germen			36	
Cantrell, A.G.		<u> </u>	No Re	=. » ⊂
1891.	*	signatures Giver	efore -	do certify applicant in his said
123.		iven i	whom	rtify th ant in said at
		under	m the	the ffiday
113	•	myo	HAVE .	m we foreg
No. 1/32	, )	tures thereto are genuine.  Given under my official signature	oresents h	do certify that I am well acquainted with applicant in the foregoing affidavit, and in his said affidavit are true, and that he to
Application for Allowance		sign	The Part of the Pa	uaint affida
POR THE TRAX EXPRISE COPPRES 24, 1891,		Allun	affidavits	havit,
Le de la	4	and	¥ 1,8	5 0
Applicant of Courties		seal, shi	were mac	A E
County, Gilie		This start is		well satisfied that the obled, to the extent he
Amount,			~ 5 ( 3	tisfied
Date of Warrant, The 18,		1271	des in power	that extent
Entered on record		dayo	of a	the G
221/1		1 80	d power of attorney was	statements chains, and
SECRETARY EXCECUTIVE DEPARTMENT.			ey was	nents
WARRANT HANDED TO	· *	5 - 5		- 8
M. W. Grande		8 /	signed,	de by
Ggo. W. Harrison, State Printer, Alighte, Ga.		1891 miy	2 2	

STATE OF GEORGIA,

STATE OF GEORGIA,

County.

I. County.

Ordinary of said County, do certify that I am well acquainted with a 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 pepresents himself to be, and that he resides in this County.

Thistier 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 day of County.

Ordinary County.

pplican aid affi adividu	t in the fo davit are t al he repe	regoing rue, <i>and</i> sents hi	affidavit, that he mself to b	d with of and am well is disabled, be, and that he ture and seal, ordinary.	satisfied to	hat the seems he continued the	datements laims, an ounty.	made by	him in his
	•			Ordinary	,	,31.6.1.6		•	. County.
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7		9	DING	2,2	3.		M. H. HARRISON	Secretary of	S Print
10.7	IER'S	9	AR EX	J.Z.	3	S second	2 H	A G	Serrison.
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	1 . 3		F	Y	72	Amount Entered	111	-14	10

ror applicants heretotore allowed Pensions	For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,	STATE OF GEORGIA
Tilmica County.	Di 21102 County.
PERSONALLY appears_ Surveyed & Custoff Tilmer	PERSONALLY appears Surneel C. Cantrell
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and	of County, State of Georgia, who, being duly sworn, say
resident of said State, and has resided therein continuously ever since the	on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously
day of Cheerin 2 1840; that he enlisted in the military service of the Con-	since the day of \( \( \lambda \) (18/10 that he enlisted
federate States (or of the State of) during the war between the	in the military service of the Confederate States (or of the State of
States, and served as a 22222 in Company H, of the Regiment	during the war between the States and served as a Precete in Company
of 1/12 2/14 Volunteers No. 1/2 (166 's Releader that while angust	of 15 th Regiment of 210 Volunteers MCALCO
in such military service at the battle of	Brigade ; that whilst engaged in such military service at the battle of Sheer his Le
of 121112 1 (1917) on the 11/7 11 day of 24 11 1 1862 he was	in the State of Mile 7 2 Cericle, on the
of Control Volunteers Poffer the Brigade that whilst engaged in such military service at the battle of Control of the State of 121112 years on the State day of the State of 121112 years on the State of 121112 years of the State of 121112 years of the State of 121112 years of the State of Control of the State of Mercelle fringer	Docered of Left Hund Couring loted - Call of metalle Linger
Coursing dolar loss of middle binger	Pound of Left Hand Couring lotice
	- Cost of Millelle Linger
And the second s	and the second s
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and the second s	
The second secon	Deponent desires to participate in the benefits of the Act, approved October 24, 1887, an
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	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
AC2 U dollars, for	Dollars for 1889 1880 V 1891
Sworn to and subscribed before me. this. the	Sworn to and subscribed before me this the \ 2 16 6 and well
Sworn to and subscribed before me, this, the	2 day of March 1802
day of \(\frac{1}{2}\) 1891.	All John 15 or Ordinary.
- Illufilmson Ordinus	Norg - State fully nature of wound or character of disease which causes the disability and explain particularly t
Norr. 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.	extent of the guestimity.
DOWED OF ATTORNEY	POWER OF ATTORNEY.
POWER OF ATTORNEY	STATE OF GEORGIA.
STATE OF GEORGIA,	Silmin County
Gelizeez County.	Know all Men by those Presents, That I, Sumuel Control
Know all Men by these Presents, That i. & Cantrell	Anow an intell by those Presents, That I, John Million Co. 10 11 12 12 12
of County, State of Georgia, do hereby appoint	County, in said State, do hereby appoint 11 12 ( ) 1/21/3/11
	of the latter of the said state, do hereby appoints the said state, for my true and lawful attorney in fact, for
of the local to 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	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	from the State of Georgia by reason of the injury received as aloresaid in the military service the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing
of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authoriz- ing my said attorney to receipt in my name for any Warrant that may be issued by the Gover-	my said attorney to receipt in my name for any Warrant that may be issued by the Governo
nor, or for any sum of money which may be coming to me for the reason aforesaid.	or for any sum of money which may be cotning to me for the reason aforesaid.
IM WITNESS WHEREOF, I have hereunto set my hand and seal, this	day of 1892.
ble in well day of Delice 1891.	day of 1892 1892. So Cantidos
	Executed in the presence of us:
Executed in the presence of us:	Executed in the presence of us.
and a community of the state of	
of Alleranser	(1. 2261.21.12.3)
DAG DIRECTION.	DIMPOUTON.
Send money to me as follows, by	Send money to me as follows, by
P. O.	P. C.
County, Georgia.	County, Georgia.
parameter and the second secon	If b, Cantrell

POWER OF ATTORNEY. STATE OF GEORGIA, Know all Men by these Presents, That L County, State of Georgia, do hereby appoint my true and lawful attorney in fact, for of Mallon County my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4 day of Bunel 1893 Il Garatin Executed in the presence of us: DIRECTION. Send money to me as follows, by WRIGHT Application

For Applicants Heretofore Allowed Pensions

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, umin Personally appears Sumuel Ctembrellos 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 Shrace 18 Att that he enlisted in the military service of the Conrederate States (or of the State of ...) during the war between the in Company H, of 18 th Regiment States, and served as a Privil 's Brigade that whilst engaged in day of Silly Curries total tass of Deponent desires to praticipate 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, 1867. Thave heretofore been allowed a pension of Sworn to and subscribed before me, this, the 6 day of Brusch 1893. Norz-State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the bility, resulting from the wound or disease. STATE OF GEORGIA Ordinary of said County, do certify that I am well acquainted with 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 day of 1112 est 1893.

Ordinary 25 25 County.

POWERUFATION Porana

# POWER OF ATTORNEY.

	STATE OF GEORGIA,
. 1	STATE OF GEORGIA, COUNTY. County.
P	Know all Men by these Presents, That I, & Curifield  County, State of Georgia, do hereby appoint Marie That Share  of Subject to the State of Georgia, do hereby appoint Marie That Share  of Subject to the State of Georgia, do hereby appoint Marie That Share  of Subject to the State of Georgia, do hereby appoint Marie That Share Share of Georgia, do hereby appoint Marie That Share Share of Georgia, do hereby appoint Marie That Share Share of Georgia, do hereby appoint Marie That Share Share of Georgia, do hereby appoint Marie That Share Share of Georgia, do hereby appoint Marie That Share Share of Georgia, do hereby appoint Marie That Share Share of Georgia, do hereby appoint Marie That Share Share of Georgia, do hereby appoint Marie That Share Share of Georgia, do hereby appoint Marie That Share Share of Georgia, do hereby appoint Marie That Share Share of Georgia, do hereby appoint Marie That Share Share of Georgia, do hereby appoint Marie That Share Share of Georgia, do hereby appoint Marie That Share S
	my Haish
	of Swelly Court Surger Lyny 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 authorising my said Attor-
	ney 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 WATNESS WHEREOF, I have hereunto set my hand and seal, this.
	day of Brunch. 1894. SE Cairbull [1, s.]
	Executed in the presence of us
	a VIII. There is a second of the second of the second
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	DIRECTIONS.
	Send money to me as follows, by to Delle Ju, P. O.
	County, Georgia.
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つ.	For Those Already Enrolled.)  14894.  1894.  1894.  1894.  1894.  1894.  1895.  1895.  1895.  1895.  1895.  1895.  1895.  1896.
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	the state of the s

#### POWER OF ATTORNEY

POWER OF ALTORNEY.
TATE OF GEORGIA,
County
KNOW ALL MEN BY THESE PRESENTS. That I. S. C. Carifrell
of Librar
County, State of Georgia, do hereby appoint 12 171 317
Frillen County Streng of my true and Swful attorney in fact, for
County.  KNOW ALL MEN BY THESE PRESENTS, That I,  County, State of Georgia do hereby appoint  Out of the county of
tate 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
n my name for any Warrrant that may be issued by the Governor, or for any sum of money which may
e coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
10 Cantlett
Executed in presence of us
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helinia )
The second secon
Send money to me as follows, by
2 to Eleja, P.O.
Selection County, Georgia
Sto Gantrell 5
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19 19 19 19 19 19 19 19 19 19 19 19 19 1
Those Already Enrolled.)  IER'S PENSION  IER'S PENSION  I'ER'S PENSION  And Anternative Department Benefit Manual
No. Thouse No. of the Secret S
INOTER'S PENSI  INOTER'S PENSI  ISOS.  Secretary Executive Department of National Secretary Executive Departmen
isability mount,

Lat whiteeners motorated with and I offold 12	
STATE OF GEORGIA, )	
Rilling County.	
PERSONALLY appears & Countrall of Zilmer	
County, State of Georgia, who, being duly sworn, says on oath that he is a bona flde c	itizen
	4
day of 184/; that he culisted in the military service of the	Con-
federate States (or of the State of	
States, and served as a hereuck in Company 4, of 18th Reg	iment
of Volunteers WOTHOW 's Rejeader that whilet and	
such military service at the battle of Share's here's in the	State
day of Fig.	e was
wounded as follows: Zen shot House of Left Hees	16
Coursing Folul Lors of Willed Linger	. ``
	,
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 pens	ion of
dollars, for the year 189 3	
Sworn to and subscribed before me, this, the	
day of 1/1/1/1/1 1894.	
Allh Ishnow & Dilling	
Nors - State fully the vature of wound or character of disease which causes the disability, and exclain particularly the	n extent
of the disability, resulting from the wound or disease.	
STATE OF GEORGIA, )	
County.	
~ [1] [ [ ] . [ ]	
do amilia da 1	
applicant in the foregoing affidavit, and am well satisfied that the statements made b	the
in his said affidavit are true, and I know he is the individual he represents himself	y nim
and that he resides in this County.	to be
Given under my official signature and seal, this	6-
day of M1/2 c/i 1894.	
Adis Adis Addition	, .
ber. All Jimozs an	
Ordinary Belling C	armtir.

For	<b>Applicants</b>	Heretofore	Allowed	<b>Pensions</b>
				N. C.

Personally appear	8 c em	thell of	Sihn	m
County, State of Georgia, and resident of said State,	, and has resided th	erein continuous	ly ever since the	1/4-
day of Thru	1840; tha	t he enlisted in th	e militarý service o	of the Con-
federate States (or of the			during the war be	
States, and served as a	piza	in Compa	iny 74 , of 18 th	Regiment
of Su Vo	lunteers, /	1306 's Bri	gade; that whilst e	ngaged in
such military service at th	e battle of	hurpsh	79 in	the State
of Ind	on the	day of de	Member 186	2 he was
wounded as follows:	mothet	Trym &	lift the	w
Curry Total	loss-	Michael	Timor	L
	. /			
		•		

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 dollars, for the year 1894.

Sworn to and subscribed before me, this, the Schoon Trell

Note thate fully the nature of wound or character of disagre which cause the disability, and explain particularly the extent of the disability, resulting from the wound or disagre.

OTAT	FOE	FORCIÁ	9i			
SIAI	Libor	EORGIA,	tv.			
I, 1		MILIN	2230	Ordin	ary of said Cour	nty
7		acquainted wit				the
		ng affidavit, and a true, and I know	the state of the s	1		4
		his County,	Access,	13	1	
	da	Given under my	official signat	ure and seal, th	is /8 -	(A) of an
•			1 1111	1.1.		

Affix your seal here Ordinary Silvan Cour

POWER OF ATTORNEY.	POWER OF ATTORNEY.
STATE OF GEORGIA,  I S C Cuntrell hereby authorize of Alleger of Steller CV Su	STATE OF GEORGIA,  Library Gounty.  Library Gounty.  Library Gounty.  Countiller of Lucture Constant
at Clear that he remit same to by that he remit same to by that he remit same to by the that he remit same to be the that he remit s	at Mirress Whereof, Lhave hereunto set my hand and seal, this day of
Executed in presence of us  Licherup	Executed in presence of
For Those Airca Controlled.)  No. 149/  No. 149/  LDIER'S PENSION.  1886  RICHARD JOHNSON,  Stemay Executive Department,  WARRANT HADDEN.  ON. F. Harrier, State Allegan.  WARRANT HADDEN.	SOLDIER'S PENSION  Solidiery  Sounty  Amount, \$  Z 2-6  RICHARD JOHNSON,  Commission: of Fracion,  WARRANT HANDED TO  A B C  A B
Name Name Amount	Name County Disabil

commontaine afforced Pensions.

1 of thbitomics morotone minutes a cuprompt.
STATE OF GEORGIA,
Simin County.
personally appears San C Contrelle Silmen
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 Selecting 1841; 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 Miritian in Company to, of th Regiment
of Volunteers, While is Brigade; that whilst engaged
in such military service in the State of Military stell on the 17 -day
of 1862 he was wounded, injured or diseased as follows:
Buttle of Struspeling Wounded in
Lift of with curry Tolal Lives of
middle singer
and the same of th
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10.1.00
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
Suhin county been allowed a pension of Our
dollars, for the year 189 5.
Sworn to and subscribed before me, this, the \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
2 (1896.)
Mulling on brkling
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.
County.
I, Ordinary of said County,
do certify that Lam well acquainted with & C Countriel 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 upder my official signature and seal, this
day of floring 1806,
Com / Com Chi
Adix your Child Thomas en
(bere.)

## For Applicants Heretofore Allowed Pensions.

STATE OF	GEORGIA		·		
Sah	2100	· · · · · · · · · · · · · · · · · · ·			
Dansanal	ly appears		talli	5%	
	of Georgia, who				
	said State, and				
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	(or of the State	Danie	77.0	during the w	ar between the
States, and ser		mili	ection Comp	any Z, of	th Regiment
ot ve	y service in the	teers /	mes !	Brigade; that	whilst engaged
in such militar					
of garage	1) 1 2	. / .	ded, injured or	diseased of foll	/ 1
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	year ending C				
- Xe	21 i	Dollars, f	or the year 189	4	
	and subscribed b	The state of the s	-	366	abill
6	ay of fun		897. POST OFF	ICP	
1011	77/	1.,,	501. 1 1001 011		
AUL,	10/22/11	26/11/11	uj .		
Norz-State full of the disability, resu	y the nature of wound o	or character of disease r disease.	which causes the di	sability, and explain po	rticularly the extent
STATE OF	GEORGIA,				
- 11	122 Co	unty.	•		
. 1	1111 /2	horse	27.	0.15	
1,			011	Ordinary o	said County,
	I am well acqua			···	the
	e foregoing affid	/			
9 9 1	avit are true, an	4	s the individu	al he represents	himself to be
and that he res	ides in this Cou				. /
		der my official		seal, this	
	day of	Miller	1897.	£	
Affix Four			AM	1 show	3

### POWER OF ATTORNEY.

STATE OF GEORGIA,
Gilmer County.
1 S. C. Coutrell hereby authorize A.D. Candler.
Scoty of state of Atlanta Gu.
to receive and receipt for the pension paid hereon and request that he remit same to
me. Through the Ordinary by Check.
at Collifor 19.
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10
day of February 1898.
If & Cantull [L. s.]
Executed in presence of
20 DOC.

Name 2. 6. Cantrel

RICHARD JOHNSON,

WARRANT HANDED TO

SOLDIER'S PENSION

1898.

INVALID

No. 1916

Cantroll & to

For Those Aiready Exem

# No Lota

STATE OF GEORGIA,  Gilmur. County.  I. S.C. Cautrell hereby authorize of Allacuta  to receive and receipt for the pension paid hereon and reques  Me. Through the Ordinary by Check  at Ellifay 44.	
to receive and receipt for the pension paid hereon and reques me. Through the Ordinary by Check at Ellifay 44	Has Open D
me Through the Ordinary by Cheek	
at Collegay 4a	e P
IN WITNESS WHEREOF, I have hereunto set my hand a	and seal, this 2 nd
1/01-11-1	andred [L.S.]
Executed in presence of	
Je Allen, Ordinary	
	*

RICHARD JOHNSON,

WARRANT HANDED TO

SOLDIER'S PENSION

1899.

INVALID

(For Those Aiready En

No. 276

STATE OF GEO	
Gilmer	County.
Dersonally appear	aro S. C. Cantrellor Gilmer
	ia, who being duly sworn, says on oath that he is a tona fide citizen
nd resident of said Sta	ate, and has resided therein continuously ever since the
ay of Felig	1840; that he enlisted in the military service of the Con-
ederate States (or of the	
tates, and served as a	in Company of Met Pagiment
la.	Volunteers, Hofford in Company 7, of 16 th Regiment Volunteers, Hofford 's Brigade; that whilst engaged
	in the State of Maryland, on the 17 day
	1862, he was wounded, injured or diseased as follows:
of the X	, he was wounded, injured or diseased as follows:
junonoj w	ound of left hand couring total
ou of mide	the finger of left hand
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d the acts amendatory titled for the year end	participate in the benefits of the Act, approved October 24th, 1887, thereof, and makes application for the pension to which he is ing October 26th, 1898. I have heretofore under said law as a
d the acts amendatory	thereof, and makes application for the pension to which he is ing October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of
the acts amendatory attitled for the year end sident of	thereof, and makes application for the pension to which he is ing October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1897.
at the acts amendatory attitled for the year end sident of Hill.  Sworn to and subsc	thereof, and makes application for the pension to which he is ing October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1897.  Tibed before me, this, the Off, Car. 1818.
titled for the year end sident of Hill Sworn to and subsc	thereof, and makes application for the pension to which he is ing October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1897.
titled for the year end sident of Hill Sworn to and subsc	thereof, and makes application for the pension to which he is ing October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1897.  Tibed before me, this, the Officer 1820.
titled for the year end sident of Hill Sworn to and subsc	thereof, and makes application for the pension to which he is ing October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1897.  Tribed before me, this, the Office Carling Ug.  Conditions.
sident of Hill Sworn to and subsc	thereof, and makes application for the pension to which he is ing October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1897.  Tibed before me, this, the Officer 1820.
sident of Hills Sworn to and subsc  Agy of August  Norz-Biate fully the nature the disability, resulting from the	thereof, and makes application for the pension to which he is ing October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1897.  Tibed before me, this, the Off Can. 1400.  Welling 1898. POST-OFFICE Ellipay U.
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# For Applicants Heretofore Allowed Pensions.

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### POWER OF ATTORNEY

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canner, O.C.

1891.

Maimed Soldiers.

Voucher No. 1135

Audited Feb. 19

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Amount \$ 5

Paid to E. Courtrell

For Tout Juiger

1891

Included in warrant No.

1891

WARRANT-CLERK

Geo. W. Harrison, State Printer, Atlan

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Executive Department for warrant.

By the Governor,

Clt A Kanny Sec'y Executive Department.

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

per above voucher, this 18th of Juliane

& 6 Cantrill

Dollars,