

STATE OF GEORGIA,

I, Wm. J. Harrison County Wilkes Ordinary of said County,

do certify that I am well acquainted with Samuel S. Cantrell 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. and that Samuel S. Cantrell personally resides in Wilkes County Georgia I hereby 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 11 day of February 1891.

Ordinary Wm. J. Harrison County Wilkes

and Wm. J. Harrison Co.
Cantrell, S. S.
1891.

PAID 100¢

No. 1132

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

FOR

Loss of 1 finger

Applicant, S. S. Cantrell

County, Wilkes

Amount, 5.

Date of Warrant, Feb. 18,

Entered on record 2/18

189

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

Wm. J. Harrison

STATE OF GEORGIA,

Gilmer County.

I, W. M. Johnson Ordinary of said County,
do certify that I am well acquainted with Samuel D. Cantrell 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 Samuel D. Cantrell formerly residing in Cherokee
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 11 day of February 1891.

Ordinary Gilmer County.

STATE OF GEORGIA,

Gilmer County.

I, W. M. Johnson Ordinary of said county,
do certify that I am well acquainted with Samuel D. Cantrell 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 22 day of March 1891.

Ordinary Gilmer County.

Application for Allowance

No. 113m

FOR THE YEAR ENDING OCTOBER 31, 1891.

Name Joseph L. Finger
Applicant, Samuel D. Cantrell
County, Gilmer
Amount, \$5.00
Date of Warrant, Feb 11/91
Entered on record, Feb 11/91 1891

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

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

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name Samuel D. Cantrell
County Gilmer
Disability Loss of Finger
Amount, \$ 5.00

Entered on record Mar 11/92 1892.

W. H. HARRISON,
Secretary of Executive Department.
AGENT.

W. M. Johnson

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gilmer County, }
PERSONALLY appears *Samuel C. Cantrell* 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 *14th* day of *February* 1840; 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 *16th* Regiment of *Georgia* Volunteers *Norfolk's* Brigade; that whilst engaged in such military service at the battle of *Sharpsburg* in the State of *Maryland*, on the *17th* day of *Sept* 1862, he was wounded as follows: *General shot through in left hand causing total loss of middle finger*

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 _____

five dollars, for
Sworn to and subscribed before me, this, *21st* day of *February* 1891.

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.

POWER OF ATTORNEY.

STATE OF GEORGIA,

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *21st* day of *February* 1891. *S. C. Cantrell* [L. S.]

Executed in the presence of us:

J. M. Johnson Ordinary.
DIRECTION:

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gilmer County, }
PERSONALLY appears *Samuel C. Cantrell* of *Gilmer* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously since the *14th* day of *February* 1840; 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 *16th* Regiment of *Ga* Volunteers *Norfolk's* Brigade; that whilst engaged in such military service at the battle of *Sharpsburg* in the State of *Maryland*, on the *17th* day of *Sept* 1862, he was wounded as follows: *General shot through in left hand causing total loss of middle finger*

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 _____

five Dollars for 1889 1890 & 1891
Sworn to and subscribed before me this the *21st* day of *March* 1892. *S. C. Cantrell* & *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,

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *21st* day of *March* 1892. *S. C. Cantrell* [L. S.]

Executed in the presence of us:

J. M. Johnson Ordinary.
DIRECTION:

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

POWER OF ATTORNEY.

STATE OF GEORGIA, }

Gibson County. }

Know all Men by these Presents, That I *S. C. Cantrell*
of *Gibson* County, State of Georgia, do hereby appoint
of *William Campbell* 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
16 day of *March* 1893.

S. C. Cantrell [i. s.]

Executed in the presence of us:
William Campbell
William Campbell

DIRECTION.
Send money to me as follows, by *Dr. C. Cantrell*
to *William Campbell* P. O.
Gibson County, Georgia. *S. C. Cantrell*

Gibson
S. C. Cantrell
1893.

No. *1788*

Application for Allowance

For the Year Ending October 24, 1893.

Applicant *L. A. Cantrell*
County *Gibson*
Amount *10 50*
Date of Warrant *3/17*
Entered on record *179*
1893.

WARRANT HANDED TO
W. A. WRIGHT
Secretary Executive Department.

No later

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Bibber County. }

PERSONALLY appears *Samuel C. Cantrell* of *Bibber*

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 *14*

day of *February* 18 *62*, 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 *18*th Regiment of *Eu* Volunteers *Proffers*'s Brigade, that whilst engaged in

such military service at the battle of *Shamshurg* in the State of *Mich* on the *17* day of *Sept* 186 *2*, he was

wounded as follows: *Just shot wound of Left Hand*

causing total loss of middle finger

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

Five dollars, for

Sworn to and subscribed before me, this, the *16* day of *March* 1893, } *Samuel C. Cantrell*

Samuel C. Cantrell

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, }

Bibber County. }

I, *Samuel C. Cantrell* Ordinary of said County,

do certify that I am well acquainted with *Samuel C. Cantrell* 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 *16* day of *March* 1893,

Samuel C. Cantrell

Samuel C. Cantrell Ordinary *Bibber* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Gilmer COUNTY.

Know all Men by these Presents, That I,

J. C. Cantrell
of *Gilmer*
West Hight

County, State of Georgia, do hereby appoint

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

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

J. C. Cantrell [L. S.]

Executed in the presence of us

DIRECTIONS.

Send money to me as follows, by

to *Delaney* P. O.
County, Georgia. *J. C. Cantrell*

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

J. C. Cantrell
of *Gilmer*

County, State of Georgia, do hereby appoint

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

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

J. C. Cantrell

Executed in presence of us

J. C. Cantrell
Delaney

DIRECTIONS.

Send money to me as follows, by

to *Delaney* P. O.
County, Georgia. *J. C. Cantrell*

(For Those Already Enrolled.)

No. *1392*

Soldier's Pension.

1894.

Name *J. C. Cantrell*

County *Gilmer*

Disability *Loss of finger*

Amount, \$ *5*

1894.

3/17

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDLED TO

W. H. Harrison

Gen. W. Harrison, State Printer, Atlanta.

W. H. Harrison

(For Those Already Enrolled.)

No. *1448*

SOLDIER'S PENSION.

1895.

Name *J. C. Cantrell*

County *Gilmer*

Disability *Loss of finger*

Amount, \$ *5*

1895.

Feb 27

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDLED TO

W. H. Harrison

Gen. W. Harrison, State Printer, Atlanta.

W. H. Harrison

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Gilmer County. }

PERSONALLY appears *S C Cantrell* 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 *14* day of *Feb* 1841; 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 *18*th Regiment of *Gen* Volunteers *Wofford's* Brigade; that whilst engaged in such military service at the battle of *Sharpsburg* in the State of *Maryland*, on the *17* day of *Sept* 1862, he was wounded as follows: *gun shot wound of left hand causing total loss of middle finger*

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 *five* dollars, for the year 1893

Sworn to and subscribed before me, this, the *18* day of *March* 1894. } *S C Cantrell*
W H 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, }

Gilmer County. }

I, *W H Johnson* Ordinary of said County, do certify that I am well acquainted with *S C Cantrell* 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 *6* day of *March* 1894.



W H Johnson
Ordinary *Gilmer* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Gilmer County. }

PERSONALLY appears *S C Cantrell* 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 *14* day of *Feb* 1841; 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 *18*th Regiment of *Gen* Volunteers, *Wofford's* Brigade; that whilst engaged in such military service at the battle of *Sharpsburg* in the State of *Md* on the *17* day of *September* 1862, he was wounded as follows: *gun shot wound of left hand causing total loss of middle finger*

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 *five* dollars, for the year 1894

Sworn to and subscribed before me, this, the *18* day of *Feb* 1895. } *S C Cantrell*
W H 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, }

Gilmer County. }

I, *W H Johnson* Ordinary of said County, do certify that I am well acquainted with *S C Cantrell* 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 *18* day of *Feb* 1895.



W H Johnson
Ordinary *Gilmer* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Wilkes County.

I, *S. C. Cantrell*, hereby authorize *W. A. Wright*
of *Wilkes Co. Ga.*

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

at *Del Rio Ga.* by *Chick*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *21*
day of *January* 1896.

S. C. Cantrell [L. S.]

Executed in presence of us

Atty Johnson
Dickinson

POWER OF ATTORNEY.

STATE OF GEORGIA,

Wilkes County.

I, *S. C. Cantrell*, hereby authorize *Allen G*
of *Wilkes Co. Ga.*

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

at *Del Rio Ga.* by *Chick*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *6*
day of *January* 1897.

S. C. Cantrell [L. S.]

Executed in presence of

Atty Johnson
Dickinson

Cantrell, S. C.
Wilkes Co.

ACT OF MARCH 1886.

(For These Already Enrolled.)

No. *1491*

SOLDIER'S PENSION.

1896.

Name *Sam. C. Cantrell*

County *Wilkes*

Disability

Amount, \$ *5*

3/2

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Atty

Geo. W. Harrison, State Printer, Atlanta.

W. A. Wright

Cantrell, S. C.

Wilkes Co.

(For These Already Enrolled.)

No. *1243*

INVALID

SOLDIER'S PENSION.

1897.

Name *S. C. Cantrell*

County *Wilkes*

Disability

Amount, \$ *5*

2/20

1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

A. D. C.

Geo. W. Harrison, State Printer, Atlanta.

W. A. Wright

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Sibson County.

Personally appears Sam C. Cantrell, Sibson County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 14 day of February 1841; 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 22, of 18th Regiment of Georgia Volunteers, Mafford's Brigade; that whilst engaged in such military service in the State of Maryland, on the 17 day of September 1862, he was wounded, injured or diseased as follows: Bullet in Left Breast causing Total Loss of Middle Finger.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of Sibson county been allowed a pension of \$100 Dollars, for the year 1895.

Sworn to and subscribed before me, this, 2 day of January 1896. All Persons Ordinary of said County, do certify that I am well acquainted with S. C. Cantrell 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.

STATE OF GEORGIA,
Sibson County.

I, All Persons Ordinary of said County, do certify that I am well acquainted with S. C. Cantrell 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 21 day of January 1896. All Persons Ordinary of said County, do certify that I am well acquainted with S. C. Cantrell 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.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Sibson County.

Personally appears S. C. Cantrell of Sibson County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of February 1841; 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 22, of 18th Regiment of Georgia Volunteers, Mafford's Brigade; that whilst engaged in such military service in the State of Maryland, on the 17 day of September 1862, he was wounded, injured or diseased as follows: Bullet in Left Breast causing Total Loss of Middle Finger.

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 Sibson county been allowed an invalid pension of \$100 Dollars, for the year 1896.

Sworn to and subscribed before me, this, 6 day of January 1897. All Persons Ordinary of said County, do certify that I am well acquainted with S. C. Cantrell 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.

STATE OF GEORGIA,
Sibson County.

I, All Persons Ordinary of said County, do certify that I am well acquainted with S. C. Cantrell 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 6 day of January 1897. All Persons Ordinary of said County, do certify that I am well acquainted with S. C. Cantrell 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.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Gilmer County.

I *S. C. Cantrell* hereby authorize *A. D. Candler*
Society 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 *Check*
 at *Ellijay Ga.*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *10th*
 day of *February* 1898.

S. C. Cantrell [L. S.]

Executed in presence of

J. C. Allen
Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,

Gilmer County.

I *S. C. Cantrell* hereby authorize *Sam. Wm. D.*
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 *Check*
 at *Ellijay Ga.*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *2nd*
 day of *January* 1899.

S. C. Cantrell [L. S.]

Executed in presence of

J. C. Allen *Ordinary*

Cantrell, S. C.
Ordinary's
 ACT OF 31 OCT. 1887.
 (For Those Already Enrolled.)

No. *1916*

**INVALID
 SOLDIER'S PENSION.
 1898.**

Name *S. C. Cantrell*
 County *Gilmer*
 Disability *Wounds*
 Amount, \$ *5⁰⁰*
2/15 1898.

RICHARD JOHNSON,
 Commissioner of Pensions.

WARRANT HANDED TO
A. D. C.

W. D. C.
Gilmer County

Cantrell, S. C.
Gilmer County
 CODE SECTION 1887.
 (For Those Already Enrolled.)

No. *276*

**INVALID
 SOLDIER'S PENSION.
 1899.**

Name *S. C. Cantrell*
 County *Gilmer*
 Disability *Wounds*
 Amount, \$ *5⁰⁰*
2/15 1899.

RICHARD JOHNSON,
 Commissioner of Pensions.

WARRANT HANDED TO
N.

W. D. C.
Atlanta

GEO. W. HARRISON, STATE PRINTER, ATLANTA

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gilmer County. }
Personally appears S. C. Cantrell 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 1840; 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 "B", of 18th Regiment
of 4a Volunteers, McPherson's Brigade; that whilst engaged
in such military service in the State of Maryland, on the 17 day
of Sept 1862, he was wounded, injured or diseased as follows:

gunshot wound of left hand causing total
loss of middle finger of left hand.

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
Five Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 10th day of February 1898. } S. C. Cantrell
POST-OFFICE Bellevue 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 S. C. Cantrell 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 10th
day of February 1898.

J. C. Allen
Ordinary Gilmer County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gilmer County. }
Personally appears S. C. Cantrell 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 1840; 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 "B", of 18th Regiment
of 4a Volunteers, McPherson's Brigade; that whilst engaged
in such military service in the State of Maryland, on the 17 day
of Sept 1862, he was wounded, injured or diseased as follows:

gunshot wound of left hand causing total loss
of middle finger of same.

Deponent makes application for the pension to which he is entitled for the year end-
ing October 26th, 1898. I have heretofore under said law as a resident of
Gilmer County been allowed an invalid pension of
Five Dollars, for the year 1898.

Sworn to and subscribed before me, this, the 10th day of January 1899. } S. C. Cantrell
POST-OFFICE Bellevue 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 S. C. Cantrell 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 10th
day of January 1899.

J. C. Allen
Ordinary Gilmer County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Gilmer County. }

I, S. C. Cantrell, hereby authorize Blair W. 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 2nd day of January 1900.

S. C. Cantrell [L. S.]

Executed in presence of

J. L. L. L.

Cantrell, S. C.
Gilmer County

CODE SECTION 126.
(For Those Already Enrolled.)

No. 2679

INVALID

SOLDIER'S PENSION.

1900.

Name S. C. Cantrell
County Gilmer
Disability Warmer
Amount, \$ 5.00
Warrant issued May 12th 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

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

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gilmer County.

Personally appears *S. C. Cantrell* 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* 18*40*; 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 *F*, of 18th Regiment of *ga* Volunteers, *Hofford*'s Brigade; that whilst engaged in such military service in the State of *Maryland*, on the 17 day of *Sept* 186*2*, he was wounded, injured or diseased as follows:

Gunshot wound causing total loss of middle finger of left hand.

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 *Five* Dollars, for the year 189*9*.

Sworn to and subscribed before me, this, the

2nd day of *January* 1900.

POST OFFICE *Ellijay 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 *S. C. Cantrell* 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 *2nd*

day of *January* 1900.

J. C. Allen

Ordinary *Gilmer* County.



Cannell, S. C.

1891.

Maimed Soldiers.

Audited Feb. 19 1891.

WM Amgler
COMPTROLLER GENERAL

Voucher No. 1132

Amount \$ 5.00

Paid to E. C. Cantrill

For Food & Fuel

Dec 1891

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Warrant

1891.

No.

1132

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. February 18, 1891.

Mr. *S. C. Cantrell* of the County
of *Wilkes* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Acts
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for
Loss of one finger
He is entitled to receive the sum of *Five* Dollars
for such disability, the same being the full amount due to the year ending October 24, 1891.

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



By the Governor,

W. H. Harrison

Sec'y EXECUTIVE DEPARTMENT.

GOVERNOR.

5.

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

Five Dollars,
per above voucher, this *18th* of *February*, 1891.

S. C. Cantrell

W. H. Harrison