

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.

Whitehead, G. W.
Oglethorpe Co.
Whitehead, G. W.

No 2167

APPLICATION FOR ALLOWANCE

FOR

Disability Shell Mound
Applicant G. W. Whitehead

County Oglethorpe

Amount 50

Date of Warrant May 31

Entered on Record

May 3 1889
G. W. H.

SECRETARY EXECUTIVE DEPARTMENT.

W. A. W.

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.

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,

Oglethorpe County.

PERSONALLY appears *G. W. Whitehead* of *Lowndes* 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 *year* *1829* day of

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 *corporal* in Company *1st* of *Volunteers* in Regiment of *Georgia* Volunteers 's Brigade; that whilst engaged in such military service, at the battle of *Lovansah* in the State of *Georgia* on the *17th* day of *December* *1864*, he was wounded as follows:

shot in the top of the head with a musket ball which glanced from the side of a cannon which deponent was preparing to shoot. The missile entered top of head leaving holes bare for a space of an inch or more in diameter. The wound discharging pus for three years or more since which time it has healed leaving and ugly cicatrix. Deponent has suffered with numb in dead sensations since he received the above described wound. Deponent desires to participate in the benefits of the Act approved October 24, 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, 1889.

Sworn to and subscribed before me, this the *1st* day of *May* *1889* *being much afflicted at times the mind is nearly and constantly disabled from all work of any kind whatever*

J. P. Bacon Ordinary &c.

NOTE: Substantive 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,

Lowndes County.

PERSONALLY came before me *G. W. Whitehead* of the county of *Lowndes* State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company *1st* of *Volunteers* Regiment of *Georgia* 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 *Lowndes* county.

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. *2167*

FOR

Disability of G. W. Whitehead

Applicant

Amount \$50

Date of Warrant May 31

Entered on Record

May 3 1889

SECRETARY EXECUTIVE DEPARTMENT.

W. W.

STATE OF GEORGIA,

County.

PERSONALLY came

citizens of _____ county, in said State,
who, being duly sworn, say that they are acquainted with _____
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 _____ county, and we
are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this _____
day of _____ 1889

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

STATE OF GEORGIA,

County.

PERSONALLY comes before me _____ Ordinary of said county,

_____ and _____, both known to

me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined _____ and after such

examination say that the applicant has been injured as follows: Shot on top of head

by a musket ball, which glanced from cannon, inflicting
a severe wound a little to left and in front of coronal fonta-
nel. The bones of head, at site of injury were denuded for three
years and discharged pus, after which time wound healed
leaving a corrugated cicatrix resembling the scar of a
burn. From the time applicant rec'd the above described in-
jury he has complained of dizziness or numbness throughout the
system and this condition has increased until applicant has
become bedridden and helpless.

Sworn to and subscribed before me, this _____
day of _____ 1889

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.

If injured capillaries under site of injury, whenever
the sections become suspended on system becomes first applicant
is in much worse condition both mentally & physically. He is essentially
permanently and substantially disabled
for all work of any kind whatever.

STATE OF GEORGIA,

County.

I, _____

Ordinary of said county,

do certify that I am well acquainted with _____ the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be,
and that he resides in this county. 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 _____
before whom the foregoing affidavits were made and power of attorney was signed, is a *ordnary*
clerk of the court of said county, and the said affidavits and signatures
thereto are genuine.

Given under my official signature and seal, this _____ day of _____ 1889

_____ Ordinary _____ County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I, _____

of _____ county,

county, in said State, do hereby appoint _____
of _____ Georgia 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 _____
day of _____ 1889

Executed in the presence of us:

_____ Ordinary

_____ (L.S.)

Please send money by express
to Mr. Whitehead at Lexington
Ga. can ordinary
J. J. Bacon

W. J. Bacon M.D.

STATE OF GEORGIA,

County.

PERSONALLY came

citizens of _____ county, in said State,

who, being duly sworn, say that they are acquainted with _____

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 _____ county, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this _____ day of _____ 1887

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

STATE OF GEORGIA,

County.

PERSONALLY comes before me

J. J. Bacon Ordinary of said county,

J. J. Faust

and H. L. Green, both known to

me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined _____ and after such

examination say that the applicant has been injured as follows: Shot on top of head by a mares' bull, which glanced from ear, inflicting a severe wound a little to left and in front of coronal fontanel. The bones of head at site of injury were depressed for three years and discharged pus after which time wound healed leaving a corrugated cicatrix resembling the scar of a burn from the time applicant recd the above described injury. He has complained of deafness or numbness throughout the system and this condition has increased until applicant has become bedridden and helpless with loss of all irraditative power at times the system being partially paralyzed. There is wasting of brain with effusion all caused from the injury above described by order.

Sworn to and subscribed before me, this _____ day of _____ 1887

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.

If injured capillaries under site of injury whenever the sections become suspended on system becomes first applicant is in much worse condition both mentally & physically. He is essentially permanently and substantially disabled for all work of any kind whatever.

J. J. Faust M.D.
H. L. Green M.D.

STATE OF GEORGIA,

County.

I, J. J. Bacon

Ordinary of said county,

do certify that I am well acquainted with _____ the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this county. 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 _____ before whom the foregoing affidavits were made and power of attorney was signed, is a ~~ordinary~~ ~~clerk of the court~~ of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this _____ day of _____ 1887

J. J. Bacon
Ordinary _____ County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

J. W. Whitehead
of _____ county,

county, in said State, do hereby appoint _____ 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 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 _____ day of _____ 1887

Executed in the presence of us:

J. J. Bacon Ordinary
J. J. Faust

G. W. Whitehead (L.S.)
Please send money by express to Mr. Whitehead at Lexington Va. can ordinary
J. J. Bacon

STATE OF GEORGIA,

Oglethorpe — County.

I, *J. J. Bacon*

Ordinary of said county,

do certify that I am well acquainted with *Geo. W. Whithead* 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 *J. J. Bacon* before whom the foregoing affidavits were made and power of attorney was signed, is *Ordinary* of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *1st* day of *March* 189*1*.

J. J. Bacon
Ordinary *Oglethorpe* — County.

STATE OF GEORGIA,

Oglethorpe — County.

I, *J. J. Bacon*

Ordinary of said County,

do certify that I am well acquainted with *Geo. W. Whithead* 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 *J. J. Bacon* before whom the foregoing affidavits were made and power of attorney was signed, is *Ordinary* of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *23rd* day of *March* 189*1*.

J. J. Bacon
Ordinary *Oglethorpe* — County.

1890.

No. *2227*

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1891.

Totally Disabled Applicant

Applicant *Geo. W. Whithead*

County *Oglethorpe*

Amount *100*

Date of warrant *1st March*

Entered on record *1st March 1891*

W. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

W. H. H.

1891.

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

Totally Disabled Applicant

Applicant *Geo. W. Whithead*

County *Oglethorpe*

Amount *100*

Date of Warrant *1st March*

Entered on record *1st March 1891*

W. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

W. H. H.

Geo. W. Whithead, Sec. Ex. Dep't., Atlanta, Ga.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe County.

PERSONALLY appears *George W. Whitehead* *Sund* 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 *26th* day of

Jan 1867; that he enlisted in the military service of the Confederate States (or of the State of

States, and served as a *private* in Company *Whitely* in the Regiment of *Georgia* Volunteers

's Brigade; that whilst engaged in such military service, at the battle of *Savannah* in the State of *Georgia* on the day of *December* 1864, he was

wounded as follows: *Shot on the top of head with min-*

nie ball which glances from side of cannon running through skull and leaving bones entirely exposed, producing a ghastly wound with sufficed fracture of skull. This wound and three years in healing and several years then elapsed before the boy was cured and there now remains and inly scar

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 *5.00* dollars, to wit any work whatever in

Sworn to and subscribed before me, this the *1st* day of *March* 1890

J. B. Bacon Ordinary. *State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.*

POWER OF ATTORNEY.

STATE OF GEORGIA,

Oglethorpe County.

KNOW ALL MEN BY THESE PRESENTS, That I, *Geo. W. Whitehead* of said

county, in said State, do hereby appoint *Ben. W. Wright* 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 *1st* day of *March* 1890

Geo. W. Whitehead [L. S.]

Executed in the presence of us:

W. Y. Gauer *J. B. Bacon* Ordinary

DIRECTION.

Send money to me as follows, by *Express* — *Care Ordinary* to *Savannah* P. O.

Geo. W. Whitehead

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe County.

PERSONALLY appears *Geo. W. Whitehead* 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 resided therein continuously ever since the *26th* day of

January 1827; that he enlisted in the military service of the Confederate States (or of the State of

States, and served as a *Private* in Company *Scholar* of *Volunteers* 's Brigade; that whilst engaged in such military service at the battle of *Savannah* in the State of *Georgia* on the *17th* day of *December* 1864, he was

wounded as follows: *Struck in left hand by minnie ball, the same glancing from barrel of cannon and entering skull, a wound as to effect the brain permanently, in that skull wound remained unhealed for a number of years, the brain being in such a protracted congested inflammation as to cause brain softening, which has resulted in paralysis of a general character, which renders me unable to do any labor of any kind.*

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 *5.00* dollars, for absolute and complete disability

Sworn to and subscribed before me, this, the *23rd* day of *March* 1890

Geo. W. Whitehead

Geo. W. Whitehead

Geo. W. Whitehead

Geo. W. Whitehead

Geo. W. Whitehead

Geo. W. Whitehead

POWER OF ATTORNEY.

STATE OF GEORGIA,

Oglethorpe County.

Know all Men by these Presents, That I, *Geo. W. Whitehead* of *Oglethorpe* County, State of Georgia, do hereby appoint

Ben. W. 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 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 *23rd* day of *March* 1890

Geo. W. Whitehead [L. S.]

Executed in the presence of us:

T. C. Lester *Geo. W. Whitehead*

Geo. W. Whitehead

Geo. W. Whitehead

Geo. W. Whitehead

Georgia
Oglethorpe Co.

March 1st 1890

I hereby certify that
our George W. Whitehead was wounded
on his head during the war between
the States and at the time he recd said
wound, he complained of a numbness
through his whole system, which re-
cured periodically ever since until
about one year ago when this numb-
ness became permanent and brought
about a partial paralysis. He has since
that time been entirely helpless and
most of the time bedridden.

Now there seems to be a subacute in-
flammation of the brain and its cover-
ings about the site of this injury, from
long continued irritation, with effusion.
I have been in attendance with other
physicians in this case for one year
and we concur fully in the opinion
that this wound is the whole cause of
his condition he being otherwise a man
physically stout.

Mr. Whitehead is a man of limited means
and in every way deserving the highest
confidence of his fellows, and being absolutely
helpless is unquestionably entitled under the
wounded law to one hundred dollars, over

Doctor W. H. Reynolds concurs fully
in the above statement.

Signed and subscribed
before me this March 1st 1890

J. J. Bacon
Ordinary

W. J. Faust M.D.

W. H. Reynolds M.D.

as a

Magistrate

J. J. Bacon ordinary of said county.

I do certify that Doctors W. J. Faust and

Doctor W. H. Reynolds are both known to me as reputable
Physicians of said county -

given under my official signature and Seal of
office this 1st day of March 1890.

J. J. Bacon

Ordinary.

OFFICE OF
Ordinary Guilford County.

JOEL J. BACON, ORDINARY.

Guilford Co. March 1st, 1890.

W. H. Harrison, Secy. Ex. Dep't.

Atlanta Ga. Sir -

I enclose you herewith affd. of Mr. B. W. Whitehead for Pension - he is the same gentleman about whom we had some correspondence last year - you will remember - Mr. W. has not been able to do any work at all since that time, but has been in no way the prospect is, will ever be entirely helpless - you will observe that the affidavits are all attested by myself. This is because I had to visit Mr. W. since 10 miles from town. He being utterly unable to travel at all - to get his affidavits - as you will see from the papers Mr. W. makes application for the additional allowance -

Yours very truly -

J. J. Bacon

Ordinary

Lexington, Virginia
May 1st 1889

Executive Department -

Atlanta Ga

Sir -

The last application of Mr. B. W. Whitehead was sent - he has improved to the extent of being able to sign his name as you will find in the accompanying application - though he is still in a precarious condition from softening of brain with effusion as described in physician's affidavit. Myself and Doctor Green his attending physicians have no doubt but that his disease is due to the

injury described ~~described~~ by
us in our affidavit -
We are agreeably surprised
because of the improvement -
in his condition which is
obliged however to be temporary

Respectfully
W. J. Foster

Commissioned Officer's Affidavit

Georgia

Oglethorpe County

Personally came before me, ^{John H. Tiller}
a Justice of the County of Oglethorpe,
State of Georgia, who have duly sworn, says
that he was a commissioned officer in the
Echols Artillery - Confederate States Army, Georgia
Volunteers, and that defendant herein is George W.
Whithead, and that he received wound in the
military service, as stated in his foregoing affida-
vit, and that said wound permanently disables
said George W. Whithead as stated by him in said
affidavit - Defendant further states that said
George W. Whithead is a bona fide citizen of
this State and resides in Oglethorpe County -

Given to and subscribed

before me this 4th day of April 1871

W. H. Lester, Clerk
Superior Court

John H. Tiller
Echols Artillery
Confederate States
Army
J. G. Gibson
1st Lieut Echols
Artillery

Audited May 6th 1889.

Wm Smith
COMPTROLLER GENERAL

Whitehead, G. W.
Oglethorpe
Maimed Soldiers.

Voucher No. 2167

Amount, \$ 50

Paid, to G. W. Whitehead
For Disability Skull
wound

May 11 1889.

Included in Warrant No.
issued to Treasurer.

1889.

WARRANT CLERK.

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

Waco

Audited March 11 1890

Wm Smith
COMPTROLLER GENERAL

Voucher No. 2227

Amount \$ 10.00

Paid to Geo. W. Whitehead

For Totally disabled
by skull wound
March 4 1890

Included in warrant No.
issued to Treasurer.

1890.

WARRANT CLERK.

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

W. A. Smith

STATE OF GEORGIA.
EXECUTIVE DEPARTMENT.

No. 2167

Atlanta, Ga. May 11 1889.

Mr. Geo W Whitehead, 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

Disability from Skull wound
He is entitled to receive the sum of Fifty & 00/100 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.

By the Governor

W H Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty & 00/100

per above voucher, this

of

May
Geo W Whitehead
W H Harrison

Dollars,
1889.

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 2227

Atlanta, Ga. May 4 1890

Mr. Geo W Whitehead 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

Total disability from Skull wound
He is entitled to receive the sum of One Hundred 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,

W H Harrison

CLERK EXECUTIVE DEPARTMENT.

\$ 100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred & 00/100

per above voucher, this

of

May 4 1890
Geo W Whitehead
W H Harrison

Dollars,

Audited

AUDITED

MAR 23 1891

1891.

COMPTROLLER GENERAL

Whitehead, George W.

1891.

Maimed Soldiers.

Voucher No.

Amount \$

Paid to

Geo W Whitehead
for Total Disability
from Skill learned
March 27 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

W. A. Shigley

1891.

No. *28112*STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. }*Atlanta, Ga. March 27 1891.*

Mr. *Geo. M. Whitehead* of the County
of *Catoosa* 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

Total disability from skull wound
He is entitled to receive the sum of *One Hundred* 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.

H. J. Harrison
GOVERNOR.

By the Governor.

H. J. Harrison
SECY EXECUTIVE DEPARTMENT.\$ *100*

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

One Hundred and 00/100 Dollars,
per above voucher, this *27* of *March* 1891.

Geo. M. Whitehead
WM