# NOTES

In arder 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 onless adopted by the Governor touching the parments provided, the following suggestions are submitted:

It is an applicant has been accounted, the description of the wound should be carefully and fully set forth by applicant and physicians, and followed by a plain statement of facts showing the carefully stated insolitity. If applicant chains disability from disease contracted in the service, a full and carefully stated besory of the disease should be given, tracing the disability by positive proofs to the service.

The law makes no allowance for an arm of a leg, unless the arm of leg has been rendered substantially

It will not an

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

4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the ords above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, as the entire leg is not "substantially and assentially useless."

papers are returned for correction, and amendments are added to any of the affidavits, the amends to made under outh before an officer, and the proofs must show that the amendments have been

6. Every application must be certified by the Ordinary of the county of the residence of the applicant.

The Ordinaries of the second any other will not be rece se of the several counties

points.

Entered on Record
Seby // SECRETARY EXECUTIVE DEPARTMENT.

APPLICATION FOR ALLOWANCE

Date of Warrant Deby //

#### 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 submitteds.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physicians, 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 tull 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 of a leg, unless the arm or leg has been undered substantially and coscuticity 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 puriphess be 'substantially asset sentially useless."

4. If the applications 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."

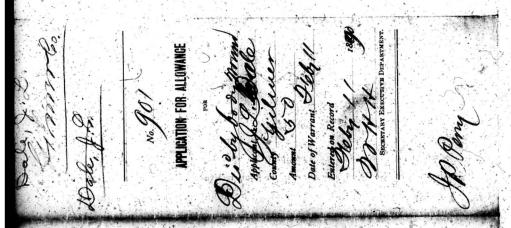
that the leg is not "substantially and essentially useless."

5. It papers are returned for correction, and amendments are udded to any of the affidavits, the amendments must be made under outh before an offiger, and the proofs must show that the amendments have been

6. 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. 7

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



#### For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA
Keliner County.
0.90
그는 그는 그리아 살아왔다는 그렇지만 없다. 그렇지 않는 것이 아이들은 이번 이번 이번 이번 이번 사람들이 되었다. 그는 그는 그는 그는 그를 다 먹는 것이다. 그렇게 되었다.
State of Georgia, who being duly sworn, says on eath that he is a bona fide citizen and
resident of said State, and has been such since the 15 day of 18 b, that he enlisted in the military service of the Con-
federate States (or of the State of
States, and served as a Revolute in Company , of // the Regiment
of Volunteers Anglica or 's Brigade; that whilst engaged
in such military service, at the battles tellinting Mildines berein the State
of Dem & Da gor the 12 4 5 day of July May 18 1864, he was
wounded as follows: Shot in thetough left aim wellow
fort tall preamy through aim culting muscles fre
myning the nerves and deadering the sensibility of the
arm mines left aim wet the right hand from is reached
substantially and excent alguerless, this shot in head quetoto
luft ey, ege went out from this wound bught totally your
He is imable to lift a cup of coffee with the hand
Deponent desires to participate in the benefits of the Act, approved October 21, 1887,
and the Act amendatory thereof, approved December 24, 1888, and makes application for
the allowance to which he is entitled for the year thereunder ending October 26, 1894
Sworn to and subscribed before me, this the
6 th day of Leby 1890 19 & Salo
IMorace
Note: State fully natured wound or character of disease which causes the disability, and explain particularly the extent of the disability.
· (1) - [대학교 교육 (1) 전환전환 (1) 전 (1)
C VOE VARIAN
Commissioned Officer's Affidavit.
STATE OF GEORGIA,
Lelever County
0.00
PERSONALLY came before me de Clement no of the county
of Little State of Georgia, who, being duly sworn, says that he was
a commissioned onice: in company
Volunteers, and that deponent knows & Valle, and that he received the
wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit,

as stated by him in said affidavit. Deponent further states that said

STATE OF GEORGIA, PERSONALIN CAME lef Mill & Sugle citizens of Gelines county, in said State, who, being duly sworn, say that they are acquainted with Male and weel will have in rame en and know that he received the wounds (or contracted the disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or disease) permanently disables applicant, as stated by him; that said applicant is a bona fide citizen of this State, and resides in Herre are well satisfied that all the statements in his affidavit are true, life ween STATE OF GEORGIA Lehner PERSONALLY comes before me A myohnson Ordinary of said county, Drjos & Cankers ley and bell the me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined L. Nale examination say that the applicant has been injured as follows that must obove belleys from which he auffus neathing undered substantially and & Sworn to and subscribed before me, this

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

STATE OF GEORGIA,
Lebracy ounty.
. I, I m Jo his on Ordinary of said county,
do certify that I am well acquainted with Jd. Male the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be,
and that he resides in this county. I also certify that the foregoing witnesses, are persons
of respectability, and that their statements are worthy of full credit and belief.
I further certify that TM CTUISO
before whom the foregoing affidavits, were made and power of attorney was signed, is a Cultaft of Superior Wist said county, and the said affidavits and signatures
thereto are genuine.
Given under my official signature and seal, this 6th day of Brelly 1890
Ordinary Library County.
Power of Attorney.
STATE OF GEORGIA,
Gilmer County )
Know all Men by these Presents, That I, & Dale
- Liner
county, in said State, do hereby appoint Ind Ring
of Stefaner of Ja 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 form the State of Georgia by reason of the injury received as aforesaid in the military ser-
vice 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
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.
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
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
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, Jel zzner 20156 Ordinary of said County, do certify that I am well acquainted with Je Co 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 I'm day of Access, 1891.

Ordinary Sell 1991. Application for Allowance

STATE OF GEOI	RGIA,	
Dilanes	County	
		2. Ordinary of said county,
I, ————————————————————————————————————	7 11	Y X Z
do certify that I am well acquai	inted with XLLG/11	$\sim$ the
applicant in the foregoing affida	avit, and am well satisfied th	at the statements made by him in his
said attidavit are true, and that	he is disabled, to the exte	ent he claims, and I know he is the
individual he repesents himself		
		day of 2 Cocce 189 2
Given under my official sig	1.11. A 1	43.
	1110/10/11/5011	Januaria da
	Ordinary	County
		The state of the s
원호 경기에 걸어 있을 것입니다.	Age to the second	

SOLDIER'S PENSION 1882

For Applicants Heretofore Allowed Pensions.	For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,	STATE OF GEORGIA,
1/2/2/2/2 J. County: 11	90/7712 County 1/1/6
Personally appears 1 4 OCCC of 1/1/2011	Personally appears to school, Scale
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and	of LCD 2.7.6 2 County, State of Georgia, who, being duly sworn, save
residentiof 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 continuous,
day of	since the 22219 day of 1844 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 / 2/26/ in Company , of // th Regiment	during the war between the States, and served as a free cite in Company D.
of Deligite Volunteers ( Proffee Sery's Brigade'; that whilst engaged	of // th Regiment of Long (ce Volunteers & 411 de 2 5 oze 's
in such military service at the battle of the such military service at the battle of	Brigade ; that whilst engaged in such military service at the battle of Letter lices
of 1222 1, on the day of 2000 1863 he was	in the State of Program, on the day of
wounded as follows: 1702 street Plusie is Full 112221	Levely 1863, he was wounded as follows: decors hot
tall without whe Ellen frient fusions through	Tragenel in left term ut alloudount bull pussing
term, butting mreacher's Culting found Bit	Through tiring Culturing Leathers Curring friet to
Stiff rulliding this unin Sulstantially land	weeless welson mounded in with Sel of Sweety
-635 intuly undeless also on right Sida of	Gell fracturing house und on account of Mes Hou
Soull With Call fructuring the und on acce	fices rentlinelling combeteet to herton The Dreline ?
Deponent desires to participate in the benefits of the Act, approved October 24, 1867	Miles rentlinelling completent, to herhom The Artlinue 7
and the acts amendatory thereof, and makes application for the allowance to which he is entitled	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
for the year ending October 26, 1891. I have heretofore been allowed a pension of	Dollars for 1890 11891-
dollars, for	Sworn to and subscribed before me this the
Sworn to and subscribed before me, this, the Staff Lisolely	
day of 11/ 1891.	111 day of Laccin y 1892.)
VI 111/2(1)215 132	MULA 15/2213 672 Ordinary,
Note. State fully nature of wound of character of disease which cause the disability, and explain farticularly the extent of the disability, resulting from the wound of disease.	Note.—State fully nature of wound or character of disease which causes the disability, and explain sparticularly the extent of the disability.
keta 2000 이 이번 2010 이 100 이 1022 (100 PM) - 100 NM	power of attorney.
POWER OF ATTORNEY	STATE OF GEORGIA.
STATE OF GEORGIA,	
21. (2211) County.	1/1/20102 County.)
Know all Men by these Presents, That I Joseph & Call	Know all Men by these Presents, That I, Y CCCC
ofCounty, State of Georgia, do hereby appoint	- U232LA
and the state of t	County, in said State, do hereby appoint my true and lawful attorney in facts for
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	of what in my name, to receive and receipt for whatever amount of money I may be entitled to
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 aforesaid in the military service of
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 Gover-	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,
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 coming to me for the reason aforesaid.
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	IN WITNESS WHEREOF, I have hereunto set my hand and seal this. 29-
1 211/1 day of X el 1/1124 1891. 4/10	day of and the state of the sta
// V/ / C [L. 8.]	Fugured to the presence of us.
Executed in the presence of us:	A Host Miss on Declinery
and the second s	VALUE OF BULLION
11/4/1/2000	
DERECTION /// 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	DIRECTION.
Send money to me as follows, by	Send money to me as follows, by
County, Georgia.	P. O.
County, Georgia.	County, Georgia

PUWER OF ALTURNEY. STATE OF GEORGIA, Know all Men by these Presents, That I County, State of Georgia, do hereby appoint of Diellon Cerest Mr. 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. my true and lawful attorney in fact, for , IN WITNESS WHEREOF, I have hereunto set my hand and seal, this I J. Dasc[i,s] Executed in the presence of us: DIRECTION Send money to me as follows, by County, Georgia. Application for

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA Personally appears County, State of Georgia, who, being duly sworn, says on oath that he is a bone fide citizen and resident of said State, and has resided therein continuously ever since the 1845 that he enlisted in the military service of the Confederate States (or of the State of during the war between the in Company 2, of //-th Regiment States, and served as a .... Volunteers Soller Son 's Brigade; that whilst engaged in such military service at the battle of Letters him 1863, he was ut allow Pasid bull puesing through wing Cutting Midows Currie Thunds to be St Emblering This um Sultantially regules who wounded in Right Side of Weall breel precluit love und on wecourt of nounds before cheerebell to 13 Knilland wicomplant to fistom manual del 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 20, 1893. I have heretofore been allowed a pension of Sworm to and subscribed before me, this, the 17 day of Meureh Norze-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, 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 / T day of Mine

### POWER OF ATTORNEY.

County, State of Georgia, do hereby appoint.  County, State of Georgia, do hereby appoint.  County State of Georgia, do hereby appoint.  Market of Georgia by reason of an injury received as aforesaid in the military service of the Confedera States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receive in my name for any Warreant that may be issued by the Governor, or for any sum of money which me be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of the county of
Send money to me as follows, by  to Olliga, P.  County, Georgia.
SOLDIER'S PERSION.  Soldier's Control of Control  Soldier's Control  S

POWER OF ATTORNEY.

# For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA. 1

22/22122 County.
PERSONALLY appears LL Dule of 16/11/12
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 Spirits
day of 18/18; 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 Progett in Company D, of //th Regiment
of Jen Volunteers & Propost's Brigade; that whilst engaged in
such military service at the battle of Cetty being in the State
of Peris on the & day of July 1863, he was
wounded as follows: Shot in Leff at alkow from
Beel Passing Three of huma tetting Leadies
Allow here Stiff Colling His armi Sedestantially
A Grant cally miles also dief in dight side & Healt
Justicing The Bone venthing hind incompling
to hesterm the Ordina, Municial acoustions of
124
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
28 day of Tel vinter 1894
at Hill fotores = brekensen
Norz-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.
in, the distanting, resulting grant the would of disease.
의사 가장에 그렇게 하는데 하는데 하는데 그들이 아름다면 하는데 하는데
STATE OF GEORGIA, 1.
Zelinie County.
Ordinary of said County.
do certify that I am well acquainted with 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 Calzeccoz y 1894.
After After A A A A A A A A A A A A A A A A A A A
here.
www.com.com.com.com.com.com.com.com.com.com

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Milmin County
personally appears of Letter of Letter
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 Sping 18/18; that he enlisted in the military service of the Con-
federate States (or of the State of
States, and served as a 112 well in Company 2, of # th Regiment
of Volunteers, Anglessing 's Brigade; that whilst engaged in
such military service at the battle of Sullishing in the State
of June , on the 2 day of July 186,3, he was
wounded as follows: Shot in left um ut allow foint
Bull During throughterm Culting Liveling
Supranticely Oventially linelies ulso Worthelin
Right with of Healt bull Fructuring Borne and on
uccount of sul mondes buis inconfetebutt fingoin
munich lubin
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 20th, 1895. I have heretofore been allowed a pension
of Out
Sworn to and subscribed before me, this, the
(3) day of 1472 1895.
All I have an Office
Now 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.
Minn 1
I, Ordinary of said County,
do certify that I am well acquainted with Journal Court
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 1132 11/14 1895.
n man
Affice Sport
here
Ordinary And County

POWER OF ATTORNEY.	POWER OF ATTORNEY.
STATE OF GEORGIA,  Schning County.  I. J. Lull hereby authorize M. A. Maight  of Julian Co. Sen	STATE OF GEORGIA,  Solonia County.  I, Joseph Out hereby authorize Allen & Cundle of Access to Land
at CHILD ST.  INWINESS WHEREOF, I have hereunto set my hand and seal, this 2.	at All and I leave hereunto set my hand and seal, this
day of Aless terry 1896.  Executed in presence of us	day of
Allower)	
SOLDIER'S PENSION.  Solding,  Disability,  Amount, S.  Scretcy Econics Department.  WARRANT HANDEL-TO  GOOW, MARRANT HANDEL-TO  GOOW, MARRANT HANDEL-TO  WARRANT HANDEL-TO  GOOW, MARRANT HANDEL-TO  GOOW, MARRANT HANDEL-TO  WARRANT HANDEL-TO  WARRANT HANDEL-TO  GOOW, MARRANT HANDEL-TO  WARRANT HANDE	FOUR AIRMANT HANDED TO THE STATE OF A CONTROLL OF A CONTRO

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Dipinin County I
Dersonally appears Dogell & Sulle of Simoner
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
in such military service in the State of , on the day
of Audy 1803, he was wounded, injuged or diseased as follows:
Butted Sitty ling bim shot wound of
Lift and ut thebout front Bull Duesnay
diff wor at the first of
throw war culting Lenders & currenty
Juin IN la Styf This us m substintially
Tivil Campanyly risilese also mounted of Right
Sett of Nevel Bull frueturny the Bonk Renelismy
him neomenting bes musual Lucia
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 28th, 1896. I have heretofore as a resident of
county been allowed a pension of
dollars, for the year 1895
Sworn to and subscribed before me, this, the No for the
28 day of Janemy 1896.
Note State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the deability, resulting from the wound or disease.
of the combility, resulting from the wound or disease.
STATE OF GEORGIA,
Cilma County.
i, All Ans 27 Ordinary of said County,
do certify that am well acquainted with & Ouse 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
day of Juney 1896,
him
Affix Mile Miles
liere.
Ordinary County.

# For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA,

Sumin	_ County,	· :
Dersonally appears	Joseph Dale of Seline	
Country State of Country	who being duly sworn, says on oath that he is a bona fide citiz	en
	and has resided therein continuously ever since the	
	18/48; that he enlisted in the military service of the Co	
federate States (or of the S		
	Maywell in Company D, of //th Regime	
	lunteers Antiloson 's Brigade; that whilst engag	1.01
in such military service in		lay
of type 18	6.2., he was wounded, injured or diseased of follows:	
Shot in Life	tablebou frent Culting the	150
Juint 8ty	of norm Went in Dubuly	ed
Rinitlance	this un Substantally the	)
icentille	우리 아이를 마다 가게 되었다. 그는 이 사람들이 되는 그를 보고 있는 것이 되었다. 그를 보고 있다. 그를 보고 있다.	7.
		;
		7
		-
resident of	county been allowed an invalid pension Dollars, for the year 189	of
Sword to and subscrib	ed before me, this, the	
day of	1897. POST OFFICE	
W/ Holy 3250	n billeria	
North State fully the nature of w	ound or character of disease which causes the disability, and explain particularly the ex-	tent
W. C. K.		- ;:"
STATE OF GEORG	IA,	
Lihren	County	7.5
1111		4.
I, MU	Ordinary of said Coun	
do certify that I am well a		the
applicant in the foregoing	affidavit, and am well satisfied that the statements made by h	iim
	e, and I know he is the individual he represents himself to	be
and that he resides in this	County.	
Give	n under my official signature and seal, this	
day of	1897.	
and I was	The AM AND STREET	-
Affix		-
bere.	and the second	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Ordinary Coun	ity.

#### POWER OF ATTORNEY. STATE OF GEORGIA, Gilmin County. I. L. Dale hereby authorize A. Caudles of Allanta 4a Siety of State to receive and receipt for the pension paid hereon and request that he remit same to by Cheek me through the Ordicary at Ellipay 44. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of January [L. S.] Executed in presence of Jallen.

Ordinary.



#### POWER OF ATTORNEY. STATE OF GEORGIA, Olmer County. hereby authorize How. While A Joseph L. Dale of Atlanta ga. to receive and receipt for the pension paid hereon and request that he remit same to by Ohietz me Through the Ordinary at Collisary 19 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of January Joseph Low Dale [1. 8.] Executed in presence of Willen

RICHARD JOHNSON,

SOLDIER'S PENSI

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
Gilmer County.	
Dersonally appears to seple & Dale of Sile	nei .
County, State of Georgia, who being duly sworn, says on oath that he i	
and resident of said State, and has resided therein continuously ever s	ince the
lay of 1848; that he enlisted in the military	service of the Con-
ederate States for of the State of	ha war hatwaar tha
States, and served as a Crist in Company of,	of // th Regiment
f Ya. Volunteers, Mulysau 's Brigade; t	hat whilst engaged
	ie 3 day
1863, he was wounded, injured or diseased	as follows:
hat in left arm at Elbour print	- Culling
museles - faint stiff arm weak are	d barelyer
entering arm bulstastially and	d'execution
uselies	
	<b>A</b>
and the state of t	
Deponent desires to participate in the benefits of the Act, approved	
Sworn to and subscribed before the, this, the	invalid pension of
day of January 1898. POST-OFFICE. &	Elijan Ga.
Q.O. Allen Ordinging.	1
Notz State fully the nature of wound or character of disease which causes the disability, and exploit the disability, resulting from the wound or disease.	nin mantiinilanla tha aissas
	on pay treaterly the extent
TATE OF GEORGIA,	
Gilmer County.	Christian Contraction
1- Q0 000.	
The state of the s	y of said County,
certify that I am well acquainted with	the ·
plicant in the foregoing affidavit, and am well satisfied that the statement	ents made by him
his said affidavit are true, and I know he is the individual he represed I that he resides in this County.	nts himself to be
지수가 있는 경에 가장 하는 사람들이 하는 것이 되었다. 그 사람들은 사람들은 사람들이 가장 하는 것이 되었다면 하는 것이 되었다. 그는 사람들이 되었다.	181
Given under my official signature and seal, this	1
day of January 1898.	Two said the set
Le Allen	
here.	
Ordinary Jumes	County.

### For Applicants Heretofore Allowed Pensions.

STATE OF GEORG	<b>!À,</b>
Gilmer	County:
Danganalla annogra	Joseph L. Dale of Gilmer
	who being duly sworn, says on oath that he is a bona fide citizen
	and has resided therein continuously ever since the
day of	1848 that he enlisted in the military service of the Con-
federate States (or of the S	State of) during the war between the
States, and served as a	Priv in Company of // th Regimen
of 90 Vo	lunteers, Anderson 's Brigade; that whilst engaged the State of Plane , on the 3 day
	1860, he was wounded, injured or diseased as follows:
	ic at elbour faint culting muscle
four out-arn	weak In paralyzed, rendering
said arin sub	stantially and executially usely
Sworn to and subscrib	County been allowed an invalid pension of Dollars, for the year 1898.  Dollars, for the year 1898.  Double & Andrew
3 nd day of Jan	
J.C. Allen C	meliary.
Norz-State fully the nature of extent of the disability resulting from	wound or character of disease which causes the disability, and explain particularly them the wound or disease.
STATE OF GEORG	HA, County.
I, Jaklen	
	acquainted with weekle & Dake the
applicant in the foregoing	affidavit, and am well satisfied that the statements made by hi
	ne, and I know he is the individual he represents himself to
and that he resides in this	County.
Cin	ven under my official signature and seal, this
	4
day o	Samuary 1899.
day o	January Jastluc

#### POWER OF ATTORNEY

STATE OF GEORGIA,  Gilmus County.  Laseph L. Dale hereby authorize Nau Whu A.  Wright of Atlanta 49	STATE OF GEORGIA,  Gilmer County  1 Joseph L. Dale hereby authorize Nau. Um. A.  Wight of Atlanta Ga.
to receive and receipt for the pension paid hereon and request that he remit same to  M. Phrough Cordinary by Check  at Colligate for  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2 md	to receive and receipt for the pension paid hereon and request that he remit same to me. Through this Ordinary by Oluste.  at Ellipsy 4a,  IN WITNESS WHEREOF, I have hereunto set my hand and seal this 2 up
easy of January 1900.  Joseph Line Dale [L. s.]  Executed in presence of  J. C. Allen.	day of January, 1901.  Executed in presence of
	J. C. Crawany
(For Those Already Enrolled.)  No. 26 FO  INVALID  INVALID  INVALID  INVALID  INVALID  Ability Ulbunds.  ability Ulbunds.  ability Ulbunds.  JOHN W. LINDSEY,  JOHN W. LINDSEY,  JOHN W. LINDSEY,  Geo W. Harton, Buse Priven, Atlant.	DISABLED  DISABLED  OILDIER'S PENSION.  1000. W. LIMBER.  Coon secretor re-  Coon secretor re-  No. LE 9.  DISABLED  OILDIER'S PENSION.  1000.  1000. W. LIMBER.  Committeer of President  Constitution of President  Coop, W. Bernama Series Princer, Almer.  LOO. W. Bernama Series Princer,

# For Applicants Heretofore Allowed Pensions.

Colonies		County.		* * * * * * * * * * * * * * * * * * * *	
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	appears fre				
	Georgia, who be				
and resident of s	aid State and Co				
day o		1848	; that he enlis	ted in the mili	tary service o
he Confederate	States (or of the	State of		) durin	g the war be
	, and served as a				
Regiment of	la	Volunteers,	Audersan	's Brigad	e; that whils
engaged in such	military service	in the State	of Penu	.  on	the TY
day of July	1860	, he was wo	ounded, injured	or diseased as	follows:
gun oh	at was	ud of	left an	ue at e	love
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elyzed, 6	aid arm	is the	us reus	eneg a	ulotais
ikely au	of esseu	tially	uselus	J. Y.	
			Maria Cara Cara Cara Cara Cara Cara Cara		
nding October	nakes applicatio 26th, 1900.	I have here	tofore under nty been allo	said law as wed an inval	a resident o
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Sworn to ar  Ordeleur  Noze State ful  Noze State ful  not the disability	26th, 1900.  Must described before of January  Ordinary  by the nature of wound resulting from the wound	I have here Com Dollår fore me, this,	tofore under unty been allows, for the year the post officers, for the year the post of th	said law as wed an inval 1899.	a resident of depending of the second of the
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# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Personally appears weeple L. Dale of Lilance
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 1848, that he enlisted in the military service of the Con
federate States (or of the State of) during the war between the
States and second as a factor
of Ja. Volunteers, Auditaria 's Brigade; that whilst engaged
in such military service in the State of Quiu, on the 3nd da
of July 186 8, he was wounded, injured or diseased as follows:
Shot in left green at elbow faint stiffening faint, and
Shot in left areas at elbow faint stiffming fruit and paralyging areas, rendering the same autotantially and
mentially melus,
and the second s
Deponent makes application for the pension to which he is entitled for year end
ing October 26th, 1901. It have heretofore under said law as a resident o
County been allowed an invalid pension o
Dollars, for the year 1900.
Sworn to and subscribed before me, this the Jof & Date
2 day of January 1901, Postoffice Cellifay 4a.
La Allie Ordinary
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,
Gilmu County.
I, Achtlin Ordinary of said County
do certify that I am well acquired with Joseph L. Dale 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.
면 하는 보이 되었다. 그 10년 1일 12일 12일 12일 12일 12일 12일 12일 12일 12일
Given under my official signature and seal, this 2 "4
day of fanuary 1901.
Con La Mellen
Your
Ordinary Gilonia County

### POWER OF ATTORNEY.

at El	e and receipting to the life of the life o	rdina 4a, whereon	y ₹, I hav	by_	Che	ek				ıq	
Exe	cuted in pre	sence of	1902	Jo	riph	£.	His XO	0al	²e[	I., S.,]	
Ç.	Ore	inar	۲.			`\					
, <u>(</u>							902		)  -  -		
CODE SECTION 150. THOSE ALREADY ENROLLED.	Z G	PENSIO	ai	Bale.	. 9a.		31	IDSEY,	ркр. то	nter, Atlanıs.	
CODE SECTION 15:0.	18 8 187	IER'S PE	0	blog &	12	50.00		JOHN W. LINDSEX	ARRANT HAN	V. Harrison, State Pri	
( FOR THO	Ž			Name	- <b>G</b> -00	Amount, \$		<u>o</u>		8	

FOR APPLICANTS HERETOFORE \*\*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

decrate States (or of the State of) during the war between the tates, and served as a	STATE O	F GEORGIA,
Personally appears which L. Dale of Lilmentounty, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizer and resident of said State, and has resided therein continuously ever since the and resident of said State, and has resided therein continuously ever since the and resident of said State, and has resided therein continuously ever since the considerate States (or of the State of during the war between the tates, and served as a price in Company D, of 11th Regiment 12th County J, of 11th Regiment 12th County D, of 11th Regiment 12th Regiment 12	Silo	ner County.
Deponent makes application for the pension to which he is entitled for the year authorization of county, been allowed an invalid pension of the year authorization of the year authorization of the year authorization for the pension to which he is entitled for the year authorization of the year authorization for the pension of day as a resident of the year authorization for the pension of the year applicant of the wound or character of disease which causes the disability, and exploit that I am well acquainted with factors.  I well that I am well acquainted with factors in the foregoing affidavit, and am well satisfied that the statements made by the applicant in the foregoing affidavit, and am well satisfied that the statements made by the applicant in the foregoing affidavit, and am well satisfied that the statements made by the applicant in the foregoing affidavit, and am well satisfied that the statements made by the applicant in the foregoing affidavit, and am well satisfied that the statements made by the applicant in the foregoing affidavit, and am well satisfied that the statements made by the applicant in the foregoing affidavit, and am well satisfied that the statements made by	0	
Deponent makes application for the pension to which he is entitled for the year and good of January 1902. I have hereofore, under said law as a resident of Dollars, for the year 1901.  Sworn to and subscribed before me, this the Jack L. Dalle Dellew Ordinary of said County.  Sworn to and subscribed before me, this the Jack L. Dalle County.  Sworn to and subscribed before me, this the Jack L. Dalle County.  Norr. State tully the nature of the wound or character of disease which causes the disability resulting from the wound or disease.  TATE OF GEORGIA.  Level State well acquainted with Jack L. Dalle or deapplicant in the foregoing affidavit, and am well satisfied that the statements made by the applicant in the foregoing affidavit, and am well satisfied that the statements made by the applicant in the foregoing affidavit, and am well satisfied that the statements made by the applicant in the foregoing affidavit, and am well satisfied that the statements made by the applicant in the foregoing affidavit, and am well satisfied that the statements made by the applicant in the foregoing affidavit, and am well satisfied that the statements made by the applicant in the foregoing affidavit, and am well satisfied that the statements made by		
Deponent makes application for the pension to which he is entitled for the year noting October 26th, 1902. I have heretofore, under said laws as a resident of Dollars, for the analysis of June.  Sworn to and subscribed before me, this the foreful of June.  Sworn to and subscribed before me, this the foreful of June.  Sworn to and subscribed before me, this the foreful of June.  Ordinary of said County.  Tatte Of Georgia,  County.  Law and a capability resulting from the wound or disease.  The county of said county of said County of certify that I am well acquainted with foreful L. Dale.  Ordinary of said County of certify that I am well acquainted with foreful L. Dale.  Ordinary of said County of certify that I am well acquainted with foreful L. Dale.  Ordinary of said County makes applicant in the foregoing affidavit, and am well satisfied that the statements made by the applicant in the foregoing affidavit, and am well satisfied that the statements made by the applicant in the foregoing affidavit, and am well satisfied that the statements made by the applicant in the foregoing affidavit, and am well satisfied that the statements made by the applicant in the foregoing affidavit, and am well satisfied that the statements made by the applicant in the foregoing affidavit, and am well satisfied that the statements made by the applicant in the foregoing affidavit, and am well satisfied that the statements made by the county of the disability and am well satisfied that the statements made by the county of th	The second secon	HALL (THE YEAR OF THE TENTED IN THE TENTE
Deponent makes application for the pension to which he is entitled for the year adding October 26th, 1902. I have heretofore, under said law, as a resident of July Sworn to and subscribed before me, this left of July Sworn to and subscribed before me, this left of July Sworn to and subscribed before me, this left of July Sworn to and subscribed before me, this left of July Sworn to the disability resulting from the wound or disease.  STATE OF GEORGIA,  County, Le State for the statements made by the gapplicant in the foregoing affidavit, and am well satisfied that the statements made by the applicant in the foregoing affidavit, and am well satisfied that the statements made by the applicant in the foregoing affidavit, and am well satisfied that the statements made by the applicant in the foregoing affidavit, and am well satisfied that the statements made by		
tates, and served as a prive in Company of 11 th Regiment (a. Volunteers, chicking are is Brigade; that whilst engaged in such military service in the State of Penn, on the 3 day of July 1863, he was wounded, injured or diseased as follows: that it left army paralygist removes a side form weak amy paralygist removes a side form weak application for the pension to which he is entitled for the year adding October 26th, 1902. I have heretofore, under said law as a resident of County, been allowed an invalid pension of Dollars, for the year 1901.  Sworn to and subscribed before me, this the paraly been allowed an invalid pension of Dollars, for the year 1901.  Sworn to and subscribed before me, this the paraly been allowed an invalid pension of the Belling Ordinary 1902. Post-office Ellipsy Ca.  Rose State fully the nature of the wound or character of disease which causes the disability and exploit tricitally the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA.  County.  I. Delling Ordinary of said County of certify that I am well acquainted with Section C. Dale.  Ordinary of said County of certify that I am well acquainted with Section C. Dale.		그는 그는 그리겠다는 어디에 가장 사용하게 되었다. 그 사람들은 사람들은 사람들은 사람들은 사람들이 가장 하다.
Deponent makes application for the pension to which he is entitled for the year adding October 26th, 1902. 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 person to and subscribed before me, this the person of the year 1902. When the mature of the wound or character of disease which causes the disability resulting trouble and or disease.  STATE OF GEORGIA,  County.  County that I am well acquainted with person and subscribed before me wound or disease.  Ordinary of said County to certify that I am well acquainted with person.  Ordinary of said County are applicant in the foregoing affidavit, and am well satisfied that the statements made by the applicant in the foregoing affidavit, and am well satisfied that the statements made by		
Deponent makes application for the pension to which he is entitled for the year ading October 26th, 1902. I have heretofore, under said law as a resident of Dollars, for the year allowed an invalid pension of Dollars, for the year 1901.  Sworn to and subscribed before me, this the forther Pension to which causes the disability, and caploid training the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  County.  I. Dollar.  County.  Ordinary of said County or certify that I am well acquainted with forther L. Dollar.  Ordinary of said County or certify that I am well acquainted with forther L. Dollar.  Ordinary of said County or certify that I am well acquainted with forther L. Dollar.  Ordinary of said County or certify that I am well acquainted with forther L. Dollar.  Ordinary of said County or certify that I am well acquainted with forther L. Dollar.	tates, and serve	
Deponent makes application for the pension to which he is entitled for the year ading October 26th, 1902. I have heretofore, under said law as a resident of Dollars, for the year 1901.  Sworn to and subscribed before me, this the loss of the year 1901.  Sworn to and subscribed before me, this the loss of Lilians of Law as a policial of the wound or disease which causes the disability, and captain the state of the disability resulting from the wound or disease.  TATE OF GEORGIA,  County.  Ordinary of said County of certify that I am well acquainted with loss of the statements made by the applicant in the foregoing affidavit, and am well satisfied that the statements made by the applicant in the foregoing affidavit, and am well satisfied that the statements made by	1 ya.	
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Deponent makes application for the pension to which he is entitled for the year anding October 26th, 1902. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1901.  Sworn to and subscribed before me, this the loseful L. Dale  day of January 1902. Post-office Ellipsey (1903).  Nove.—State fully the nature of the wound or character of disease which causes the disability, and exploint the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  L. Dale  County.  Ordinary of said County to certify that I am well acquainted with loseful L. Dale, the applicant in the foregoing affidavit, and am well satisfied that the statements made by	hat in	left and at ellow faint-fourt stif?
Deponent makes application for the pension to which he is entitled for the year anding October 26th, 1902. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1901.  Sworn to and subscribed before me, this the loseful L. Dale  day of January 1902. Post-office Ellipsey (1903).  Nove.—State fully the nature of the wound or character of disease which causes the disability, and exploint the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  L. Dale  County.  Ordinary of said County to certify that I am well acquainted with loseful L. Dale, the applicant in the foregoing affidavit, and am well satisfied that the statements made by		
Deponent makes application for the pension to which he is entitled for the year inding October 26th, 1902. I have heretofore, under said laws as a resident of the filth and the pension of the year 1901.  Sworn to and subscribed before me, this the foreful L. Dali day of familiary 1902. Post-office Cliffact Gardinary Norm.—State fully the nature of the wound or character of disease which causes the disability, and explaint the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  County.  Ordinary of said County to certify that I am well acquainted with foreful L. Dale, the applicant in the foregoing affidavit, and am well satisfied that the statements made by		
TATE OF GEORGIA,  County.  County been allowed an invalid pension of Dollars, for the year 1901.  Sworn to and subscribed before me, this the fossible Linear Date.  More.—State fully the nature of the wound or character of disease which causes the disability, and exploit county the extent of the disability resulting from the wound or disease.  TATE OF GEORGIA,  County.  Ordinary of said County to early that I am well acquainted with fossible L. Dale, the applicant in the foregoing affidavit, and am well satisfied that the statements made by		
TATE OF GEORGIA,  County.  County been allowed an invalid pension of Dollars, for the year 1901.  Sworn to and subscribed before me, this the fossible Linear Date.  More.—State fully the nature of the wound or character of disease which causes the disability, and exploit county the extent of the disability resulting from the wound or disease.  TATE OF GEORGIA,  County.  Ordinary of said County to early that I am well acquainted with fossible L. Dale, the applicant in the foregoing affidavit, and am well satisfied that the statements made by		and the control of th
TATE OF GEORGIA,  County.  County.  County, been allowed an invalid pension of Dollars, for the year 1901.  Sworn to and subscribed before me, this the fossible Linear Date.  More State fully the nature of the wound or character of disease which causes the disability, and exploit expectation of the disability resulting from the wound or disease.  TATE OF GEORGIA,  County.  County.  Ordinary of said County or entry that I am well acquainted with fossible L. Date.  Possible L. Date.  Ordinary of said County or earplify that I am well acquainted with fossible L. Date.		
TATE OF GEORGIA,  County.  County.  County, been allowed an invalid pension of Dollars, for the year 1901.  Sworn to and subscribed before me, this the fossible Linear Date.  More State fully the nature of the wound or character of disease which causes the disability, and exploit expectation of the disability resulting from the wound or disease.  TATE OF GEORGIA,  County.  County.  Ordinary of said County or entry that I am well acquainted with fossible L. Date.  Possible L. Date.  Ordinary of said County or earplify that I am well acquainted with fossible L. Date.		
TATE OF GEORGIA,  County.  County.  County, been allowed an invalid pension of Dollars, for the year 1901.  Sworn to and subscribed before me, this the fossible Linear Date.  More State fully the nature of the wound or character of disease which causes the disability, and exploit expectation of the disability resulting from the wound or disease.  TATE OF GEORGIA,  County.  County.  Ordinary of said County or entry that I am well acquainted with fossible L. Date.  Possible L. Date.  Ordinary of said County or earplify that I am well acquainted with fossible L. Date.		
TATE OF GEORGIA,  County.  County.  County, been allowed an invalid pension of Dollars, for the year 1901.  Sworn to and subscribed before me, this the fossible Linear Date.  More State fully the nature of the wound or character of disease which causes the disability, and exploit expectation of the disability resulting from the wound or disease.  TATE OF GEORGIA,  County.  County.  Ordinary of said County or entry that I am well acquainted with fossible L. Date.  Possible L. Date.  Ordinary of said County or earplify that I am well acquainted with fossible L. Date.	Deponent m	akes application for the pension to which he is entitled for the year
County, been allowed an invalid pension of Dollars, for the year 1901.  Sworn to and subscribed before me, this the foreful L. Dale day of January 1902. Post-office Ellipay 4, Rore.—State fully the nature of the wound or character of disease which causes the disability, and exploit country the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  County.  I. Dalling  County.  Ordinary of said County to earplify that I am well acquainted with foreign L. Dale, the applicant in the foregoing affidavit, and am well satisfied that the statements made by		
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o certify that I am well acquainted with south L. Dale, ne applicant in the foregoing affidavit, and am well satisfied that the statements made by	. 00	ADD COMMENTS
ne applicant in the foregoing affidavit, and am well satisfied that the statements made by		
im in his said affidavit are true, and I know he is the individual he represents himself to		
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e and that he resides in this County.	e and that he re	
Given under my ometar signature and sear, this		Given under my ometar signature and sear, this
day of January 1902.	~~	day of January 1902.
AME TOUR LEVELLE	Amx }	La Alles
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Maimed Soldiers. 1891, Maimed Soldiers. Voucher No. 90/ AUDITED , so, Audited Vancher No. 7331. Amount & JO Paid to LL Dale Paid of Dale Body mound 10 ann desabled Included in warrant No. Included in warrant No. issued to Treasurer. issued to Treasurer WARRANT CLERK. Mannyh.

Audited

No. 401 Allanta, Sa., Fleby 11 1090 STATE OF GEORGIA, EXECUTIVE DEPARTMENT. Mr J. L. Dale 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 Desabled by bory rounds He is entitled to receive the sum of 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 woncher, and return same to Executive Department for warrant GOVERNOR. By the Governor, MANarrison RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

per above voucher, this

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

No. 2338 Allanta, Ba MCL 7 1891.

a f a
Mr J. A. a. C of the County
of Helice 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
Clamilles Abled
He is entitled to receive the sum of Tiple Dollars
for such disability, the same being the allowance du 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 warranting
and the same of th
√ Governor.
By the Governor,

SEC'Y EXECUTIVE DEPARTMENT.

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

IN W Hamson