentially and substantially useless.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of

Gilmer County, been allowed an invalid pension of

Fifty Dollars, for the year 1905.

Sworn to and subscribed before me, this the

2d day of Jan 1906.

J. H. Dabn Ord.

Joseph H. Call  
Post-Office Gilmer Ga.

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

State of Georgia,

Gilmer County.

I,

J. H. Dabn Ordinary of said County.

do certify that I am well acquainted with Joseph Call

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 2d

day of Jan 1906.

J. H. Dabn

Ordinary Gilmer County.

AMR  
your  
seal  
here

NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1st, 1906.

No. 1627

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Mch 27, 1889

Mr.

Joseph Call  
Gilmer

of the County

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

Left leg disabled

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, 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. Haman

CLERK EXECUTIVE DEPARTMENT.



50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty & 00/100

Dollars.

per above voucher, this 27 of March 1889.

for Call  
W. A. Wright

Audited

18

COMPTROLLER GENERAL

Maimed Soldiers.

Voucher No.

913

Amount \$

50

Paid to

Joseph Ball

For

Leg disabled

Feb. 11

1890

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK.

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

J. P. Perry.



No. 913

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

Atlanta, Ga., Feb 11 1890

Mr. Joseph Ball 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,

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

Leg disabled  
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, 1890

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

By the Governor,

A. B. Gordon

GOVERNOR.

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

\$50.00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

Fifty 00/100  
per above voucher, this

11 of Feb 1890  
J. M. Perry

OFFICE OF

DR. E. W. WATKINS & SON,  
Physicians and Surgeons,

OFFICE - Corner Dalton and Broad Streets.

6th day, Sun., December 29 1904

This is to certify that after a thorough examination of Joseph Ball a prisoner that he is first very poor not able to work from a fracture of his leg that he is entitled under the law to a sum of five dollars that we hope to see him again in a short time and that we will give him the medical assistance

his friends  
E. W. Watkins M.D.  
J. M. Bearden, M.D.

George }  
Gilmer County } Personally seen E. W. Watkins  
M.D. and J. M. Bearden M.D. who all  
attest the facts stated in the above. (over)  
certificates are true. And I certify that

William In  
Jan 4 1905  
This is to certify that I have  
examined carefully one  
Joseph Ball, a Confederate  
War Prisoner, and find him  
68 years old, emaciated and a  
victim of bones with legs swollen  
with running sores from a  
fracture induced by a prison  
shot in leg during War 64  
find him able to do no work  
whatever and has nothing whatever  
to live on, and as yet I have  
an increase in his person  
and praying I am your  
friend.  
Respectfully  
E. W. Watkins, M.D.

Shown to before me  
and I certify that the affiant is a practicing physician  
in said county in good standing, and that his state-  
ments are entitled to belief. This Jan 12<sup>th</sup> 1904.

Joel Lee Ordway  
Gilmer Co. Ga.

said affiants are physicians in said  
County in good standing.

Sworn to and subscribed before  
me, as witness my hand and seal  
of office this Dec 29<sup>th</sup> 1900.

J. C. Sullivan,  
Ordinary