Watson J. H. 481

~~Watson J. H.~~

6 4

No. 551

Application for Allowance

FOR

Leg + Eye

Applicant J. H. Watson

County Oglethorpe

Amount 15

Date of Warrant Mch 31/88

Entered on Record,

March 31 1888

W H H

Secretary Executive Department.

Send the money by Post office Order to the undersigned at the

NOTES.

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

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the *extent of the disability.* If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.

2. The law makes no allowance for a crippled *hand*, nor for a crippled foot, nor for an arm or leg, unless the arm or leg has been rendered *substantially and essentially useless.*

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

4. If 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. It is more difficult to say when an arm is "substantially and essentially useless." The words are strong ones, however, and the injury must be very severe, and the arm in a badly damaged condition to entitle one to the allowance mentioned in the Act. The Legislature intended to limit these payments to such as were *most seriously wounded and disabled.* In the future they will doubtless provide for *all* who were badly injured, but the present law does not reach many worthy, needy cases. It was inaugurated as an experiment: if abused, it will naturally become unpopular and be repealed. If properly administered, will do great good.

6. 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.

7. The Ordinaries know the condition of applicants better than the Governor or his Secretaries, and they are earnestly requested to discourage any man from making application unless he is entitled under the law. Hundreds of applications have been received and disallowed, because they were not disabled so as to entitle them under the law. This entails much unnecessary work upon this office; it causes delays in making payments to those who are entitled; it puts parties to expense and trouble, and in the end causes bitter disappointment and mortification.

8. 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.

Send the money by Post office Order to the undersigned at ~~this~~

Tho. J. Gilham

NOTES.

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

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the *extent of the disability.* If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given tracing the disability by positive proofs to the service.

2. The law makes no allowance for a crippled *hand,* nor for a crippled foot, nor for an arm or leg, unless the arm or leg has been rendered *substantially and essentially useless.*

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

4. If 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."

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6. 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.

7. The Ordinaries know the condition of applicants better than the Governor or his Secretaries, and they are earnestly requested to discourage any man from making application unless he is entitled under the law. Hundreds of applications have been received and disallowed because they were not disabled so as to entitle them under the law. This entails much unnecessary work upon this office; it causes delays in making payments to those who are entitled: it puts parties to expense and trouble, and in the end causes bitter disappointment and mortification.

8. 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.

No. 551

Application for Allowance

FOR

Left Eye

Applicant J H Watson

County Oglethorpe

Amount 15

Date of Warrant Mch 31/88

Entered on Record. March 31 1888

Secretary Executive Department.

Watson

$15 left eye

STATE OF GEORGIA,
Oglethorpe *County.*

PERSONALLY appears J. H. Watson of Oglethorpe 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 al his day of life 18 , 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 G, of 16 th Regiment of Georgia Volunteers, Cobbs Brigade; that whilst engaged in such military service, at the battle of Malvern Hill in the State of Virginia, on the day of 186 , he was wounded as follows: Shot in the left eye and out behind the left ear from which I have lost my eye sight in the left eye.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and makes application for the allowance to which he is entitled thereunder.

Sworn to and subscribed before me, this the 6 day of March 1888.

Tho. J. Gilham

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,
County.

PERSONALLY came before me of the county of State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company , of Regiment of Volunteers, and that deponent knows , and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said , as stated by him in said affidavit. Deponent further states that said is a *bona fide* citizen of this State, and resides in county.

Sworn to and subscribed before me, this day of 188

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

STATE OF GEORGIA, }
Oglethorpe County. }

PERSONALLY came W. J. Davenport and W. H. Arnold and W. H. Witcher citizens of Said State and county in said State, who, being duly sworn, say that they are acquainted with J. H. Watson 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 Oglethorpe county, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this 6 day of March 1888.
Thos. J. Gilham
Ordinary

[illegible signatures]

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

STATE OF GEORGIA, }
Oglethorpe County. }

PERSONALLY comes before me Thos. J. Gilham Ordinary of said county W. J. Faust and W. L. Greer, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined J. H. Watson and after such examination say that the applicant has been injured as follows: Ball entering outer angle of left eye destroying the entire eye ball passing out [illegible] [illegible] the left ear destroying all hearing on left side.

Sworn to and subscribed before me, this 6 day of March 1888.
Thos. J. Gilham
ORDINARY

W. J. Faust M.D.
W. L. Greer M.D.

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, }
Oglethorpe County. }

I, Thos. J. Gilham Ordinary of said county, do certify that I am well acquainted with J. H. Watson 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 the Officer before whom the foregoing affidavits were made and power of attorney was signed, is a Commissioned officer of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 6 day of March 188[illegible]

Thos. J. Gilham
Ordinary Oglethorpe County.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
Oglethorpe County. }

Know all men by these presents, That I J. H. Watson of Oglethorpe county, in said State, do hereby appoint William A. Wright of Fulton 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 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 March 1888.

J. H. Watson [L. S.]

Executed in the presence of us:
W. J. Davenport
[illegible]

Send the money by Post Office Order to the undersigned at the

$15 a year

NOTES.

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

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the *extent of the disability*. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.

2. The law makes no allowance for a crippled *hand*, nor for a crippled foot, nor for an arm or leg, unless the arm or leg has been rendered *substantially and essentially useless*.

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

4. If 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. It is more difficult to say when an arm is "substantially and essentially useless." The words are strong ones, however, and the injury must be very severe, and the arm in a badly damaged condition to entitle one to the allowance mentioned in the Act. The Legislature intended to limit these payments to such as were *most seriously wounded and disabled*. In the future they will doubtless provide for *all* who were badly injured, but the present law does not reach many worthy, needy cases. It was inaugurated as an experiment: if abused, it will naturally become unpopular and be repealed. If properly administered, will do great good.

6. 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.

7. The Ordinaries know the condition of applicants better than the Governor or his Secretaries, and they are earnestly requested to discourage any man from making application unless he is entitled under the law. Hundreds of applications have been received and disallowed because they were not disabled so as to entitle them under the law. This entails much unnecessary work upon this office; it causes delays in making payments to those who are entitled; it puts parties to expense and trouble, and in the end causes bitter disappointment and mortification.

8. 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.

No. 551

Application for Allowance

FOR

Applicant J. H. Watson

County Oglethorpe

Amount $15.

Date of Warrant March 31 88

Entered on Record.

March 31 1888

Secretary Executive Department.

STATE OF GEORGIA,

Oglethorpe *County.*

PERSONALLY appears J. H. Watson of Oglethorpe 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 at his day of Life 18 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 G, of the 16 th Regiment of Georgia Volunteers, Gol's Brigade; that whilst engaged in such military service, at the battle of Malvern Hill in the State of Virginia, on the day of 186 , he was wounded as follows: shot in the Georgia and [illegible] out the right eye, from which I have lost my eye sight in the left eye

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and makes application for the allowance to which he is entitled thereunder.

Sworn to and subscribed before me, this the 16 day of March 188 .

J. H. Watson

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,

County.

PERSONALLY came before me of the county of State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company , of Regiment of Volunteers, and that deponent knows , and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said , as stated by him in said affidavit. Deponent further states that said is a *bona fide* citizen of this State, and resides in county.

Sworn to and subscribed before me, this day of 188 .

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

No. 100

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 26, 1889.

FOR

Applicant J. H. Walker

County Oglethorpe Co.

Amount

Date of Warrant Feb. 6 1889

Entered on Record, July 6 1889

SECRETARY EXECUTIVE DEPARTMENT.

No additional data

[illegible]

STATE OF GEORGIA,

Oglethorpe — County.

PERSONALLY appears J. H. Walker — of Oglethorpe — 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 continuously since the 4th day of July — 18 — , 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 D, of 10 th Regiment of Georgia — Volunteers Wofford's Brigade, that whilst engaged in such military service, at the battle of Malvern Hill — in the State of Va — , on the 3 day of July 186 , he was wounded as follows: Left eye shot entirely out — with disfigurement of left ear caused by passage of ball under skin

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved Dec. 22, 1888, and makes application for the allowance to which he is entitled *for the year ending Oct. 26, 1889.*

Sworn to and subscribed before me, this the 5th day of January 188 — J. H. Walker

Wm. C. Walker Clerk

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

STATE OF GEORGIA,

Oglethorpe — County.

PERSONALLY comes before me Paul J. Bacon — Ordinary of said county, Dr. Wm. Hunt — and Dr. Wm. Millingham, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined J. H. Walker — and after such examination say that the applicant has been injured as follows: That the left eye — missile passed out — under left ear — Rendered very blind & substantially and essentially useless

Sworn to and subscribed before me, this 5th day of January 188 — Wm Hunt M.D. Wm Millingham M.D.

Paul J. Bacon ORDINARY.

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

STATE OF GEORGIA,

Columbia County.

I, Paul J. Bacon, Ordinary of said county, do certify that I am well acquainted with J. H. Walton, 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 also certify that the foregoing witnesses, to-wit: D. W. L. Faust and Wm. Millingham

are persons of respectability, and that their statements are worthy of full credit and belief.

I further certify that Geo. Cobb, before whom the foregoing affidavits were made and power of attorney was signed, is a Clerk of the Superior Court of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 5th day of February, 1889.

Paul J. Bacon

Ordinary Columbia County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Columbia County.

KNOW ALL MEN BY THESE PRESENTS, That I, J. H. Walton, of Columbia county, in said State, do hereby appoint Wm. Millingham of Richmond 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 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 5th day of February, 1889.

J. H. Walton (L. S.)

Executed in the presence of us:

Wm. Brooks

W. T. Walton

Paul J. Bacon Ordinary C C

DIRECTION:

Send money to me as follows, by_____

to_____ P. O.

_____ County, Georgia.

NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of fact showing the *extent of the disability*. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.

2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered *substantially and essentially useless*.

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

4. If 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 application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.

6. 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.

7. 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.

STATE OF GEORGIA,

Baldwin County.

I, J. J. Bacon — — Ordinary of said county, do certify that I am well acquainted with J. H. Watson 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 Geo. H. Lester — — before whom the foregoing affidavits were made and power of attorney was signed, is a Clerk of the Superior Court of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 4th day of February 1890

J. J. Bacon

Ordinary Baldwin — County.

No. 872

APPLICATION FOR ALLOWANCE.

PER YEAR ENDING OCTOBER 26, 1890.

FOR

Loss of Eye

Applicant, J. H. Watson

County, Baldwin

Amount, $30

Date of warrant, Feb. 10 1890

Entered on record Feb. 10 1890

WARRANT HANDED TO

SECRETARY EXECUTIVE DEPARTMENT.

1890.

STATE OF GEORGIA,

Baldwin County.

I, J. J. Bacon — — Ordinary of said County, do certify that I am well acquainted with J. H. Watson — 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 Geo. H. Lester — — before whom the foregoing affidavits were made and power of attorney was signed, is the Clerk of the Superior Court of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 18 day of February 1891.

J. J. Bacon

Ordinary Baldwin — County.

No. 1083

Application for Allowance

PER YEAR ENDING OCTOBER 26, 1891.

FOR

Loss of Eye

Applicant, J. H. Watson

County, Baldwin

Amount, $30

Date of Warrant, March 1891

Entered on record March 1891

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta, Ga.

1891.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe — County.

PERSONALLY appears J. H. Watson — of said — 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 continually since the 26 — day of January 1840; 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 G, of 16 th Regiment of Ga — Volunteers Wofford 's Brigade; that whilst engaged in such military service, at the battle of Malvern Hill — — in the State of Virginia on the 3d — day of July 1862, he was wounded as follows: Shot by minnie ball in left Eye — Ball entered left Eye and coming out behind left Ear — Shooting carrying total loss of Sight left Eye —

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

Sworn to and subscribed before me, this the 4th day of February 1890

J. H. Watson

Wm. E. Taylor Clerk

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

POWER OF ATTORNEY.

STATE OF GEORGIA

Oglethorpe County.

KNOW ALL MEN BY THESE PRESENTS, That I, J. H. Watson — — of said — — county, in said State, do hereby appoint Hon. W. A. Wright — of Atlanta my true and lawful attorney in fact, for me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4th — — day of February — 1890.

J. H. Watson [L. S.]

Executed in the presence of us:

W. H. Smith

Geo. E. Taylor Clerk

Supr. Court

DIRECTION.

Send money to me as follows, by Express - Care of Ordinary — to Lexington P. O.

Oglethorpe County, Georgia.

J. H. Watson

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe County.

PERSONALLY appears J. H. Watson — of Oglethorpe 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 January — — 1840; 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 G, of 16 th Regiment of Georgia Volunteers Wofford 's Brigade; that whilst engaged in such military service at the battle of Malvern Hill in the State of Virginia; on the 3d — day of July 1862, he was wounded as follows: Shot by Minnie ball in left Eye — Ball entered left Eye and coming out behind left Ear — Shooting carrying total loss of Sight left Eye —

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of Sixty — — dollars, for Two years last, Loss of left Eye

Sworn to and subscribed before me, this the 18th — day of January 1891.

J. H. Watson

Wm. E. Taylor Clerk

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,

Oglethorpe — County.

Know all Men by these Presents, That I J. H. Watson — of Oglethorpe — County, State of Georgia, do hereby appoint Hon. Wm. A. Wright — of Atlanta — — 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 18th — day of January — 1891.

J. H. Watson [L. S.]

Executed in the presence of us:

Geo. E. Taylor Clerk S. C.

Supr. Court

DIRECTION.

Send money to me as follows, by Express Co. to Lexington P. O.

United States Marshal's Office — County, Georgia.

J. H. Watson

Audited Feb. 6th 1889.

Wm A Wright
COMPTROLLER GENERAL.

Watson J. W.
Lieut Company

Maimed Soldiers.

Voucher No. 101

Amount. $ 30

Paid to J W Watson

For Loss of left Eye

Feby 6, 1889.

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK.

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

Thos D Gilham

Audited Feb 10 1890

Wm A Wright
COMPTROLLER GENERAL.

Maimed Soldiers.

Voucher No. 872

Amount. $ 30 00

Paid to J W Watson

For Loss of R Arm
Eye

Feby 10 1890

Included in warrant No.

issued to Treasurer.

Lexington 18

Jo Ansley
WARRANT CLERK.

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

W. A. Wright

No. 100

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga. Febry 6 1889

Mr. J N Watson of the County of Oglethorpe having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, Dec 24, 1888, and the same having been allowed for Left Eye Sort

He is entitled to receive the sum of Thirty 00/ Dollars for such disability, the same being the allowance due for the year ending October 24, 1889.

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

W J Northen
GOVERNOR.

By the Governor,
C A Harrison
CLERK EXECUTIVE DEPARTMENT.

$ 30

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Thirty 00/ Dollars.

per above voucher, this 6 of Feby 1889.

Thos D Gilbreath
Atty for Mr Watson

No. 822

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga., Feby 10 1890

Mr. J N Watson of the County of Oglethorpe 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 Loss an Eye

He is entitled to receive the sum of Thirty 00/ 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 and return same to Executive Department for warrant.

J W Northen
GOVERNOR.

By the Governor,
C A Harrison
CLERK EXECUTIVE DEPARTMENT.

$ 30 00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Thirty 00/ Dollars,

per above voucher, this 10 of Feby 1890

C F Watson
Atty

Watson, J. W.

1891.

Maimed Soldiers.

AUDITED

Audited MAR 1391 1891.

Wm. Terry

AUDITOR'S OFFICE.

Voucher No. 2683

Amount $ 30.

Paid to J. W. Watson

For Loss of an Eye

March 3 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

W. N. Wright

1891.

No. 2083

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Mch 3 1891.

Mr. J. W. Watson of the County of Oglethorpe 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 Loss of One Eye

He is entitled to receive the sum of Thirty — 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.

PAID STATE OF GEORGIA

GOVERNOR.

By the Governor.

SEC'Y EXECUTIVE DEPARTMENT.

$ 30

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

Thirty Dollars,

per above voucher, this 3 of March 1891.

J. W. Watson