Wynn, Isham H.
Oglethorpe County

Code Section 1250.

No. ....

INVALID
SOLDIER'S PENSION,
1900.

Name I. H. Wynn

County Oglethorpe

Disability ....

Amount, $ ....

.... *1900.*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

....

Geo. W. Harrison, State Printer, Atlanta.

7/5 - 1900

Form No. 5.

Power of Attorney.

STATE OF GEORGIA, Oglethorpe County.

I, Isham H. Wynn hereby authorize Hon. [illegible] Wright of Atlanta Ga to receive and receipt for the pension allowed, and request that he remit same to me c/ ordinary by check on Exp— at Lexington Ga—

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 30— day of August 1900.

I. H. his mark Wynn [L. S.]

Executed in the presence of

J. J. Bacon ordinary

Form No. 5.

Power of Attorney.

STATE OF GEORGIA,
Oglethorpe County.

I, Johann H. Winn hereby authorize Hon. Wm. W. Wright of Atlanta Ga. to receive and receipt for the pension allowed and request that he remit same to me c/ Ordinary by check or Ex. at Lexington Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 30th day of August 1900.

J. H. his X mark Winn [L. S.]

Executed in the presence of

J. J. Bacon, Ordinary

Code Section 1250.

No.

INVALID SOLDIER'S PENSION, 1900.

Name J. H. Wynn

County Oglethorpe

Disability

Amount, $ 1900.

JOHN W. LINDSEY, Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Wynn, Johann H.
Oglethorpe County

The Instructions as set out in the Notes Must be Observed.

Form No. 1.

For Use of Applicants Who Have Not Heretofore Drawn.

STATE OF GEORGIA,
Oglethorpe County.

PERSONALLY appears J. H. Winn of said Oglethorpe County, State of Georgia, who being duly sworn says on oath that he was born on the 15th day of July 1845, that he is a *bona fide* citizen and resident of Georgia, and has been continuously since the birth day of — 18 , that he enlisted in the military service of the Confederate States (or the State of — —) on the day of April 1864, during the war between the States, and served in Company B of 1st th Regiment of Ga. Volunteers Cartrells Brigade, and was honorably discharged on the at Home on sick furlough from Typhoid Fever at time of surrender - and confined to bed for many months after day of 186 ; that whilst engaged in such military service, and in line of duty in the State of Ga., on the day of July 1864 he was disabled or wounded as follows: Was attacked with Typhoid Fever at Andersonville Ga., lasting about three months and finally the effects of said fever settled in the right eye, producing a constant Neuralgia, which resulted in entire loss of sight of said right eye in 1887 and since that time has been a source of great pain and loss of time, and much expense and is just up from a spell of three months with said eye in which from great suppuration, the eye ball has burst and the whole eye ball has been taken out. Applicant never had any trouble with his eyes before the said attack of Typhoid Fever. By reason of above described condition, he is not now, and has not been for many years ~~able to been~~ able to any labor to make a support, and besides the suffering and loss of time, has had to employ Physicians more or less every year.

Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 1900.

Sworn to and subscribed before me, this the 30th day of August 1900.

J. H. his X mark Winn

J. J. Bacon, Ordinary.

Post Office Lexington Ga.

NOTE—State fully nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability. If claim is based on disease, give *full and connected history* of disease, tracing it directly to the service.

NOTE—Do not trouble to mention wounds which do not disable.

NOTE—The Ordinary will see that *all* blank spaces are filled when the affidavits are signed.

Form No. 2.

Affidavit for Three Witnesses.

STATE OF GEORGIA,
Oglethorpe County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County, R. M. Wood
William H. Pool and Jos. W. Thomas
personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say, under oath, that they are personally and well acquainted with I. H. Winn
whose application is herewith presented for a pension, that he has resided in this State continuously since the
day of 1866, that he served in Company B. of the
1st Ga Regt Regiment of Cumming's Brigade, and from our personal knowledge, he, while in line of duty, was injured by the service as follows: *(give full statement, and tell in your own language when, where and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor, or can do any, state what.)*

R. M. Wood says, I was in the army with said Wynn and know of my own knowledge that he had typhoid fever and was laid up for some time and that said fever was produced by the unhealthy condition of the Camps de Andersonville and that said fever settled in his eyes causing the loss of one eye entirely, and greatly impaired the sight of the other eye, and that he is now unable to do any labor by reason of such condition I know of these facts because I have lived near him and been intimate with him ever since the war—

Wm H. Pool says, I was with Wynn in the army at Andersonville and know he had a very severe and protracted spell of Typhoid fever and did not see him for several years after the war, when I did see him, one eye was out. Jos. W. Thomas Sworn says that the statements made above by him that he was with Wynn in the army and that Wynn was at Home sick Furlough at time of surrender and was confined for a long time after.

We personally know above stated facts. We were with him in the army and have known him ever since.

He was honorably discharged or retired from the service on account of being at home on Sick Furlough at time of surrender day of
186... Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18....
We have no interest in the recovery of a pension by him.

Robert M. Wood
his
Wm H Pool
mark
Joseph W. Thomas

Sworn to and subscribed before me, this
30th day of August 1900.

J. J. Bacon
Ordinary.

NOTE 1.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to the same.
2. Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.
3. All blank spaces *must* be filled when signed.
4. Three witnesses are required.

Form No. 3.

Physicians' Affidavit.

STATE OF GEORGIA,
Oglethorpe County.

PERSONALLY comes before me J. J. Bacon Ordinary of said County,
W. Z. Forest M. D. and W. M. Willingham M. D. both known to
me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined
Isham H. Winn and after such personal examination; say that the present
condition of applicant is as follows: Blind in right eye and besides an invalid. Lost his eye from a long continued attacks of neuralgia have been attending him for over twenty years and am satisfied that his eye and destroyed from constant neuralgic attacks He has been blind for Thirteen years with constant suffering
and that such condition is permanent. Said condition arises from the following facts: all the while and in the early part of last December he was taken with violent suffering in the same eye which caused such an inflammation as to destroy the ball of the sightless eye and entirely affected the
We have treated applicant professionally for 2 yrs years, and his condition, as above stated, does not arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this
31st day of August 1900.

J. J. Bacon
Ordinary.

W. Z. Forest M. D.
W. M. Willingham, M. D.

NOTE 1. *State fully the physical condition and especially the extent of disability. If disability results from wound or injury, state its location, character and present condition. If from disease, give its nature and character, and its causes or origin, as understood by affiant.*
NOTE 2. The physicians will be careful to fill every blank space in oath.

Form No. 4.

STATE OF GEORGIA,
Oglethorpe County.

I, J. J. Bacon, Ordinary of said County,
do certify that I am well acquainted with Isham H. Winn the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, *and he is disabled, as he claims*, and I know he is the individual he represents himself to be, and that he resides in this County, and has been a bona fide resident since the day of 18 7 0
I also certify that the witnesses, to-wit, Robt M Wood, Wm H Pool and
and Jos. W. Thomas are persons of respectability, that their statements are worthy of full credit and belief *and that the full text of the affidavit was read to and understood by them before they signed the same.*

Given under my official signature and seal this 31st day of August 1900.

J. J. Bacon
Ordinary Oglethorpe County.

All amending proofs must be executed with the same formality as original proofs, and the Ordinary must so certify.

Form No. 2.

Affidavit for Three Witnesses.

STATE OF GEORGIA,
Oglethorpe County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County, R. M. Ward William H. Paul and Jos. W. Thomas personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say, under oath, that they are personally and well acquainted with I. H. Winn whose application is herewith presented for a pension, that he has resided in this State continuously since the ____ day of ____ 1860, that he served in Company B of the 1st Vol. Reserves Regiment of Cumbells Brigade, and from our personal knowledge, he, while in line of duty, was injured by the service as follows: *(give full statement, and tell in your own language when, where and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor, or can do any, state what.)*

R. M. Ward says, I was in the army with said Wynn and know of my own knowledge that he had Typhoid Fever and was laid up a long time and that said Fever was produced by the unhealthy condition of the camps at Andersonville, and that said fever settled in his eyes causing the loss of one eye entirely, and greatly impaired the sight of the ~~[illegible]~~ other eye, and that he is now unable to do any labor by reason of such condition. I know above facts because I have lived near him and been intimate with him ever since the war—

Wm. H. Paul sworn says, I was with Wynn in the army at Andersonville, and know he had a very severe and protracted spell of Typhoid Fever, did not see him for several years after the war when I did see him, one eye was out.

Jos. W. Thomas sworn says that the statements made above are true, that he was with Winn in the army and that Winn was at home on sick furlough at time of surrender and was confined for a long time after.

We personally know above stated facts. We were with him in the army and have known him ever since.

He was honorably discharged or retired from the service on by reason of being at home on ____ day of ____ sick furlough at time of surrender. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18__ 186__. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this 30th day of August 1900.

J. J. Bacon, Ordinary.

Robert M. Ward
Wm. H. Paul
Joseph W. Thomas

NOTE 1.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to the same.
2. Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.
3. All blank spaces must be filled when signed.
4. Three witnesses are required.

Form No. 3.

Physicians' Affidavit.

STATE OF GEORGIA,
Oglethorpe County.

PERSONALLY comes before me J. J. Bacon Ordinary of said County, W. Z. Faust M.D. and W. M. Willingham M.D., both known to me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined Isham H. Winn and after such personal examination, say that the present condition of applicant is as follows: Blind in right eye and besides an invalid. Lost his eye from long continued attacks of neuralgia. Have been attending him for over twenty years and am satisfied that his eye was destroyed from constant neuralgic attacks. He has been blind for thirteen years with constant suffering and that such condition is permanent. Said condition arises from the following facts: all the while and in the early part of last December he was taken with violent suffering in the same eye which caused such an inflammation as to rupture the ball of the sightless eye and confine applicant to bed for two months. This man has gone through with indescribable suffering which has affected his heart and renders him unfit for any avocation which would in[sure] him a support.

We have treated applicant professionally for 20 years, and his condition, as above stated, does not arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this 30th day of August 1900.

J. J. Bacon, Ordinary.

W. Z. Faust M.D.
W. M. Willingham, M.D.

NOTE 1. *State fully the physical condition and especially the extent of disability. If disability results from wound or injury, state its location, character and present condition. If from disease, give its nature and character, and its causes or origin, as understood by affiant.*
NOTE 2. The physicians will be careful to fill every blank space in oath.

Form No. 4.

STATE OF GEORGIA,
Oglethorpe County.

I, J. J. Bacon, Ordinary of said County, do certify that I am well acquainted with Isham H. Winn the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, *and he is disabled, as he claims,* and I know he is the individual he represents himself to be, and that he resides in this County, and has been a bona fide resident since the ____ day of ____ 1870.

I also certify that the witnesses, to-wit: Robt. M. Ward, Wm. H. Paul and Jos. W. Thomas are persons of respectability, that their statements are worthy of full credit and belief *and that the full text of the affidavit was read to and understood by them before they signed the same.*

Given under my official signature and seal this 30th day of August 1900.

J. J. Bacon
Ordinary, Oglethorpe County.

All amending proofs must be executed with the same formality as original proofs, and the Ordinary must so certify.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
Oglethorpe County. }

I, J. H. Wynn, hereby authorize J. J. Bacon, ordinary
of Lexington Geo.
to receive and receipt for the pension paid hereon and request that he remit same to
me c/ ordinary by check or otherwise
at Lexington Geo.

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

his
J. H. Wynn [L. S.]
mark

Executed in presence of

J. J. Bacon ordinary

(For Those Already Enrolled.) CODE SECTION 1267

No. 8126

DISABLED
SOLDIER'S PENSION.
1901.

Name J. H. Wynn
County Oglethorpe
Disability Loss of right leg
Amount, $30.00 1901.
2/19

JOHN W. LINDSEY, Commissioner of Pensions.

WARRANT HANDED TO
Bacon

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
Oglethorpe County. }

I, J. H. Wynn, hereby authorize J. J. Bacon
ordinary of said County
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 9th
day of January 1902.

his
J. H. Wynn [L. S.]
mark

Executed in presence of

J. J. Bacon, ordinary

(FOR THOSE ALREADY ENROLLED.) CODE SECTION 1270.

No. 2417

DISABLED
SOLDIER'S PENSION
1902.

Name J. H. Wynn
County Oglethorpe
Co. B Regiment 52nd Ga. Militia
Disability Loss
Amount, $ 72.00 1902.
2/6

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 J. H. Wren 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 1845; that he enlisted in the military service of the Confederate States (or of the State of Geo.) during the war between the States, and served as a Private in Company B, of 1st th Regiment of Georgia Volunteers, Gartrells 's Brigade; that whilst engaged in such military service in the State of , on the day of 1864, he was wounded, injured or diseased as follows:

Contracted Typhoid Fever at Andersonville Geo, and was confined with said Fever for a long while, Fever settled in Eyes, Causing entire Loss of sight of right eye - all of which will fully appear by reference to proofs of file 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 Thirty Dollars, for the year 1900. New application

Sworn to and subscribed before me, this the 11th day of Feby. 1901. J. H. Wren mark Postoffice Lexington Geo

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 J. H. Wren 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 Feby 1901.

J. J. Bacon
Ordinary Oglethorpe County.

Affix your seal here

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Oglethorpe County.

Personally appears J. H. Wren 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 1845; 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 th Regiment of Geo. militia Volunteers, Gartrells 's Brigade; that whilst engaged in such military service in the State of Geo., on the day of 1864, he was wounded, injured or diseased as follows:

was attacked with Typhoid Fever while on duty at Andersonville Geo. which settled in the Eyes, Causing the entire Loss of one Eye, as will appear by proff 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 Thirty Dollars, for the year 1901.

Sworn to and subscribed before me, this the 9th day of Jany 1902. J. H. Wren mark Post-office Lexington Geo

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 J. H. Wren 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 Jany 1902.

J. J. Bacon
Ordinary Oglethorpe County.

Affix your seal here

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Oglethorpe County.

I, Isham H. Wynn 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
at Lexington Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 2nd
day of January 1903.

Isham H. Wynn [L. S.]

Executed in presence of
J. J. Bacon Ordinary O. C.

CODE SECTION 1360.
(FOR THOSE ALREADY ENROLLED.)
No. 2717

DISABLED
SOLDIER'S PENSION
1903.

Name Isham H Wynn
County Oglethorpe
Co. B 1st Georgia Regiment
Disability
Amount, $ 30
Feby 1903.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Oglethorpe County.

I, Isham H. Wynn hereby authorize
Jas Council of Lexington
to receive and receipt for the pension paid hereon, and request that he remit same to
me by hand
at Lexington

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th
day of Jan 1904.

Isham H. Wynn [L. S.]

Executed in presence of
Jas Council, Ord'y

CODE SECTION 1360.
(FOR THOSE ALREADY ENROLLED.)
No. 2717

DISABLED
SOLDIER'S PENSION
1904.

Name Isham H Wynn
County Oglethorpe
Co. B 1st Georgia Regiment
Disability Loss R Arm
Amount, $ 30 per
1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Ord'y

Geo. W. Harrison, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears Wm H Wynn 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 1842; 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 13, of 1st ~~th~~ Regiment of Ga Militia Volunteers, Gartrell 's Brigade; that whilst engaged in such military service in the State of Ga, on the ____ day of ____ 1864 he was wounded, injured or diseased as follows:

Contracted typhoid fever at Andersonville Ga in 1864. Causing loss of right eye. See proof in Testimony Typed.

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 $30.00 Dollars, for the year 1902.

Sworn to and subscribed before me, this the 2nd day of January 1903.

Wm H Wynn

Post-office Lexington Ga

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,

Oglethorpa County.

I, J J Bacon Ordinary of said County, do certify that I am well acquainted with Wm H Wynn 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 2nd day of January 1903.

J J Bacon

Ordinary Oglethorpe County.

Affix your seal here

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears Isham H. Wynn 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 15th day of July 1841; 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 ~~th~~ Regiment Ga Cherokee Militia Volunteers, Gartrell 's Brigade; that whilst engaged in such military service in the State of Ga Andersonville on the ____ day of July 1864, he was wounded, injured or diseased as follows:

Was quarantined from and suffered in his eye Causing loss of the sight of left eye

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 Thirty ~~—~~ Dollars, for the year 1903.

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

Jas Cloud Ordinary

Isham H. Wynn

Post-office Lexington

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, Jas Cloud Ordinary of said County, do certify that I am well acquainted with Isham H. Wynn 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.

Jas Cloud

Ordinary Oglethorpe County.

Affix your seal here.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Oglethorpe COUNTY.

I, Isham H. Wynn hereby authorize
Jane Council Ody of, Oglethorpe
to receive and receipt for the pension paid hereon, and request that he remit same to
Wife by Hand
at Lexington Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of June 1905.

Isham H. Wynn his mark [L. S.]

Executed in the presence of

Wynn Isham H.
Oglethorpe Co Ga

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)
No. 2206

DISABLED
SOLDIER'S PENSION
1905.

Name Isham H. Wynn
County Oglethorpe
Co. D Regiment 52nd Ga
Disability Eye
Amount, $ 30.00

JAN 31 1905

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

The Franklin Printing and Publishing Co., Atlanta
Geo. W. Harrison, Manager State Printer

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,
Oglethorpe COUNTY.

I, Isham H. Wynn hereby authorize
Jane Council of Lexington
to receive and receipt for the pension paid hereon, and request that he remit same to
Wife by Hand
at Lexington

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4
day of June 1906.

Isham H. his mark Wynn [L. S.]

Executed in the presence of
Jane Council Ody

Wynn Isham H.
Co D 52 Ga Inf
Oglethorpe Co Ga

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)
No. 2206

DISABLED
SOLDIER'S PENSION
1906.

Name Isham H Wynn
County Oglethorpe
Co. D 52 Regiment Ga Troops
Disability eye
Amount, $ 30.00

FEB 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

The Franklin Printing and Publishing Co. Geo. W. Harrison, Mgr.

no date

Co. B. 1st. Ga. militia

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Oglethorpe COUNTY.

Personally appears Isham H. Wynn 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 July 1841 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~~ 1st Ga ~~State Troops~~ of Ga Volunteers Gartrell's Brigade; that whilst engaged in such military service in the State of Ga Andersonville on the day of July 1864 he was wounded, injured or diseased as follows: contracted fever which settled in left eye causing loss of sight

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 Thirty Dollars, for the year 1904.

Sworn to and subscribed before me, this the 13 day of Jan 1905.
Jule Cleveland Ordy

Isham H. his x mark Wynn
Post-office Lexington

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, ~~Isham H. Wynn~~ Jule Cleveland Ordinary of said County, do certify that I am well acquainted with Isham H. Wynn 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 13th day of Jan 1905.

Affix your Seal here.

Jule Cleveland
Ordinary Oglethorpe County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Oglethorpe County.

Personally appears Isham H. Wynn 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 July 1841 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 Ga militia ~~Regiment~~ ~~State Troops~~ Gartrell's Brigade; that whilst engaged in such military service in the State of Ga, on the day of July 1864, he was wounded, injured or diseased as follows: contracted fever which settled in him and lost sight in one eye

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 Thirty Dollars, for the year 1905.

Sworn to and subscribed before me, this the 2 day of Jan 1906.
Jule Cleveland Ordy

Isham H. his x mark Wynn
Post Office Lexington

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, Jule Cleveland Ordinary of said County do certify that I am well acquainted with Isham H. Wynn 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 2 day of Jan 1906.

Affix your seal here

Jule Cleveland
Ordinary Oglethorpe County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Effingham County.

I, Isham X Wynne, hereby authorize
Jere Council of Guyton
to receive and receipt for the pension paid hereon, and request that he remit same to
Mrs. by Council
at Guyton

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 11
day of June 1907.

his
Isham X Wynne [L. S.]
mark

Executed in presence of
Jere Council Ord'y

Wynne, Isham H.
Effingham Co.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED)
No. 1346

DISABLED
SOLDIER'S PENSION
1907.

Name Isham H. Wynne
County Effingham
Co. B 1st Regiment 1st Brigade
Disability Eye
Amount, $ 30 00

FEB 1 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Oglethorpe County.

Personally appears Johnson H. Wynne of said County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 10 day of July 1865; 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 th Regiment of Ga Militia Volunteers Troops Forbes's Brigade; that whilst engaged in such military service in the State of Georgia, on the _____ day of July 1864, he was wounded, injured or diseased as follows: Contracted fever which settled in eyes & caused loss of sight

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of Oglethorpe County, been allowed an invalid pension of Thirty Dollars, for the year 1906.

Sworn to and subscribed before me, this the 10 day of June 1907.

Jno. Ward Ordy

his
Johnson H. Wynne
mark

Postoffice Lexington Ga

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, Jno. Ward Ordinary of said County, do certify that I am well acquainted with Johnson H. Wynne 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 10 day of June 1907.

Jno. Ward

Ordinary Oglethorpe County.

Affix your seal here

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.