

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 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 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 a 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 the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."
 5. 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.
 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.
- The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

Date, J. L.
Silver Co.

Date, J. L.

No. 901

APPLICATION FOR ALLOWANCE.

FOR

Dis. by body wound
Applicant, J. L. Dale
County Silver

Amount 50

Date of Warrant Feb 11

Entered on Record

Feb 11 1890
J. P. Perry

SECRETARY EXECUTIVE DEPARTMENT.

J. P. Perry

NOTES.

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

5. 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.

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.

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,

Kelmer County. }
PERSONALLY appears *J. L. Dale* of *Kelmer* county,

State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the *15th* day of

Nov 18*88*, 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 *2* of *11th* Regiment of *Ga* Volunteers *Anderson's* Brigade; that whilst engaged

in such military service, at the battle of *Kettleburg* *Anderson's* Brigade in the State of *Penn* *Pa* on the *12* *4* *5* day of *July* *May* *1864*, he was

wounded as follows: *Shot in through left arm - elbow joint ball passing through arm cutting muscles, bones, injury the nerves and rendering the disability of the arm. No use left arm with the right hand. Arm is rendered*

substantially and essentially useless. Also shot in head and some left eye. Eye went out from this wound, sight totally gone. He is unable to lift a cup of coffee with his hand

Deponent desires to participate in the benefits of the Act, approved October 23, 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, 18*90*

Sworn to and subscribed before me, this *6th* day of *July* 18*90* } *J. L. Dale*

J. M. Craig
NOTE:—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

Commissioned Officer's Affidavit.

STATE OF GEORGIA,

Kelmer County. }
PERSONALLY came before me *J. S. Permonis* of the county of *Kelmer* State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company *2* of *11th* Regiment of *Ga* Volunteers, and that deponent knows *J. L. Dale*, and that he received the

wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said *J. L. Dale*

as stated by him in said affidavit. Deponent further states that said *J. L. Dale* is a bona fide citizen of this State and resides in *Kelmer* county. *He is unable to lift a cup of coffee with his hand*

J. S. Permonis 14th *Sept*

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

APPLICATION FOR ALLOWANCE

No. *901*

Disability *by body wound*

Applicant *J. L. Dale*

County *Kelmer*

Amount *500*

Date of Warrant *July 11*

Entered on Record *July 11*

1890

1890

SECRETARY EXECUTIVE DEPARTMENT.

J. P. Perry

STATE OF GEORGIA,

Wilmer County.

PERSONALLY came

W. Dale & J. L. Dale

citizens of Wilmer

county, in said State,

who, being duly sworn, say that they are acquainted with J. L. Dale and well
with him in same Co 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 Wilmer county, and we

are well satisfied that all the statements in his affidavit are true. Eye went out
from wound above left eye. Arm is useless
Sworn to and subscribed before me, this

6 day of May 1890 W. Dale 3rd Sec 11th Ga
W. Dale 1 Reg Co 11th Ga
W. Dale 1 Reg Co 11th Ga

NOTE.—Above affidavit must be made by three citizens of the county of applicant's residence.

STATE OF GEORGIA,

Wilmer County.

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

Dr. J. S. Tankersley and E. M. Matthews, both known to
me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined J. L. Dale and after such

examination say that the applicant has been injured as follows: Shot in head
just above left eye from which he suffers great pain.
He thinks it likely he lost sight of left eye from this wound.
Left eye sight totally out. Also shot in elbow joint
of left arm. ball passing across arm cutting main
blood carrying nerves, and deadening sensibility
of arm. Arm is rendered substantially and essen
tially useless. He moves left arm with his right
hand. Cannot lift or do any work with left arm.

Sworn to and subscribed before me, this

6 day of May 1890 Dr. J. S. Tankersley M.D.
Dr. E. M. Matthews M.D.
A. M. Johnson
ORDINARY.

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,

Wilmer County.

I, A. M. Johnson Ordinary of said county,
do certify that I am well acquainted with J. 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. 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 T. M. Craig
before whom the foregoing affidavits were made and power of attorney was signed, is a
Chief of Superior Court of said county, and the said affidavits and signatures
thereto are genuine.

Given under my official signature and seal, this 6th day of May 1890

A. M. Johnson
Ordinary Wilmer County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Wilmer County.

Know all Men by these Presents, That I, J. L. Dale

W. Dale
county, in said State, do hereby appoint J. M. Craig
of Wilmer Co Ga my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled
to 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
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 6th
day of May 1890

J. L. Dale (L.S.)

Executed in the presence of us:

L. D. Rodgers
T. M. Craig

STATE OF GEORGIA,

Gilmer County, I, J. M. Johnson Ordinary of said County, do certify that I am well acquainted 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 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 7th day of February 1891.

J. M. Johnson Ordinary Gilmer County.

1891.

No. 7338

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

Armstrong
Applicant, J. L. Dale
County, Gilmer
Amount, 50
Date of Warrant, March 6
Entered on record March 6 1891
W. H. Harrison

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

W. H. Harrison
Sec. W. Harrison, State Printer, Atlanta, Ga.

STATE OF GEORGIA,

Gilmer County, I, J. M. Johnson Ordinary of said county, do certify that I am well acquainted 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 that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

Given under my official signature and seal, this 22 day of February 1891.

J. M. Johnson Ordinary Gilmer County.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name J. L. Dale
County Gilmer
Disability Disarm
Amount, \$ 50
Entered on record March 1 1892.

W. H. HARRISON,

Secretary of Executive Department.

AGENT.

J. L. Perry

(Sec. W. Harrison, State Printer, Atlanta, Ga.)

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gibner County, }
PERSONALLY appears *J. & Dale* of *Gibner*
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 *Spring*
day of *1845*; that he enlisted in the military service of the Con-
federate States (or of the State of *Georgia*) during the war between the
States, and served as a *Private* in Company *D*, of *11th* Regiment
of *Georgia* Volunteers *Anderson's* Brigade, that whilst engaged
in such military service at the battle of *Gettysburg*
of *Penn*, on the *July* day of *1863*, he was
wounded as follows: *Wound in left arm
ball entered at elbow joint passing through
arm cutting muscles cutting joint &c.
Stiff rendering this arm substantially and
essentially useless also on right side of
head with ball fracturing bone and on
account of wounds he is rendered incontinent &c.*

Dependent desires to participate in the benefits of the Act, approved October 24, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is entitled
for the year ending October 26, 1891. I have heretofore been allowed a pension of
Five dollars, for
Sworn to and subscribed before me, this, the *29th* day of *Feb*, 1891.

Joseph L. Dale
J. M. Johnson
Notary Public for the State of Georgia.

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,

Gibner County, }
Know all Men by these Presents, That *Joseph L. Dale*
of *Gibner* County, State of Georgia, do hereby appoint
Wm. H. Wright
of *Gibner* 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 authoriz-
ing my said attorney to receipt in my name for any Warrant that may be issued by the Govern-
or, 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
29th day of *Feb*, 1891.
Joseph L. Dale [L. S.]
Executed in the presence of us:
J. M. Johnson

DIRECTION.
Send money to me as follows, by *J. M. Johnson* to *P. O.*
County, Georgia.

Joseph L. Dale

J. M. Johnson

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J. M. Johnson

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POWER OF ATTORNEY.
STATE OF GEORGIA, }

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
17 day of *March*, 1893.

Executed in the presence of us:

Send money to me as follows, by

DIRECTION.

County, Georgia.

Gilman & Co.
Daley & Co.
1893.

No. *1272*

Application for Allowance

For the Year Ending October 26, 1893.

FOR

Discharged Army

Applicant, *J. L. Dale*

County, *Liberty*

Amount, *50*

Date of Warrant, *9/29*

Entered on record, *9/29*

1893.

W. A. Wright
Secretary Executive Department.

WARRANT HANDED TO

W. A. WRIGHT

Sec. of Revenue, State Dept., Atlanta.

To Dale

STATE OF GEORGIA.

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 _____

Sworn to and subscribed before me, this, the

17 day of March 1893.

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,

I further certify that:

Given under my official signature and seal, this 17 day of March 1899.

Ordinary

County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Gibner COUNTY.

Know all Men by these Presents, That I,

J. L. Dale

of *Gibner*

County, State of Georgia, do hereby appoint

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 an injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *25* day of *February*, 1894.

J. L. Dale [L. S.]

Executed in the presence of us

DIRECTIONS.

Send money to me as follows, by

to *Gibner* P. O.
County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

J. L. Dale

of *Gibner*

County, State of Georgia, do hereby appoint

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 an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *31* day of *February*, 1895.

J. L. Dale [L. S.]

Executed in presence of us

DIRECTIONS.

Send money to me as follows, by

to *Ollie* P. O.
County, Georgia.

(For Those Already Enrolled.)

No. *1301*

Soldier's Pension.

1894.

Name *J. L. Dale*
Gibner
Disability *disabled arm*
Amount, \$ *50*

1894.

W. H. HARRISON.

Secretary Executive Department.

WARRANT HANDLED TO

W. A. Wright

Geo. W. Harrison, State Printer, Atlanta.

When did you last get pension? Gibner

Ans. this 1894
(For Those Already Enrolled.)

Gibner
Dale *1869 only*

SOLDIER'S PENSION.

1895.

Name *J. L. Dale*
Gibner
County

Disability *disabled arm*
Amount, \$ *50*

1895.

RICHARD JOHNSON.

Secretary Executive Department.

WARRANT HANDLED TO

W. A. Wright

Geo. W. Harrison, State Printer, Atlanta.

W. A. Wright

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gibson County.

PERSONALLY appears *J. L. Dale* 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 *Spring* day of *1845*; 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 *D*, of *11th* Regiment of *Geo* Volunteers; *Anderson's* Brigade; that whilst engaged in such military service at the battle of *Gettysburg* in the State of *Penn* on the *2* day of *July* 1863, he was

wounded as follows: *Shot in left arm at elbow joint of Bull Run, passing through arm cutting tendons, the arm stiff, with this arm substantially paralyzed, also shot in right side of head fracturing the bone, rendering him incompetent to perform the ordinary manual evocations of life.*

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 *40* dollars, for the year 1893.

Sworn to and subscribed before me, this, the

28 day of *February* 1894.

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,

Gibson County.

I, *W. H. Johnson* Ordinary of said County, do certify that I am well acquainted with *J. 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.

Given under my official signature and seal, this

28 day of *February* 1894.



Ordinary *Gibson* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gibson County.

PERSONALLY appears *J. L. Dale* 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 *Spring* 1845; 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 *D*, of *11th* Regiment of *Geo* Volunteers, *Anderson's* Brigade; that whilst engaged in such military service at the battle of *Gettysburg* in the State of *Penn* on the *2* day of *July* 1863, he was

wounded as follows: *Shot in left arm at elbow joint of Bull Run, passing through arm cutting tendons, the arm stiff, with this arm substantially paralyzed, also shot in right side of head fracturing the bone, rendering him incompetent to perform the ordinary manual labor.*

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 *40* dollars, for the year 1894.

Sworn to and subscribed before me, this, the

31 day of *January* 1895.

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 this wound or disease.

STATE OF GEORGIA,

Gibson County.

I, *W. H. Johnson* Ordinary of said County, do certify that I am well acquainted with *J. 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.

Given under my official signature and seal, this

31 day of *January* 1895.



Ordinary *Gibson* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Salmon County.

I, *J. L. Dale* hereby authorize *W. A. Wright*
of *Tulter Co. Ga*

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

at *Adelphi Ga* by *check* by *Mail*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *28*

day of *January* 1896.
J. L. Dale [L. S.]

Executed in presence of us

Wm. Johnson
Rollins

POWER OF ATTORNEY.

STATE OF GEORGIA,

Salmon County.

I, *Joseph Dale* hereby authorize *Allen D. Snodder*
of *Tulter Co. Ga*

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

at *Adelphi Ga* by *check*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

day of *June* 1897.
J. V. Davis [L. S.]

Executed in presence of

SOLDIER'S PENSION.

1896.

Name *J. L. Dale*
County *Salmon*

Disability

Amount, \$ *30* 1896
2/24

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

W. A. Wright

INVALID

SOLDIER'S PENSION.

1897.

Name

County

Disability

Amount, \$ *50* 1897.
2/20

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

A. D. C.

Geo. W. Harrison, State Printer, Atlanta.

W. A. Wright

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gibson County.

Personally appears Joseph Dale 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 April 1868; 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 D, of 11th Regiment of Volunteers Anderson's Brigade; that whilst engaged in such military service in the State of Georgia, on the 2 day of July 1868, he was wounded, injured or diseased as follows:

Battle of Gettysburg, being shot wound of Left arm at elbow joint Ball passing thru arm cutting tendons & causing joint to be stiff this arm substantially and permanently useless also wounded of Right Side of Neck Ball fracturing the Bone rendering him incompetent for manual labor

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 Gibson county been allowed a pension of Fifty dollars, for the year 1895.

Sworn to and subscribed before me, this, the 28 day of January 1896. A. L. Dale

Not a 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,

Gibson County.

I, A. L. Dale Ordinary of said County, do certify that I am well acquainted with J. 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.

Given under my official signature and seal, this 28 day of January 1896.

A. L. Dale
Ordinary Gibson County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gibson County.

Personally appears Joseph Dale 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 April 1868; 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 D, of 11th Regiment of Volunteers Anderson's Brigade; that whilst engaged in such military service in the State of Georgia, on the 2 day of July 1868, he was wounded, injured or diseased as follows:

Shot in Left of Elbow joint cutting Muscles Joint Stiff arm nearly and permanently rendering this arm substantially and permanently useless

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 28th, 1897. I have heretofore under said law as a resident of Gibson county been allowed an invalid pension of Fifty Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 28 day of January 1897. POST OFFICE

A. L. Dale
Not a 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,

Gibson County.

I, A. L. Dale Ordinary of said County, do certify that I am well acquainted with J. 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.

Given under my official signature and seal, this 28 day of January 1897.



A. L. Dale
Ordinary Gibson County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Gilmer County.

I, J. L. Dale hereby authorize A. D. Caudlin
Society of State of Atlanta Ga.

to receive and receipt for the pension paid hereon and request that he remit same to
me through the Ordinary by Cheek
at Ellijay Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st
 day of January 1898.

Executed in presence of

J. C. Allen
Ordinary

[L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Gilmer County.

I, Joseph L. Dale hereby authorize Wm. A.
Night of Atlanta Ga.

to receive and receipt for the pension paid hereon and request that he remit same to
me through the Ordinary by Cheek
at Ellijay Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 3rd
 day of January 1899.

Joseph L. Dale [L. S.]

Executed in presence of

J. C. Allen

ACT OF MARCH 1887.
 (For Those Already Enrolled.)

No. 1417

INVALID

SOLDIER'S PENSION.

1898.

Name J. L. Dale

County Gilmer

Disability Wounds

Amount, \$ 50.00

2/15

1898.

RICHARD JOHNSON,
 Commissioner of Pensions.

WARRANT HANDED TO

A. D. C.

Geo. W. Harrison, State Printer, Atlanta

CODE SECTION 120.

(For Those Already Enrolled.)

No. 277

INVALID

SOLDIER'S PENSION.

1899.

Name Joseph L. Dale

County Gilmer

Disability Wounds

Amount, \$ 50.00

2/15

1899.

RICHARD JOHNSON,
 Commissioner of Pensions.

WARRANT HANDED TO

N.

Geo. W. Harrison, State Printer, Atlanta

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gilmer County.

Personally appears Joseph L. Dale 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 1848; that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served as a Priv in Company D, of 11th Regiment of Volunteers, Anderson's 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:

Shot in left arm at elbow joint - cutting muscles - joint stiff - arm weak and paralyzed - rendering arm substantially and essentially useless.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 20th, 1898. I have heretofore under said law as a resident of Gilmer county been allowed an invalid pension of Fifty Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 1st day of January 1898. } J. L. Dale POST-OFFICE Ellijay Ga.

J. C. Allen, Ordinary

NOTE—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Gilmer County.

I, J. C. Allen, Ordinary of said County, do certify that I am well acquainted with J. 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.

Given under my official signature and seal, this 1st day of January 1898.

J. C. Allen Ordinary Gilmer County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gilmer County.

Personally appears Joseph L. Dale 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 1848; that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served as a Priv in Company D, of 11th Regiment of Volunteers, Anderson's 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:

Shot in left arm at elbow joint cutting muscles - joint stiff - arm weak and paralyzed - rendering said arm substantially and essentially useless.

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1898. I have heretofore under said law as a resident of Gilmer County been allowed an invalid pension of Fifty Dollars, for the year 1898.

Sworn to and subscribed before me, this, the 3rd day of January 1899. } Joseph L. Dale POST OFFICE Ellijay Ga.

J. C. Allen, Ordinary

NOTE—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Gilmer County.

I, J. C. Allen, Ordinary of said County, do certify that I am well acquainted with 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.

Given under my official signature and seal, this 3rd day of January 1899.

J. C. Allen Ordinary Gilmer County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Gilmer County.

I, Joseph L. Dale hereby authorize Nau Wm A.
Wright of Atlanta Ga.

to receive and receipt for the pension paid hereon and request that he remit same to
me through Ordinary by Cheek
at Ellijay Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2nd
day of January 1900.

Joseph L. Dale [L. S.]

Executed in presence of

J. C. Allen

POWER OF ATTORNEY.

STATE OF GEORGIA,

Gilmer County.

I, Joseph L. Dale hereby authorize Nau Wm A.
Wright of Atlanta Ga.

to receive and receipt for the pension paid hereon and request that he remit same to
me through the Ordinary by Cheek
at Ellijay Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 2nd
day of January 1901.

J. L. Dale [L. S.]

Executed in presence of

J. C. Allen
Ordinary

CODE SECTION 1282

(For Those Already Enrolled.)

No. 2650

INVALID

SOLDIER'S PENSION.

1900.

Name Joseph L. Dale
County Gilmer
Disability Wounds
Amount, \$ 50.00

Warrant issued May 12 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Wright

Geo. W. Harrison, State Printer, Atlanta.

CODE SECTION 1282

(For Those Already Enrolled.)

No. 1697

DISABLED

SOLDIER'S PENSION.

1901.

Name Joseph L. Dale
County Gilmer
Disability Wounds
Amount, \$ 50.

1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Wright

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gilmer County.

Personally appears *Joseph L. Dale* of *Gilmer* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the day of *1848*; 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 *D*, of *11* th Regiment of *Georgia* Volunteers, *Auderson*'s Brigade; that whilst engaged in such military service in the State of *Penn.*, on the *3rd* day of *July* *1863*, he was wounded, injured or diseased as follows:

Gun shot wound of left arm at elbow joint. Joint stiff. Arm weak and paralyzed. Said arm is thus rendered substantially and essentially useless.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of *Gilmer* County been allowed an invalid pension of *Fifty* Dollars, for the year 1899.

Sworn to and subscribed before me, this, the *2nd* day of *January* 1900, *Joseph L. Dale* POST OFFICE *Ellijay Ga.*

J. C. Allen Ordinary

STATE OF GEORGIA,

Gilmer County.

I, *J. C. Allen*, Ordinary of said County, do certify that I am well acquainted 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.

Given under my official signature and seal, this *2nd* day of *January* 1900.

J. C. Allen Ordinary *Gilmer* County.

AMs
your
seal
here.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Gilmer County.

Personally appears *Joseph L. Dale* 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 *1848*; 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 *D*, of *11* th Regiment of *Georgia* Volunteers, *Auderson*'s Brigade; that whilst engaged in such military service in the State of *Penn.*, on the *3rd* day of *July* *1863*, he was wounded, injured or diseased as follows:

Shot in left arm at elbow joint. Joint stiffening joint, and paralyzing arm, rendering the same substantially and essentially useless.

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of *Gilmer* County been allowed an invalid pension of *Fifty* Dollars, for the year 1900.

Sworn to and subscribed before me, this, the *2nd* day of *January* 1901, *Joseph L. Dale* Postoffice *Ellijay Ga.*

J. C. Allen Ordinary

STATE OF GEORGIA,

Gilmer County.

I, *J. C. Allen*, Ordinary of said County, do certify that I am well acquainted 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.

Given under my official signature and seal, this *2nd* day of *January* 1901.

J. C. Allen Ordinary *Gilmer* County.

AMs
your
seal
here.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Gilmer County.

I, *Joseph L. Dale* hereby authorize
Idan W. A. Wright of *Atlanta Ga.*

to receive and receipt for the pension paid hereon and request that he remit same to
me through Ordinary by *Check*
at *Ellijay Ga.*

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *2nd*
day of *January* 1902.

Joseph L. Dale [I. S.]
maie c

Executed in presence of

J. C. Allen
Ordinary

Dale, Joseph L.
Gilmer Co

CODE SECTION 1500
(FOR THOSE ALREADY ENROLLED.)

No. *3147*

DISABLED
SOLDIER'S PENSION
1902.

Name *Joseph L. Dale*
County *Gilmer*
Co *D - 11* Regiment *Ga.*
Disability *Wounds*
Amount, \$ *50.00*
2/18 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDLED TO
W. W. Lindsey
Geo. W. Harrison State Printer, Atlanta.

W. W. Lindsey

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Gilmer County.)

Personally appears *Joseph L. Dale* 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 *1848*; 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 *priest* in Company *D*, of *11*th Regiment of *Georgia* Volunteers, *Budington*'s Brigade; that whilst engaged in such military service in the State of *Penn.*, on the *3* day of *July* 186*3*, he was wounded, injured or diseased as follows:

shot in left arm at elbow joint - joint stiff. Arm weak and paralyzed, rendering said arm substantially and essentially useless

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of *Gilmer* County, been allowed an invalid pension of *Fifty* Dollars, for the year 1901.

Sworn to and subscribed before me, this *2nd* day of *January* 1902, by *Joseph L. Dale* Post-office *Ellyjay Ga.*
J. C. Allen Ordinary

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Gilmer County.)

I, *J. C. Allen*, Ordinary of said County, do certify that I am well acquainted 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.

Given under my official signature and seal, this *2nd* day of *January* 1902.



J. C. Allen
Ordinary *Gilmer* County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1902.

Audited

18

COMPTROLLER GENERAL

Maimed Soldiers.

Voucher No. 901

Amount \$ 50

Paid to J. L. Dale
For Disabled by
by Body wound
Sept 11 1890

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK.

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

J. P. Perry.

Audited

AUDITED 1891.

MAR 9 1891

Wm. M. Wright
COMPTROLLER GENERAL

1891.

Maimed Soldiers.

Voucher No. 7338

Amount \$ 60

Paid to H. Dale
For Arm disabled

MCK 7 1891

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

W. M. Wright

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 901
Atlanta, Ga. Feb 11 1890

Mr. J. L. Dale 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. 24, 1888, and the same having been examined and allowed for

Disabled by body wound
He is entitled to receive the sum of Fifty 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.

By the Governor, J. M. Gordon GOVERNOR.
M. H. Harrison CLERK EXECUTIVE DEPARTMENT.

\$ 50.00
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Fifty & 00/100 Dollars,
per above voucher, this 11 of Feb 1890
J. M. Perry

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

1891.
No. 2338
Atlanta, Ga. Mch 7 1891.

Mr. J. L. Dale 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. 11, 1889, and the same having been examined and allowed for

Arm disabled
He is entitled to receive the sum of Fifty 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.

By the Governor, H. J. Gordon GOVERNOR.
M. H. Harrison Sec'y EXECUTIVE DEPARTMENT.

\$ 50.00
RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.
Fifty & 00/100 Dollars,
per above voucher, this 7 of Mch 1891.

J. L. Dale
W. M. W.