

NOTES.

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

1. If an applicant has been wounded, the description of the 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 an arm or leg, unless the arm or leg has been rendered *substantially and essentially* useless.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made *under oath* before an officer and the proofs must show that the amendments have been duly sworn to.
5. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.
6. The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.
7. No payments can be made for any past year.

W. H. HARRISON,  
Clerk Ex. Dept.

Collins, David G.  
or  
Collins,  
1890.  
Gilmer Co.

No. 2050  
APPLICATION FOR ALLOWANCE.

—FOR—

Hand Disabled  
Applicant David G. Collins  
County, Gilmer  
Amount, 25  
Date of warrant Feb 26

Entered on record  
Feb 26 1890

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

Warrant

A. G. H. HARRISON, Ordinary of Barlow County, Ga. hereby  
 certify that David G. Collins is a commissioned soldier in  
 the 1st Regt of said County, that he was commissioned May 1890,  
 & was under my hand and seal Feb 26, 19, 1890.  
A. G. H. HARRISON Ordinary

# NOTES.

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

1. If an applicant has been wounded, the description of the 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 an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.

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

4. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.

5. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

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

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

W. H. HARRISON,  
Clerk Ex. Dept.

Collins David T.  
Collins  
1890.  
Gilmer Co.

No 2050  
APPLICATION FOR ALLOWANCE.  
Applicant David Collins  
County, Gilmer  
Amount, 25  
Date of warrant Dec 26  
Filed on record Feb 26 1890  
10 AM  
SECRETARY EXECUTIVE DEPARTMENT  
WARRANT HANDED TO  
Collins

I Geo Soudnick, Ordinary of Bartow County Geo County  
certify that W. S. Hunt is a commissioned not. pub. &  
that J. P. of said County that he was commissioned June 1889,  
Given under my hand and seal Feb 26 19, 1890  
Geo Soudnick Ordinary

# For Use of Applicants Who Have not Heretofore Drawn

STATE OF GEORGIA,

*Gilmer* County, }  
PERSONALLY appears *David J. Collins* of *Gilmer* county,

State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been continuously since the *15* day of *December* 1847 that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *C* of *4*th Regiment of *Georgia* Volunteers *1st* Brigade; that whilst engaged in such military service, at the battle of *Atlanta* in the State of *Georgia*, on the *10* day of *September*, 1863, he was wounded as follows: *in left hand the little finger*

*and upper arm and the ball of the hand. I thought*  
*my finger was broken at the point of the tip*  
*It is contracted and I cannot do any work*  
*and in case I had been able to do*  
*any, I would have been killed in the war for*  
*I was shot at about when I was in the war for*  
*an receive the wounded as contracted the dis-*  
*ease I had above in while I was in the war*  
*for I was afflicted in the war and since*

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 thereunder ending October 26, 1890.

Sworn to and subscribed before me, this the *10* day of *February* 1890 }  
*J. C. Crump, Jr.* }  
*David J. Collins*

NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. If claim is based on disease give full and connected history of disease, tracing it directly to the service.

## 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 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 \_\_\_\_\_ 1890

The foregoing affidavit, changed to suit the facts should be made by a commissioned officer of Company or Regiment. If affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be furnished:

STATE OF GEORGIA,

*Barlow* County.

PERSONALLY came *V. G. Allen & M. Bartow*

*A. P. Seal*

citizens of *Barlow* county, in said State, who, being duly sworn, say that they are well acquainted with *James I. Seal*

and know, from having been with him in the army, 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 disable applicant, as stated by him; the said applicant is a bona fide citizen of this State, and resides in *Wilkes* county, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this

*17* day of *February* 189*6*

*W. H. Wash. 11/1/96*

*J. P. Byrnes*  
*V. G. Allen*  
*M. Bartow*

NOTE.—Above affidavit must be made by three citizens who personally know of the service of applicant and can state of their own knowledge precisely how he is disabled, and what disabled him.  
NOTE 2.—The attesting officer must see that each witness reads, or has read to him the affidavit he signs.

STATE OF GEORGIA,

*Wilkes* County.

PERSONALLY comes before me *A. M. Johnson* Ordinary of said county,

*J. S. Humphreys* and *A. B. Bearden*, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *David T. Collins* and after such examination say that the applicant has been injured as follows:

*Left hand crippled the three fingers shot off at second joint the ball passing through said joint of ring finger leaving his fingers fixed in a permanent condition all the fingers on this hand are paralyzed. His condition would be better if fingers were off. He also suffers from rheumatism and sciatic. His spine, hips and legs tender especially down course of sciatic nerve. He suffers a permanent and substantial disability from performance of manual labor on account of disease and wound mentioned above.*

Sworn to and subscribed before me, this

*17* day of *Feb* 189*6*

*A. M. Johnson*

*Joseph B. Bearden M.D.*  
*Joseph B. Bearden M.D.*

ORDINARY.

NOTE.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.

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

STATE OF GEORGIA,

*Wilkes* County.

I, *A. M. Johnson* Ordinary of said county, do certify that I am well acquainted with *David T. Collins* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses are persons of respectability, and that their statements are worthy of full credit and belief.

I further certify that *A. T. Crump* before whom the foregoing affidavits were made and power of attorney was signed, is a *Notary Public* of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *17* day of *Feb* 189*6*

*A. M. Johnson*  
Ordinary *Wilkes* County.

POWER OF ATTORNEY.

STATE OF GEORGIA

*Wilkes* County.

KNOW ALL MEN BY THESE PRESENTS, That I, *David T. Collins*

of *Wilkes*

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *17* day of *February* 189*6*

*David T. Collins* [L. S.]

Executed in the presence of us:

*A. M. Johnson*  
*Notary* DIRECTION.

If allowed, send amount by \_\_\_\_\_ to me at \_\_\_\_\_, and oblige,

STATE OF GEORGIA,

*Gilmer* County.  
I, *J. M. Johnson* Ordinary of said County,  
do certify that I am well acquainted with *David S. Collins* 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 19 day of February 1891.

*J. M. Johnson*  
Ordinary *Gilmer* County.

STATE OF GEORGIA,

*Dilmer* County.  
I, *J. M. Johnson* Ordinary of said county,  
do certify that I am well acquainted with *David S. Collins* 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 21 day of March 1891.

*J. M. Johnson*  
Ordinary *Dilmer* County.

In addition to the foregoing I certify that  
*David S. Collins* is disabled as stated  
by him in his affidavit of the injury of his  
hand being stiff and the fingers ungainly, the  
line and position articulated so that he cannot  
handle tools or use his hand, writing, etc. as  
satisfactorily, & essentially useless of his fingers  
more often he would be in his good condition for labor  
as he is now. The applicant is one of our best  
citizens and strictly reliable. *J. M. Johnson* Ordinary  
March 21 1891

Application for Allowance

No. 2997

FOR THE YEAR ENDING OCTOBER 31, 1891.

*David S. Collins*  
Applicant *Gilmer* County.  
Amount, \$20.  
Date of Warrant, March 1891.  
Entered on record March 1891.

SECRETARY EXECUTIVE DEPARTMENT.

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

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name *David S. Collins*  
County *Gilmer*  
Disability *De. in Hand*  
Amount, \$ *20.*  
Entered on record *March 23* 1892.

W. H. HARRISON,  
Secretary of Executive Department.

AGENT,  
*M. Wright*  
Geo. W. Harrison, State Printer, Atlanta, Ga.

1891.

*Collins, David S.*  
*Gilmer Co*

No. *D. J. V.*

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gilmer County. } PERSONALLY appears David J. Collins 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 month of December 1847; 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 C, of Hth Regiment of Ga Cavalry Volunteers Capen's Brigade; that whilst engaged in such military service at the battle of Alpine in the State of Georgia, on the 17th day of September 1863, he was wounded as follows: gunshot wound of left hand cutting off lesser finger extending across finger (gunpowder got in and thus severe causing all the fingers of left hand stiff & hand about half closed cannot open will close the fingers when arm affected with this arm is substantially & essentially useless

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of Twenty five dollars, for 1890

Sworn to and subscribed before me, this the 14th day of March 1891. David J. Collins

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, Fulton B. Co

of Gilmer County, State of Georgia, do hereby appoint Mrs A. Wright 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 March 1891. David J. Collins [L. S.]

Executed in the presence of us: A. M. Johnson, DIRECTION: Send money to me as follows, by Registered Letter to Carlisle P. O. Gilmer County, Georgia. David J. Collins

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gilmer County. } PERSONALLY appears David J. Collins 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 month of December 1849; 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 C of Hth Regiment of Ga Cavalry Volunteers Wheeler's Brigade; that whilst engaged in such military service at the battle of Alpine in the State of Georgia, on the 18th day of September 1863, he was wounded as follows: gunshot wound of left hand cutting off middle and ring fingers, to such extent fingers are inside causing all the fingers and hand to be stiff, cannot use it in any way, severe hand, sloughed cannot open or close fingers cannot grasp anything with left hand, rendering this arm substantially & essentially useless

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of Twenty five Dollars for 1891

Sworn to and subscribed before me this the 11th day of March 1892. V. 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, David J. Collins

of Gilmer County, State of Georgia, do hereby appoint Mrs A. Wright 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 March 1892. David J. Collins [L. S.]

Executed in the presence of us: V. M. Johnson, DIRECTION: Send money to me as follows, by Registered Letter to Carlisle P. O. Gilmer County, Georgia. David J. Collins

POWER OF ATTORNEY.

STATE OF GEORGIA, }

Gibson County, }

Know all Men by these Presents, That I J. J. Collins  
of Gibson County, State of Georgia, do hereby appoint

of Douglas County Wm. A. Wright  
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 June 1893  
J. J. Collins [i. s.]

Executed in the presence of us:  
Alb. Johnson

DIRECTION.

Send money to me as follows, by Wm. A. Wright  
Gibson to J. J. Collins P. O.  
County, Georgia.

Gibson Co.  
Callaway St.

1893.

(Do Pickens Co 1894)

No. 1201

Application for Allowance

FOR  
For the Year Ending October 31, 1893.

Wm. A. Wright  
Applicant: J. J. Collins

County, Gibson  
Amount, 35

Date of Warrant, 6/21  
Entered on record, 6/21

1893.

W. A. H.  
Secretary Executive Department.

WARRANT HANDED TO  
W. A. H.

W. A. H.  
Gen. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gibson County.

PERSONALLY appears *Daniel J Collins* of *Gibson*

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 *1849*; 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 *C*, of *14*th Regiment of *Our Own* Volunteers. *Wheeler's* Brigade; that whilst engaged in

such military service at the battle of *Alfordsville* in the State of *Ga*, on the *18* day of *September* 1863, he was

wounded as follows: *Shot through the hand cutting little finger and 2nd joint Bull Press through hand next fingers broken set in casting hand through all the fingers stiff completely open by close the hand rendering the left hand well use substantially, well essential, useless*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1893. I have heretofore been allowed a pension of

*Thirty* dollars, for *1891-1892*

Sworn to and subscribed before me, this, the *16* day of *March* 1893, } *D. J. Collins*

*Ally Gibson*  
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,

Gibson County.

I, *Ally Gibson* Ordinary of said County,

do certify that I am well acquainted with *D. J. Collins* 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 *16* day of *March* 1893.

Ordinary *Ally Gibson* County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Wilkes* COUNTY.

Know all Men by these Presents. That I,

*David T Collins*

of

County, State of Georgia, do hereby appoint

*W. H. Harrison*

of *Hull 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 herunto set my hand and seal, this

day of

1894.

*D T Collins*

[L. S.]

Executed in the presence of us

*W. H. Harrison*  
*Robert*

## DIRECTIONS.

Send money to me as follows, by

to

*W. H. Harrison*

P. O.

County, Georgia.

*D T Collins*

*Wilkes Co*  
*Collins, D. T.*

(For Those Already Enrolled.)

No. *1793*

**Soldier's Pension.**

**1894.**

Name *David T Collins*

County *Wilkes*

Disability *W. H. Harrison*

Amount, \$ *212.00*

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

*W. H. Harrison*

Geo. W. Harrison, State Printer, Atlanta.



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

*Gilmer* County. }

PERSONALLY appears *David J Collins* 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 *December* 1849, 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 \_\_\_\_\_ in Company \_\_\_\_\_ of 44th Regiment of *Eu* County Volunteers *Whitaker's* Brigade; that whilst engaged in such military service at the battle of *Alpine* in the State of *Eu*, on the *14* day of *September* 1863, he was wounded as follows:

*Shot in Left Hand causing loss of Little finger and 2nd Joint Ball, firing through two next fingers causing loss of all the fingers and hand stiff and that he cannot grip or close his hand or fingers. Entering this Left arm was severely*

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 \_\_\_\_\_ dollars, for the year 1893.

Sworn to and subscribed before me, this, the *10* day of *March* 1894, } *D. J. Collins*

*Minors Ordning*

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, *Minors Ordning* Ordinary of said County, do certify that I am well acquainted with *D. J. Collins* 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 *March* 1894.



*Minors Ordning*  
Ordinary \_\_\_\_\_ County, *Gilmer*

Maimed Soldiers.

Voucher No. 2050

Amount \$ 25

Paid to David J. Collier

For Hand disabled

Feb 26 1890

Included in warrant No.

issued to Treasurer.

W. J. Campbell 18

WARRANT CLERK.

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

W. J. Campbell

Audited Feb. 28 1890

Wm. A. Smith  
COMPTROLLER GENERAL.

Collins, David J.

1891.

Maimed Soldiers.

Voucher No. 2097

Amount \$ 25

Paid to David J. Collins

For Hand Dis

Mar 3 1891

Included in Warrant No.

issued to Treasurer.

1891

WARRANT CLERK

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

W. J. Campbell

AUDITED

Audited MAR 4 1891

Wm. A. Smith  
COMPTROLLER GENERAL.

No. 2050

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

Atlanta, Ga., Feb'y 26 1890

Mr. David J. Callier of the County  
of Gilmer having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Act,  
approved, Dec. 21, 1888, and the same having been examined and allowed for

Hand disabled PAID  
He is entitled to receive the sum of Twenty five 25 Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1890

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

J. Gordon  
GOVERNOR.

By the Governor,

W. H. Harrison  
CLERK EXECUTIVE DEPARTMENT.

\$ 25<sup>00</sup>

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Twenty five 25 Dollars,  
per above voucher, this 26 of Feb 18 90  
David J Callier  
W. H. H.

1891.

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

No. 2097

Atlanta, Ga. Mch 3, 1891.

Mr. David J. Callier of the County  
of Gilmer having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Acts

approved Dec. 24, 1888 and Nov. 1889, and the same having been examined and allowed for

Hand disabled PAID  
He is entitled to receive the sum of Twenty five 25 Dollars  
for such disability, the same being the allowance due for 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.

A. D. Nathan  
GOVERNOR.

By the Governor,

W. H. Harrison  
SECY EXECUTIVE DEPARTMENT.

\$ 25<sup>00</sup>

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

Twenty five 25 Dollars,  
per above voucher, this 3 of March 1891.  
David J Callier  
W. H. H.