granting allow applicant-HOLL .18 1110 Partition 1111 < adopted interested to understand inc

ing the payments provided i. If an applicant ha The law mighter of the wound should be in the of facts showing the c curcfully Ē and carefully and full; agn or

arm) n rendered ŝ

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all purposes If the application is abov that un wounded uscle it would see is such as an to be a fair construction of the to require the consum: use of crutch Act. and

or stick.

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peri maugurated as an experiment. ments to such as were tion to di who were budly injured, but are strong ones, however administered, 6. If papers a entitle one to the It is more difficult to s will do great allowance and the and present I it abused in upond. It good. y when an arm is mentioned in the counted and disaided Panel WE aw does not reach many worthy, need will naturally become capopular and be Š, LL3.1 -substantially The recand the arm in a badly damaged condi-The largislature intended to limit these pay-to the future they will doubtless provide for and essentially uscless needy cases repealed. The words

mendments ave been duly apers are returned for correction, and amendments are added to any of the affidavits, the must be made under outh before an officer, and the prioris must show that the amendments sworn to

Ordinaries know the condition of applicants better than the Governor or his

cant. causes delays in making in the end œ Every application must be certified by the Ordinary of the county of the residence of the appli-be certificate of any other will not be received in any case. are earnestly requested to discourage any man from making pplication unless he is entitled e law. Hundreds of applications have been received and disallowed because they were not so as to entitle them under the law. This entails much unnecessary work upon this office; it lays in making payments to those who are entitled; it puts parties to expense and trouble, and causes disappointment bar mortification.

be received in any case are specially requested

and applicants to these The Ordinaries of the requested to call the attention of the physicians

Application for Allowance Septles, disables
Applicant Stephleall
County Silver Amount 20 Date of Warrant Entered on Becord Secretary Executive Department

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

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

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

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for 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 counded and disableds." 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 copopular and be repealed. If properly administered, will do great good.

6. If papers are returned for correction, and amendments are udded to any of the affidavits, the amendments must be made under outh before an officer, and the proofs must show that the amendments

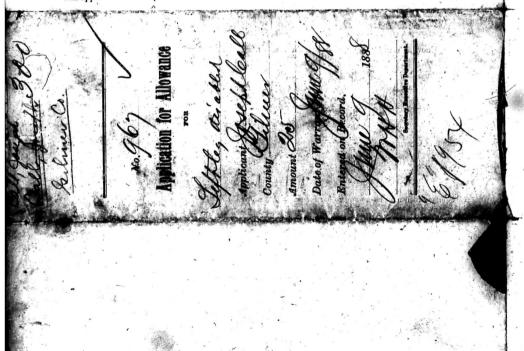
have been duly sworn to.

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 appli-

cant. 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,
feliner County.)
PERSONALLY appears Jusiph Call of Filmer 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 delay 1835; that he
enlisted in the military service of the Confederate States (or of the State of
during the war between the States, and served as a fracte in Company of, of
whilst engaged in such military service, at the battle of Clan fond in
the State of Il loude , on the 24 day of Jeby & have 1864, he was
wounded as follows: Shot just below the Bree with a mini
hall, which bursted the home for four or find mes
which is now continually and and painful and
shield has coursed the leg, left leg; to french away
which wound hat pe imanually injured him. and whereby is said left leg is rendered substantially and exact
tially inteless, and was wall to some any more
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
day of May 1888 & mash
Jt Allen levy
Nors. State fully nature of wound or commacter 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.

affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be furnished:

STATE OF GEORGIA, Filmer County. PERSONALLY came P. S. Milton Braxton Painter and Smor Haitera citizens of Lilmen who, being duly sworn, say that they are acquainted with Joseph Call and were with him at the lattle of becan 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 bond fide citizen of this State, and resides in Hulling county, and we are well satisfied that all the statements in his attituding are true. and we know that he was diacharone on account of said round and that by any next the Sworn to and subscribed before me, this 15 day of May MmB. Painter IC Allen of Waiters NOTE .- Above aff davit must be made by three citizens of the country of applicant's residence

STATE OF GEORGIA, the County. PERSONALLY comes before me J. & Allen Ordinary of said county Dren Mathins and Dr J RJohnson, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examine Joseph Call and after such examination say that the applicant bas been injured as follows: Shat with a ball just below the left have which ball has hirsted the home for four or fine makes and that said left leg below the knee has perished away on account mure him, whereby and leg is rendered serve tandeally and executeally subles. E.M. Water w. 1.6 Sworn to and subscribed before me, this & RAdmon 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.

15 day of May 1888

J.C. Allen.

Letrier County Ordinary of said county, do certify that I am well acquainted with Joseph Call 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.

before whom the foregoing I further certify that 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- day of May Je Allen County

POWER OF ATTORNEY.

STATE OF GEORGIA, Juliner County.

STATE OF CHUKGIA

Know all men by these presents, That I Juseph Call of delmer 1

county, in said State, do hereby appoint Am & Might Comp. Gen 1 of Hullor County Ta 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

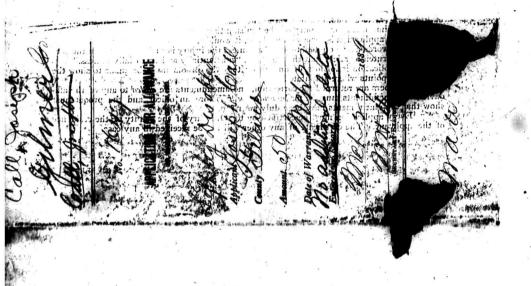
money which may be coming to me for the reason aforesaid. In witness whoreof I have horeunto set my hand, and seal, this

day of allay

Errefol X alpas

Executed in the presence of us :

John P. Ring. J. M. Beardens



STATE OF GEORGIA.

(Til 9 men County. PRIMONALLY appears folighi Call as Wilmen 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 26 1876; that he enlisted in the military service of the Confederate States (or of the State of Gen giu) during the war between the States, and in Company 7, of / 5 th Regiment of served as a Private

Volunteers eAndleson 5 's Brigade; that whilst engaged Aceun Pond in such military service, at the battle of on the 20 day of things State of Melorida wounded as follows: Mus And in Left Lig Idon the Konce hall entiring on inside of Leg and pulling Through breaking the horn first of the Bhirack Lones musted out kneed birt is slift and causes, continued pain and particular Ustubel to mann Suid, mound tu is entern the Marined Keiter who to (ally incompleted) to perform the ordinary ellurial as ventures of Rife

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.

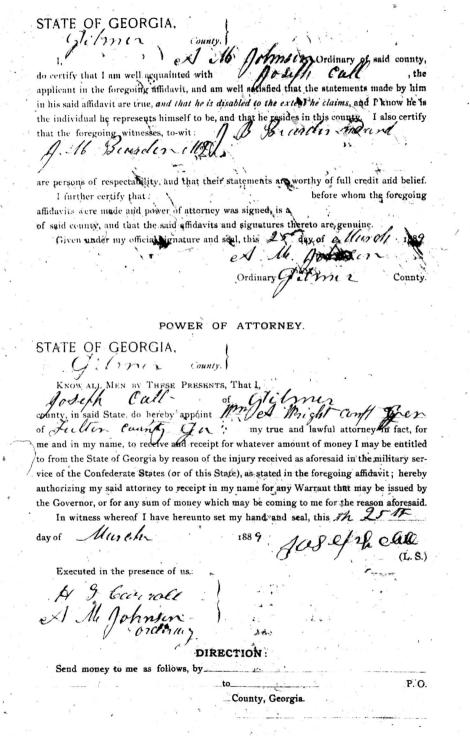
bossiph oull Sworn to and subscribed before me, this) the 25 day of Mu, che from Scaling 14 or character of disease which causes the disability, and explain particularly

STATE OF GEORGIA.

Biliner

PERSONALLY comes before me M. Johnson Ordinary of said county, J. M. Bearden M D and Q B Bearden In Sooth known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined woseps to all and after such examination say that the applicant has been infured as follows: Me home this clary Examend Louid Joseph Call and Kindle that he was wind rodingled in the The bull entiring 1 or 4 motio but The besself of the Sobied below the tes grint on the interior reafered - coming out on the prelivior (134/2001 - Which sendless the les Dubstantially and usentially useless Sworn to and subscribed before me, this | James, M. Bunden M. L. 25 day of March 1889 Stocker Bo Be ander 211. 6 Text. M. Hohnson

Note.—The physicians will state fully the extent of the wound, and then give feets to show the extent of the disability resulting tilerefrom.



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 ren-

dered substantially and essentially useless.

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

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 conructs or stick, that the leg is not "substantially and essentially useless." lication is for loss of fingers or toes the proofs must be made to show the points where amputated.

ers are returned for correction, and amendments are added to any of the affisendments must be made under oath before an officer, and the proofs must

w that our amendments have been duly sworn to.
7. Every application must be certified by the Ordinary of the county of the residence

the applicant. The certificate of any other will not be received in any case.

STATE OF GEORGIA,

County.

1, All January Ordinary of said county, do certify that I am well acquainted with face for 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 of day of the layer of the county.

Ordinary County.

STATE OF GEORGIA,
12/22162 - County,
I (1/1/2)15073 Ordinary of said County,
do certify that I am well acquainted with Audefili Cerell 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 21 (1972) 1891.
Ordinary 5/1/2012 County.
Outlines 2//22/2 County
Ordinary
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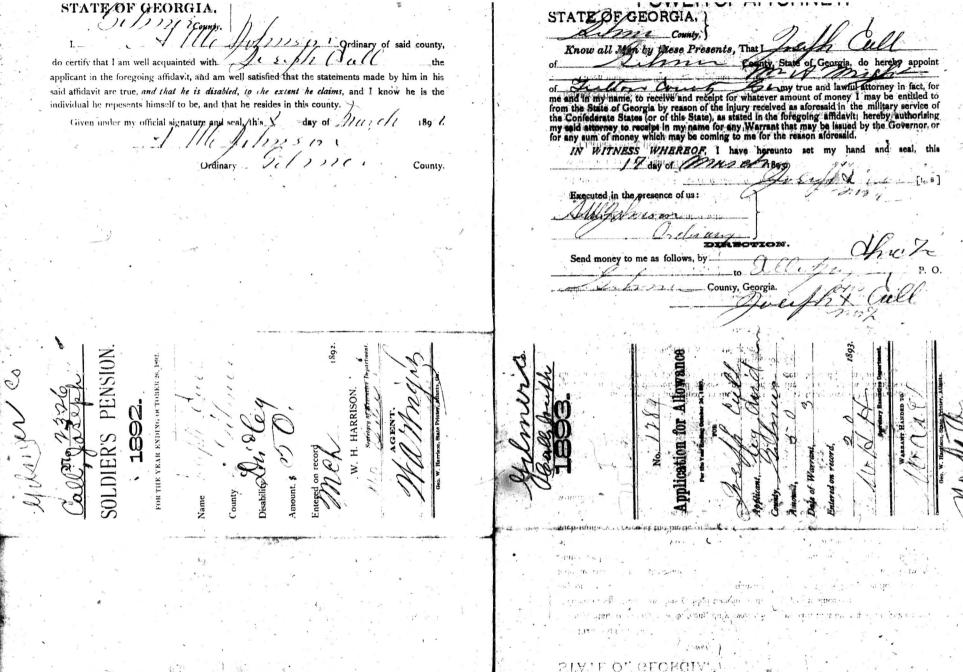
For Applicants Heretofore Allowed Pensions.

For Applicants receivable Allowed Tensions.
STATE OF GEORGIA,
PERSONALLY appears for effect County. State of Georgia, who, boing duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the day of 1837; 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 fixed in Company of the Regiment of the County of the Regiment of the County of the State of the County of the Regiment of the County of the State of the County of the Regiment of the County of the Regiment of the County of the State of the State of the County of the State of the County of the State of the
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bone and coming out on opposites aide line
fore for about light wield thoused gives great
+ puin balle with stick based has undered
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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 Sworn to and subscribed before me, this the day of 1890 of the Act of Sworn to and subscribed before me, this the
the disability.
POWER OF ATTORNEY.
STATE OF GEORGIA
Lebrus County.
KNOW ALL MEN BY THESE PRESENTS, That I Joseph Wall
county, in said State, do hereby appoint Ino Perry
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
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
4 th day of cery 1890
Executed in the presence of us:
Executed in the presence of us:
A oll Johnson
Send money to me as follows by

For Applicants Heretofore Allowed Pen	sions.
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For Applicants Heretofore Allowed Pensi	ons.
STATE OF GEORGIA,	
Dilarrez County De and	
PERSONALLY appears Ju Supril Call of 111	22202
County, State of Georgia, who, being duly sworn, says on oath that he is a bona for	
resident of said State, and has resided therein continuously ever since the (2216	· 704
tay of 31 1889; that he enlisted in the military service	
federate States (or of the State of) during the wa	
States, and served as a Pzeze in Company H, of	
of Jungia Volunteers Jungin 's Brigade; that	
in such military service at the battle of Mccan pond	in the State
of Almelee on the 20 day of Lak	1863, he was
wounded as follows Shot nelli monnes to	0.0
entering Just below the Time De	int pus
directly the seize the land treatent list	Com
pully with Stick this round unders	Muss
Feft leg sulstantially is 138 contine	by allet is
D. Andrews of the bounding of the Act appropried Oct	shar a. 1887
Deponent desires to participate in the benefits of the Act, approved Oct and the acts amendatory thereof, and makes application for the allowance to which	h he is entitled
for the year ending October 26, 1891. I have heretofore been allowed a pension o	f
dollars, for 1857 1850	
Sworn to and subscribed before me, this, the	.((
-13- day of X lung 1891.	1
VIlle Dofmson - Prelimine	5
NOTE. State fully nature of wound or character of disease which causes the disability, and esplain partic the disability, resulting from the wound or disease.	ulariv the extent of
POWER OF ATTORNEY.	*y
STATE OF GEORGIA,	P x
11/27262 County.	x >
Know all Men by these Presents, That I, 15 (1)	000
of Sill 1212 County State of Georgia, do 1	ereby appoint
112 6 1 12 51	
of Lection (the action of the my true and lawful attor	rney in fact, for
me and in my name, to receive and receipt for whatever amount of money I ne 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 loregoing staggitt:	ieredy authoriz-
ing my said attorney to receipt in my name for any Warrant that may be issued nor, or for any sum of money which may be coming to me for the reason aforesa	by the Gover-
IN WITNESS WHEREOF, I have hereunto set my hand a	nd seal, this
Miztenti day of Checuzy 1891.	6
Of Supplied La	cell [L. S.]
Executed in the presence of us	
Thomas Filmer	. *
11110	
Dolling DIRECTION.	
Send money to me as follows, by	-
10	P. O.

P. Ó.



LV. F.O. GEORGIV.

For Applicants Heretolore Allowed Pensions,

For Applicants Heretofore Allowed Pensions.
Personally appears Suscelle Call
of County, State of Georgia, who, being duly sworn, says
on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously
since the 1/1/1/1/1 day of Acciery 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 Percel in Company
of 1 th Regiment of 111 Volunteers Voint 's
Brigade : that whilst engaged in such military service at the battle of Occur Pouce
in the State of Accide on the day of
Delreing 1863, he was wounded as follows: Series leat.
Present full estering first below tree fourt pussing firedly through the one und coming out of the stable bringing bone for about Sindus patter with stack Hound gives green Dan grangering this Lig Sadstundfull, with
out at this to Site Spice on how Some South
Sindus Balles will stick Bound Saves greet
Dun linghing this Lig Salestunteull, will
· Cosinilation 1218 CCSS . Com
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of
Dollars for 3 years,
Sworn to and subscribed before me this the
day of 2011670/1892.
Norz.—Bifitefully nature of wound or character of discusse which causes the disability, and explain particularly the extent of the disability.
Note,—Mitchelly nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. POWER OF ATTORNEY.
Note.—Bittefully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.
Note:—Bittefully nature of wound or character of discusse which causes the disability, and explain particularly the extent of the disability. POWER OF ATTORNEY. STATE OF GEORGIA.
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Note:—Bittefully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. STATE OF GEORGIA, Know all Men by these Presents, That I,
Note:—Bittefully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. STATE OF GEORGIA. Know all Men by these Presents, That I, of County, in said State, do hereby appoint.
STATE OF GEORGIA, STATE OF GEORGIA, County Know all Men by these Presents, That I, County, in said State, do hereby appoint of the county
Note:—Bittefully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. STATE OF GEORGIA. STATE OF GEORGIA. Know all Men by these Presents, That I, of County, in said State, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of
STATE OF GEORGIA, State of the disability STATE OF GEORGIA, County Know all Men by these Presents, That I, of County, in said State, do hereby appoint of 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
STATE OF GEORGIA, STATE OF GEORGIA, County. Know ali Men by these Presents, That I, of County, in said State, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.
STATE OF GEORGIA, County Know all Men by these Presents, That I, of County, in said State, do hereby appoint of 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.
STATE OF GEORGIA, STATE OF GEORGIA, County. Know ali Men by these Presents, That I, of County, in said State, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal this.
Note:—Bittefully nature of wound or character of disease which causes the disability, and explain particularly the section of the disability. STATE OF GEORGIA, County. Know all Men by these Presents, That I, of County, in said State, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal this day of
STATE OF GEORGIA, STATE OF GEORGIA, County. Know ali Men by these Presents, That I, of County, in said State, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal this.
Note:—Bittefully nature of wound or character of disease which causes the disability, and explain particularly the estent of the disability. FOWER OF ATTORNEY. STATE OF GEORGIA, County. Know all Men by these Presents, That I, of County, in said State, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavity hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal this day of 1892. [L. s.] Executed in the presence of us:
Note:—Bittefully nature of wound or character of disease which causes the disability, and explain particularly the estent of the disability. FOWER OF ATTORNEY. STATE OF GEORGIA, County. Know all Men by these Presents, That I, of County, in said State, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavity hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal this day of 1892. [L. S.] Executed in the presence of us:
Note:—Bittefully nature of wound or character of disease which causes the disability, and explain particularly the stream of the disability. STATE OF GEORGIA, County. Know all Men by these Presents, That I, of County, in said State, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal this day of 1892. Executed in the presence of us:
Note:—Bittefully nature of wound or character of disease which causes the disability, and explain particularly the estent of the disability. FOWER OF ATTORNEY. STATE OF GEORGIA, County. Know all Men by these Presents, That I, of County, in said State, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavity hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal this day of 1892. [L. S.] Executed in the presence of us:
Note:—Bittefully nature of wound or character of disease which causes the disability, and explain particularly the stream of the disability. STATE OF GEORGIA, County. Know all Men by these Presents, That I, of County, in said State, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal this day of 1892. Executed in the presence of us:

PRISONALLY appears Land Sulface of County, State of Georgia, who, being duly sworn, says on oath that he is a bone fide citizen and
Presonally appears The Caffe Challes of NASS 212
busty. State of Georgia, who, being duly sworn, save on oath that he is a cong hide citizen and
sident of said State, and has resided therein continuously ever since the
y of 1862; that he enlisted in the military service of the Con-
lerate States (or of the State of) during the war between the
ates, and served as a farcuity in Company H, of Regiment
Volunteers County's Brigade; that whilst engaged in
ch military service at the battle of October 10 military service at the battle of
and a follows to the Shot Marrell bull kretinger
anded as follows: The transfer the Burs in thewards.
a dure ma lateres course out on these
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Deponent desires to practipate in the benefits of the Act, approved October 94th, 1887, and e acts amendatory thereof, and makes application for the allowance to which he is entitled for e year ending October 36, 3893. I have heretofore been allowed a pension of
dollars, for 1 7111715
Sworn to and subsection bed Sefore me, this, the
my day of Musel 1898.
The hand the state hand a brille and many in the state to be bounded but an impoure
Morris-State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the
TATE OF GEORGIA,)
Large County. 5)
1 Manus 1 Ordinary of said Country
o certify that I am well acquainted with Jusiph Ciell it
opplicant in the foregoing affidavit, and am well satisfied that the statements made by him in h
aid affidavit are true, and that he is disabled, to the extent he claims, and I know he is the in
ividual he represents filmself to be, and that he resides in this County.
Touther certify that
effore whom the feregoing affidavits were rade and power of attorney was signed, is
the same property of the same
ighadired Allereto are gentine.
Given under my official signature and seed this day of 1100 189
Sill Bollows 500
Ordinary Coun
CATE OF BUCKERS AND THE SECOND
- POWEROF ATORIEV

For Applicants Heretofore Allowed Pensions.
County 1
PERSONALLY, appears / Sc/2/1 Cic
of County, State of Georgia, who, being duly sworn, says
on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously
since the 1214111 day of Active 1 1839; that he enlisted
in the military service of the Confederate States (or of the State of
of / th Regiment of / Wolunteers / Volunteers / 's
Brigade : that whilst engaged in such military service at the battle of Occur Pond
in the State of Accide , on the , and day of
Letrice 1863, he was wounded as follows: Secresitate.
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Passing directly through the force and tomice out of the state theating lone for alout to make the first force for alout to make the first force for alout to make the first force the startfully tent
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Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of
Dollars for 3 years,
Sworn to and subscribed before me this the
Sworn to and subscribed before me this the first fill for the day of subscribed before me this the file of the subscribed before me the subscribed
1/6/01/21/802 Ordinary.
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Note: — Makefully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. POWER OF AITORNEY.
Note: - Manufully nature of wound or character of disease which causes the distribity, and explain particularly the extent of the distribity.
Note:—Nationally nature of wound or character of disease which causes the distribity, and explain particularly the extent of the distribity. POWER OF ATTORNEY. STATE OF GEORGIA.
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Note:—Nationally nature of wound or character of discose which causes the distribity, and explain particularly the extent of the distribity. STATE OF GEORGIA, 1 1 2 1 2 County. }
Note:—Notionally nature of wound or character of disease which causes the distribity, and explain particularly the second of the distribity. STATE OF GEORGIA. STATE OF GEORGIA. Know all Men by these Presents, That I, of County, in said State, do hereby appoint
STATE OF GEORGIA, STATE OF GEORGIA, Know ali Men by these Presents, That I, of County, in said State, do hereby appoint of the distribution of the county of the coun
Note:—Notionally nature of wound or character of disease which causes the disability, and explain particularly the second of the disability. POWER OF ATTORNEY. STATE OF GEORGIA, County. Know all Men by these Presents, That I, of County, in said State, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforeasid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit shereby authorizing
STATE OF GEORGIA, State of the distribution particularly the state of 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.
STATE OF GEORGIA, State of the distribution o
STATE OF GEORGIA, STATE OF GEORGIA, County. Know all Men by these Presents, That I, of County, in said State, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receipt 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.
STATE OF GEORGIA, State of the distribution particularly the states of the distribution particularly the states of the distribution particularly the states of the distribution of the country. Know all Men by these Presents, That I, of County, in said State, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit a 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.
STATE OF GEORGIA, STATE OF GEORGIA, County. Know all Men by these Presents, That I, of County, in said State, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit a 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. [L. S.]
STATE OF GEORGIA, STATE OF GEORGIA, County. Know all Men by these Presents, That I, of County, in said State, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit a 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. [L. S.]
Note:—Indeptility nature of wound or character of disease which causes the disability, and explain particularly the second of the disability. FOWER OF ATTORNEY. STATE OF GEORGIA. County. Know all Men by these Presents, That I, of County, in said State, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavity 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. Lexecuted in the presence of us:
Note:—Indeptitilly nature of wound or character of disease which causes the disability, and explain particularly the POWNER OF ATTORNEY. STATE OF GEORGIA. County. Know all Men by these Presents, That I, of County, in said State, do hereby appoint of 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 affidavity 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. Executed in the presence of us:
STATE OF GEORGIA. STATE OF GEORGIA. Know all Men by these Presents, That I, of County, in said State, do hereby appoint of 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 receive 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 WINESS WHEREOF, I have hereunto set my hand and seal this day of the presence of us: Send money to me as follows, by to P. O.
Note:—Indeptility nature of wound or character of disease which causes the disability, and explain particularly the POWNER OF ATTORNEY. STATE OF GEORGIA. County. Know all Men by these Presents, That I, of County, in said State, do hereby appoint of in 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. Executed in the presence of us: DIRECTION DIRECTION [i. s.]
STATE OF GEORGIA. STATE OF GEORGIA. Know all Men by these Presents, That I, of County, in said State, do hereby appoint of 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 receive 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 WINESS WHEREOF, I have hereunto set my hand and seal this day of the presence of us: Send money to me as follows, by to P. O.

For Applicants Heretofore Allowed Pensions.	
STATE OF GEORGIA,)	
Sunty: 1 100	
PSESONALLY APPEARS THE RESIDENCE OF THE PROPERTY OF THE PROPER	
county, State of Georgia, who, being duly sworn, says on oath that he is a bone fide citizen an	d
esident of said State, and has resided therein continuously ever since the	
ay of 1865 7; that he enlisted in the military service of the Cor	
ederate States (or of the State of) during the war between the	
States, and served as a factority in Company H of Regime of Volunteers Of Danie 's Brigage that whilst engaged	
uch military service at the battle of Court Display in the Sta	
of chiral des on the good day of Character 1863, he w	
rounded as follows: I wan Shot Morrisel bull kulturas	
But below the Point Dues in through	d
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a freque of bour the Tyles out	()
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Essectagly relies	
Deponent desires to proving the benefits of the Act, approved October 44th, 1887, as the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 36, 3893. I have heretofore been allowed a pension of	nd or
the year ending Obsober 26, 3893. I have heretofore been allowed a pension of	
dollars, for 12 12 12 12 12 12 12 12 12 12 12 12 12	7-
Sworn to and subsented Sefore me, this, the	Market No.
gift day of Musel 1898.	
at Sanda Mangalat da	
Mora-State fully nature of wound or character of diseases which causes the disability, and suplain particularly the extent of disability, resulting from the wound or disease.	the
STATE OF GEORGIA,)	
Larba County, 5)	* :
AMULAU.	
1, Ordinary of said Cour	
do certify that I am wen acquainted with	the.
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in	
said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the	in-
dividual he represents filmself to be, and that he resides in this County.	
Touther ceruly that	
before whom the feregoing affidevits were made and power of attorney was signed, it	s a
Concepts of Said County and the said affidavits	and
and the state of t	
Signatures Thereto are gentime.	801
Given under my official signature and real this day of	o y 5.
A Marie Strain	
Ordinary Buttone Cou	inty.
AVIETA GARBANAM PRE ANT CAR CARE	

POWER OF ATTORNEY

POWER OF ATTORNEY. STATE OF GEORGIA. 2/11/12 COUNTY. Know all Men by these Presents. That I, Husef County, State of Georgia, do hereby appoint of Julion Curily Grong it my rue 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 WUTNESS WHEREOF, I have bereunte set my hand and seal, this," day of Nilzecon Executed)in the presence of DIRECTIONS Send money to me as follows, by County, Georgia

Soldier's

POWER OF ATTORNEY.
STATE OF GEORGIA.
B-Garrier Comment
Vyon are May by grange Programs That I
NOW ALL MAN BY THESE PRESENTS, Ind. 1972-1972
County, State of Georgia, do hereby appoint 72 12 5775 186
County, State of Georgia, do hereby appoint 12122 CV 717 ight
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 Warrrant 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
[I. N.]
Executed in presence of us
- All Idrison Ordindany
Bend money to me as follows, by
Send money to me as follows, by
Sularia County, Georgia,
ine. He tir cuic
month.
ERS PENSION So, 1750 So,

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.	* ×
2017112 County.	
PERSONALLY appears 20 Soffet Crell of Zilling.	
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 Selection 1867; 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 74, of ! Regiment	
of La Volunteers Tornily . Brigade; that whilst engaged in	
such military service at the battle of Decure Horice in the State	
of Thriela , on the 20 day of Thrilly 186 & he was	
wounded as follows: Zin ish of Hound of Lity herountt	4.
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The tone shereston, bothe for whow of inches	/
Mound Euces week / Duin halks with Stick	1
his Liges i underd or Istanteelly will essention	C.
his Liges a underd Sulstanteedly will esculted	7

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 entified for the year ending October 26, 1894. I have heretofore been allowed a pension of

dollars, for the year 189 2 8 day of Valorice 1 1894.

Norg-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent

STATE OF GEORGIA, - Cainty 2 County I, All Johnson and do certify that I am well acquainted with Arkiffe Ordinary of said County,

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

Given under my official signature and seal, this

day of Altrecon 1894.

STATE OF GEORGIA,

For Applicants Heretofore Allowed Pensions.

Definin County Spersonally appeared right Cull of Silvin 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 1839; that he enlisted in the military service of the Con-) during the war between the federate States (or of the State of States, and served as a production in Company of the Regiment of Lu Wolunteers, Front is Brigade; that whilst engaged in such military service at the battle of Dount Dout in the State

of Leville on the 20 day of Telreny 1863, he was wounded as follows: Shot first below Right Breezent They would the Done breaking the word in Streaming Sines knut Dun Routing it as beg suit to inflains un Esmitielle risches

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 dollars, for the year 189 4

Sworn to and subscribed before me, this, the Justifit To Cicil

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

STATE OF GEORGIA, County.

1, 100001772507 Ordinary of said County, do certify that I am well acquainted with ser 12 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 1190114 1 1895.

Wills Harsen?

POWER OF ATTORNEY.

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

IN WIPPESS WHEREOF, I have hereunto set my hand and seal, this day of the pension of the pension paid hereon and request that he remit same to by

IN WIPPESS WHEREOF, I have hereunto set my hand and seal, this day of the pension of us

Executed in presence of us

Lithing

SOLDIER'S PENSION

1896

POWER OF ATTORNEY.	
STATE OF GEORGIA. County. Loseph Call hereby authorize Allew D. Causles.	
to receive and receipt for the pension paid hereon and request that he remit same to me. Through the Ordinary by Check	
at Collegay Ga. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22 day of January 1897. Joseph & Coall [L. s.]	
Executed in presence of Colley, Ordinary	
O Wraway	
PENSIC Commissions of PR Commissions of Pr Commi	12
HOSS AIR NO. 12	1

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Disability

For Applicants Heretofore Allowed Pensions.

7	STATE OF GEORGIA,
	Silmin County.
	And the Cool of the State of th
0	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 Hong 1839; 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 living in Company, of Regiment
	of Volunteers OD 11 Brigade; that whilst engaged
	in such military service in the State of Juliu, on the 20 day
4.4	of the was wounded, injured or diseased as follows:
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	la vista de la vista de la companya del companya de la companya del companya de la companya del companya del companya de la companya de la companya de la companya del compan
*	I have for wone of men is species
	Som is my fort from suff hairs
	11111 Stick Mis Mound Juneling this like
٠.	risilius
	Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
	entitled for the year ending October 26th, 1896. I have pension to which he is
	county been allowed a pension of
3.	dollars, for the year 189 3.
1	Sworn to and subscribed before me, this, the
1.	day of Juny 1898.
	Allownen Delings
	Note state fully the natice of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
•	of the meanity, resulting from and wound or disease.
	STATE OF SECROLA
	STATE OF GEORGIA,
	County.
	I, Ordinary of said County,
	Marille Die 1
	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 Junitary 1898.
*	TAME IN THE STATE OF THE STATE
	your seal bere.
	w. College
	Ordinary County.

For Applicants Heretofore Allowed Pensions.

CTATE OF	***			I GUSIOUS.
STATE OF	GEORGIA,).		
Silnin	Co	unty.		
	//		of Gilm	
County State of	Second who be	ing duly sworn a	or or oath that he	is a bona fide citizen
and resident of sa	id State and ha	s resided therein	continuously aves	since the
day of Felen	ary 18	39 : that he enlis	sted in the militar	y service of the Con-
federate States (o	of the State of	f	during	the war between the
States, and served	as a Sect	vate	in Company	of Ith Regiment
of 40. Regul	Voluntee:	rs, Loombo	's Brigade;	that whilst engaged
in such military s	ervice in the St	ate of Alore	da , on	the 20 day
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resident of	filmer	Dollars, for the	inty been allowed a	under said law as a n invalid pension of
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23 day	Januar	1897	POST OFFICE SEE	iday 40
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X CUPIU	L UNWILL	asy.		
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Norn State fully the of the disability, resulting	nature of wound or chi from the wound or dise	aracter of disease which ca	auses the disability, and ea	plain particularly the extent
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	EORGIA, Coun	ty.}		
STATE OF G	EORGIA, Coun	tý.}	Ordin	ary of said County,
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STATE OF G	Coun Coun Coun Coun Coun Count Count	ed with and well sati know he is the	Ordin fied that the state individual he representations	ary of said County, the ments made by him esents himself to be

POWER OF ATTORNEY.

STATE OF GEORGIA,	
Gilmer County	y.)
Joseph Cal	
Sick of State	of Atlanta Ya.
	nsion paid hereon and request that he remit same to
me through the Order	way by Cheek
at Ellifay Ga.	- 15
0 '	I have hereunto set my hand and seal, this
day of January	1898.
	Josephi × Call [L. s.]
Executed in presence of	
Dellew.	
Crolinar	my.

SOLDIER'S PENSION.

(For Those Aiready Enrolled.)

	6		1898.	rions.		
'n	Cal			JOHNSON, Commissioner of Pensions	OED TO	WIER ATLANTA
Ğ	John	Nounds	7/15-	RICHARD JOHNSON,	WARRANT HANDED TO	t / /
H	Name 102	Disability Weunck.		RICH	WAB	1

	POWER	OF ATTO	ORNEY.	
STATE OF	F GEORGIA,	(
Tilm	Cour	nty. J.		
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	ght	200	Elauta	La
				hat he remit same to
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	TNESS WHEREO	r, I have hereunt	o set my nand and	sear, this
day of	anuary	1899.	, lis	0
		-	ooeple x	Call [L. s.
		. U.) . The	CFIC .
	ecuted in presence of			
DO.	Allen		* ***	
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Or .	3			. 3		/ S— JOHNSON,	sioner of Peas	NTER. ATLANT	B
Megh	51	275	2	9	und.	S OH	Compaign ANT HAND	3	B
10		ž		The state of	ability Offi	RICHIA	WARRA	D. W. HARRIS	12
OR R)		. 8	N.	Ocean Amou		15 . 12	142	

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Gilmer County.
personally appears weekh ball of kilmer
County, State of Georgia, who being duly sworn, says on oath that he is a tona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of Flag 1839; 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 Priv in Company , of Lth Regiment
of 49. Regulate Volunteers, Jounnes 's Brigade; that whilst engaged
in such military service in the State of Herida, on the 20 day
of Filey 1862, he was wounded, injured or diseased as follows:
By quichot wound ball entering furt below
Knie going firetly through the bere, and coming
out an apposite side-breaking bone for about
8 inches - Wound gives great fair - Walk with
stick - Wound renews the lig substantially and
usutially 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 Gilmus county been allowed an invalid pension of
Dollars, for the year 1897
Sworn to and subscribed before me, this, the Joseph & Call
day of January 1898. POST-OFFICE Ellipsy 44.
. (18 24.
De Allen Orduning
. Nore-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.
Gilmin County.
I, Collin Ordinary of said County,
do certify that I am well acquainted with tought 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
day of faunary 1898.
(After your Jackley
Ordinary Gilmin County.
Ordinary Guun County.

For Applicants Heretofore Allowed Pensions.

TATE OF GEORGIA,	1		
filmer Coun	ty.		
Dersonally appears Justo	1. Pople	Gilm	101/
Dersonally appears	w ouce	0101	
ounty, State of Georgia, who being			
d resident of said State, and has re	sided therein con	tinuously ever sin	ce the
		d in the military se	The state of the s
derate States (or of the State of		,	war between the
ates, and served as a Shir		Company , of	
40 Regular Volunteers,	fromber	's Brigade; the	
such military service in the State	of Ha	on the	ie_ & D day
		jured or diseased a	
Ocean Poud, gunsha	Lwound - b	all enterin	ie fast bele
going diretty through	the bone a	ed Courses	out ou obje
- breeking bour for a	Tweet eigh	Livelin &	June Que
et pair Has to week	with alien	40000	Janel Ouch
			aeney. Luc
intially and execution	ally usel	<u> </u>	
			
	*		
Sworn to and subscribed before		Josephina	Call
day of Jounuary	1899.) P	OST OFFICE	rufay 4 a
XI NELLE COOL	iany.	adam the disabilism and	carlain montinutarily the
Nors-State fully the nature of wound or chitent of the disability resulting from the wound	or disease.	causes sue usacourty, and	- pain particularly the
TATE OF GEORGIA.			
0	()		
Gelme Cou	nty.		
20010		0.11	r *10 }
I, Jewelle	07		ry of said County
o certify that I am well acquainte	d with the	a well	th
pplicant in the foregoing affidavit,	and am well satis	fied that the states	nents made by him
n his said affidavit are true, and I	know he is the in	dividual he repres	sents himself to b
and that he resides in this County.	6.4		
Given under	my official signat	ure and seal, this.	yu,
day of James	uarren V	1899.	
AME	(LA)	ROD	
rour less	100	accent.	

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
filmer County.
personally appears Juseph 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 Heliq 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
tween the States, and served as a Artivato in Company of the
Regiment of 9a Volunteers, John 's Brigade; that whilst
engaged in such military service in the State of Florida, on the 20
day of Hely 1863; he was wounded, injured or diseased as follows:
At Ocean bond, gun shot wound, ball entering fut below tines, going viretly through the bone, and breaking it for about eight inches, Wound guns great pain-Walk mit a click.
full below times, going virielly through the
vone and breaking it for about eight mehes
Would gues great pain-Walte with a oliets -
mix leg is rendered autistantially and essen-
lially 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
County been allowed an invalid pension of
Histy Dollars, for the year 189 9.
Sworn to and subscribed before me, this, the Josephina Call
2 day of January 1900. POST OFFICE Ellipay Ga
J. O. Allin Ordinary
Nors.—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 of disease,
STATE OF GEORGIA,
Gilmer County.
I Sevellin O Ordinary of said County,
do certify that I am well acquainted with stack Call the
applicant in the foregoing affidavit, and an 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 mm
day of January 1900.
Pollin
Ordinary Gilmen County.

For Applicants Heretofore Allowed Pensions.

Umer	County.
Devennelly enner	reforeple ball of Gilmer
nty. State of Georgia.	who being duly sworn, says on oath that he is a bona fide citize
	e, and has resided therein continuously ever since the
of Herry	1839; that he enlisted in the military service of the Con
rate States (or of the	State of) during the war between th
tes, and served as a	Oriv in Company H, of Ith Regimen
4a Regulars	Volunteers, Joannie 's Brigade; that whilst engage
	n the State of Florida , on the 20 and da
February	
	1-ball intering just believe truck going
	6. The lione, and coming out our opposed
	one for about eight makes - Wound
www. much bo	in Walla with steels - Done at Oscar
1 40 10	sis rendered outstantially and unation
/	our rendered ansolutioned and mixed
elui :	
	the second secon
October 26th, 19	polication for the pension to which he is entitled for year en 001. I have heretofore under said law as a resident County been allowed an invalid pension Dollars, for the year 1900.
October 26th, 18	O1. I have heretofore under said law as a resident County been allowed an invalid pension
October 26th, 18 Sworn to and subscr May of Jac	County been allowed an invalid pension Dollars, for the year 1900. Tibed before me, this the Mercary 1901. Postoffice Gelijay 4a.
October 26th, 18 Sworn to and subscr May of Jac	County been allowed an invalid pension Dollars, for the year 1900. Tibed before me, this the Mercary 1901. Postoffice Gelijay 4a.
October 26th, 18 Sillmes Sworn to and subscr May of Ja Callin Ord Norn.—State fully-the nate by the extent of the disability	County been allowed an invalid pension
October 26th, 18 Silmus Sworn to and subscr May of Je Callin Ord Norn.—State fully-the nat- thy the extent of the disability CATE OF GEOR	County been allowed an invalid pension
October 26th, 18 Silver Sworn to and subscr Mora.—State fully-the nate hy the extent of the disability	County been allowed an invalid pension
October 26th, 18 Sworn to and subscr May of John Morn.—State fully-the national of the disability the extend of the disability the extend of the disability the extend of the disability and the disability the extend of the disability and the extend of the	County been allowed an invalid pension County been allowed an invalid pension Dollars, for the year 1900. Tibed before me, this the 1901. Postoffice Gelijay 4a. Licary 1901. Postoffice Gelijay 4a. Licary Ure of the wound or character of disease which causes the disability, and explusin pury resulting from the wound or disease. IGIA, County.
October 26th, 18 Sworn to and subscr May of John More.—State fully-the nation of the disability the extent of the disability. CATE OF GEOR	County been allowed an invalid pension County been allowed an invalid pension Dollars, for the year 1900. Tibed before me, this the 1901. Postoffice Gelifacy 4a. Livery 1901. Postoffice Gelifacy 4a. Livery The wound or character of disease which causes the disability, and explain party resulting from the wound or disease. County. Ordinary of said County.
October 26th, 18 Sworn to and subscr Mora.—State fully-the native the extent of the disability CATE OF GEOR I, L. L. certify that I am we	County been allowed an invalid pension County been allowed an invalid pension Dollars, for the year 1900. Tibed before me, this the 1901. Postoffice Gelijay 4a. Lecary 1901. Postoffice Gelijay 4a. Lecary Ure of the wound or character of disease which causes the disability, and explain pury resulting from the wound or disease. County. County. Ordinary of said County.
October 26th, 18 Sworn to and subscr Mora.—State fully-the native the extent of the disability CATE OF GEOR I, L. C. certify that I am we plicage in the foregoin	County been allowed an invalid pension County been allowed an invalid pension Dollars, for the year 1900. Tibed before me, this the 1901. Postoffice Gelijay 4a. Lecary 1901. Postoffice Gelijay 4a. Lecary The wound or character of disease which causes the disability, and explain pury resulting from the wound or disease. County. County. County. Ordinary of said County agaffidavit, and an well satisfied that the statements made by he
October 26th, 18 Sworn to and subscr May of Je Callin Ord Norn.—State fully the nately the extent of the disability IATE OF GEOR I, J.C. A certify that I am we plices in the foregoin his said afficient are to	County been allowed an invalid pension
October 26th, 18 Sworn to and subscr Morn.—State fully the nation of the disability the extent of the disability of the certify that I am we plicant in the foregoin his said and said and said and the resides in the	County been allowed an invalid pension Dollars, for the year 1900. Tibed before me, this the 1901. Postoffice Gelifay 4a. 1901. Postoffice Gelifay 4a. Granty. GIA, County. Ordinary of said County. If acquinted with purchase the disability, and explain purchase the disability and
October 26th, 18 Sworn to and subscr May of John Mora, State fully the natural of the disability the extent of the disability of the certify that I am we plicate in the foregoin his said afficient are to disability that I am we plicate in the foregoin his said afficient are to disability of the certify that I am we plicate in the foregoin his said afficient are to disability.	County been allowed an invalid pension County been allowed an invalid pension Dollars, for the year 1900. The best of the year 1900. The b
October 26th, 18 Sworn to and subscr May of Callin Ord Norn.—State fully-the natury the extent of the disability the extent of the disability of the disability of the certify that I am we plicate in the foregoin his said afficient are to that he resides in the Gir	County been allowed an invalid pension Dollars, for the year 1900. Tibed before me, this the 1901. Postoffice Gelifay 4a. 1901. Postoffice Gelifay 4a. Granty. GIA, County. Ordinary of said County. If acquinted with purchase the disability, and explain purchase the disability and
October 26th, 18 Sworn to and subscr May of Callin Ord Norn.—State fully-the natury the extent of the disability the extent of the disability of the disability of the certify that I am we plicate in the foregoin his said afficient are to that he resides in the Gir	County been allowed an invalid pension County been allowed an invalid pension Dollars, for the year 1900. The best of the year 1900. The b

POWER OF ATTORNEY.

cm	SMAME OF OPOROLA		.,
	STATE OF GEORGIA,		
: E	Filmer County.		
1	County.)	* *	
61	I lastple Call hereby authorize		
	Vin M. A Vright of Alland		
	The stripus of oftener	m sa.	the and
to	to receive and receipt for the pension paid hereon and reques	t that he remit	same to
		3 / 1	
24.1	Through Ordinary by Check		
	See 1's Ga	1.11	
at	at Ellipay ga		
	IN WITNESS WHEREOF, I have hereunto set my hand a	and mant ability A	o my
	IN WITHESS WHEREOF, I have hereunto set my hand a	nd sear this s	0 1
day	day of January 1802.	,	
	1 ties o		
	Joseph X C	all	[I., S.]
		2 ~	
	Executed in presence of		

POWER OF ATTORNEY. STATE OF GEORGIA, to receive and receipt for the pension paid hereon and request that he remit same to me Through Ordinary IN WITNESS WHEREOF, I have hereunto set my hand and seal this_ day of January 1903. seph to lead [1.8.] Executed in presence of CAllen Ordinary (FOR THOSE ALREADY ENROLLED.)

SOLDIER'S PEN

DISABLED

JOHN W. LINDSEY

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ENROPE	86	S PENSION	i loae	200 3		DSEY,	NDED TO
P. L.	· ori		on ha	Regimen (3/12	ÖHN W. LINDSE	ARRANT BAND
8 ₹	No.		The state of the s	0	1 10	JÖHN	WARE
. FE	State or		Name		() () () () () ()		

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Gilmer County.)
Personally appears Joseph Cace 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 Steling 1839; 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 forish in Company of fin Regiment
of Ja. Regulario Volunteers, Toomas 's Brigade; that whilst engaged
in such military service in the State of Harisa, on the 20 day
of Helicy 1863, he was wounded, injured or diseased as follows:
At Ocean Goud, Gun that wound - ball interior
bust below time going direlly through the bone
breaking bone for about eight inclus. The
would receive The les substantially and
-+
essentially useless.
mandan apara and a same a same a same as and
County, been allowed an invalid pension of Fifly Dollars, for the year 1901. Sworn to and subscribed before me, this the lose fall this Gall and day of January 1902. Post-office Gultan Gall Nove.—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, Collin Ordinary of said County,
do certify that I am well acquainted with Justifile Coall
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 1902.
(AMIX) Desellen
Ordinary Clibrary County.
Nors.—Fill all blanks and of Company and Degiment. Nors.—All vouchers and affidavise must begin date after January 1, 1902.
Notz.—All vouchers and affidavite must bear date after January 1, 1902.

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 bong fide citizen
and resident of said State, and has resided therein continuously ever since the
day of Heling 1839; that he enlisted in the military service of the Con-
federate States (or of the State of
federate States (or of the State of) during the war between the States, and served as a in Company X, of _/ the Regiment of La Regulars Volunteers, Loventhe 's Brigade; that whilst engaged
of Ja Regulars Volunteers, Loventie 's Brigade: that whilst engaged
in such military service in the State of Flo., on the 20 day
of Helmany 1863, he was wounded, injured or diseased as follows:
Tun shat evound of les break! him In
eight sinclus Lower which It
Sun shat wound of leg breaking bone for eight inches from which the leg is rindered substantially and issurtially useless.
and the same of th
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
County, been allowed an invalid pension of
Dollars, for the year 1902.
Sworn to and subscribed before me, this the
of its day of Jamany 1903. Post office Ellipay "1".
Cefelie Orinary
Nors.—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,
Tilmer County.
I, Calling Ordinary of said County,
do certify that I am well acquainted with foseful Coall.
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 1903.
[AGENT Catellin
bere Ordinary Gilmen County.
Nors.—Fill all blanks and of Company and Regiment.
Name All manufactures and a Marcha to the Asset Transport to the

POWER OF ATTORNEY.

STATE OF GEORGIA,					
Gilme	COUNTY.	\$5.00		-	
Loseph 6.	11.0-1-11.				authorize
Stone Ifin A. Hre	ght	of atta	rula	99	· · · · · · ·
to receive and receipt for the				he remit	same to
me through Ordin		by Chief	·	a	•
at Ellijon 4a.		• , • .		· · ·	
IN WITNESS WHEREOF, I I	have hereunto	set my hand an	d seal, this	4	1
day of January	1904.	Carol	h X le	11.	fr e l
		Justin	marie		[15. 5.]
Executed in presence of					
Ordina	w				
101 301					

SOLDIER'S PENSION

DISABLED

(FOR THOSE ALREADY ENROLLED.)

879 - ON

Rithred County

FOWER OF ATTORNEY.

	COUNTY. }	Call her	
I'm a Hught	of	Office ,	10
to receive and receipt for the p	ension paid hereon	, and request that he	remit same to
at, Cifydy, Ga In Witness Whereof, I ha			11th .
day of dunkay	1905.	1.h his Call	[L. s.]
Executed in the present	ce of	much	
Call	J		
Cons Secrico 120. (FOR THOSE ALREADY ENROLLED.) No. 7 / (C DISABLED SOLDIER'S PENSION 1905.	Name for the Call County. Co. M. Regiment V	Disability (*akbo. 1cg Amount, \$-2 (() IMAB 0 JOHN W. LINDSEY, Commissioner of Pensions.	WARRANT HANDED TO CANADA CONTROL DISTRIBUTION OF REAL PRINTER THE PROPERTY OF PRINTER CONTROL CONTRO
0 0 0 7	· · · /		

Name Joseph Gall.

County Elimine Laglan

County Elimine Laglan

Disability Welmeda

Amount, & STO.

30GN W. LINDSEY,

Commissioner of Francia.

WARRANT HANDED TO

1 100-500 1 50-1050 X 30-1050 X 755-155 X 755-155

no date

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF C	EORGIA,	
Lieun	County.	
	_	0
	rs Joseph Care	
County, State of Georgi	who being duly sworn, says	on oath that he is a bona fide citizen
and resident of said Sta	te, and has resided therein cont	tinuously ever since the
day of Jehr	1839; that he enlisted	in the military service of the Con-
ederate States (or of th	e State of) during the war between the
States, and served as a	Oran in Con	ipany # , of _ th Regiment
olda. reg-	in the State of See	's Brigade; that whilst engaged
& Filing	, ne was woun	ded, injured or diseased as follows:
umonoe was	The of the fire and	leg is rendered
mic you dance	ey and usention	leg is rendered
Million Suffrance Laboration Labo	y and have	ely sures.
	n Konse marie i jamen i	· · · · · · · · · · · · · · · · · · ·
		The second secon
tilly-	Dollars	been allowed an invalid pension of s, for the year 1903.
	scribed before me, this the	Joseph X Care
day of	anny 1904.	Post-office Guston Ga.
Cotlem O:	dinary)	Post-office Gullow 12
NorsState fully the	nature of the wound or character of disability resulting from the wound or disa	isease which causes the disability, and explain
		ease.
STATE OF C	EORGIA,	
Tilme	County.	
1 LO. D.		Ordinary of said County
lo certify that I am we	all acquainted with Torobs	Ordinary of said County
he applicant in the for	egoing affidavit and am well	satisfied that the statements made
		the individual he represents himsel
o be, and that he resid		
	uder my official signature and	seal, this 4 tu
day of_		1904.
	//	
your (Ordinary 2	
	Nors Fill all blanks and of Comps	any and Regiment.

FUR APPLICANTS DENETATIONE ABBUMED PENSIONS.

STATE OF GEORGIA,	
Jemes COUNTY.	
	1 / 1 · 1
Personally appears - forefre (all	of 111,111
County, State of Georgia, who, being duly sworn, says or	
and resident of said State, and has resided therein conti	nuously ever since the
day of Juliuan 18.29; 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 ain Com	pany , of th Regiment
of Jugar Rollunteers Jeen !	
in such military service in the State of	
of January 186 3 , he was wound	ed, injured or diseased as follows:
below such going dividing throng	a hat when suit
below knee fring dividly throng	the trend and time
-inc culou office the	color the grade
Mound water throng webstuck	ally and or soulally
-uxc Car.	
Deponent makes application for the pension to	which he is entitled for the vear
ending October 28th, 1905. I have heretofore, un	
Liling County, be	een allowed an invalid pension of
Dollars,	for the year 1904.
	·
day of /6	freich mach all
day of landay 1905.	t-office (ellipsy fi
Note.—State fully the nature of the wound or character of dise particularly the extent of the disability resulting from the wound or disea	
STATE OF GEORGIA,	T .
	3.
COUNTY.	Ordinary of said County,
do certify that I am well acquainted with	
the applicant in the foregoing affidavit, and am well's	
by him in his said affidavit are true, and I know he is the	
to be and that he resides in this County	

. Given under my official signature and seal, this.

POWER OF ATTORNEY.

STATE OF C	Talen	County.	of De	Call Unes Co	hereby au	thorize
. E	receipt for the	10	by	hick	- d/	ame to
Executed	in the presence	06. e of		e loule		_[L. 8.]
	Calo	·			. s. *	
			100	1		1.
COOR SECTION 156. P. T. S. C. A. C. COOR SECTION 156.	BLED PENSIC	(64()	ginear fra	FEB 1 1000 NO. LINDSET.	WARRANT HANDED TO	12
CODE SECTION 11	DISABLEI DIER'S PE	fract.	No Los a	mount, \$ 5	WARRANT	in de

Maimed Soldiers. Audited March 28 1880. Voucher No. 1647 Paid infaceful Call able der March Included in Warrant No. issued to Treasurer. 1889 WARRANT CLERK

FOR 24 CHANTS HEPTFOFORE ALLOWED PENSION

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

- Verille	
Kompaning dalam	Toseph Call of Silmer
Personally appears	1
	o, being duly sworn, says on eath that he is a bona fide citiz
	nd has resided therein continuously ever since the
	18.39; that he enlisted in the military service of the Co
federate States, (or of the Sta	ate of) during the war between t
States, and served as a	Private in Company of 1st the Regime
	inteers founds 's Brigade; that whilst engag
	the State of Florida, on the 20 d
	186 3, he was wounded, injured or diseased as follow
	At Ball entering just below know
	through the bone and Comin
	side, breaking bone for abouter
	nd gives great bam walks
with stule.	Ironne render the leg essentially
and substant	tally no len
•	
4	Linux County, been allowed an invelid pension Fifty Dollars, for the year 1905.
Sworn to and subscribed	d before me, this the loseth his loall
ad 2 7	d before me, this the
	1 / June 16
day of a	
day of las	Orchy Post-Office Vakon Ga.
North-State fully the nature of	Post-Office Gakon ya
Note.—State fully the nature of carticularly the extent of the disability	Orchy Post-Office Cuckon Gueston of the wound or character of disease which causes the disability, and exply resulting from the wound or disease.
Norm—State fully the nature of particularly the extent of the disability State of Geor	Post-Office Gaken your post-office Gaken your property of the wound or character of disease which causes the disability, and exply resulting from the wound or disease.
Norm.—State fully the nature of articularly the extent of the disability State of Geor	Post-Office Gaken your process of disease which causes the disability, and explayed the wound or disease.
Norm.—State fully the nature of articularly the extent of the disability State of Geor Linux I,	Post-Office Gaken Garage of the wound or character of disease which causes the disability, and explorer of the wound or disease. Pala, County.
Norn.—State fully the nature of conticularly the extent of the disability State of Geor Linus I, lo certify, that I am well according to the state of continuous to the state of co	Post-Office Gakon Garage of the wound or character of disease which causes the disability, and exploration of the wound or disease. **Gia,** County.* Defative Ordinary of said Counting of the counting of
Norn-State fully the nature of articularly the extent of the disability State of Geor I, lo certify, that I am well acche applicant in the foregoin	Post-Office Gakon Ga. Orthy Of the wound or character of disease which causes the disability, and exploration of the wound or disease. County. Default Ordinary of said County affidavit, and an well satisfied that the statements may
Nora-State fully the nature of particularly the extent of the disability State of Geor I, do certify that I am well accome applicant in the foregoing by him in his said affidavit as	Post-Office Gukon Gu Orthy Of the wound or character of disease which causes the disability, and expl resulting from the wound or disease. COUNTY. PARTY Ordinary of said County equainted with Satisfied that the statements may tre true, and I know he is the individual he represents hims
Nora.—State fully the nature of conticularly the extent of the disability State of Geor I, do certify that I am well accome applicant in the foregoing by him in his said affidavit as to be, and that he resides in the	Post-Office Cuckon Garage of the wound or character of disease which causes the disability, and explorately. Post-Office Cuckon Garage of the wound or disease. Post-Office Cuckon Garage of the wound or disease. Post-Office Cuckon Garage Office Cuckon Garage
Nore.—State fully the nature of corricularly the extent of the disability State of Geor I, do certify, that I am well accepted applicant in the foregoin by him in his said affidavit at the color, and that he resides in the Given under the color of t	Post-Office Gakon Galler of the wound or character of disease which causes the disability, and explored the wound or disease. Pale County. Description Ordinary of said County affidavit, and am well satisfied that the statements may affidavit, and am well satisfied that the statements may retrue, and I know he is the individual he represents hims this County. The county of the wound or disease.
Nora.—State fully the nature of conticularly the extent of the disability State of Geor I, do certify that I am well accome applicant in the foregoing by him in his said affidavit as to be, and that he resides in the	Post-Office Cuckon Garage of the wound or character of disease which causes the disability, and explorately. Post-Office Cuckon Garage of the wound or disease. Post-Office Cuckon Garage of the wound or disease. Post-Office Cuckon Garage Office Cuckon Garage

No. 16247 Manta, Ja Mch 27 1889 STATE OF GEORGIA, EXECUTIVE DEPARTMENT. Mr. Jaseph Call Biliner havin 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 est lea disabled He is entitled to receive the sum of Cefte 7 8 0 _Dollars for such disability, the same being the allowance due for the ending October 24, 1889. The Treasurer will pay the same and hold his receiption this vot her, and return same to Executive Department for warrant. GOVERNOR By the Governor Whamson RECEIVED OF STATE TREASURER, R. U. HARDEMAN, Dollars. per above voucher, this 27 of march for ball worth 1889.

Norz.—Fill all blanks and of Company and Regiment. Horz.—All vouchers and affidavite must be a date after January 1st, 1906. Maimed Soldiers.

Voucher No. 913

Amount & 50

For Leg disabled

Seb. 11 1890

Included in warrant No.

issued to Treasurer.

WARRANT CLERK.

Audited

COMPTROLLER-GENERAL

No. 913 Atlanta, Ba, Feb, 11 STATE OF GEORGIA EXECUTIVE DEPARTMENT. oseph Call 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, approved, Dec. 24, 1888, and the same having been examined and allowed for ey desabled He is entitled to receive the sum of Dollars for such disability, the same being the allowance due for the year ending October 24, 18 90 The Treasurer will pay the same and hold his receipt on this voucher, and return same to Executive Department for warrant GOVERNOR. By the Governor, :50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

High do

per above voucher, this

of Toly

Dollars,

Ino & Pung

E. W. WATKINS, JR. DR. E. W. WATKINS & SON, Allin In Physicians and Surgeons, an He file " Myny, Su. Alleunter 29 1910 This is to restification theye & have This is to certify that after Joseph, Gall, a considerators a thorough Manigitative It with ball a pensioner State Ther vines du fruit him that heis fint very / pour 6 8 years ald enia tralla gua a not able to work fine a strate of dame of tours with light wollen is intitled white the and WITH runging Some foguer Citie Topison indiced by the paisonliabed fing find able to so no with Mente is a will fine him hotalener has nothing whatere The mental zind rease to line on, and anythe whome 2. W. Williams an increase in this rension emy praying I gook your J. M. Bearden, M. D friend O respectfully 2 W Halling. 10 Vilour County 3 Personally Cours & M. Worthers church to before me In & W. J. M. Bearlus M. D. who are and I autify that the afficient is a penetiaing physicions cath any thofacts stated in the above. (010) in said county in good clauding, and that his state -Cirlibicato are true and I custify that ments are cutilled to belief. This Jany 12th 1904. Jedelin Ordinary Felmer Cola

caid afficients are physicians in said country in good standing,

Sworms and) outsonined lengure

mu, as witness my hand and real

of office this Dec 29 " 1900.

Ordinary