

STATE OF GEORGIA.

Waglesville COUNTY.

I, Nathaniel

Man, kein Abklingel

thereby authorize

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

Cardinal at Lepini

Witness my hand and seal this

Executed in presence of

[I.S.]

[illegible]

Pursing Office Feb 9, 1898
Further proof of infirm-
ity is required - It
should appear that
applicant can earn
a support at no kind
of labor or calling -
Su No 12 -
also witness, 10.

Richard Johnson
Cm. W. Pinson

Prusini Office 7/25/899

The statute requires one
other witness besides the
physicians to prove in
firmity - Richard Johnson

Com. H. H. H. H.

Ward Robert M 900

INDIGENT PENSION

1898.

Name Nabl, M. Ward

County Oglethorpe

Approved _____ 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

SEO. W. HARRISON, STATE PRINTER, ATLANTA

3/3.98 - 2/23.99

POWER OF ATTORNEY

STATE OF GEORGIA,

Spalding County,

I, Nathan H. Wright,

do hereby authorize

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

Ordinary at Spalding County, Ga. by check or cash.

Witness my hand and seal this

12th

day of March

1898.

Executed in presence of

John B. Ordinary

[L.S.]

Pension office 8/3-1900
When column died his
Receipt currency was
in suits it at the time -
of rent, when was the
last with it - for what
case did he leave it
and he, when authority
he was permitted to leave
and from my statement
made in application by a
witness who was present
at the time and of this
own knowledge names
them to be true

John B. Ordinary
Clerk of Penitentiary

Pension Office 8/29/1898
Dunbar Henry of Spalding - at
it is required - at
should appear that
applicant can earn
a support at no time
of labor or calling -
See me 12 -
also in June 10.

Richard Johnson
Clerk of Penitentiary
Pension Office 7/25/1899
The State requires one
other means besides the
applicant to prove an
affidavit - Richard Johnson
Clerk of Penitentiary

INDIGENT PENSION

1898.

Name Nathl. M. Ward

County Spalding

Approved

1898.

RICHARD JOHNSON

Commissioner of Penitentiary

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta

3/3/98 - 2/23/99

Questions for Applicant.

STATE OF GEORGIA

CLATSOP COUNTY.

March 11, 1860 -

hereby authorize

to receive and receipt for the pension allowed and request that he remit same to 11cc. 6/

Witness my hand and seal this 14 day of March 1898

Executed in presence of

—[I.S.]

Beall's County.

Nebl-ma, Wawa

of said State and County, desiring

Noble M. Davis of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, 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.)
Nathl W. Harris, Ogdenham Co. Cal.
2. How long and since when have you been a resident of this State? *Since birth*
3. When and where were you born? *Oct. 1844, In Ogdenham Co. Cal.*
4. When and where and in what company and regiment did you enlist or serve?
*May 1864, 1st Cavalry Regt. 1st Div. 1st Cavalry
Col. 33, 1st Cavalry Regt.*
5. How long did you remain in such company and regiment? *until 1st Jan. 1865*
6. For how long a period did you discharge regular military duty? *about 11 months*
7. When, where and under what circumstances were you discharged from service? *1865,
at Washington D.C. for necessary services*
8. What is your present occupation? *Farming*
9. How much can you earn (gross) per annum by your own exertions or labor? *Can't determine*
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 "infirmity and poverty" or third "blindness and poverty"? *Infirmity & 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 am disabled on both sides, and nearly paralyzed on both sides. I am unable to do manual labor.*
13. What property, effects or income do you possess and its gross value? *nothing*
14. What property, effects or income did you possess in 1894, 1895, 1896 and 1897 and what disposition, if any, did you make of same? *had no property in those years*
15. In what County did you reside during those years and what property did you then return for taxation?
In Ogdenham Co. California no property
16. How were you supported during the years 1896 and 1897? *by my family*
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? *My wife & I contribute nothing*
18. What was your employment during 1896 and 1897? What pay did you receive in each year?
I assisted my family where I could. Had no pay
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? *yes. wife and one boy 14 years old. no means. no homestead*
20. Are you receiving any pension, if so, what amount and for what disability? *no*

Sworn to and subscribed before me this the

day of March 189

189

Applicant

of John Doe Ordinary.
Bellevue County

Prussia Office 2/29/1898.
 Just the proof of infirm-
 ity is required - It
 should appear that
 applicant can earn
 a support at no time
 of labor is calling -

10.

Richard Johnson
Carrington

Q. : On 7/25-1899

The state requires our
other witnesses besides the
physicians to prove in
firmity - Richard Johnson
Concurrence

Com Hiram's

INDIGENT PENSION

6661

Name Nathl. M. Ward.

County—Oglethorpe

Approved _____ 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEORGE W. HARRISON, STATE PRINTER, ATLANTA.

10/19/98-1998
3/9/98-2/23/99

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Columbia County.

I, H. M. Willingham, of said State and County, having been presented as a witness in support of the application of Noble M. Ward for pension under the Act approved December 15th, 1891, and after being duly sworn true answer to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? H. M. Willingham
2. Are you acquainted with Noble M. Ward, the applicant, if so how long have you known him? 10 years
3. Where does he reside, and how long and since when has he been a resident of this State? at Columbia County, near Kennesaw
4. When, where and in what company and regiment did he enlist, and how do you know? May 1864, 4th Cavalry, Co. B, 12 months
5. Were you a member of the same company and regiment? yes, was 12 months
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? until summer of 1865, was faithful soldier - he was discharged
7. What property, effects or income has the applicant? (Give your means of knowledge.) he has no property, I know him intimately, he has been in the army 10 years ago.
8. What property, effects or income did the applicant possess in 1896 and 1897, and what disposition, if any, did he make of same? Had no property in those years.
9. Has he conveyed away any of his property in the last three years, if so, what was it and to whom? no
10. What is the applicant's occupation and physical condition? He has been a farmer, but he cannot work - owing to rupture on both sides and nervous prostration - cannot do manual labor to make
11. Is the applicant unable to support himself by labor of any sort, if so, why? he is unable for a long time past.
12. How was he supported during the years 1896 and 1897? By his family
13. What portion of his support for these two years was derived from his own labor or income? no portion
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1891? He is badly ruptured on both sides, and has nervous prostration - he cannot do manual labor of any kind
15. What interest have you in the recovery of a pension by this applicant? none

Sworn to and subscribed before me, this 1st day of March 1898, H. M. Willingham Witness.

J. J. Bacon Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

Columbia County.

I, W. H. Willingham M.D. and W. H. Willingham M.D., both known to me as reputable physicians of said County, who being severally sworn, say on oath that they have examined carefully Noble M. Ward applicant for pension under the Act of 1891, and after such personal examination say that his present physical condition is as follows:

Suffering with double inguinal hernia and severe nervous prostration which renders applicant unable to make a support for himself.

We further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me this 1st day of March 1898, J. J. Bacon Ordinary.

W. H. Willingham M.D.
H. M. Willingham M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Columbia County.

I, J. J. Bacon Ordinary in and for said County, hereby certify that the applicant Noble M. Ward resides in said County, and has been a bona fide resident of this State since the 1st day of March 1898 and that the witnesses, viz.: W. H. Willingham M.D. & W. H. Willingham M.D. are of trust worthy 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 affidavits was read to the applicant and witness before same was signed.

I further certify that the tax digests of Columbia County show that applicant returned for taxation in his name in 1896 no Dollars of property, and in 1897 no Dollars of property.

In my opinion the foregoing claim is made in good faith. Witness my hand and seal of office, this 1st day of March 1898, J. J. Bacon Ordinary of Columbia County.

NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answer 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.

Spalding County.

Robert M. Ward hereby authorize *James Lindsey*
of *Spalding* County

to receive and receipt for the pension allowed and request that he remit same to
by *James Lindsey* at *Spalding*

Witness my hand and seal, this *21* day of *January* 1901.
Robert M. Ward [L. S.]

Executed in presence of

For Those Already Enrolled.

No. *4513*

INDIGENT

SOLDIER'S PENSION.

1901.

Name *Robert M. Ward*
County *Spalding*

WARRANT ISSUED

21/1 1901.

JOHN W. LINDSEY,

WARRANT HANDED TO

13

POWER OF ATTORNEY.

STATE OF GEORGIA.

Spalding County.

I, *R. M. Ward* hereby authorize *James Lindsey*
of *Spalding* County

to receive and receipt for the pension allowed and request that he remit same to
by *James Lindsey* at *Spalding*

Witness my hand and seal, this *21* day of *January* 1901.
Robert M. Ward [L. S.]

Executed in presence of

Robert M. Ward

(FOR THOSE ALREADY ENROLLED.)

No. *4513*

INDIGENT

SOLDIER'S PENSION

1904.

Name *Robert M. Ward*
County *Spalding*
Co. *B*

WARRANT ISSUED

21/1 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

13

John W. Harrison, State Printer, Atlanta.

See Note

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe

County.

Personally appears *Robert M. Ward* of *Oglethorpe* 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 *7th* day of *October* 1846; that he is *57* 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 *11* months in Company *B* of *1st* Regiment of *Georgia* *Reserves*; that his physical condition is as follows: *He is afflicted with severe rheumatism in both sides, following Confederate Reserves' action, a small*

ally appears by reference to papers in Pension Office - that his property consists of the following items: *he has nothing at all*

of the value of *0* Dollars, 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 1901. I have heretofore as a resident of *Oglethorpe* County been allowed a pension for the year 1900 *when applicant*

Sworn to and subscribed before me, this the *11th* day of *January* 1901. *Robert M. Ward*

J. J. Bacon

Ordinary.

STATE OF GEORGIA,

Oglethorpe

County.

I, *J. J. Bacon*

Ordinary of said County,

do certify that I am well acquainted with *Robert M. Ward* 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 *11th* day of *January* 1901.

J. J. Bacon

Ordinary

Oglethorpe

County.

Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1901.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Oglethorpe

County.

Personally appears *R. M. Ward* of *Oglethorpe* 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 *7th* day of *October* 1846; that he is *57* 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 *11* months in Company *B* of *1st* Regiment of *Georgia* *Reserves*; that his physical condition is as follows: *Suffering from ruptured on back*

kidney and extreme prostration

that his property consists of the following items:

No property except little household kitchen furniture

of the value of *0* Dollars, 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 1901. I have heretofore as a resident of *Oglethorpe* County been allowed a pension for the year 1900 *when applicant*

Sworn to and subscribed before me, this the *7th* day of *January* 1901. *R. M. Ward*

J. J. Bacon

Ordinary.

STATE OF GEORGIA,

Oglethorpe

County.

I, *J. J. Bacon* Ordinary of said County,

do certify that I am well acquainted with *R. M. Ward* 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 *7th* day of *January* 1901.

J. J. Bacon

Ordinary

Oglethorpe

County.

Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1901.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Oglethorpe County.

I, *Robt. M. Ward* hereby authorize *J. J. Bacon*, residing
of *Savannah*

to receive and receipt for the pension allowed and request that he remit same to
myself *ordinary* at *Savannah*
by *attorney in fact*

Witness my hand and seal, this *7th* day of *January*, 1901.

Robert M. Ward [L. S.]

Executed in presence of

J. J. Bacon

(For Those Already Enrolled.)

No. *4517*

INDIGENT

SOLDIER'S PENSION.

1901.

Name *Robert M. Ward*

County *Oglethorpe*

WARRANT ISSUED.

2/17 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

B

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Oglethorpe County.

I, *R. M. Ward* hereby authorize *Frederick*
of *Oglethorpe Co. Ga*

to receive and receipt for the pension allowed and request that he remit same to
me at *Savannah*

by *Chen*

Witness my hand and seal, this *7th* day of *January*, 1904.

R. M. Ward [L. S.]

Executed in presence of

Ward, Robert M.

Oglethorpe County

(FOR THOSE ALREADY ENROLLED.)

No. *4517*

INDIGENT

SOLDIER'S PENSION

1904.

Name *Frederick*

County *Oglethorpe*

Co. *B 1st Regt*

WARRANT ISSUED

2/17 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Chen

Geo. W. Harrison, State Printer, Atlanta.

no date