

POWER OF ATTORNEY.

STATE OF GEORGIA

COUNTY. 1

herby authorize

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

by

Witness my hand and seal, this

day of

1903.

TL-S-1

Executed in the presence of

Teller Joseph C.  
Oglethorpe  
No. 1904  
Remitted for D

INDIGENT PENSION.

1903.

Name *W. T. Linder*

County *Colquitt*

*Coastal Artillery Regt.*

Approved *1903.*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will write Name of Applicant, Company and Regiment on back as indicated above.

Geo. W. Harrison, State Printer, Atlanta.

5/17/04

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, \_\_\_\_\_ hereby authorize

of \_\_\_\_\_

to receive and receipt for the pension allowed and request that he remit same to \_\_\_\_\_

at \_\_\_\_\_

by \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1903.

[L-8]

Executed in the presence of \_\_\_\_\_

## QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

COUNTY.

of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post-office)  
*Jessie L. Lindsey, Oglethorpe County, State of Georgia*
2. How long and since when have you been a resident of this State? *See my age*
3. When and where were you born? *May 14 - 1864 Oglethorpe County, Georgia*
4. When and where and in what company and regiment did you enlist or serve? *March 1 - 1864  
Confederate States Army, 1st Georgia Infantry*
5. How long did you remain in such company and regiment? *See the above*
6. When and where was your company and regiment surrendered and discharged? *April 26  
1865 - Andersonville, N.C.*
7. Were you present with your company and regiment when it was surrendered? *Yes*
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? \_\_\_\_\_
9. How much can you earn (gross) per annum by your own exertions or labor? *about 50 or 60 dollars*
10. What has been your occupation since 1865? *Farming*
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? *Infirmary & poverty*
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? *I suffer from death rattle and kidney disease sometimes has to urinate as much as five or six times a night*
13. What property, real and personal, or income, do you possess, and its gross value? *None*
14. What property, real or personal, did you possess in 1864, 1865, 1866, 1867, 1868, 1869, 1870, 1871 and 1872, and what disposition, if any, by sale or gift, have you made of same? *Land and two  
horses, some cattle, only paid full tax*
15. In what County did you reside during those years, and what property did you then return for taxation? *Oglethorpe County, Georgia, no property*
16. How were you supported during the years 1869, 1870, 1871 and 1872? *By father's little*
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? *about six dollars*
18. What was your employment during 1873, 1874, 1875, 1876, 1877, 1878, 1879, 1880, 1881 and 1882? What pay did you receive in each year? *Farming, received no pay except 2 chickens and some*
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed? *Yes, have wife and six children  
all of age and all are laborers, but receive no pay, they support themselves by labor on farm, no property, are poor*
20. Are you receiving any pension? If so, what amount and for what disability? *No*

Every question must be answered.

21. Have you ever made an application for pension before? *Yes*
22. How many applications have you ever made and under what class? *Made application  
last year under Infirmary & poverty*

Subscribed and sworn to before me this 10th day of May, 1903.

of \_\_\_\_\_ County.

Applicant.

*J. J. Wells*

Applicant.

INDIGENT PENSION

1903

Name: *Jessie L. Lindsey*  
County: *Oglethorpe*  
Age: *38*  
Approved: \_\_\_\_\_

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will write Name of Applicant, Company and Regiment on back as indicated above.

5/10/03

## QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Appling Co. COUNTY.

J. H. Glenn of said State and County, having been presented as a witness in support of the application of J. T. Fickett for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? J. H. Glenn, Appling Co. County, State of Georgia

2. Are you acquainted with J. T. Fickett, the applicant; if so, how long have you known him? See this list

3. Where does he reside, and how long and since when has he been a resident of this State? Appling Co. County, Ga. See this list

4. When, where and in what company and regiment did he enlist, and how do you know? March 4-1861, 8th Co. 8th Ga. Cavalry

5. Were you a member of the same company and regiment? Yes

6. How long did he perform regular military duty? See this list

7. When, and where was his command surrendered? April 26-1865, at Appomattox

8. Were you present when it surrendered? Yes

9. Was applicant present? Yes

10. If he was not present, where was he? See this list

When did he leave his command? See this list For what cause? See this list

By what authority he left? See this list How do you know all of this? See this list

11. What property, effects or income has the applicant? (Give your means of knowledge.) None - lives on his own land

12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? He had no property

13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? No

14. What is the applicant's occupation and physical condition? He is a farmer and has kidney disease

15. Is the applicant unable to support himself by labor of any sort, if so, why? Yes, because he suffers from kidney disease

16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? By his own labor

17. What portion of his support for these four years was derived from his own labor or income? See this list

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? See this list

19. Who composes family? What property have they? Children's age and their earning capacity? Wife & six children, all of whom are living on his own land

20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 10th day of May, 1904.

J. H. Glenn Witness.

J. H. Glenn Ordinary.

## AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Appling Co. COUNTY.

Personally came before me W. H. Reynolds and D. P. Bell, both known to me as reputable physicians

of said County, who, being severally sworn, say on oath that they have examined carefully

J. T. Fickett, applicant for pension under Section 1254, Code, and after

such personal examination say that his precise physical condition is as follows:

He suffers from Chronic Dyspepsia also has Palpitation of the heart in being a sympathetic affection caused by disease of the Pneumogastric nerve. Has kidney disease which always gets in worst trouble in this instance it is Uremia. These diseases render him unable to make a living for himself.

and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the 10th day of May, 1904.

W. H. Reynolds, M.D. Ordinary.

D. P. Bell, M.D. Ordinary.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Appling Co. COUNTY.

I, J. H. Glenn Ordinary, in and for said County, hereby certify

that the applicant J. T. Fickett resides in said County, and has

been a bona fide resident of this State since the 10th day of May, 1894.

and that the witnesses, viz: J. H. Glenn

are of trustworthy character, and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavit was read to the applicant and witness before same was signed.

I further certify that the tax digest of Appling Co. County show that applicant

returned for taxation in his name in 1899 no Dollars of

property, and in 1900 no Dollars of property, in 1901

no Dollars of property, in 1902

no Dollars of property.

In my opinion the foregoing claim is correct made in good faith.

Witness my hand and seal of office, this 10th day of May, 1904.

J. H. Glenn Ordinary.

of Appling Co. County.

### NOTE

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."

2. Additional affidavits may be attached if blank spaces are insufficient.

3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

# POWER OF ATTORNEY.

STATE OF GEORGIA.

*Colleton* COUNTY.

I, *J. T. Tiller*

hereby authorize

*Jesse Claude Brady* of *Colleton* to receive and receipt for the pension allowed, and request that he remit same to *me* at *Beaufort* by *himself*

WITNESS my hand and seal, this *15* day of *Jan* 1905.

Executed in the presence of

*Jesse Claude*

# POWER OF ATTORNEY.

STATE OF GEORGIA.

*Colleton* COUNTY.

I, *J. T. Tiller*

hereby authorize

*Jesse Claude* of *Colleton* to receive and receipt for the pension allowed, and request that he remit same to *me* at *Beaufort* by *himself*

WITNESS my hand and seal, this *15* day of *Jan* 1906.

[L. S.]

Executed in the presence of

*Jesse Claude Brady*

(FOR THOSE ALREADY ENROLLED.)

INDIGENT

SOLDIER'S PENSION  
1905.

Name *J. T. Tiller*  
County *Colleton*  
Circuit *Beaufort*  
Circuit *Beaufort*

WARRANT ISSUED

JAN 15 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

CHAS. W. HARRISON, VANDERBILT, STATE PRINTING, ATLANTA.

*no data*

*Tiller Joseph T*

Cons. Section 1254.

(FOR THOSE ALREADY ENROLLED.)

No. *6184*

INDIGENT

SOLDIER'S PENSION  
1906.

Name *J. T. Tiller*  
County *Colleton*  
Circuit *Beaufort*  
Circuit *Beaufort*

WARRANT ISSUED.

FEB 15 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

CHAS. W. HARRISON, VANDERBILT, STATE PRINTING, ATLANTA.

*no data*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Calhoun* County.

Personally appears

*J. T. Tice* of *Calhoun*

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *14* day of *May* 18*62*; that he is *62* years old and by occupation a *farmer*, 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 for the term of *3 years* in Company *Echols Artillery* of *1st* Regiment *Calhoun* *Co.*; that his physical condition is as follows: *Kidney, Rheumatism, and heart disease.*

that his property consists of the following items:

*no*

of the value of *no* Dollars. I am now earning, by my labor, *no* Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of *Calhoun* County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this *4th* day of *Jan* 1905.

*J. T. Tice*  
*J. T. Tice* Ordinary.

STATE OF GEORGIA,

*Calhoun* County.

I, *J. T. Tice*

Ordinary of said County,

do certify that I am well acquainted with *J. T. Tice* 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 *4th* day of *Jan* 1905.

*J. T. Tice*

Ordinary

*Calhoun* County.



NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1905.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

*Calhoun* County.

Personally appears

*J. T. Tice* of *Calhoun*

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *14* day of *May* 18*62*; that he is *62* years old and by occupation a *farmer*, 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 for the term of *3 years* in Company *Echols Artillery* of *1st* Regiment *Calhoun* *Co.*; that his physical condition is as follows: *Kidney, Rheumatism, and heart disease.*

that his property consists of the following items:

*no property except some personal effects*

of the value of *no* Dollars. I am now earning by my labor, *3* Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of *Calhoun* County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this *4th* day of *Jan* 1906.

*J. T. Tice* Ordinary.

State of Georgia,

*Calhoun* County.

I, *J. T. Tice* Ordinary of said County,

do certify that I am well acquainted with *J. T. Tice* 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 *4th* day of *Jan* 1906.

*J. T. Tice*

Ordinary

*Calhoun* County.



NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1906.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

*W. G. Thompson* hereby authorize  
*Joel Cloud* of *Lexington*  
to receive and receipt for the pension allowed, and request that he remit same to  
by *me* at *Lexington*

WITNESS my hand and seal, this *10* day of *Jan* 1907.

[L. S.]

Executed in presence of

*W. G. Thompson* *only*

Code Section 1254.

(FOR THOSE ALREADY ENROLLED)

No. 3601

## INDIGENT SOLDIER'S PENSION 1907.

Name

*Joel Cloud*

County

*Lexington Co.*

*Co. 1st Regt. 1st Div.*

WARRANT ISSUED

1907.

FEB 1

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

*W. G. Thompson*  
*only*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Wglethorpe County.

Personally appears J. L. Liles of said

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the 14 day of May 1894; that he is 62 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the

States, and served for the term of 3 yrs in Company Capt. J. L. Liles (Enrolled Act); that his physical condition is as follows: Arteriosclerosis, Rheumatism & heart disease.

that his property consists of the following items:

Personal property

of the value of 250 Dollars. I am now earning by my labor, 30 Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of said County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 14 day of Jan 1907. J. L. Liles Ordinary.

State of Georgia,

Wglethorpe County.

I, J. L. Liles Ordinary of said County, do certify that I am well acquainted with J. L. Liles 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 14 day of Jan 1907.

J. L. Liles Ordinary said County.



NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1907.