

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 of the terms 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 referred 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 *dearly 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.

*Williams, P. O.
Oglethorpe Co.
Williams, P. O.*

No 2034

APPLICATION FOR ALLOWANCE

FOR

Right Arm Disabled

Applicant, *P. O. Williams*

County *Oglethorpe*

Amount *50*

Date of Warrant, *Apr 19*

Entered on Record

Apr 19

1889

W A H

SECRETARY EXECUTIVE DEPARTMENT.

W A H

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 *P. C. Williams* 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 14th day of

July 1833; 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 *A* of 16th Regiment

of *Georgia* Volunteers *Wofford*'s Brigade; that whilst engaged

in such military service, at the battle of *Chancellorsville* in the State

of *Virginia* on the 3^d day of *May* 1862, he was

wounded as follows: *Shot through right forearm with the result of which middle third of arm with destruction of all of extensor tendons of right hand with ankylosis of right elbow and fingers of right hand. The above described injury renders applicant substantially permanently and essentially disabled for all ordinary manual occupations of life. In that he suffers the general disability of arm there is severe and constant impairment of whole arm and shoulder.*

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

17th day of *April* 1889,

Geo. H. Foster Clerk.

Perry C. Williams
Deponent

NOTE: State fully nature and 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.

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

FOR

Right Arm Disabled
Applicant, *P. C. Williams*

County *Oglethorpe*

Amount *50*

Date of Warrant, *April 19*

Entered on Record

April 14 1889

W. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

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 in the phrase 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 *P. C. Williams* 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 *14th* day of

July 18*33*; 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 *A*, of *16th* Regiment

of *Geo* - *Volunteers* *Moffat's* *Brigade*; that whilst engaged in such military service, at the battle of *Chancellorsville* in the State

of *Virginia* on the *3^d* day of *May* 1862, he was

wounded as follows: *Shot through right forearm with section of wire middle third of ulna with destruction of all of extensor tendons of right hand with ankylosis of right elbow and fingers of right hand. The above described injury rendered applicant substantially permanently and essentially disabled for all ordinary manual occupations of life. In that he sides the general disability of arm there is severe and instant impairment of whole arm and shoulder.*

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 *17th* day of *April* 1889.

Geo. H. Lester Clerk

Perry C. Williams
mark

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 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.

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

FOR

Right arm disabled

Applicant, P. C. Williams

County Oglethorpe

Amount \$20

Date of Warrant, Oct 19

Entered on Record

Oct 14 1889

W. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

STATE OF GEORGIA,

Oglethorpe - County.

I, *J. J. Bacon* Ordinary of said county, do certify that I am well acquainted with *P. C. Williams* 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 *George H. Seiler* 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 *10th* day of *February*, 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 *Perry C. Williams* 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 *George H. Seiler* 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 *9th* day of *February*, 189*1*

J. J. Bacon
Ordinary *Oglethorpe* County.

1890.

No. 1530

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1890.

Am. Disabled
Applicant, *P. C. Williams*
County, *Oglethorpe*
Amount, *50*
Date of warrant, *Feb 9, 1891*
Entered on record, *Feb 14, 1891*

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT FINISHED

1891.

Williams, Perry C.

No. 1700

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

Am. Disabled
Applicant, *P. C. Williams*
County, *Oglethorpe*
Amount, *50*
Date of Warrant, *Feb 9, 1891*
Entered on record, *Feb 14, 1891*

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

W. A. McPherson

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Agultharta County. }
PERSONALLY appears *P. C. Williams* 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 *14th* day of *February* 1833; 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 *17*, of *16th* Regiment of *Georgia* Volunteers *Hoffman's* Brigade; that whilst engaged in such military service, at the battle of *Chancellorsville* in the State of *Virginia* on the *3rd* day of *May* 1863, he was wounded as follows: *Shot by minnie Ball in right arm, fracturing bone - about four inches from bone being gone, and the other bone is split - scapula and tendons being lacerated - rendering said right arm permanently and entirely useless for any kind of service*

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 *Twenty* dollars.

Sworn to and subscribed before me, this *15th* day of *February* 1890, *P. C. Williams*
Geo. H. Foster Clerk
Note. - 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

Agultharta County. }
KNOW ALL MEN BY THESE PRESENTS, That I, *P. C. Williams* of said county, in said State, do hereby appoint *Her. 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 *15th* day of *February* 1890, *P. C. Williams* [i. s.]

Executed in the presence of us:

J. B. Foster
Geo. H. Foster (Clerk & C.)

DIRECTION.

Send money to me as follows, by *Express - care ordinary* to *Lexington* P.O. *Agultharta* County, Georgia. *P. C. Williams*

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Agultharta County. }
PERSONALLY appears *Perry C. Williams* of *Agultharta* 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 *14th* day of *February* 1833; 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 *17*, of *16th* Regiment of *Georgia* Volunteers *Hoffman's* Brigade; that whilst engaged in such military service at the battle of *Chancellorsville* in the State of *Virginia* on the *3rd* day of *May* 1863, he was wounded as follows: *Shot by minnie Ball in right arm, fracturing bone, causing several inches of bone to be taken out - rendering said right arm substantially & essentially and permanently useless - as set forth in my Proofs already submitted*

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

Twenty dollars, for *Two years past*
Sworn to and subscribed before me, this *15th* day of *Feb.* 1891, *Perry C. Williams*
Geo. H. Foster 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,

Agultharta County. }
Know all Men by these Presents, That I, *Perry C. Williams* of *Agultharta* County, State of Georgia, do hereby appoint *Her. W. 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 *15th* day of *February* 1891, *Perry C. Williams* [i. s.]

Executed in the presence of us:

J. B. Foster
Geo. H. Foster (Clerk & C.)

DIRECTION.

Send money to me as follows, by *Express* to *Winterville* P.O. *Agultharta* County, Georgia. *Perry C. Williams*

STATE OF GEORGIA,

County,

Ordinary of said county,

do certify that I am well acquainted with Percy P. Williams the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

Given under my official signature and seal, this 27 day of March 1893

Ordinary Percy P. Williams County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Columbia County.

Know all Men by these Presents, That I P. P. Williams of Columbia County, State of Georgia, do hereby appoint of Samuel A. Wright my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of 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 20 day of March 1893.

Executed in the presence of us:

P. P. Williams
Samuel A. Wright

DIRECTION.

Send money to me as follows, by check or express or otherwise to Sebrington

Columbia County, Georgia.

P. P. Williams
mark

P. O.

No. 1993
W. H. Harrison
SOLDIER'S PENSION
1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name Percy P. Williams
County Columbia
Disability Dis. Arm
Amount \$ 250

Entered on record

1892.

W. H. HARRISON,

Secretary of Executive Department.

AGENT,

Samuel A. Wright

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

O. J. Thorpe & Co.
Williams, P. P.
1893.

Application for Allowance

No. 2315

For the Year Ending October 26, 1894.

FOR

Disability Arm

Applicant, P. P. Williams

County, Columbia

Amount, 250

Date of Warrant, 27

Entered on record, 27

1893.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

W. H. HARRISON

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

STATE OF GEORGIA
For Applicants Heretofore Allowed Pensions.

90. Hagen

1947

POWER OF ATTORNEY.

STATE OF GEORGIA.

Oglethorpe - COUNTY.

Know all Men by these Presents, That I, *P. O. Williams*,

of *Oglethorpe*

County, State of Georgia, do hereby appoint *Wm. A. Wright* of *Atlantic City* my true and lawful attorney in fact, for

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *5th* day of *March* 1894.

P. O. Williams [L. S.]

Executed in the presence of us

J. J. Bacon

DIRECTIONS.

Send money to me as follows, by *check or draft* to *Stoughton St.* P. O. County, Georgia.

P. O. Williams

(For Those Already Enrolled.)

Soldier's Pension. 1894.

Name *P. O. Williams*
County *Oglethorpe*
Disability *Right Arm*
Amount, \$ *50*
31 1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

W. A. H.

Geo. W. Harrison, State Printer, Atlanta.

W. A. H.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Oglethorpe - County.

KNOW ALL MEN BY THESE PRESENTS, That I, *P. O. Williams*, of *Oglethorpe*

County, State of Georgia, do hereby appoint *Wm. A. Wright* of *Atlantic City* my true and lawful attorney in fact, for

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *6th* day of *July* 1895.

Executed in presence of us

J. J. Bacon
J. C. Lister

DIRECTIONS.

Send money to me as follows, by *check or draft* to *Stoughton St.* P. O. County, Georgia.

P. O. Williams

Oglethorpe - a
Williams P. O.

(For Those Already Enrolled.)

No. *2119*

SOLDIER'S PENSION. 1895.

Name *P. O. Williams*
County *Oglethorpe*
Disability *Right Arm*
Amount, \$ *50*
31 1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

W. A. H.

Geo. W. Harrison, State Printer, Atlanta.

W. A. H.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Oglethorpe County. }

PERSONALLY appears *P. O. Williams* 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 *14* day of *July* 1833; 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 *A*, of *14*th Regiment of *Georgia* Volunteers, *Wofford's* Brigade; that whilst engaged in such military service at the battle of *Chancellorsville* in the State of *Virginia* on the *24* day of *May* 1863, he was wounded as follows: *Shot by Minnie Ball in right arm from the hip joint which said right arm is entirely useless.*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of

Five dollars, for the year 1893 and *principals*

Sworn to and subscribed before me, this, the *5* day of *March* 1894. *P. O. Williams*

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

STATE OF GEORGIA, }

Oglethorpe County. }

I, *J. J. Bacon* Ordinary of said County, do certify that I am well acquainted with *P. O. Williams* 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 *5*

day of *March* 1894.



J. J. Bacon
Ordinary *Oglethorpe* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Oglethorpe County. }

PERSONALLY appears *P. O. Williams* 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 *18* day of *July* 1833; 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 *A*, of *14*th Regiment of *Georgia* Volunteers, *Wofford's* Brigade; that whilst engaged in such military service at the battle of *Chancellorsville* in the State of *Virginia* on the *24* day of *May* 1863, he was wounded as follows: *Shot by Minnie Ball in right arm from the hip joint which said right arm is entirely useless.*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of

Five dollars, for the year 1894 and *principals*

Sworn to and subscribed before me, this, the *5* day of *July* 1895. *P. O. Williams*

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

STATE OF GEORGIA, }

Oglethorpe County. }

I, *J. J. Bacon* Ordinary of said County, do certify that I am well acquainted with *P. O. Williams* 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 *6* day of *July* 1895.



J. J. Bacon
Ordinary *Oglethorpe* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colleton County.

I, *P. O. Williams* hereby authorize *Don. L. M. Co.*
Wright of *Atlanta Ga.*

to receive and receipt for the pension paid hereon and request that he remit same to
me of ordinary by *ch. or express*
at *Savannah Ga.*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *3rd*
day of *July* 1896.

P. O. Williams [L. S.]
mark

Executed in presence of us

J. J. Bacon ordinary
T. S. Jones

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colleton County.

I, *P. O. Williams* hereby authorize *Don. L. M. Co.*
Wright of *Atlanta Ga.*

to receive and receipt for the pension paid hereon and request that he remit same to
me of ordinary by *ch. or express*
at *Savannah Ga.*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *8th*
day of *February* 1897.

P. O. Williams [L. S.]
mark

Executed in presence of

J. J. Bacon ordinary
T. S. Jones

SOLDIER'S PENSION.

1896.

Name *P. O. Williams*
County *Colleton*
Disability *negat. eye*
Amount, \$ *5.00* 3/4 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Wright

Geo. W. Harrison, State Printer, Atlanta.

W. O. Jones

ACT OF 21 OCT. 1892.

(For Those Already Enrolled.)

No. *1299*

INVALID

SOLDIER'S PENSION.

1897.

Name *P. O. Williams*
County *Colleton*
Disability *negat. eye*
Amount, \$ *5.00* 2/20 1897

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

W. O. Jones

Geo. W. Harrison, State Printer, Atlanta.

W. O. Jones

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears P. C. Williams 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 14 day of July 1843; 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 A, of 16th Regiment of Volunteers, Wafford's Brigade; that whilst engaged in such military service in the State of Georgia, on the 20 day of May 1863, he was wounded, injured or diseased as follows:

Shot by minor Ball in right arm
between elbow joint and wrist joint, breaking
+ shattering arm to such an extent as to
render right arm useless.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1890. I have heretofore as a resident of

Oglethorpe county been allowed a pension of Five dollars, for the year 1895 unpaid

Sworn to and subscribed before me, this, the 30 day of July 1896, } P. C. Williams

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

STATE OF GEORGIA,

Oglethorpe County.

I, J. J. Bacon Ordinary of said County, do certify that I am well acquainted with P. C. Williams 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 30 day of July 1896.



Ordinary Oglethorpe County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears P. C. Williams 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 14 day of July 1843; 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 A, of 16th Regiment of Volunteers, Wafford's Brigade; that whilst engaged in such military service in the State of Georgia, on the 20 day of May 1863, he was wounded, injured or diseased as follows:

Shot by minor Ball in right arm at Battle
of Chancellorsville, rendering said right arm
entirely and permanently useless.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of

Oglethorpe county been allowed an invalid pension of Five Dollars, for the year 1895 unpaid

Sworn to and subscribed before me, this, the 30 day of July 1897, } P. C. Williams

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

STATE OF GEORGIA,

Oglethorpe County.

I, J. J. Bacon Ordinary of said County, do certify that I am well acquainted with P. C. Williams 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 30 day of July 1897.



Ordinary Oglethorpe County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Oglethorpe County.

I, P. O. Williams hereby authorize Wm. W. A. Wright of Atlanta Geo.

to receive and receipt for the pension paid hereon and request that he remit same to me Ordinary by check at Sebrington Geo.

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

day of July 1898.

P. O. Williams

[L. S.]

Executed in presence of

J. J. Bacon, Ordinary
W. H. Puley

POWER OF ATTORNEY.

STATE OF GEORGIA,

Oglethorpe County.

I, P. O. Williams hereby authorize Wm. W. A. Wright of Atlanta Geo.

to receive and receipt for the pension paid hereon and request that he remit same to me Ordinary by check at Sebrington Geo.

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

day of July 1899.

P. O. Williams

[L. S.]

Executed in presence of

J. J. Bacon, Ordinary

(For Those Already Enrolled.)

No. 2821

INVALID

SOLDIER'S PENSION.

1898.

Name P. O. Williams

County Oglethorpe

Disability W. G. H. Q. Geo.

Amount, \$ 50.00

2/23 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

N. A. W.

W. H. HARRISON, STATE PRINTER, ATLANTA

(For Those Already Enrolled.)

No. 2187

INVALID

SOLDIER'S PENSION.

1899.

Name P. O. Williams

County Oglethorpe

Disability Night Guard

Amount, \$ 50.00

2/15 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

N.

W. H. HARRISON, STATE PRINTER, ATLANTA

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears P. O. Williams 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 his birth in 1833; 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 A, of 16th Regiment of Gen Volunteers, Woffords's Brigade; that whilst engaged in such military service in the State of Va, on the 2d day of May 1863, he was wounded, injured or diseased as follows:

That in night time by minnie ball at Battle of Chancellorsville Va, May 24 1863. A sabling said arm so as to render same practically useless as will fully appear by reference to proofs of file in Pension office

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of Oglethorpe county been allowed an invalid pension of

Fifty Dollars, for the year 1897 and previously

Sworn to and subscribed before me, this, the P. O. Williams day of July 1898, POST-OFFICE Winterville Ga.

J. J. Bacon Ordinary

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

STATE OF GEORGIA,

Oglethorpe County.

I, J. J. Bacon Ordinary of said County, do certify that I am well acquainted with Perry O. Williams 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 7 day of July 1898.

J. J. Bacon Ordinary Oglethorpe County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears P. O. Williams 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 his birth 1833; 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 A, of 16th Regiment of Gen Volunteers, Woffords's Brigade; that whilst engaged in such military service in the State of Va, on the 2d day of May 1863, he was wounded, injured or diseased as follows:

at Battle of Chancellorsville Va, on 24 May 1863, was wounded in right arm, causing said arm to be substantially useless as will appear by reference to proofs in Pension office

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of

Oglethorpe County been allowed an invalid pension of Fifty Dollars, for the year 1897 and previously

Sworn to and subscribed before me, this, the P. O. Williams day of July 1899, POST-OFFICE Winterville Ga.

J. J. Bacon Ordinary

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

STATE OF GEORGIA,

Oglethorpe County.

I, J. J. Bacon Ordinary of said County, do certify that I am well acquainted with P. O. Williams 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 7 day of July 1899.

J. J. Bacon Ordinary Oglethorpe County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Oglethorpe County.

I, P. O. Williams hereby authorize Gen. Wm. A.

Wright of Atlanta Ga

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

me ordinary by Chk. a. Lee

at Sebrington Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9th

day of July 1900.

P. O. Williams [L. S.]
mark

Executed in presence of

J. J. Bacon, ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,

Oglethorpe County.

I, P. O. Williams hereby authorize J. J. Bacon, Ordinary

of Sebrington Ga.

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

me ordinary by Chk.

at Sebrington Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 29th

day of July 1901.

P. O. Williams [L. S.]
mark

Executed in presence of

J. J. Bacon, ordinary

CODE SECTION 126.

(For Those Already Enrolled.)

No. 1969

INVALID

SOLDIER'S PENSION.

1900.

Name P. O. Williams

County Oglethorpe

Disability Right arm

Amount, \$ 50⁰⁰

Warrant issued 14 Mar 9 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Wright
Gen. W. Harrison, State Printer, Atlanta.

See later

CODE SECTION 126.

(For Those Already Enrolled.)

No. 3124

DISABLED

SOLDIER'S PENSION.

1901.

Name P. O. Williams

County Oglethorpe

Disability Right arm

Amount, \$ 50⁰⁰

2/19 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Bacon
Gen. W. Harrison, State Printer, Atlanta.

See later

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears P. O. Williams 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 County, and has resided therein continuously ever since the day of his birth 1833; 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 A, of 16th Regiment of Gen Volunteers, Hofford's Brigade; that whilst engaged in such military service in the State of Fla, on the 3rd day of May 1863, he was wounded, injured or diseased as follows:

at Battle of Chancellorsville Va, on about date
was shot by minnie ball in right arm, causing
said arm to become substantially and essentially
useless -

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of Oglethorpe County been allowed an invalid pension of Fifty Dollars, for the year 1899 and previously Sworn to and subscribed before me, this the P. O. Williams day of July 1900. POST OFFICE Winterville

J. J. Bacon, ordinary

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

STATE OF GEORGIA,

Oglethorpe County.

I, J. J. Bacon Ordinary of said County, do certify that I am well acquainted with P. O. Williams 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 9th day of July 1900.



Ordinary J. J. Bacon Oglethorpe County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears P. O. Williams 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 his birth 1833; 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 A, of 16th Regiment of Gen Volunteers, Hofford's Brigade; that whilst engaged in such military service in the State of Fla, on the 2d day of May 1863, he was wounded, injured or diseased as follows:

at Battle of Chancellorsville Va on about date
shot by minnie ball in right arm, causing said
arm to be substantially and entirely useless, as will
appear by reference to proofs in Pension office -

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of Oglethorpe County been allowed an invalid pension of Fifty Dollars, for the year 1900, and previously Sworn to and subscribed before me, this the P. O. Williams day of January 1901. Postoffice Winterville

J. J. Bacon, ordinary

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

STATE OF GEORGIA,

Oglethorpe County.

I, J. J. Bacon Ordinary of said County, do certify that I am well acquainted with P. O. Williams 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 9th day of Jan'y 1901.



Ordinary J. J. Bacon Oglethorpe County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Oglethorpe County.

I, P. B. Williams hereby authorize J. J. Bacon
Ordinary of Savannah

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

at _____
IN WITNESS WHEREOF, I have hereunto set my hand and seal this 14th
day of January 1902.

Executed in presence of

J. J. Bacon Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,

Oglethorpe County.

I, P. B. Williams hereby authorize J. J. Bacon
Ordinary of Oglethorpe County

to receive and receipt for the pension paid hereon and request that he remit same to
J. J. Bacon by _____
at Savannah Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 14th
day of January 1903.

Executed in presence of

J. J. Bacon Ordinary

(FOR THOSE ALREADY ENROLLED.)

No. 2405

DISABLED.

SOLDIER'S PENSION
1902.

Name P. B. Williams
County Oglethorpe
Co. A. 16th Regiment Georgia
Disability Right Arm
Amount, \$ 50.00

26 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordinary

Geo. W. Harrison, State Printer, Atlanta.

(FOR THOSE ALREADY ENROLLED.)

No. 2715

DISABLED

SOLDIER'S PENSION
1903.

Name P. B. Williams
County Oglethorpe
Co. A Regiment 16th
Disability Right Arm
Amount, \$ 50.00

Pay 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordinary

Geo. W. Harrison, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears P. D. Williams 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 his birth 1858; 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 A, of 16th Regiment of Ga Volunteers, Wofford's Brigade; that whilst engaged in such military service in the State of Va, on the 24 day of May 1863, he was wounded, injured or diseased as follows:

At Battle of Chancellorsville, Va. on above date
was wounded in right arm, causing said
arm to be substantially and essentially
useless as will appear by proofs of file in Pension
office

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

Sworn to and subscribed before me, this the 14th day of January 1902. } Post-office Winterville
J. J. Bacon Ordinary

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

STATE OF GEORGIA,

Oglethorpe County.

I, J. J. Bacon Ordinary of said County, do certify that I am well acquainted with P. D. Williams 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 14th day of January 1902.

Ordinary J. J. Bacon Oglethorpe County.

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



FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears P. D. Williams 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 birth 1858; 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 A, of 16th Regiment of Ga Volunteers, Wofford's Brigade; that whilst engaged in such military service in the State of Va, on the 24 day of May 1863, he was wounded, injured or diseased as follows:

At Bat of Chancellorsville, Va. on
date was shot in right arm
by Minnie Ball, causing said
arm to be substantially and essen-
tially useless
See proofs in Pension Office

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of Oglethorpe County, been allowed an invalid pension of 50.00 Dollars, for the year 1902.

Sworn to and subscribed before me, this the 14th day of January 1903. } Post-office Winterville Va
J. J. Bacon Ord.

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

STATE OF GEORGIA,

Oglethorpe County.

I, J. J. Bacon Ordinary of said County, do certify that I am well acquainted with P. D. Williams 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 14th day of January 1903.

Ordinary J. J. Bacon Oglethorpe County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1903.



POWER OF ATTORNEY.

STATE OF GEORGIA.

Appling COUNTY.

I, P. O. Williams hereby authorize
Jas. Clark of Appling

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

at Livingston by mail

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 14th
day of Jan 1904.

P. O. Williams [L. S.]

Executed in presence of

Jas. Clark

POWER OF ATTORNEY.

STATE OF GEORGIA.

Appling COUNTY.

I, P. O. Williams hereby authorize
Jas. Clark of Appling

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

at Livingston by mail

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 9th
day of Jan 1905.

P. O. Williams [L. S.]

Executed in the presence of

Jas. Clark

(FOR THOSE ALREADY ENROLLED.)

DISABLED

SOLDIER'S PENSION

1904.

Name P. O. Williams
County Appling
Co. A Regiment 16
Disability Wound right leg
Amount, \$ 37.24

1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Clark

Geo. W. Harrison, State Printer, Atlanta.

no data

Williams P. O.

Appling

(FOR THOSE ALREADY ENROLLED.)

DISABLED

SOLDIER'S PENSION

1905.

Name P. O. Williams
County Appling
Co. A Regiment 16
Disability Wound right leg
Amount, \$ 37.24

1905.

JAN 31

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Clark

The Prange Printing & Publishing Co., Atlanta.
Geo. W. Harrison, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears *P. O. Williams* 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 *10th* day of *Feb* *1863*; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *H*, of *16th* Regiment of *Ga* Volunteers *Ward*'s Brigade; that whilst engaged in such military service in the State of *Virginia* on the *4* day of *May* *1862*, he was wounded, injured or diseased as follows:

in the right arm causing loss of the bone & some ribs and rendering same useless

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1904. I have heretofore, under said law, as a resident of *Oglethorpe* County, been allowed an invalid pension of *Twenty* Dollars, for the year 1903.

Sworn to and subscribed before me, this *10th* day of *Jan* 1904.

P. O. Williams
Post-office *Lawtonia*

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

STATE OF GEORGIA,

Oglethorpe County.

I, *Jac Cland* Ordinary of said County, do certify that I am well acquainted with *P. O. Williams* 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 *10th* day of *Jan* 1904.

Jac Cland
Ordinary *Oglethorpe* County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Oglethorpe COUNTY.

Personally appears *P. O. Williams* 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 *10th* day of *Feb* *1863*; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *A*, of *16th* Regiment of *Ga* Volunteers *Ward*'s Brigade; that whilst engaged in such military service in the State of *Ga*, on the *2* day of *May* *1862*, he was wounded, injured or diseased as follows:

In right arm causing loss of the bone & some ribs and rendering same useless

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1905. I have heretofore, under said law, as a resident of *Oglethorpe* County, been allowed an invalid pension of *Twenty* Dollars, for the year 1904.

Sworn to and subscribed before me, this *10th* day of *Jan* 1905.

P. O. Williams
Post-office *Lawtonia*

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

STATE OF GEORGIA,

Oglethorpe COUNTY.

I, *Jac Cland* Ordinary of said County, do certify that I am well acquainted with *P. O. Williams* 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 *10th* day of *Jan* 1905.

Jac Cland
Ordinary *Oglethorpe* County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1905.

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 _____ 190_____

[L. S.]

Executed in presence of _____

INDIGENT PENSION.

1906

Name C. O. Williams

County Appling

Co. "A" 1st Regt.

Approved 1906

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, Ga.

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)
C. O. Williams, Appling Co., Ga.
2. How long and since when have you been a resident of this State?
All my life
3. When and where were you born? Feb. 14 - 1833, Madison County, Ga.
4. When and where and in what company and regiment did you enlist or serve?
July 16th 1862, 10th Regt. Ga. Co. "B" 16th Regt. Ga.
5. How long did you remain in such company and regiment? Until May 1863, when I was wounded at Charleston, S.C. in Regt. Ga.
6. When and where was your company and regiment surrendered and discharged?
Near Appomattox, Va.
7. Were you present with your company and regiment when it was surrendered? No
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? Was in Madison County, Ga. when I was wounded at Charleston, S.C. in May 1863, on occasion of escape from capture by the Confederates.
9. How much can you earn (gross) per annum by your own exertions or labor? Small cake, making
10. What has been your occupation since 1865? Went to farm & later
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 was wounded at Charleston, S.C. rendering my right arm useless, upon 2nd & 3rd from effects of wound received at Charleston, S.C.
13. What property, real and personal, or income, do you possess, and its gross value?
Nothing
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? Nothing else
15. In what County did you reside during those years, and what property did you then return for taxation?
Appling Co., Ga. and no property
16. How were you supported during the years 1899, 1900, 1901 and 1902?
By my invalid pension
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 fifty in early 1899, later 1899, 1900, 1901 and 1902.
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year?
Went to farm & later small cake, making
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? Wife, she supported by what she can do on little farm, 50 years old, no employment
20. Are you receiving any pension? If so, what amount and for what disability?
Yes \$5.00 as an invalid pension
21. Have you ever made an application for pension before? Yes
22. How many applications have you ever made and under what class? One under invalid pension, 1899, 1900, 1901, 1902, 1903, 1904, 1905, 1906, 1907, 1908, 1909, 1910, 1911, 1912, 1913, 1914, 1915, 1916, 1917, 1918, 1919, 1920, 1921, 1922, 1923, 1924, 1925, 1926, 1927, 1928, 1929, 1930, 1931, 1932, 1933, 1934, 1935, 1936, 1937, 1938, 1939, 1940, 1941, 1942, 1943, 1944, 1945, 1946, 1947, 1948, 1949, 1950, 1951, 1952, 1953, 1954, 1955, 1956, 1957, 1958, 1959, 1960, 1961, 1962, 1963, 1964, 1965, 1966, 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 2681, 2682, 2683, 2684, 2685, 2686, 2687, 2688, 2689, 2690, 2691, 2692, 2693, 2694, 2695, 2696, 2697, 2698, 2699, 2700, 2701, 2702, 2703, 2704, 2705, 2706, 2707, 2708, 2709, 2710, 2711, 2712, 2713, 2714, 2715, 2716, 2717, 2718, 2719, 2720, 2721, 2722, 2723, 2724, 2725, 2726, 2727, 2728, 2729, 2730, 2731, 2732, 2733, 2734, 2735, 2736, 2737, 2738, 2739, 2740, 2741, 2742, 2743, 2744, 2745, 2746, 2747, 2748, 2749, 2750, 2751, 2752, 2753, 2754, 2755, 2756, 2757, 2758, 2759, 2760, 2761, 2762, 2763, 2764, 2765, 2766, 2767, 2768, 2769, 2770, 2771, 2772, 2773, 2774, 2775, 2776, 2777, 2778, 2779, 2780, 2781, 2782, 2783, 2784, 2785, 2786, 2787, 2788, 2789, 2790, 2791, 2792, 2793, 2794, 2795, 2796, 2797, 2798, 2799, 2800, 2801, 2802, 2803, 2804, 2805, 2806, 2807, 2808, 2809, 2810, 2811, 2812, 2813, 2814, 2815, 2816, 2817, 2818, 2819, 2820, 2821, 2822, 2823, 2824, 2825, 2826, 2827, 2828, 2829, 2830, 2831, 2832, 2833, 2834, 2835, 2836, 2837, 2838, 2839, 2840, 2841, 2842, 2843, 2844, 2845, 2846, 2847, 2848, 2849, 2850, 2851, 2852, 2853, 2854, 2855, 2856, 2857, 2858, 2859, 2860, 2861, 2862, 2863, 2864, 2865, 2866, 2867, 2868, 2869, 2870, 2871, 2872, 2873, 2874, 2875, 2876, 2877, 2878, 2879, 2880, 2881, 2882, 2883, 2884, 2885, 2886, 2887, 2888, 2889, 2890, 2891, 2892, 2893, 2894, 2895, 2896, 2897, 2898, 2899, 2900, 2901, 2902, 2903, 2904, 2905, 2906, 2907, 2908, 2909, 2910, 2911, 2912, 2913, 2914, 2915, 2916, 2917, 2918, 2919, 2920, 2921, 2922, 2923, 2924, 2925, 2926, 2927, 2928, 2929, 2930, 2931, 2932, 2933, 2934, 2935, 2936, 2937, 2938, 2939, 2940, 2941, 2942, 2943, 2944, 2945, 2946, 2947, 2948, 2949, 2950, 2951, 2952, 2953, 2954, 2955, 2956, 2957, 2958, 2959, 2960, 2961, 2962, 2963, 2964, 2965, 2966, 2967, 2968, 2969, 2970, 2971, 2972, 2973, 2974, 2975, 2976, 2977, 2978, 2979, 2980, 2981, 2982, 2983, 2984, 2985, 2986, 2987, 2988, 2989, 2990, 2991, 2992, 2993, 2994, 2995, 2996, 2997, 2998, 2999, 3000, 3001, 3002, 3003, 3004, 3005, 3006, 3007, 3008, 3009, 3010, 3011, 3012, 3013, 3014, 3015, 3016, 3017, 3018, 3019, 3020, 3021, 3022, 3023, 3024, 3025, 3026, 3027, 3028, 3029, 3030, 3031, 3032, 3033, 3034, 3035, 3036, 3037, 3038, 3039, 3040, 3041, 3042, 3043, 3044, 3045, 3046, 3047, 3048, 3049, 3050, 3051, 3052, 3053, 3054, 3055, 3056, 3057, 3058, 3059, 3060, 3061, 3062, 3063, 3064, 3065, 3066, 3067, 3068, 3069, 3070, 3071, 3072, 3073, 3074, 3075, 3076, 3077, 3078, 3079, 3080, 3081, 3082, 3083, 3084, 3085, 3086, 3087, 3088, 3089, 3090, 3091, 3092, 3093, 3094, 3095, 3096, 3097, 3098, 3099, 3100, 3101, 3102, 3103, 3104, 3105, 3106, 3107, 3108, 3109, 3110, 3111, 3112, 3113, 3114, 3115, 3116, 3117, 3118, 3119, 3120, 3121, 3122, 3123, 3124, 3125, 3126, 3127, 3128, 3129, 3130, 3131, 3132, 3133, 3134, 3135, 3136, 3137, 3138, 3139, 3140, 3141, 3142, 3143, 3144, 3145, 3146, 3147, 3148, 3149, 3150, 3151, 3152, 3153, 3154, 3155, 3156, 3157, 3158, 3159, 3160, 3161, 3162, 3163, 3164, 3165, 3166, 3167, 3168, 3169, 3170, 3171, 3172, 3173, 3174, 3175, 3176, 3177, 3178, 3179, 3180, 3181, 3182, 3183, 3184, 3185, 3186, 3187, 3188, 3189, 3190, 3191, 3192, 3193, 3194, 3195, 3196, 3197, 3198, 3199, 3200, 3201, 3202, 3203, 3204, 3205, 3206, 3207, 3208, 3209, 3210, 3211, 3212, 3213, 3214, 3215, 3216, 3217, 3218, 3219, 3220, 3221, 3222, 3223, 3224, 3225, 3226, 3227, 3228, 3229, 3230, 3231, 3232, 3233, 3234, 3235, 3236, 3237, 3238, 3239, 3240, 3241, 3242, 3243, 3244, 3245, 3246, 3247, 3248, 3249, 3250, 3251, 3252, 3253, 3254, 3255, 3256, 3257, 3258, 3259, 3260, 3261, 3262, 3263, 3264, 3265, 3266, 3267, 3268, 3269, 3270, 3271, 3272, 3273, 3274, 3275, 3276, 3277, 3278, 3279, 3280, 3281, 3282, 3283, 3284, 3285, 3286, 3287, 3288, 3289, 3290, 3291, 3292, 3293, 3294, 3295, 3296, 3297, 3298, 3299, 3300, 3301, 3302, 3303, 3304, 3305, 3306, 3307, 3308, 3309, 3310, 3311, 3312, 3313, 3314, 3315, 3316, 3317, 3318, 3319, 3320, 3321, 3322, 3323, 3324, 3325, 3326, 3327, 3328, 3329, 3330, 3331, 3332, 3333, 3334, 3335, 3336, 3337, 3338, 3339, 3340, 3341, 3342, 3343, 3344, 3345, 3346, 3347, 3348, 3349, 3350, 3351, 3352, 3353, 3354, 3355, 3356, 3357, 3358, 3359, 3360, 3361, 3362, 3363, 3364, 3365, 3366, 3367, 3368, 3369, 3370, 3371, 3372, 3373, 3374, 3375, 3376, 3377, 3378, 3379, 3380, 3381, 3382, 3383, 3384, 3385, 3386, 3387, 3388, 3389, 3390, 3391, 3392, 3393, 3394, 3395, 3396, 3397, 3398, 3399, 3400, 3401, 3402, 3403, 3404, 3405, 3406, 3407, 3408, 3409, 3410, 3411, 3412, 3413, 3414, 3415, 3416, 3417, 3418, 3419, 3420, 3421, 3422, 3423, 3424, 3425, 3426, 3427, 3428, 3429, 3430, 3431, 3432, 3433, 3434, 3435, 3436, 3437, 3438, 3439, 3440, 3441, 3442, 3443, 3444, 3445, 3446, 3447, 3448, 3449, 3450, 3451, 3452, 3453, 3454, 3455, 3456, 3457, 3458, 3459, 3460, 3461, 3462, 3463, 3464, 3465, 3466, 3467, 3468, 3469, 3470, 3471, 3472, 3473, 3474, 3475, 3476, 3477, 3478, 3479, 3480, 3481, 3482, 3483, 3484, 3485, 3486, 3487, 3488, 3489, 3490, 3491, 3492, 3493, 3494, 3495, 3496, 3497, 3498, 3499, 3500, 3501, 3502, 3503, 3504, 3505, 3506, 3507, 3508, 3509, 3510, 3511, 3512, 3513, 3514, 3515, 3516, 3517, 3518, 3519, 3520, 3521, 3522, 3523, 3524, 3525, 3526, 3527, 3528, 3529, 3530, 3531, 3532, 3533, 3534, 3535, 3536, 3537, 3538, 3539, 3540, 3541, 3542, 3543, 3544, 3545, 3546, 3547, 3548, 3549, 3550, 3551, 3552, 3553, 3554, 3555, 3556, 3557, 3558, 3559, 3560, 3561, 3562, 3563, 3564, 3565, 3566, 3567, 3568, 3569, 3570, 3571, 3572, 3573, 3574, 3575, 3576, 3577, 3578, 3579, 3580, 3581, 3582, 3583, 3584, 3585,

QUESTIONS FOR WITNESS:

STATE OF GEORGIA,

Oglethorpe COUNTY.
R. J. Corneille of said State and County, having been presented
 as a witness in support of the application of R. O. Williams 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? R. J. Corneille, Council
2. Are you acquainted with R. O. Williams the applicant; if so, how
 long have you known him? Yes. Ever since 1861
3. Where does he reside, and how long and since when has he been a resident of this State?
Oglethorpe County, Ga. Since then know him
4. When, where and in what company and regiment did he enlist, and how do you know?
May 1861 at Albany Ga. Co. 16th Reg. Mass
5. Were you a member of the same company and regiment?
Yes
6. How long did he perform regular military duty?
He was wounded, was promoted at Oglethorpe
7. When and where was his command surrendered?
Camp Thomas Va. near Appomattox
8. Were you present when it surrendered?
No
9. Was applicant present?
No
10. If he was not present, where was he?
He was at his home in Madison Co
- When did he leave his command?
May 1862
- By what authority he left?
Physicians in charge
- How do you know all of this?
Was in same battle & wounded at same time. Know the facts in authentic of physicians
11. What property, effects or income has the applicant? (Give your means of knowledge)
None that I know. Nor know him since 1861
12. What property, effects or income did the applicant possess in 1890, 1897, 1898, 1899, 1900, 1901 and 1902,
 and what disposition, if any, did he make of same?
Nothing that I know of
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
No. He has had nothing to convey
14. What is the applicant's occupation and physical condition?
He has a broken arm, a little, bad condition physically. Right arm practically useless
15. Is the applicant unable to support himself by labor of any sort; if so, why?
Don't see how he could. He is an old man & cannot work on account of wound received in war
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902?
By his wife & increased pension he receives
17. What portion of his support for these four years was derived from his own labor or income?
Very little, if any
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under
 Section 1254, Code?
Right arm useless and he is old and feeble
19. Who composes family? What property have they? Children's age and their earning capacity?
Wife, two no property, no children living with me. Nor no property of any consequence
20. What interest have you in the recovery of a pension by this applicant?
None

Sworn to and subscribed before me, this the
11th day of Sept 1901
James C. Smith Ordinary,

R. J. Corneille Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Oglethorpe COUNTY.
 Personally came before me W. H. Reynolds and
W. H. Reynolds both known to me as reputable physicians
 of said County, who, being severally sworn, say on oath that they have examined carefully
R. O. Williams applicant for pension under Section 1254, Code, and after

such personal examination say that his precise physical condition is as follows: wounded by a minnie
 ball passing through the right arm, breaking the ulnar so that four bones were
 the wrist and elbow joints, breaking the ulnar so that four bones were
 of it had to be taken out leaving the elbow & wrist joints stiff and
 rendering the arm useless. The nerves of the arm were so injured he cannot
 his hand still. Applicant is 44 years old and suffers with diseases of old age
 and that we have no interest in said pension being asked. He is not physically able to make a
 living for himself at any kind of labor.

Sworn to and subscribed before me, this the
11th day of Sept 1901
James C. Smith Ordinary, W. H. Reynolds M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Oglethorpe COUNTY.
 I, James C. Smith Ordinary, in and for said County, hereby certify
 that the applicant R. O. Williams resides in said County, and has
 been a bona fide resident of this State since the 14th day of Feb 1862
 and that the witnesses, viz: R. J. Corneille & the two
 physicians
 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 Oglethorpe County shows 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 legitimate made in good faith.
 Witness my hand and seal of office, this 11th day of Sept 1901
James C. Smith Ordinary,
Oglethorpe 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,

Appling County.

I, P.O. Williams hereby authorize

Jack Cloud of Lexington

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

me at Lexington

by hand

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

P.O. Williams [L. S.]

Executed in the presence of

Jack Cloud Atty

POWER OF ATTORNEY.

STATE OF GEORGIA,

Appling County.

I, P.O. Williams hereby authorize

Jack Cloud of Lexington

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

me at Lexington

by hand

WITNESS my hand and seal, this 18 day of Jan 1906.

P.O. Williams [L. S.]

Executed in the presence of

Jack Cloud

Cons. Section 1234.
(FOR THOSE ALREADY ENROLLED.)

No. 6187

INDIGENT
SOLDIER'S PENSION
1906.

Name P.O. Williams
County Appling
Co. A Regt. 1st

WARRANT ISSUED

FEB 15 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

For Francis Brantley and Richard Co. Geo. W. Hargrave, Secy.

Cons. Section 1234.

(FOR THOSE ALREADY ENROLLED.)

No. 3596

INDIGENT
SOLDIER'S PENSION
1906.

Name P.O. Williams
County Appling
Co. A Regt. 1st

WARRANT ISSUED

FEB 1 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

For Francis Brantley and Richard Co. Geo. W. Hargrave, Secy.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Oglethorpe County.

Personally appears P. O. Williams 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 14th day of Feb 1833; that he is 73 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of GA) during the war between the States, and served for the term of 3 yrs in Company A, of 16th Regiment of GA; that his physical condition is as follows: wounded & lost a leg & arm
he lost the use of right arm & leg
it is useless

that his property consists of the following items:

no property

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 1906. I have heretofore, as a resident of Oglethorpe County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the 8 day of Jan 1906. } P. O. Williams
Justus Crowl Ordinary.

State of Georgia,

Oglethorpe County.

I, Justus Crowl Ordinary of said County, do certify that I am well acquainted with P. O. Williams 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 8th day of Jan 1906.

Justus Crowl
Ordinary Oglethorpe County.



NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1900.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Oglethorpe County.

Personally appears P. O. Williams 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 Feb 1833; that he is 73 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of GA) during the war between the States, and served for the term of 3 yrs in Company A, of 16th Regiment of GA; that his physical condition is as follows: wounded & lost a leg & arm
& property

that his property consists of the following items:

no property

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 1906. I have heretofore, as a resident of Said County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the 8 day of Jan 1906. } P. O. Williams
Justus Crowl Ordinary.

State of Georgia,

Oglethorpe County.

I, Justus Crowl Ordinary of said County, do certify that I am well acquainted with P. O. Williams 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 8 day of Jan 1906.

Justus Crowl
Ordinary Said County.



NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1900.

Audited April 20 1889.

Wm B. Wright
COMPTROLLER GENERAL

Voucher No. 2059

Amount, \$ 50.

Paid to P. O. Williams

For Right arm

disabled

April 23 1889.

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK

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

W. A. Wright

Audited Feb. 21 1890

Wm B. Wright
COMPTROLLER GENERAL

Maimed Soldiers.

Voucher No. 1530

Amount \$ 50

Paid to P. O. Williams

For Arm disabled

Feb. 19 1890

Included in warrant No.

issued to Treasurer.

Ev. 1890 18

WARRANT CLERK

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

W. A. Wright

No. 2089

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.)

Atlanta, Ga., April 25, 1889.

Mr. *P O Williams* 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, 1883, and the same having been allowed for

Right arm disabled
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.

H N Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

Fifty + 00/100 Dollars,
per above voucher, this *23* of *April* 1889.

P O Williams
Wm Wright

No. 1530

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.)

Atlanta, Ga., Feb 19, 1890

Mr. *P O Williams* 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

Arm disabled
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, 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.

H N Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

Fifty Dollars,
per above voucher, this *19* of *Feb* 1890.

P O Williams
Wm Wright

Williams P.O.

1891.

Maimed Soldiers.

Audited 1891.

Wm Wright
COMPTROLLER GENERAL.

Voucher No. *1745*

Amount \$ *50*

Paid to *P.O. Williams*
For *Disabled Am.*

July 24 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Wm Wright

1891.

No. 1740

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. *Feb 24* 1891.

Mr. *P. O. Williams* 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

Army Disabled
He is entitled to receive the sum of *Fifty* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor.

H. J. Nathan
GOVERNOR.

J. N. Nathan
SECY EXECUTIVE DEPARTMENT.

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

Fifty Dollars,
per above voucher, this *24* of *Feb* 1891.

P. O. Williams

W. H. W.