

# NOTES

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

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

2. The law makes no allowance for 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 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.

5. 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.

6. The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

"7. No payments can be made for any past year.

W. H. HARRISON  
Clerk En Dept:

## APPLICATION FOR ALLOWANCE

FOR

Disability Allowance  
Applicant, Sam'l. M. Young  
County, Oglethorpe

Amount, 50

Date of Warrant, Oct 11<sup>th</sup> 1890

Entered on record

Oct 11<sup>th</sup> 1890

SECRETARY EXECUTIVE DEPARTMENT

WARRANT HANDED TO

to a const

## NOTES.

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

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

2. The law makes no allowance for 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 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.

5. 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.

6. The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

7. No payments can be made for any past year.

W. H. HARRISON,  
Clerk Ex. Dept.

### APPLICATION FOR ALLOWANCE

Ms. by Name Applicant, Sam'l. Young	Date of Birth, Oct. 11, 1840
County, Oglethorpe	Date of Warrant, Oct. 11, 1890
Amount, \$50	Entered on Record, Oct. 11, 1890
FEE RECEIVED TO COMMISSIONED OFFICER'S AFFIDAVIT	
W. J. Clegg, State Proctor, Constitution Sub Office, Atlanta.	

## For Use of Applicants Who Have not Heretofore Drawn.

### STATE OF GEORGIA,

Oglethorpe — County.

PERSONALLY appears Sam'l. Y. Young 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 continuously since the \_\_\_\_\_ day of

1843, that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the

States, and served as a Priate in Company C of 3rd Regiment of Georgia Volunteers, Brigade; that whilst engaged in such military service at the battle of \_\_\_\_\_ in the State of \_\_\_\_\_, on the \_\_\_\_\_ day of October 1864, he was

wounded as follows: He ran with others of his platoon, with short rcs of breast, which was first-aided & while engaged in

the service around Atlanta about the battle of Atlanta, when, the hospital was caused by exposure from constant confinement, in the ditch's wheel, which could not be avoided. The doctors also were not there, so the surgeon & team were unable to do any work, in being and having been ever since a com, stant sufferer of the most severe asthma.

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 thereunder, ending October 26, 1890.

Sworn to and subscribed before me this the

4<sup>th</sup> day of Sept. A.D. 1890.  
N.B. I, a duly qualified and sworn Notary Public, do solemnly declare, and depose and affirm, that the foregoing affidavit was made before me, and that I have caused it to be signed by the affiant, and that I have examined the affiant concerning it directly to the question.

### COMMISSIONED OFFICER'S AFFIDAVIT.

### STATE OF GEORGIA,

Oglethorpe — County.

PERSONALLY came before me S. Y. Young of the county of Oglethorpe, State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company A of 3rd Regiment of Georgia State Volunteers, and that deponent knows S. Y. Young, and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said S. Y. Young,

as stated by him in said affidavit. Deponent further states that said S. Y. Young is a bona fide citizen of this State and resides in Oglethorpe county.

Sworn to and subscribed before me this

4<sup>th</sup> day of Sept. A.D. 1890.  
The foregoing affidavit, changed to suit the facts, should be read by a commissioned officer of Company or Regiment. If the affidavit is not so read, the original affidavit of a responsible citizen should be furnished.

Joseph M. Johnson  
Ch. Com. State Dept.

Supr. Court.

STATE OF GEORGIA,

County.

PERSONALLY came

citizens of \_\_\_\_\_ county, in said State,  
who being duly sworn, say that they are well acquainted with  
and know from having been with him in the army, that  
he received the wounds (or contracted the disease) in the military service, as stated by him,  
in the foregoing affidavit; that said wounds (or disease) permanently disabled applicant, as  
stated by him; the said applicant is a bona fide citizen of this State, and resides in  
county, and we are well satisfied that all the  
statements in his affidavit are true.

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

Note.—Above affidavit must be made by three citizens who personally know of the service of applicant and can state of their  
own knowledge precisely how he is disabled, and what disables him.

Note 2.—The attesting officer must see that each witness reads, or has read to him the affidavit before signing.

STATE OF GEORGIA,

Oglethorpe — County.

PERSONALLY comes before me G. J. Bacon — Ordinary of said county,

W. Z. Faust M.D. and W. H. Reynolds M.D. both known to

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

examination say that the applicant has been injured as follows: Sam. Young has been

a certain sufferer from asthma ever since I first  
knew him which was about four years ago he then  
told me that it first attacked him while in  
the war and to my knowledge he has been  
unable to do any work since I first saw him  
which was four years ago as above written he  
is a man of very little means and entirely unreliable  
and I have no hesitation in recommending him  
as a proper subject for a pension under the law  
for he surely is sorely afflicted with asthma and  
is permanently essentially substantially and absolutely  
disabled to obtain work therefore he is about 66 years

Sworn to and subscribed before me, this

45 — day of Sept — 1890

W. H. Reynolds M.D.

ORDINARY.

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

Note 2.—If claim is for disability resulting from disease, state how the disease is known to result from the service as a soldier.  
Also state how long physicians have known and treated applicant.

STATE OF GEORGIA,

Oglethorpe — County.

I, G. J. Bacon — Ordinary of said county,  
do certify that I am well acquainted with Sam. Y. Young — 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. I also certify that the  
foregoing witnesses are persons of respectability, and that their statements are worthy of  
full credit and belief.

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

Given under my official signature and seal, this 45 day of Sept — 1890.

G. J. Bacon  
Ordinary Oglethorpe — County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Oglethorpe — County.

Know all Men by these Presents, That I, Sam. Y. Young —  
of Oglethorpe — county, in said State, do hereby appoint Geo. A. 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 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  
45 — day of Sept — 1890.

S. Y. Young

[L.S.]

Executed in the presence of us:

Bryant & Clegg  
Geo. A. Lester, Clerk

Supr. Court DIRECTION.

If allowed, send amount by Express (car ordinary) — to  
me at Springfield Ga. and oblige.

S. Y. Young

## STATE OF GEORGIA,

Buckhead County.

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

Given under my official signature and seal, this 21<sup>st</sup> day of February, 1891.

John J. Young  
Ordinary Buckhead County.

1891.

No. 20504

## Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1892.

Disabled Person.

Applicant, John J. Young,  
County, Buckhead.

Amount,

Date of Warrant, Nov 12

Entered on record

John J. Young 1891

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

John J. Young

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

## STATE OF GEORGIA.

Buckhead County.

I, John J. Young, Ordinary of said county, do certify that I am well acquainted with John J. Young 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 — day of March, 1892.

John J. Young  
Ordinary Buckhead

County.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

John J. Young  
Name John J. Young  
County Buckhead  
Disability Disabled

Amount, \$ 50

Entered on record

John J. Young 1892

W. H. HARRISON,

Secretary of Executive Department.

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

# For Applicants Heretofore Allowed Pensions.

## STATE OF GEORGIA,

County,

PERSONALLY appears Samuel Y. Young — of Cypherville — 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 1845, 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 Priate — in Company A of 34th Regiment of Georgia Volunteers Reservists — Brigade: that whilst engaged in such military service at the time — — — — — Liege of Atlanta — in the State of Georgia on the day of July 1864, he was wounded as follows: — In consequence of his service in the battle around Atlanta I contracted rheumatic affection, resulting in severe debility and lameness, all of which is fully supported in my file in the Adjutant's office.

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

Twenty five — — — dollars, for one year past.

Sworn to and subscribed before me, this the

21st day of February 1891.

Samuel Y. Young — Notary Public

Note: State fully informed of character of disease which causes the disability, and having particularly the extent of the disability, etc., etc., from the medical officer.

# POWER OF ATTORNEY.

## STATE OF GEORGIA,

County,

Know all Men by these Presents, That I, Samuel Y. Young — County, State of Georgia, do hereby appoint Samuel Y. Young — 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

21st day of February 1891.

Executed in the presence of us:

Samuel Y. Young

DIRECTION:

Send money to me as follows, by Express or Mail — Care Ordinary — to Springfield — P. O. County, Georgia

Samuel Y. Young

# For Applicants Heretofore Allowed Pensions.

## STATE OF GEORGIA,

County,

PERSONALLY appears Samuel Y. Young —

of Cypherville — 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 day of 1845; 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 Priate — in Company E of 34th Regiment of Georgia Volunteers Reservists — Brigade: that whilst engaged in such military service at the battle of Atlanta — in the State of Georgia — on the day of July 1864, he was wounded as follows: — In the battle around Atlanta I contracted rheumatic affection, resulting in severe debility and lameness, all of which is fully supported in my file in the Adjutant's office.

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

Fifty — — — Dollars for Disability from Disease

Sworn to and subscribed before me this the

19th day of March 1892.

Samuel Y. Young — Notary Public

Note: State fully informed of character of disease which causes the disability, and having particularly the extent of the disability.

# POWER OF ATTORNEY.

## STATE OF GEORGIA,

County,

Know all Men by these Presents, That I, Samuel Y. Young — of Cypherville —

County, in said State, do hereby appoint Samuel Y. Young — of Cypherville — 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

day of March 1892.

Executed in the presence of us:

Samuel Y. Young — Notary Public

DIRECTION:

Send money to me as follows, by Express or Mail — Care Ordinary — to Springfield — P. O. County, Georgia

Samuel Y. Young

# POWER OF ATTORNEY.

STATE OF GEORGIA,

{  
Columbia County.}

Know all Men by these Presents, That I \_\_\_\_\_ of \_\_\_\_\_ County, State of Georgia, do hereby appoint \_\_\_\_\_ of \_\_\_\_\_ 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  
1<sup>st</sup> day of April 1893.

Executed in the presence of us:

## DIRECTION.

Send money to me as follows, by

to

P. C.

County, Georgia.

1893.

## Application for Allowance

No. \_\_\_\_\_  
For the Year Ending October 26, 1893.

FOR

Applicant, James H. Young  
County, Columbia

Amount,

Date of Warrant,

Entered on record,

1893.

Secretary Executive Department.

WARRANT HANDED TO

# For Applicants Heretofore Allowed Pensions.

## STATE OF GEORGIA.

County.

PERSONALLY appears ~~John G. Baer~~ of ~~Georgia~~ 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 ~~Sept~~ 1824; 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 ~~C~~, of ~~1st~~ th Regiment of ~~Georgia State Troops~~ Volunteers ~~Brigade~~; that whilst engaged in such military service at the battle of ~~Atlanta~~ in the State of ~~Georgia~~, on the day of ~~Sept~~ 1864, he was wounded as follows:

~~Atlanta~~ in the summer of 1864 Contracted ~~fever~~ and ~~other~~ which he ~~ever~~ since ~~considered~~ as ~~the~~ sole cause of ~~his~~ present disability, and ~~now~~ claims ~~any~~ thing ~~else~~ to ~~be~~ his ~~disability~~ as ~~will~~ more fully appear in ~~the~~ statement ~~hereinafter~~ made ~~in~~ full ~~and~~ particular.

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

~~50~~ dollars, for ~~disabled~~ ~~genuine~~ ~~disabled~~  
Sworn to and subscribed before me, this the ~~1<sup>st</sup>~~ day of ~~April~~ 1893. ~~1893~~

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.

County.

Ordinary of said County,

I, ~~John G. Baer~~ do certify that I am well acquainted with ~~John G. Baer~~ 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 ~~John G. Baer~~ before whom the foregoing affidavits were made and power of attorney was signed, is ~~John G. Baer~~ of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this ~~1<sup>st</sup>~~ day of ~~April~~ 1893.

John G. Baer  
Ordinary ~~John G. Baer~~ County.

Georgia } we, the undersigned members of  
Oglethorpe County Co. E 3<sup>d</sup> Regiment, Bartram's Brigade,  
as State Troops, do certify that Sam-  
uel Young was a member of our command, and  
that he contracted severe asthma and bronchitis  
affection by exposure in the ditches during the  
Siege of Atlanta, and was sent home for this  
cause. we further certify that said applicant had no  
disease when he went into the service, and that he has  
had it continually ever since. The said said  
disease renders applicant unable to work at any  
business for a support, and that he has been in  
this condition since the war.

Signed and Subscribed } Wm Brooks  
before me this 1<sup>st</sup> day of Oct 1890. Testimony  
of J. T. Johnson  
Capt. Co. E  
3 Regt  
Ga State  
Troops

Personally appears James  
Georgia } Davant M.D who on oath says,  
Oglethorpe County } that he has personally known Sam-  
uel Young - the applicant in the  
foregoing Pension Papers - since before the war -  
known as the war between the States; defendant fur-  
ther says that said Young was a sound and healthy  
man when he went into the service, defendant  
was not in the army with said Young, but did  
treat him professionally some two or three years  
after the war, and continuously until some four  
years ago, when applicant moved from defendant's  
territory, for severe asthma and bronchial affec-  
tion - Young claimed when I first treated him  
that the disease was contracted by exposure in  
the service, and it was so understood by the people  
generally - Said Young was attended sent home  
before the war ended on sick leave in consequence  
of this disease, and was attended by Doctor Wm H.  
Blaney until Dr. Blaney's death, when I attended him  
as above stated. Defendant further says that said appli-  
cant is unable to do any work for a support in con-  
sequence of said disease, and has been in this con-  
dition since he was sent home from the army.  
Signed and Subscribed }

before me this 7 day of Oct 1890. Jas M. Davant M.D  
Physd R. Blaney Co. E. S.P.)

*5*

---

Maimed Soldiers.

Voucher No: 3050

1890

Amount \$ 50

*Wm. P. Wright*  
COMPTROLLER-GENERAL

Paid to Sam'l J. Young  
for Disbursed by  
Xerome  
Oct 11 1890

Included in Warrant No.

issued to Treasurer.

189

WARRANT CLERK

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

*Watsonright*

AUDITED

Audited MAR 18 1891 1891.

*Wm. P. Wright*

COMPTROLLER-GENERAL

Voucher No. 30501

Amount \$ 50

Paid to Sam'l J. Young  
for Dr'd by Medical  
Mch 12 1891

Included in warrant No.

issued to Treasurer.

1891

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta.

*Watsonright*

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

No. 9080

Atlanta, Ga., Oct 11, 1890.

Mr. Sam'l M. Young  
of Oglethorpe, of the County  
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

Disabled by Disease

He is entitled to receive the sum of Fifty 1 00 Dollars

for such disability, the same being the allowance due for the year ending October 24, 1890.

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

J. B. Gordon  
GOVERNOR

By the Governor,

W. W. Harrison  
CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 1 00

per above voucher, this



Oct 11

Dollars

1890

Sam'l M. Young  
for use of March

1891.

No. 9081

Atlanta, Ga., Oct 12, 1891.

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

Mr. Sam'l M. Young  
of Oglethorpe, of the County  
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

Disabled by Disease Fifty 1 00

Dollars

He is entitled to receive the sum of Fifty 1 00 Dollars

for such disability, the same being the allowance due for the year ending October 24, 1891.

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

J. B. Gordon  
GOVERNOR

By the Governor,

W. W. Harrison  
SECY EXECUTIVE DEPARTMENT.

\$ 50

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

Fifty 1 00

per above voucher, this 12 of March 1891.

Dam'l Young  
W. M.

Georgia } J. G. J. Bacon, Ordinary of Said County  
Oglethorpe County } do certify that J. T. Hargrove is a duly  
Commissioned and qualified Justice of  
the Peace for said County - I further certify that E. R.  
Cheney is a duly qualified Notary Public of Said County,  
Given under my official Signature & Seal of  
office this 8<sup>th</sup> day of Oct. 1890.

J. G. Bacon  
Ordinary O.C.