

Ordinary's Certificate

STATE OF GEORGIA

COUNTY

I, Oglethorpe

Ordinary of said County, certify that I know

the applicant Charlie M. Witcher for pension is the person he represents himself to be and resides in said county. That I also know James O. Roach, the witness swearing to the service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this

18th day of Sept. 1920

E. H. Bacon Ordinary
of Oglethorpe County.
(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Witcher, Charlie M
Oglethorpe

No. Ca. N. Jan 1920

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919

County

Name

Company

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

7/29-1919

Ordinary's Certificate

STATE OF GEORGIA,

COUNTY.

I, L. H. Bacon Ordinary of said County, certify that I know the applicant Charlie M. Watcher for pension is the person he represents himself to be and resides in said county. That I also know James B. Broach the witness swearing to the service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 16th day of Sept 1919

L. H. Bacon Ordinary
of Oglethorpe County.
(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Confederate

Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County Oglethorpe

Name Charlie M. Watcher

Company Echoes Artillery

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

Application for Soldier's Pension Under Act 1910

Amended by Act 1919

Questions For Applicants to Answer

STATE OF GEORGIA,

COUNTY.

Oglethorpe COUNTY.
Charlie M. Watcher of said State and County, hereby applies for the pension provided by Act of 1910, as amended by Act of 1919, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to-wit:

- What is your name and where do you reside? (Give County and Post-office) Charlie M. Watcher
Georgia, Oglethorpe County, Saint Peter, P. O.
- How long and since when have you been a continuous resident citizen of this State? all my life
- Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? Yes.
- When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) March, 1862, Lexington, Va, Echoes Artillery
- How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) 26th April, 1865, Time of enlistment in till surrender.
- When and where was your Company and Regiment surrendered or discharged from the Service? April, 1865, Greensboro, N. C.
- Were you actually present with your command when it was surrendered or discharged? yes
- If you were not actually present, state specifically and clearly where you were.
+ + + + +
- a. Where was your command when you left it? + + + + +
- b. When did you leave the command? + + + + +
- c. For what cause did you leave? + + + + +
- d. By whose authority did you leave? + + + + +
- e. For how long was your leave granted? In what way? + + + + +
- f. Why did you not return to your command after leave expired? + + + + +
- g. In what way were you prevented? + + + + +
- h. What effort did you make to return? + + + + +
- i. Were you captured during the war? no
- j. If so, when, and where? In what prison were you held and when were you released? + + + + +
9. Are you drawing a pension of any amount from this State or the United States?
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? no

Sworn to and subscribed before me, this the

18th day of August 1919

L. H. Bacon Ordinary
of Oglethorpe County.
(SEAL)

Questions for Witness as to Service

STATE OF GEORGIA.

Oglethorpe COUNTY.

James M. Broach of said State and County is hereby presented as a witness in support of the application of Charles M. Witcher for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? James A. Broach - Georgia, Oglethorpe County, Point Peter, P. O.
2. How long and since when have you known Charles M. Witcher the applicant? All my life - Born on & reared in same Community
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State, and how do you know? Georgia, Oglethorpe County, Personal knowledge - Neighbors all our lives
4. When, where and in what Company and Regiment did Charles M. Witcher enlist during the war from 1861 to 1865? (Give date and place) March 1862 - Tusculum, Ga. Echols Artillery Army of the Confederate States
5. How did you obtain your information of this Service? By enlistment and serving with him during the entire war
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date, place and time of enlistment) until surrender, April 1865
7. When and where was his command surrendered or discharged (give date and place)? April 1865 - Greensboro, N. C.
8. Were you personally present at the surrender? Yes
9. If not, where were you and how came you there? +

10. Was the applicant personally present with his command at surrender? Yes
11. If not where was he and how came him there? +
12. When did he leave his command? + Where was his command when he left it? + For what cause did he leave? + By whose authority did he leave? + and how long was he granted leave? + How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically. +

13. In what way was he prevented from returning to his command? + How do you know? +
14. What effort did he make to return to his command and how do you know? +
15. Was applicant captured as a prisoner? no If so, when and where? + In what prison was he held? + and when released? +

Sworn to and subscribed before me, this the 16th day of Sept., 1917 } J. A. Broach
L. H. Bacon Ordinary
of Oglethorpe County.
(SEAL)

Questions for Witness as to Service

STATE OF GEORGIA,

Oglethorpe COUNTY.

James M. Broach of said State and County is hereby presented as a witness in support of the application of Charles M. Witcher for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? James A. Broach - Georgia, Oglethorpe county, Point Peter, P. O.

2. How long and since when have you known Charles M. Witcher the applicant?

All my life - Born and reared in same community

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State, and how do you know? Georgia, Oglethorpe county - Personal knowledge - neighbors all our lives

4. When, where and in what Company and Regiment did Charles M. Witcher enlist, during war from 1862 to 1865? (Give date and place) March 1862 - Lynnhaven, Va. Echols Artillery Army of the Confederate States

5. How did you obtain your information of this Service?

By enlistment and serving with him during the entire war.

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) From time of enlistment until surrender, April 1865

7. When and where was his command surrendered or discharged (give date and place)

April 1865 - Greensboro, N. C.

8. Were you personally present at the surrender? Yes

9. If not, where were you and how came you there? +

10. Was the applicant personally present with his command at surrender? Yes

11. If not where was he and how came him there? +

12. When did he leave his command? + Where was his command,

when he left it? + For what cause did he leave? +

By whose authority did he leave? + and how long was he granted leave? + How do you know

all that you have stated to be true? If of your own knowledge, tell clearly and specifically +

13. In what way was he prevented from returning to his command? +

How do you know? +

14. What effort did he make to return to his command and how do you know? +

15. Was applicant captured as a prisoner no If so, when and where? +

In what prison was he held? + and when released? +

Sworn to and subscribed before me, this the

16th day of Sept. 1917.

L. H. Bacon Ordinary

of Oglethorpe County.

(SEAL)

Ordinary's Certificate

STATE OF GEORGIA.

Oglethorpe COUNTY.

I, L. H. Bacon Ordinary of said County, certify that I know the applicant Charlie M. Witcher for pension is the person he represents himself to be and resides in said county. That I also know James O. Broach the witness swearing to the service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 10th day of Sept. 1919.

L. H. Bacon Ordinary
Oglethorpe County.
(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You do solemnly swear that you will truly answer to each of the questions asked you and the evidence you give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Confederate Soldier's Application Under Act 1910 - As Amended by Act of 1919.

County Oglethorpe
Name Charlie M. Witcher
Company Co. 1st Regt. Artillery
Regiment _____
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.
Byrd Printing Co. State Printers, Atlanta.

Application for Soldier's Pension Under Act 1910 Amended by Act 1919

Questions For Applicants to Answer

STATE OF GEORGIA.

Oglethorpe COUNTY.

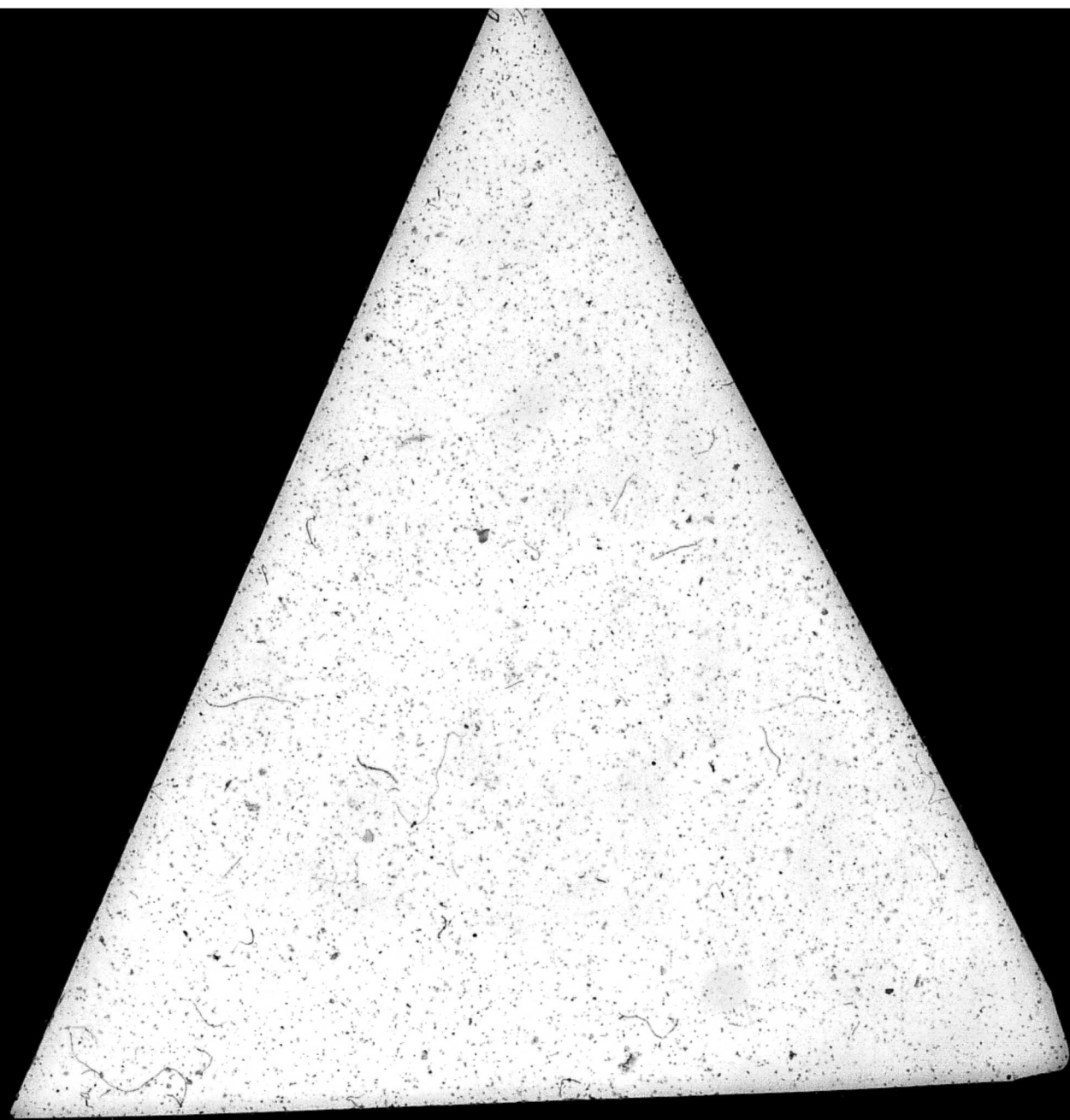
Charlie M. Witcher of said State and County, hereby applies for the pension provided by Act of 1910, as amended by Act of 1919, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to-wit:

- What is your name and where do you reside? (Give County and Post-office) Charlie M. Witcher
Georgia, Oglethorpe County, Point-Jackson, P.O.
- How long and since when have you been a continuous resident citizen of this State? all my life
- Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? Yes
- When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) March, 1862, Lexington, Va. to Col. Artillery
- How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) 76th April 1865
- When and where was your Company and Regiment surrendered or discharged from the Service? April, 1865, Greensboro, N.C.
- Were you actually present with your command when it was surrendered or discharged? Yes
- If you were not actually present, state specifically and clearly where you were. + + + + + + + +
- a. Where was your command when you left it? + + + + + + + +
- b. When did you leave the command? + + + + + + + +
- c. For what cause did you leave? + + + + + + + +
- d. By whose authority did you leave? + + + + + + + +
- e. For how long was your leave granted? In what way? + + + + + + + +
- f. Why did you not return to your command after leave expired? + + + + + + + +
- g. In what way were you prevented? + + + + + + + +
- h. What effort did you make to return? + + + + + + + +
- i. Were you captured during the war? no
- j. If so, when, and where? In what prison were you held and when were you released? + + + + + + + +
9. Are you drawing a pension of any amount from this State or the United States?
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? no

Sworn to and subscribed before me, this the

18th day of August 1919

L. H. Bacon Ordinary
of Oglethorpe County.
(SEAL)



Witcher, William H.,
514 Ogletree Co.,
~~Witcher, Wm. H.~~

No. 184

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 26, 1889.

FOR

Ruth Ann disabled.

Applicant Wm. H. Witcher

County Ogletree

Amount 50.

Date of Warrant

Feb 5/89

Entered on Record,

Feb 5 1889
W. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

W. A. Wright

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCT. 26, 1889

FOR

No. 184

Reginald M. Alabala
Applicant *Wm. W. Hatcher*

County *Colquhoun*

Amount *50*

Date of Warrant *Feb 5 1889*

Entered on Record

Feb 5 1889
W. H. H.

SECRETARY EXECUTIVE DEPARTMENT

STATE OF GEORGIA,

Colquhoun County,
PERSONALLY appears *Wm. W. Hatcher* of *Colquhoun* county,
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continuously since *about 1860* day of *April* 1860; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *C* of *5th* *Regiment of Georgia* Volunteers, *Walthers*'s Brigade; that whilst engaged in such military service, at the battle of *Apalachicola* in the State of *Georgia* on the *7th* day of *June* 1860, he was wounded as follows: *wounded in the right wrist, below the wrist bone taken out and losing motion of the wrist, dislocated arm, paralyzed, and useless*

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

Sworn to and subscribed before me, this
the *2nd* day of *February* 1889
Geo. W. Hatcher

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

STATE OF GEORGIA,

Colquhoun County,
PERSONALLY comes before me *Wm. W. Hatcher* Ordinary of said county, *W. B. Hatcher* and *Wm. W. Hatcher*, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *Wm. W. Hatcher* and after such examination say that the applicant has been injured as follows:

Wm. W. Hatcher
Wm. W. Hatcher
Wm. W. Hatcher

Sworn to and subscribed before me, this
the *2nd* day of *February* 1889
W. B. Hatcher
ORDINARY.

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

STATE OF GEORGIA.

Cylothorpe County.

I, *Jail J. Bacon* Ordinary of said county, do certify that I am well acquainted with *Wm. H. Witcher*, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit: *Dr. W. Z. Faust and Dr. W. H. Kernal*

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

I further certify that *J. H. Sexton* before whom the foregoing affidavits were made and power of attorney was signed, is a *clerk of the Superior Court* of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *2nd* day of *February* 188*9*

Jail J. Bacon

Ordinary *Cylothorpe* County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cylothorpe County.

KNOW ALL MEN BY THESE PRESENTS, THAT I,

Wm. H. Witcher
Wm. H. Wright
county, in said State, do hereby appoint *Wm. H. Wright* of *Cylothorpe* County, my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In witness whereof, I have hereunto set my hand and seal, this *2nd* day of *February* 188*9*

W. H. Witcher (L.S.)

Executed in the presence of us:

Jail J. Bacon

J. H. Sexton Clerk
Superior Court

DIRECTION

Send money to me as follows, by *me* *by Express*

to *Lexington* County, Georgia. *W. H. Witcher*

NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of fact showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."
5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.
7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

STATE OF GEORGIA,

Appling County.

I, J. J. Bacon Ordinary of said county, do certify that I am well acquainted with Wm. H. Hitcher the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

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

Given under my official signature and seal, this 4th day of February 1892.

J. J. Bacon
Ordinary Appling County.

1890.

No. 778
APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1891.

Wm. Disabled
Applicant, W. H. Hitcher
County, Appling
Amount, 50
Date of warrant, Feb. 10

Entered on record

Feb. 10 1890

W. H. Hitcher

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

W. A. Wright

1891.

Hitcher, W. H.

No. 947
Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

Wm. Disabled
Applicant, W. H. Hitcher
County, Appling
Amount, 50
Date of Warrant, Feb. 13
Entered on record Feb. 10 1891
Geo. H. Senter

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

W. A. Wright

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

STATE OF GEORGIA,

Appling County.

I, J. J. Bacon Ordinary of said County, do certify that I am well acquainted with William H. Hitcher the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this County.

I further certify that Geo. H. Senter 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 12th day of February 1891.

J. J. Bacon
Ordinary Appling County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Appling County. }
PERSONALLY appears *W. H. Withers* 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 *4th* day of *June* 1838; 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 *B* of *1st Regt. of 3rd Div. of Georgia Volunteers* of *W. H. Withers*'s Brigade; that whilst engaged in such military service, at the battle of *Applington* in the State of *Georgia* on the *7th* day of *April* 1865, he was wounded as follows: *Shot by minnie ball in right arm, fracturing bone to such an extent that the bone was severed at the joint, thereby causing said right arm to be substantially and permanently useless, as set forth in my report already submitted, was also shot in left knee, fracturing bone to such an extent that the bone was severed at the joint, thereby causing said left arm to be substantially and permanently useless.*

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 *50* dollars.

Sworn to and subscribed before me, this the *4th* day of *February* 1891.

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,

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *4th* day of *February* 1891.

Executed in the presence of us:

W. H. Withers
W. H. Withers
W. H. Withers

DIRECTION.

Send money to me as follows, by *Express*

Case of *Ordinary* to *Superior* P.O.
Appling County, Georgia.

W. H. Withers

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Appling County. }
PERSONALLY appears *William H. Withers* of *Appling* 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 *4th* day of *June* 1838; 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 *B* of *1st Regt. of 3rd Div. of Georgia Volunteers* of *W. H. Withers*'s Brigade; that whilst engaged in such military service at the battle of *Applington* in the State of *Georgia* on the *7th* day of *April* 1865, he was wounded as follows: *Shot by minnie ball in right arm, fracturing bone to such an extent that the bone was severed at the joint, thereby causing said right arm to be substantially and permanently useless, as set forth in my report already submitted, was also shot in left knee, fracturing bone to such an extent that the bone was severed at the joint, thereby causing said left arm to be substantially and permanently useless.*

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 *50* dollars, for *Two years past for a disability*.

Sworn to and subscribed before me, this the *4th* day of *February* 1891.

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,

Appling County. }
Know all Men by these Presents, That I, *William H. Withers* of *Appling* County, State of Georgia, do hereby appoint *W. H. Withers* 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 *4th* day of *February* 1891.

Executed in the presence of us:

W. H. Withers
W. H. Withers
W. H. Withers

DIRECTION.

Send money to me as follows, by *Express* (Case of *Ordinary*)

to *Superior* P.O.
Appling County, Georgia.

W. H. Withers

This is to certify that the above is a true and correct copy of the original as filed in the office of the Clerk of the Superior Court of Appling County, Georgia, on the 4th day of February, 1891.

STATE OF GEORGIA.

Oglethorpe County.

I, *S. J. Bacon* Ordinary of said county,
do certify that I am well acquainted with *W. H. Witches* 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 *12* day of *March* 1892.

Oglethorpe County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Oglethorpe County.

Know all Men by these Presents, That I *William H. Witches*
of *Oglethorpe* County, State of Georgia, do hereby appoint
of *James 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
12 day of *March* 1892.

Executed in the presence of:

S. J. Bacon
W. H. Witches

DIRECTION.

Send money to me as follows, by *check or express order*
to *Springfield* P. O.
Oglethorpe County, Georgia.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING ON THIRTY 30, 1892.

Name *W. H. Witches*
County *Oglethorpe*
Disability *Dis. from*
Amount \$ *50*
Entered on record *Met* 1892.

W. H. HARRISON.

Secretary of Executive Department.

AGENT.

W. H. Witches

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

Oglethorpe Co.
Witches, Wm. H.
1892.

No. *2317*
Application for Allowance

For the Year Ending October 30, 1892.

FOR

Disabled from
Applicant *William H. Witches*
County *Oglethorpe*
Amount \$ *50*
Date of Warrant *3*
Entered on record *Met* 1892.

W. H. HARRISON.

Secretary Executive Department.

WARRANT HANDED TO

W. H. Witches

Geo. W. Harrison, State Printer, Albany

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe County.
PERSONALLY appears *W. H. Wilcher* of *Oglethorpe* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously since the *1st* day of *June* 1838; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a *Private* in Company *A* of *1st* in Regiment of *Volunteers* *Missards* Brigade; that whilst engaged in such military service at the battle of *Atlanta* C.H. in the State of *Georgia*, on the *22* day of *April* 1864, he was wounded as follows:

Shot by minor Ball in right arm between wrist and elbow, and breaking bones in said arm causing the first of the bones of said arm to be broken and rendering said arm substantially useless as set forth in proofs of file.

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, 1892. I have heretofore been allowed a pension of

Twenty Dollars for *disability*.
Sworn to and subscribed before me this the *10th* day of *March* 1892.

J. G. Luter Ordinary.
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,

Oglethorpe County.
Know all Men by these Presents, That I, *W. H. Wilcher* of *Oglethorpe* County, in said State, do hereby appoint *J. G. Luter* 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 *10th* day of *March* 1892.

Executed in the presence of us:

J. G. Luter

J. G. Luter

DIRECTION.

Send money to me as follows, by *Express* *Car* *Ordinary* to *Sebring* P. O. *Oglethorpe* County, Georgia.

W. H. Wilcher

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe County.
PERSONALLY appears *William H. Wilcher* 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 *1st* day of *June* 1838; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a *Private* in Company *A* of *1st* in Regiment of *Volunteers* *Missards* Brigade; that whilst engaged in such military service at the battle of *Atlanta* C.H. in the State of *Georgia*, on the *22* day of *April* 1864, he was wounded as follows:

Shot by minor Ball in right arm between wrist and elbow, and breaking bones in said arm causing the first of the bones of said arm to be broken and rendering said arm substantially useless as set forth in proofs of file.

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, 1893. I have heretofore been allowed a pension of

Twenty dollars, for *disability*.
Sworn to and subscribed before me, this, the *10th* day of *March* 1893.

J. G. Luter Ordinary.
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.

STATE OF GEORGIA,

Oglethorpe County.
I, *J. G. Luter* Ordinary of said County, do certify that I am well acquainted with *William H. Wilcher* 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. G. Luter* 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 *10th* day of *March* 1893.

J. G. Luter Ordinary *Oglethorpe* County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Oglethorpe COUNTY.

Know all Men by these Presents, That I, *Wm H. Wither*

of *Oglethorpe*

County, State of Georgia, do hereby appoint *Ben W. Wright* of *Atlanta Ga* 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.

W. H. Wither [L. S.]

Executed in the presence of us

J. J. Bacon and others

DIRECTIONS.

Send money to me as follows, by *at or chg* *ordinary* to *Savannah* P. O. County, Georgia.

W. H. Wither

(For Those Already Enrolled.)

Soldier's Pension.

1894.

Name *W. H. Wither*

County *Oglethorpe*

Disability *Wood Arm*

Amount, \$ *50*

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

W. H. Wither

Geo. W. Harrison, State Printer, Atlanta

No copy

POWER OF ATTORNEY.

STATE OF GEORGIA,

Oglethorpe County.

KNOW ALL MEN BY THESE PRESENTS, That I, *Wm H. Wither*

of *Oglethorpe*

County, State of Georgia, do hereby appoint *Ben W. Wright*

of *Atlanta Ga* 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 *26th*

day of *January* 1895. *W. H. Wither* [L. S.]

Executed in presence of us

J. J. Bacon and others

DIRECTIONS.

Send money to me as follows, by *at or chg* *ordinary* to *Savannah* P. O. *Oglethorpe* County, Georgia.

W. H. Wither

(For Those Already Enrolled.)

No. *2180*

SOLDIER'S PENSION.

1895.

Name *W. H. Wither*

County *Oglethorpe*

Disability *Wood Arm*

Amount, \$ *50*

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

W. H. Wither

Geo. W. Harrison, State Printer, Atlanta

No copy

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Oglethorpe County. }

PERSONALLY appears Wm H. Witcher 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 4th day of June 1838; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company C, of 34th Infantry Regiment of Georgia Volunteers Wofford's Brigade; that whilst engaged in such military service at the battle of Apalachicola in the State of Florida, on the 7th day of April 1865, he was wounded as follows: Shot by minnie Ball in right arm from effect of which wound said right arm is essentially and substantially 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

Twenty dollars, for the year 1894 unpaid.
Sworn to and subscribed before me, this, the 5th day of March 1894. } W. H. Witcher

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 Wm H. Witcher 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 5th day of March 1894.



J. J. Bacon
Ordinary Oglethorpe County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Oglethorpe County. }

PERSONALLY appears Wm H. Witcher 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 4th day of June 1838; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company C, of 34th Infantry Regiment of Georgia Volunteers Wofford's Brigade; that whilst engaged in such military service at the battle of Apalachicola in the State of Florida, on the 7th day of April 1865, he was wounded as follows: Shot by minnie Ball in right arm from effect of which wound said right arm is essentially and substantially useless, as well as from effect of which said right arm is essentially and substantially 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

Twenty dollars, for the year 1894.
Sworn to and subscribed before me, this, the 26th day of January 1895. } W. H. Witcher
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 Wm H. Witcher 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 26th day of January 1895.



J. J. Bacon
Ordinary Oglethorpe County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County,

I, Wm. H. Mitchell hereby authorize John H. Wright of Cherokee Co.

to receive and receipt for the pension paid hereon and request that he remit same to me or order by check or express at Savannah Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 14th day of January 1896.

Wm. H. Mitchell [L. S.]

Executed in presence of us

J. B. Brown
J. C. Smith

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County,

I, Wm. H. Mitchell hereby authorize John H. Wright of Cherokee Co.

to receive and receipt for the pension paid hereon and request that he remit same to me or order by check or express at Savannah Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 24th day of January 1897.

Wm. H. Mitchell [L. S.]

Executed in presence of

J. B. Brown
J. C. Smith

Wm. H. Mitchell
ACT OF 1897, 1898.
(For Those Already Enrolled.)

No. 2037

SOLDIER'S PENSION.
1896.

Name Wm. H. Mitchell
County Cherokee
Disability total
Amount, \$ 50.00 3/4 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

att.

Wm. H. Mitchell
Wm. H. Harrison, State Printer, Atlanta.

Wm. H. Mitchell
Cherokee Co.
ACT OF 1897, 1898.
(For Those Already Enrolled.)

No. 1300

INVALID
SOLDIER'S PENSION.
1897.

Name Wm. H. Mitchell
County Cherokee
Disability total
Amount, \$ 50.00 1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Wm. H. Harrison
Wm. H. Harrison, State Printer, Atlanta.

Wm. H. Mitchell

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Oglethorpe County.

Personally appears Wm. H. Wilcher 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 4th day of June 1838; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company L, of 3rd Regt. of Georgia Volunteers, Richardson's Brigade; that whilst engaged in such military service in the State of Georgia, on the 8th day of April 1865, he was wounded, injured or diseased, as follows:

Shot in right arm joint and in right joint, causing said right wrist joint to become stiff and under my right arm, substantially and lessened fully and

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 \$4.60 dollars, for the year 1890.

Sworn to and subscribed before me, this, 11th day of January 1890.

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. M. Bacon Ordinary of said County, do certify that I am well acquainted with Wm. H. Wilcher 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 1890.



Ordinary Oglethorpe County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Oglethorpe County.

Personally appears Wm. H. Wilcher 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 March 1838; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company C, of 3rd Regt. of Georgia Volunteers, Richardson's Brigade; that whilst engaged in such military service in the State of Georgia, on the 8th day of April 1865, he was wounded, injured or diseased, as follows:

Was shot in right arm joint and in right joint, causing said right wrist joint to become stiff and under my right arm, substantially and lessened fully and

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 under said law as a resident of Oglethorpe county been allowed an invalid pension of \$4.60 Dollars, for the year 1890.

Sworn to and subscribed before me, this, 11th day of January 1890.

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. M. Bacon Ordinary of said County, do certify that I am well acquainted with Wm. H. Wilcher 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 20th day of January 1890.



Ordinary Oglethorpe County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

hereby authorize

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

by

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of 1898.

Executed in presence of

H. G. Linder

(For Those Already Enrolled.)

No. 2827

INVALID

SOLDIER'S PENSION.

1898.

Name *Wm. N. Wilcher*

County *Colquhoun*

Disability *22 1/2 %*

Amount, \$ *22 3*

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

W. N. Wilcher

W. N. JOHNSON, DEPUTY COMMISSIONER, ATLANTA.

W. N. Wilcher

STATE OF GEORGIA,

County.

I, *W. N. Wilcher*

hereby authorize

Wm. N. Wilcher

of *Atlanta*

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

my ordinary

by *check*

at *Sebrington*

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

day of *January* 1899.

Wm. N. Wilcher [L. S.]

Executed in presence of

W. N. Wilcher

(For Those Already Enrolled.)

No. 2182

INVALID

SOLDIER'S PENSION.

1899.

Name *W. N. Wilcher*

County *Colquhoun*

Disability *22 1/2 %*

Amount, \$ *21 5*

1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

W. N. Wilcher

W. N. JOHNSON, DEPUTY COMMISSIONER, ATLANTA.

W. N. Wilcher

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Washington County.

Personally appears W. H. Widener of Washington 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 1838; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company C of 3rd Regiment of Volunteers, Wafford's Brigade; that whilst engaged in such military service in the State of Georgia, on the 7th day of April 1865, he was wounded, injured or diseased as follows:

that he received a gunshot wound in the right arm, rendering said arm substantially 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, 1898. I have heretofore under said law as a resident of Washington county been allowed an invalid pension of

Five Dollars, for the year 1897 and four Dollars, for the year 1898. Sworn to and subscribed before me, this, the 11th day of July 1898. POST-OFFICE Savannah

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,

Washington County.

I, J. J. Bacon Ordinary of said County, do certify that I am well acquainted with W. H. Widener the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 11th day of July 1898.



Ordinary J. J. Bacon Washington County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears W. H. Widener 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 1838; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company C of 3rd Regiment of Volunteers, Wafford's Brigade; that whilst engaged in such military service in the State of Georgia, on the 7th day of April 1865, he was wounded, injured or diseased as follows:

at Battle of Appomattox Va. on 7th April 1865 was wounded in right arm, rendering said arm substantially useless.

Deponent 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 Five Dollars, for the year 1897 and four Dollars, for the year 1898.

Sworn to and subscribed before me, this, the 11th day of July 1898. POST OFFICE Savannah

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 W. H. Widener the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 11th day of July 1898.



Ordinary J. J. Bacon Oglethorpe County.

POWER OF ATTORNEY

STATE OF GEORGIA,

Oglethorpe County.

I, W. H. Witcher hereby authorize Don Wm A. Wright of allenton to receive and receipt for the pension paid hereon and request that he remit same to me of ordinary by check or otherwise at Savannah Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 27th day of January 1900.

Executed in presence of

J. J. Bacon, ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,

Oglethorpe County.

I, W. H. Witcher hereby authorize J. J. Bacon, ordinary of Savannah Ga

to receive and receipt for the pension paid hereon and request that he remit same to me of ordinary by check or otherwise at Savannah Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 11th day of January 1901.

W. H. Witcher [L. S.]

Executed in presence of

J. J. Bacon ordinary

CODE SECTION 120
(For Those Already Enrolled.)

No. 3123

DISABLED
SOLDIER'S PENSION.
1901.

Name W. H. Witcher
County Oglethorpe
Disability Right Arm
Amount, \$ 5.00

3/19 1901.

JOHN W. LINDSEY.

Commissioner of Pensions

WARRANT HANDED TO

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

CODE SECTION 120

(For Those Already Enrolled.)

No. 3123

DISABLED
SOLDIER'S PENSION.
1901.

Name W. H. Witcher
County Oglethorpe
Disability Right Arm
Amount, \$ 5.00

3/19 1901.

JOHN W. LINDSEY.

Commissioner of Pensions

WARRANT HANDED TO

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

CODE SECTION 120

(For Those Already Enrolled.)

No. 3123

DISABLED
SOLDIER'S PENSION.
1901.

Name W. H. Witcher
County Oglethorpe
Disability Right Arm
Amount, \$ 5.00

3/19 1901.

JOHN W. LINDSEY.

Commissioner of Pensions

WARRANT HANDED TO

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears W. H. Witcher 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 1838; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company C, of 30th Regiment of South Carolina Volunteers, Wofford's Brigade; that whilst engaged in such military service in the State of Georgia, on the 7th day of April 1865, he was wounded, injured or diseased as follows:

was shot in right arm at Appomattox Va. on above date, rendering said arm substantially and essentially useless, as will appear by reference to proofs of fact in Pension office

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 27th day of January 1900. POST OFFICE Livingston

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 W. H. Witcher 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 27th day of January 1900.

J. J. Bacon
Ordinary Oglethorpe County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears W. H. Witcher 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 1838; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company C, of 30th Regiment of South Carolina Volunteers, Wofford's Brigade; that whilst engaged in such military service in the State of Georgia, on the 7th day of April 1865, he was wounded, injured or diseased as follows:

At Battle of Appomattox was shot in right arm rendering same substantially and essentially 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 11th day of January 1901. Postoffice Livingston

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 W. H. Witcher the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 11th day of January 1901.

J. J. Bacon
Ordinary Oglethorpe County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Oglethorpe County.

I, W. H. Witcher, hereby authorize J. J. Bacon
Ordinary of Oglethorpe

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

at _____
IN WITNESS WHEREOF, I have hereunto set my hand and seal this 6th
day of January 1902.

Executed in presence of

J. J. Bacon

(FOR THOSE ALREADY ENROLLED.)

No. 2410

DISABLED

SOLDIER'S PENSION
1902.

Name W. H. Witcher

County Oglethorpe

Co. C. Regiment 2nd Cav. Div.

Disability Right arm

Amount, \$ 50.00

2/6 1902

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordinary

Geo. W. Harrison State Printer, Atlanta.

W. H. Witcher

Oglethorpe County

(FOR THOSE ALREADY ENROLLED.)

No. 2714

DISABLED

SOLDIER'S PENSION
1903.

Name W. H. Witcher

County Oglethorpe

Co. "B" Regiment 3rd Cav. Div.

Disability Right arm

Amount, \$ 50.00

2/6 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordinary

Geo. W. Harrison State Printer, Atlanta.

2nd date

POWER OF ATTORNEY.

STATE OF GEORGIA,

Oglethorpe County.

I, W. H. Witcher, hereby authorize J. J. Bacon
Ordinary of Oglethorpe

to receive and receipt for the pension paid hereon and request that he remit same to
J. J. Bacon by W. H. Witcher
at Lexington

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 1st
day of January 1903.

Executed in presence of

J. J. Bacon, Ordinary

W. H. Witcher [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Oglethorpe County.

I, W. H. Witcher hereby authorize J. J. Bacon
Ordinary of Oglethorpe

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 6th

day of January, 1902.
W. H. Witcher [L. S.]

Executed in presence of

J. J. Bacon

(FOR THOSE ALREADY ENROLLED.)

No. 2410

DISABLED

SOLDIER'S PENSION
1902.

Name W. H. Witcher
County Oglethorpe
Co. B. Regiment Gen. Church
Disability Right Arm
Amount, \$ 57.22
2/6 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Cady

(Geo. W. Harrison, State Printer, Atlanta.)

no data

Witcher, W. H.
Oglethorpe County

(FOR THOSE ALREADY ENROLLED.)

No. 2714

DISABLED

SOLDIER'S PENSION
1903.

Name W. H. Witcher
County Oglethorpe
Co. B. Regiment 3rd Ga Sn & S
Disability Right Arm
Amount, \$ 50.00
3/4 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Cady

(Geo. W. Harrison, State Printer, Atlanta.)

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Oglethorpe County.

I, W. H. Witcher hereby authorize J. J. Bacon
Ordinary of Oglethorpe

to receive and receipt for the pension paid hereon and request that he remit same to
J. J. Bacon by W. H. Witcher
at Lexington

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 1st

day of January, 1903.
W. H. Witcher [L. S.]

Executed in presence of

J. J. Bacon, Ordinary

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears W. H. Witcher 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 1838; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company C, of 3rd th Regiment of Georgia Volunteers, Wofford's Brigade; that whilst engaged in such military service in the State of Georgia, on the 7th day of April 1865, he was wounded, injured or diseased as follows:

At bat of a ball, was on about 100 yds. was hit in right arm by minnie ball, causing said right arm to be substantially and essentially useless as will appear by proofs 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 Five Dollars, for the year 1901 and previously.

Sworn to and subscribed before me, this the W. H. Witcher day of January 1902. Post-office Levington Ga

J. J. Bacon
Notary.—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 W. H. Witcher 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 6th day of January 1902.

Ordinary J. J. Bacon Oglethorpe County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears W. H. Witcher 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 1838; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company C, of 3rd th Regiment of Ga Volunteers, Wofford's Brigade; that whilst engaged in such military service in the State of Ga, on the 7 day of April 1865, he was wounded, injured or diseased as follows:

At bat of a ball, was on about 100 yds. was hit in right arm by minnie ball, causing said arm to be substantially and essentially useless as will appear by 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 5 Dollars, for the year 1902 and previously.

Sworn to and subscribed before me; this the W. H. Witcher day of January 1903. Post-office Levington Ga

J. J. Bacon
Notary.—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 W. H. Witcher 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 1st day of January 1903.

Ordinary J. J. Bacon Oglethorpe County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Opelika COUNTY,

hereby authorize

James Claude of Lexington to receive and receipt for the pension paid hereon, and request that he remit same to

by name

at Lexington

In Witness Whereof, I have hereunto set my hand and seal, this 19th

day of Jan 1904

W. H. Wither

Executed in presence of

James Claude Ordway

(FOR THOSE ALREADY ENROLLED.)

No. 1146

DISABLED

SOLDIER'S PENSION

1904.

Name W. H. Wither
County Opelika
Co. C 5th Regt. Ala. Inf.
Disability Claude Ordway
Amount, \$ 50.00

1904.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

no data

W. H. Wither
Opelika Co.

(FOR THOSE ALREADY ENROLLED.)

Cont. Section 1250, 1900

No.

1125

DISABLED

SOLDIER'S PENSION

1905.

Name W. H. Wither
County Opelika
Co. C 5th Regt. Ala. Inf.
Disability Claude Ordway
Amount, \$ 50.00

1905.

JAN 31

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

Cud

Geo. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Opelika COUNTY,

hereby authorize

James Claude Ordway of Opelika to receive and receipt for the pension paid hereon, and request that he remit same to

by name

at Lexington

In Witness Whereof, I have hereunto set my hand and seal, this 11th

day of Jan 1905

W. H. Wither

Executed in the presence of

James Claude Ordway

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears *W. H. Wither* 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 *Jan* 18*37*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *C*, of *5th* *Regiment* of *Georgia* Volunteers *Woodward*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *10th* day of *1863*, he was wounded, injured or diseased as follows:

In the right arm by a ball which caused the loss of the use of the arm

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 *Five* Dollars, for the year 1903.

Sworn to and subscribed before me, this the *19th* day of *Jan* 1904.

W. H. Wither
Post-office *Lawrenceville*

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, *Jesse Cloud* Ordinary of said County, do certify that I am well acquainted with *W. H. Wither* 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 *19th* day of *Jan* 1904.

Jesse Cloud
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 *W. H. Wither* 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 *Jan* 18*37*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *C*, of *5th* *Regiment* of *Georgia* Volunteers *Woodward*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *10th* day of *1863*, he was wounded, injured or diseased as follows:

In right arm resulting from a practically 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 *Five* Dollars, for the year 1904.

Sworn to and subscribed before me, this the *19th* day of *Jan* 1905.

W. H. Wither
Post-office *Lawrenceville*

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, *Jesse Cloud* Ordinary of said County, do certify that I am well acquainted with *W. H. Wither* 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 *19th* day of *Jan* 1905.

Jesse Cloud
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,

Oglethorpe COUNTY.

I, W. H. Wichey hereby authorize
Jane Crowl of Lexington

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

at Lexington

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 12

day of June 11 1908.

W. H. Wichey [L. S.]

Executed in the presence of

Jane Crowl Only

Wichey W. H.

Code Section 1250.

(FOR THOSE ALREADY ENROLLED)

No. 2269

**DISABLED
SOLDIER'S PENSION
1908.**

Name W. H. Wichey
County Oglethorpe
Co. 3rd Bat.

Disability 60%
Amount, \$ 50.00

FEB 15 1908.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

The Pensioners and Pension Co. Geo. W. Holbrook, Secy.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Oglethorpe County.

Personally appears W. H. Wichester 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 June 1836; 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 10, of 3rd Regiment of Mississippi Infantry's Brigade; that whilst engaged in such military service in the State of Va, on the _____ day of _____ 1863, he was wounded, injured or diseased as follows:
was wounded in right arm
causing him to lose loss
of arm;

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of Oglethorpe County, been allowed an invalid pension of five Dollars, for the year 1905.

Sworn to and subscribed before me, this the

14 day of June 1906.

June Second Day

W. H. Wichester

Post-Office Union Parish

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.

June Second Ordinary of said County
do certify that I am well acquainted with W. H. Wichester
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 12 day of June 1906.

June Second
Ordinary Oglethorpe County.



NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1st, 1906.

Audited

Feb. 8th

1889

Wm. B. Wright
COMPTROLLER-GENERAL

D. L. Thompson

Maimed Soldiers.

Voucher No.

181

Amount, \$

50

Paid to

M. H. Metcher

For

Regh Arm
disabled

Feb. 4

1889

Included in Warrant No.

issued to Treasurer.

1889

E. Livingston

WARRANT-CLERK

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

W. A. Wright

Voucher No.

778

Amount, \$

50

Paid to

M. H. Metcher

For

Arm disabled

Feb. 10

1890

Included in warrant No.

issued to Treasurer.

1890

WARRANT-CLERK

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

W. A. Wright

No. 184

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feby 7 1889

Mr. *W. H. H. Mitchell* 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

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

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 00/100

Dollars.

per above voucher, this

7

of

Feby

1889.

*W. H. H. Mitchell**Per Wm. A. Wright*

No. 778

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feby 10 1890

Mr. *W. H. H. Mitchell* 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,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

\$ 50 00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 00/100

Dollars.

per above voucher, this

10

of

Feby

1890.

*W. H. H. Mitchell**W. H. H.*

Witcher, W. H.

1891.

Maimed Soldiers.

Audited Feb. 17 1891.

Wm A M. W.
COMPTROLLER GENERAL.

Voucher No.

947

Amount \$

50.00

Paid to

W. H. Witcher

for

Arms disabled

July 16 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

W. A. M. W.

1891.

No.

947

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

Atlanta, Ga. *July 16 1891.*

Mr.

W. N. Mitchell

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

Ann Disabled

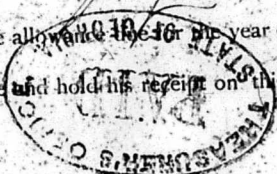
He is entitled to receive the sum of

Fifty

Dollars

for such disability, the same being the allowance 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.



W. J. Hardeman
GOVERNOR.

By the Governor,

W. N. Harrison

SEC'Y EXECUTIVE DEPARTMENT.

5050

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

Fifty

Dollars,

per above voucher, this

16

of

July

1891.

W. N. Mitchell

W. N. N