

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 phrase of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially" useless.
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially" useless.
5. If papers are returned for correction, and amendments are *added* to any of the affidavits, the amendments must be made *under oath* before an officer, and the proofs must show that the amendments have been duly sworn to.
6. Every application must be verified by the Ordinary of the county of the residence of the applicant. The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

Oglethorpe Co.
Young, Wm. J.

No. 857

APPLICATION FOR ALLOWANCE.

FOR

General disability from
body maimed

Applicant, *Wm. J. Young*

County *Oglethorpe*

Amount *50*

Date of Warrant *Feb 23*

Entered on Record.

Feb 23 1889

SECRETARY EXECUTIVE DEPARTMENT

W. A. Wright

Ex. Dept. Atlanta
Feb. 8: 1889.

It appears from the
applicant's affidavit
that he has only
been a citizen since
23 Jan'y 1889. He
has not been a citizen
long enough. Much
have been a citizen
26 Oct. 1886 and
constantly since
then.

Applicant failed to
sign his affidavit
He also fails to state
the extent to which
he is disabled.
The physicians do not
state what it is their test
about.

W. H. Harrison

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, tending 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 papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.
 6. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.
- The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,

County.

PERSONALLY appears *Wm. Wright* of *Wilkes* county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such since the *1st* day of *Jan* 1871; 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 *E* of *1st* Regiment of *Volunteers* *Georgia*'s Brigade; that whilst engaged in such military service, at the battle of *Shiloh* in the State of *Tennessee* on the *10th* day of *April* 1862, he was wounded as follows: *His right breast muscles with right arm badly lacerated and torn by fragments of an exploded shell. These injuries resulted in the fracture of the humerus of the right arm - sides of spine of same shell below described injuries rendering them essentially substantially and permanently disabled for ordinary pursuits of life.*

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

Sworn to and subscribed before me, this the *11th* day of *Jan* 1889.

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

Commissioned Officer's Affidavit.

STATE OF GEORGIA,

County.

PERSONALLY came before me *Wm. Wright* of the county *Wilkes* State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company *E* of *1st* Regiment of *Volunteers*, and that deponent knows *Wm. Wright* 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 *Wm. Wright* as stated by him in said affidavit. Deponent further states that said *Wm. Wright* is a *bona fide* citizen of this State and resides in *Wilkes* county.

The foregoing affidavit, changed to suit the facts, should be made by a commissioned officer of Company or Regiment. If the affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be furnished:

APPLICATION FOR ALLOWANCE.

FOR *Wm. Wright*
Sound disability from
both arms
 Applicant *Wm. Wright*
 County *Wilkes*
 Amount *500*
 Date of Warrant *Oct 23*
 Entered on Record *Oct 23*
 1889
 SECRETARY BUREAU DEPARTMENT

Wm. Wright

Ex. Dept Atlanta
Oct. 5. 1889.

It appears from the
applicant's affidavit
that he has only
been a citizen since
23 Jan 1889. He
has not been a citizen
long enough. Much
have been a citizen
26 Oct. 1886 and
Continuedly ever
since.
Applicant failed to
sign his affidavit
He also fails to state
the extent to which
he is disabled.
The ph. exam. is not
state all it is the test
about.
Wm. Harrison

STATE OF GEORGIA,

Southwest County

PERSONALLY came

Whitson G. Hinson

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

Sworn to and subscribed before me, this

day of *February* 188*8*

John H. McRae

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

STATE OF GEORGIA,

Southwest County

PERSONALLY comes before me

John H. McRae Ordinary of said county,

and *W. J. Young* both known to

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

examination say that the applicant has been injured as follows: *the mine of exploded shell which only penetrated several inches, breaking the portion of femur which resulted in a long running sore with some injury and as a result permanent hemorrhoids with constant leakage and serious impairment of back and spinal column all of which injuries have rendered applicant substantially and essentially disabled.*

Sworn to and subscribed before me, this

6th day of February 188*8*

W. J. Young M.D.
John H. McRae

ORDINARY.

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

STATE OF GEORGIA,

Southwest County

I, *John H. McRae* Ordinary of said county,

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

Given under my official signature and seal, this *6th* day of *February* 188*8*

Ordinary *John H. McRae* County

POWER OF ATTORNEY.

STATE OF GEORGIA,

Southwest County

Know all Men by these Presents, That I, *W. J. Young*

of *Southwest* county, in said State, do hereby appoint *W. J. 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 *6th* day of *February* 188*8*

W. J. Young (I. S.)

Executed in the presence of us:

W. J. Young
John H. McRae

1890.

Young W. J.

No. 815.
APPLICATION FOR ALLOWANCE.

TWO YEARS ENDING OCTOBER 31, 1891.

Dee by body mmm
Applicant W. J. Young
County Agitation
Amount \$50.00
Date of warrant, Feb 10 1891
Entered on record
July 10 1891
Warrant
Secretary, Superior Department.
WARRANT HANDLED TO
W A 10

STATE OF GEORGIA,

Agitation County.

I. J. J. Bacon

Ordinary of said county.

do certify that I am well acquainted with W. 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 Geo. H. Sealer 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 3rd day of February 1890

J. J. Bacon
Ordinary Agitation County.

STATE OF GEORGIA,

Agitation County.

I. J. J. Bacon

Ordinary of said County.

do certify that I am well acquainted with W. 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 George H. Sealer 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 6th day of February 1891.

J. J. Bacon
Ordinary Agitation County.

Application for Allowance

No. 816

TWO YEARS ENDING OCTOBER 31, 1891.

Dee by body mmm
Applicant W. J. Young
County Agitation
Amount \$50.00
Date of Warrant, Feb 10 1891
Entered on record
Feb 10 1891
W A 10

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

W A 10

Geo. W. Harrison, State Printer, ALBANY, GA.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe County.

PERSONALLY appears W. J. 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 such continually since the 23 day of January 1837; 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 Sergeant - in Company K, of 8 th Regiment of Georgia Volunteers Anderson's Brigade; that whilst engaged in such military service, at the battle of Spartanburg in the State of Virginia on the 12 day of April 1863, he was wounded as follows: Struck by shell causing two severe wounds in left arm and breaking left arm - said left arm wounds discharged his arm and pieces of bone for two years - and causing great suffering. Now, and here, confined to my bed for weeks recently with these wounds, all of which render me unable to do any work of a manual character -

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

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

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 3 day of February 1890.

Executed in the presence of us: Wm. H. Johnson Geo. H. Foster Wm. H. Wright

DIRECTION. Send money to me as follows, by Express - Care ordinary to Savannah P. O.

Oglethorpe County, Georgia.

W. J. Young

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe County.

PERSONALLY appears William J. Young 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 23 day of January 1837; 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 Sergeant - in Company K, of 8 th Regiment of Georgia Volunteers Anderson's Brigade; that whilst engaged in such military service at the battle of Spartanburg in the State of Virginia on the 12 day of April 1863, he was wounded as follows: in the left arm and left arm broken - left arm bone fractured rendering me a cripple ever since and unable to perform any of the manual avocations of life - as will more fully appear by reference to my proofs already submitted -

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

Sworn to and subscribed before me, this 11 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,

Oglethorpe County.

Know all Men by these Presents, That I, William J. Young of Oglethorpe County, State of Georgia, do hereby appoint Wm. H. Wright - of Atlanta my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 6 day of Feb 1891.

Executed in the presence of us: W. J. Young [L. S.]

DIRECTION. Send money to me as follows, by Express to Savannah P. O.

Oglethorpe County, Georgia.

W. J. Young

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Oglethorpe County, }

PERSONALLY appears William J. Young 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 28th day of January 1837; 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 K, of 8th Regiment of Georgia Volunteers, 1st Division's Brigade; that whilst engaged in such military service at the battle of Chancellorsville in the State of Virginia, on the 30th day of April 1863, he was wounded as follows: Shot by the enemy in the right arm, which wound rendered him unable to do any manual labor as well as to perform his duties as a private in the Confederate States Army.

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

7.00 dollars, for 1892-1893.
Sworn to and subscribed before me, this, the 13th day of March 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, }

Oglethorpe County, }

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

Given under my official signature and seal, this 13th day of March 1893.

J. J. Bacon
Ordinary Oglethorpe County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Oglethorpe County, }

PERSONALLY appears Wm. J. Young

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 23rd day of May 1837; 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 Sergeant in Company K of 8th Regiment of Georgia Volunteers, 1st Division's Brigade; that whilst engaged in such military service at the battle of Chancellorsville in the State of Virginia, on the 30th day of April 1863, he was wounded as follows:

Shot by the enemy in the right arm, which wound rendered him unable to do any manual labor as well as to perform his duties as a private in the Confederate States Army.

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, 1893. I have heretofore been allowed a pension of

7.00 Dollars for 1892-1893.
Sworn to and subscribed before me this, the 13th day of March 1893.

J. J. Bacon 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, Wm. J. Young of Oglethorpe

County, in said State, do hereby appoint J. J. Bacon 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 1893.

Executed in the presence of us:

J. J. Bacon Ordinary, etc.

DIRECTION.

Send money to me as follows, by Express to Lexington, Georgia.

Oglethorpe County, Georgia.
W. J. Young

POWER OF ATTORNEY.

STATE OF GEORGIA.

Oglethorpe - COUNTY.

Know all Men by these Presents, That I, *Wm J. Young* of *Oglethorpe* County, State of Georgia, do hereby appoint *Wm. 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 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 *7th* day of *March* 1894.

W. J. Young [i. s.]

Executed in the presence of us

J. B. Green

DIRECTIONS.

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

W. J. Young

(For Those Already Enrolled.)

Soldier's Pension.

1894.

Name *Wm J. Young*
County *Oglethorpe*
Disability *Wounded*
Amount, \$ *205.00*

1894.

W. H. HARRISON.

Secretary Executive Department.

WARRANT HANDED TO

W. J. Young

Gen. W. Harrison, State Printer, Atlanta

W. J. Young

POWER OF ATTORNEY.

STATE OF GEORGIA,

Oglethorpe County.

KNOW ALL MEN BY THESE PRESENTS, That I, *Wm J. Young* of *Oglethorpe* County, State of Georgia, do hereby appoint *Wm. 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 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 *12th* day of *February* 1895.

W. J. Young [i. s.]

Executed in presence of us

J. B. Green
J. B. Green

DIRECTIONS.

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

W. J. Young

(For Those Already Enrolled.)

SOLDIER'S PENSION.

1895.

Name *Wm J. Young*
County *Oglethorpe*
Disability *Wounded*
Amount, \$ *51.11*

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

W. J. Young

Gen. W. Harrison, State Printer, Atlanta

W. J. Young

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Oglethorpe County, }

PERSONALLY appears *Wm. J. Young* 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 *23rd* day of *January* 1837; 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 *K*, of *8th* Regiment of *Georgia* Volunteers, *Anderson's* Brigade; that whilst engaged in such military service at the battle of *Savannah* in the State of *Georgia*, on the *10th* day of *April* 1863, he was wounded as follows: *shot in the left leg by exploding shell on 10th April and from exploding left leg to such an extent as to render him for some time almost entirely useless.*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1894. I have heretofore been allowed a pension of *Five* dollars, for the year 1893 and previously.

Sworn to and subscribed before me, this, *11th* day of *March* 1894, } *W. J. Young*

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. 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 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 *March* 1894.



J. J. Bacon
Ordinary *Oglethorpe* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Oglethorpe County, }

PERSONALLY appears *Wm. J. Young* 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 *January* 1837; 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 *K*, of *8th* Regiment of *Georgia* Volunteers, *Anderson's* Brigade; that whilst engaged in such military service at the battle of *Savannah* in the State of *Georgia*, on the *10th* day of *April* 1863, he was wounded as follows: *shot in the left leg by exploding shell on 10th April and from exploding left leg to such an extent as to render him for some time almost entirely useless.*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of *Five* dollars, for the year 1894 and previously.

Sworn to and subscribed before me, this, *12th* day of *February* 1895, } *W. J. Young*

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. 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 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 *12th* day of *February* 1895.



J. J. Bacon
Ordinary *Oglethorpe* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Chatham County.

I, W. J. Young hereby authorize Sam. Lee A. Wright of Atlanta Ga.

to receive and receipt for the pension paid hereon and request that he remit same to my ordinary by Seixington at Seixington Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 5th day of July 1896.

W. J. Young [L. S.]

Executed in presence of us

J. J. Bacon ordinary
J. J. Bacon

POWER OF ATTORNEY.

STATE OF GEORGIA,

Chatham County.

I, W. J. Young hereby authorize Sam. Lee A. Wright of Atlanta Ga.

to receive and receipt for the pension paid hereon and request that he remit same to my ordinary by Seixington at Seixington Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 5th day of July 1897.

W. J. Young [L. S.]

Executed in presence of

J. J. Bacon ordinary
J. J. Bacon

(For Those Already Enrolled.)

No. 2059

SOLDIER'S PENSION.

1896.

Name W. J. Young
County Chatham
Disability several
Amount, \$ 5.00 3/2 1896.

RICHARD JOHNSON,

Secretary, Executive Department.

WARRANT HANDED TO

att.

Geo. W. Harrison, State Printer, Atlanta.

No data.

(For Those Already Enrolled.)

No. 134

INVALID

SOLDIER'S PENSION.

1897.

Name W. J. Young
County Chatham
Disability several
Amount, \$ 5.00 2/20 1897.

RICHARD JOHNSON,

Secretary, Executive Department.

WARRANT HANDED TO

att.

Geo. W. Harrison, State Printer, Atlanta.

No data.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears W. J. Young 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 1837; 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 K of 8th Regiment of Georgia Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Georgia, on the 15th day of April 1863, he was wounded, injured or diseased as follows:

at Battle of Suffolk was on 15th April 1863. was wounded by exploding shell on hip causing such injury and to render me unable to do any manual labor, as fully proved by reports to proper medical authorities.

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, 1896. I have heretofore as a resident of Oglethorpe county been allowed a pension of \$5.00 dollars, for the year 1895 and previously.

Sworn to and subscribed before me, this, the 5th day of July 1896.

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. 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 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 July 1896.



Ordinary Oglethorpe County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears W. J. Young 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 1837; 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 K of 8th Regiment of Georgia Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Georgia, on the 15th day of April 1863, he was wounded, injured or diseased as follows:

at Battle of Suffolk was on 15th April 1863. was wounded by exploding shell on hip causing such injury and to render me unable to do any manual labor, as fully proved by reports to proper medical authorities.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Oglethorpe county been allowed an invalid pension of \$5.00 Dollars, for the year 1896 and previously.

Sworn to and subscribed before me, this, the 5th day of July 1897.

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. 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 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 July 1897.



Ordinary Oglethorpe County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Waynes County.

I, W. J. Young hereby authorize Wm. J. Young of Waynes County to receive and receipt for the pension paid hereon and request that he remit same to me at Waynes by Chas. A. Young at Waynes.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st day of July 1898.

Executed in presence of.

[L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Waynes County.

I, W. J. Young hereby authorize Wm. J. Young of Waynes County to receive and receipt for the pension paid hereon and request that he remit same to me at Waynes by Chas. A. Young at Waynes.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st day of July 1899.

[L. S.]

Executed in presence of

(For Those Already Enrolled.)

No. 2823

INVALID

SOLDIER'S PENSION.

1898.

Name W. J. Young
County Waynes
Disability General
Amount, \$ 2/23 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

W. J. Young

Geo. W. Harrison, State Printer, Atlanta.

(For Those Already Enrolled.)

No. 2187

INVALID

SOLDIER'S PENSION.

1899.

Name W. J. Young
County Waynes
Disability General
Amount, \$ 50.00 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

W. J. Young

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears W. F. Young 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 1837; 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 K of 8th Regiment of Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Va on the 15th day of April 1863, he was wounded, injured or diseased as follows:

was wounded by a shell in his arm at Battle of Suffolk Va on 15 April 1863, causing such disability as to render him unable to do manual labor

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of Oglethorpe county been allowed an invalid pension of Five Dollars, for the year 189

Sworn to and subscribed before me, this, the 15th day of July 1898. POST-OFFICE Sebring

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. F. Young 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 15th day of July 1898.

Am your seal here

J. J. Bacon Ordinary Oglethorpe County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears W. F. Young 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 1837; 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 K of 8th Regiment of Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Va on the 15th day of April 1863, he was wounded, injured or diseased as follows:

at Battle of Suffolk Va in above date in which he was struck by shell in his arm causing such general disability as to render him unable to do manual labor, as will appear by reference to proofs of file in Pension office

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of Oglethorpe County been allowed an invalid pension of Five Dollars, for the year 189

Sworn to and subscribed before me, this, the 15th day of July 1899. POST-OFFICE Sebring

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. F. Young 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 15th day of July 1899.

Am your seal here

J. J. Bacon Ordinary Oglethorpe County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Oglethorpe County.

I, W. J. Young hereby authorize Sam. W. A. Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to me ordinary by chk. or exp. at Savannah Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 14th day of July 1900.

W. J. Young [L. S.]

Executed in presence of

J. J. Bacon ordinary

CODE SECTION 120.

(For Those Already Enrolled.)

No. 1977

INVALID

SOLDIER'S PENSION.

1900.

Name W. J. Young

County Oglethorpe

Disability General

Amount, \$ 500

Warrant issued Mar 9 1900.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Young W. J.

Geo. W. Harrison, State Printer, Atlanta.

No data

STATE OF GEORGIA,

Oglethorpe County.

I, W. J. Young 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 ordinary by check or otherwise at Savannah Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 9th day of July 1901.

W. J. Young [L. S.]

Executed in presence of

J. J. Bacon ordinary

CODE SECTION 120.

(For Those Already Enrolled.)

No. 8128

DISABLED

SOLDIER'S PENSION.

1901.

Name W. J. Young

County Oglethorpe

Disability General

Amount, \$ 500

Warrant issued July 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. J. Young 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 1837; 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 K, of 8th Regiment of Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Va, on the 15th day of April 1863, he was wounded, injured or diseased as follows:

At Battle of Suffolk Va. on about date was wounded by exploding shell in hip, causing such injury to hip and back as to render him unable to do any labor, as will fully appear by reference to proofs in Pension office.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 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 W. J. Young day of July 1900. POST OFFICE Springtown Ga

J. J. Bacon, Ordinary
Not. 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. 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 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 14 day of July 1900.



J. J. Bacon
Ordinary Oglethorpe County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Oglethorpe County.

Personally appears W. J. Young 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 1837; 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 K, of 8th Regiment of Georgia Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Va, on the 15th day of April 1863, he was wounded, injured or diseased as follows:

At Battle of Suffolk Va. on about date was struck by exploding shell in hip as to render him unable to do any labor, as will 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 Fifty Dollars, for the year 1900.

Sworn to and subscribed before me, this, the W. J. Young day of July 1901. Postoffice Springtown Ga

J. J. Bacon, Ordinary
Not. 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. 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 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 22 day of July 1901.



J. J. Bacon
Ordinary Oglethorpe County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Oglethorpe County.

I, W. J. Young 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 15th

day of January 1902.

[L. S.]

Executed in presence of

J. J. Bacon, Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,

Oglethorpe County.

I, W. J. Young 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 15th
day of January 1903.

[L. S.]

Executed in presence of

J. J. Bacon, Ordinary

(FOR THOSE ALREADY ENROLLED.)

No. 2489

DISABLED

SOLDIER'S PENSION
1902.

Name W. J. Young
County Oglethorpe
Co. 8th Regiment 4th, 10th
Disability General
Amount, \$ 57.00
2/6 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordinary

Geo. W. Harrison, State Printer, Atlanta.

(FOR THOSE ALREADY ENROLLED.)

No. 2713

DISABLED

SOLDIER'S PENSION
1903.

Name W. J. Young
County Oglethorpe
Co. 6th Regiment 3rd
Disability Right Arm
Amount, \$ 50.00 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

28-50 14800
2-100 30
1-35 30
2-25 30
1-30 14328
1-18

33 14000
2-100 30
14000 30
1723

1-100 100
2-100 1250
1-30 30
1-30 30
2-25 50
1-10 10
31 17470

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Oglethorpe County.)

Personally appears W. J. Young of Oglethorpe County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of his birth in 1837; 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 K, of 8th Regiment of Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Georgia, on the 15th day of April 1863, he was wounded, injured or diseased as follows:

At Battle of Suffolk Va. on above date was struck by exploding shell on hip, disabling him to such an extent that he can do no labor as will appear by reference to reports 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 \$4.00 Dollars, for the year 1901. and previously

Sworn to and subscribed before me, this the 11th day of May 1902, at Post-office Lexington Ga.
R. A. Bacon, Probationary

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. 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 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 15th day of May 1902.

J. J. Bacon Ordinary Oglethorpe County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Oglethorpe County.)

Personally appears W. J. Young of Oglethorpe County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of his birth in 1837; 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 K, of 8th Regiment of Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Georgia, on the 15th day of April 1863, he was wounded, injured or diseased as follows:

At battle of Suffolk Va. on above date was struck by exploding shell on right hip, disabling him to such an extent that he can do no labor as will appear by reference to reports 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 \$4.00 Dollars, for the year 1902.

Sworn to and subscribed before me, this the 11th day of May 1903, at Post-office Lexington Ga.
R. A. Bacon, Probationary

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. 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 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 15th day of May 1903.

J. J. Bacon Ordinary Oglethorpe County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colchester COUNTY.

W. T. Young hereby authorize
Jessie Cleland of *Lexington Ga*
 to receive and receipt for the pension paid hereon, and request that he remit same to
 by *hand*
 at *Lexington*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *12th*
 day of *Jan* 1904. *W. T. Young* [L.S.]

Executed in presence of
Jessie Cleland

(FOR THOSE ALREADY ENROLLED.)

DISABLED
 SOLDIER'S PENSION
 1904.

Name *W. T. Young*
 County *Colchester*
 Co. *26* Regiment *1*
 Disability *Wound at Lexington*
 Amount, \$ *50.00*
 FEB 2 1904.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDLED TO
Hand
 Geo. W. Harrison, State Printer, Atlanta.

no data

Young, W. T.
Colchester

1904
 (FOR THOSE ALREADY ENROLLED.)

DISABLED
 SOLDIER'S PENSION
 1905.

Name *W. T. Young*
 County *Colchester*
 Co. *26* Regiment *1*
 Disability *Wound at Lexington*
 Amount, \$ *50.00*
 JAN 31 1905.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDLED TO
Hand
 Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colchester COUNTY.

W. T. Young hereby authorize
Jessie Cleland of *Colchester*
 to receive and receipt for the pension paid hereon, and request that he remit same to
 by *hand*
 at *Lexington*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *12th*
 day of *Jan* 1905. *W. T. Young* [L.S.]

Executed in the presence of
Jessie Cleland

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Opelika County.

Personally appears *W. T. Young* of *Opelika* 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 *23* 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 *K*, of *8*th Regiment of *Volunteers* *Anderson's* Brigade; that whilst engaged in such military service in the State of *Georgia* on the *18* day of *April* 186*3*, he was wounded, injured or diseased as follows: *Wounded in the hip and one rib, rendering him unable to perform manual & muscular labor.*

Deponent makes application for the pension to which he is entitled for the year ending *October 30th, 1904*. I have heretofore, under said law, as a resident of *Opelika* County, been allowed an invalid pension of *Eight* Dollars, for the year 1903.

Sworn to and subscribed before me, this the *12* day of *Jan* 1904.

Post-office *Remington*

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,

Opelika County.

I, *Jose Cleard* Ordinary of said County, do certify that I am well acquainted with *W. T. Young* 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 *Jan* 1904.

Ordinary

Jose Cleard *Opelika* 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,

Opelika COUNTY.

Personally appears *W. T. Young* of *Opelika* 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 *23* 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 *K*, of *8*th Regiment of *Volunteers* *Anderson's* Brigade; that whilst engaged in such military service in the State of *Georgia* on the *18* day of *April* 186*3*, he was wounded, injured or diseased as follows: *Wounded in the hip and one rib, rendering him unable to perform manual labor.*

Deponent makes application for the pension to which he is entitled for the year ending *October 30th, 1905*. I have heretofore, under said law, as a resident of *Opelika* County, been allowed an invalid pension of *Eight* Dollars, for the year 1904.

Sworn to and subscribed before me, this the *12* day of *Jan* 1905.

Post-office *Remington*

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,

Opelika COUNTY.

I, *Jose Cleard* Ordinary of said County, do certify that I am well acquainted with *W. T. Young* 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 *Jan* 1905.

Ordinary

Jose Cleard *Opelika* 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. J. Young hereby authorize
Joe Conrad of Rising Sun
to receive and receipt for the pension paid hereon, and request that he remit same to
at Rising Sun by hand
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 13
day of Jan 1906.

Executed in the presence of

Joe Conrad only

Cont Section 1250.
FOR THOSE ALREADY ENROLLED.

No. 2262

DISABLED
SOLDIER'S PENSION
1906.

Name

County

Co.

Regiment

Disability

Amount, \$

50

FEB 15

1906.

JOHN W. LINDSEY.

Commissioner of Pensions.

WARRANT HANDED TO

The Pensioner's and Pensions Co., City of Washington, D.C.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Oglethorpe COUNTY. }
I, W. J. Young hereby authorize
Joe Conrad of Rising Sun
to receive and receipt for the pension paid hereon, and request that he remit same to
at Rising Sun by hand
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 13
day of Jan 1907.

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

day of Jan 1907.

Executed in presence of

Joe Conrad only

Cont Section 1250.
(FOR THOSE ALREADY ENROLLED)

No. 1348

DISABLED
SOLDIER'S PENSION
1907.

Name

County

Co.

Regiment

Disability

Amount, \$

1185

FEB

1907.

JOHN W. LINDSEY.

Commissioner of Pensions.

WARRANT HANDED TO

The Pensioner's and Pensions Co., City of Washington, D.C.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Oglethorpe County.

Personally appears W. T. Young 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 23 day of Jan 1863 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 7 of 8th Regiment of GA Volunteers Anderson's Brigade; that whilst engaged in such military service in the State of VA on the 1 day of April 1863 he was wounded, injured or diseased as follows:

in hips and arm receiving
him unfit for manual labor

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 fifty Dollars, for the year 1906.

Sworn to and subscribed before me, this the

12 day of June 1906.

Jacobson

Post-Office

Livingston

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, Jacobson Ordinary of said County, do certify that I am well acquainted with W. T. Young 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 13

day of June 1906.

Ordinary

Jacobson

Oglethorpe County.

NOTE.—Fill all blanks and of Company and Regiment.

NOTE.—All vouchers and affidavits must bear date after January 1st, 1908.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Oglethorpe County.

Personally appears W. T. 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 resided therein continuously ever since the 23 day of Jan 1863; 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 7 of 8th Regiment of GA Volunteers Anderson's Brigade; that whilst engaged in such military service in the State of GA on the 1 day of April 1863 he was wounded, injured or diseased as follows:

in hip and arm

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 said County, been allowed an invalid pension of zero Dollars, for the year 1906.

Sworn to and subscribed before me, this the

day of June 1907.

Jacobson

Postoffice

Livingston

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, Jacobson Ordinary of said County, do certify that I am well acquainted with W. T. Young 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 13

day of June 1907.

Ordinary

Jacobson

County.

NOTE.—Fill all blanks and of Company and Regiment.

NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Oglethorpe County.

Personally appears W. T. Young 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 23 day of Jan 1863 that he enlisted in the military service of the Confederate States (or of the State of Va) during the war between the States, and served as a Sergeant in Company 11 of 5 Th Regiment of 54 Volunteers Anderson's Brigade; that whilst engaged in such military service in the State of Va on the 1 day of April 1863 he was wounded, injured or diseased as follows:

in hips and arm rendering him unfit for military duty

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 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

12 day of Jan 1906.

W. T. Young
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, Jesse Council Ordinary of said County, do certify that I am well acquainted with W. T. Young 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 13

day of Jan 1906.

Jesse Council
Ordinary Oglethorpe County.

Note.—Fill all blanks and of Company and Regiment.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Oglethorpe County.

Personally appears W. T. Young of Sail 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 23 day of Jan 1863; that he enlisted in the military service of the Confederate States (or of the State of Va) during the war between the States, and served as a Sergeant in Company 11 of 5 Th Regiment of 54 Volunteers Anderson's Brigade; that whilst engaged in such military service in the State of Va on the 1 day of April 1863 he was wounded, injured or diseased as follows:

in hips and arm

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1907. I have heretofore, under said law, as a resident of Sail County, been allowed an invalid pension of Five Dollars, for the year 1906.

Sworn to and subscribed before me, this the

12 day of Jan 1907.

W. T. Young
Jesse Council Postoffice 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, Jesse Council Ordinary of said County, do certify that I am well acquainted with W. T. Young 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 15

day of Jan 1907.

Jesse Council
Ordinary Sail County.

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

Audited

1889

COMPTROLLER-GENERAL

Deletions
Maimed Soldiers.

Voucher No. 857

Amount \$ 50.

Paid to

W. J. Young
For General disability
from Feb. 20
July 25 1889.

Included in Warrant No.

issued to Treasurer.

W. J. Young

1889.

WARRANT CLERK

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

W. A. Wright.

Audited

Feb. 15 1890

W. J. Young
COMPTROLLER-GENERAL

Maimed Soldiers.

Voucher No. 815

Amount \$ 50

Paid to

W. J. Young
For Dis. by body
wound
July 10 1890

Included in warrant No.

issued to Treasurer.

W. J. Young

1890

WARRANT CLERK

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

A. A. Wright.

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 887

Atlanta, Ga. July 25 1889

Mr. *W. J. Young* of the County
of *Cyrtterpe* 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

Severely disabled from body wounds
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

J. N. Gordon
GOVERNOR.

CLERK EXECUTIVE DEPARTMENT.

\$50.
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
fifty & 00/100

10 of *July* 1889.
per above voucher, this
W J Young
Per W J Young

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 815

Atlanta, Ga., July 10 1890

Mr. *W. J. Young* of the County
of *Cyrtterpe* 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

Dis' by body wound
He is entitled to receive the sum of *fifty & 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 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.

J. N. Gordon
GOVERNOR.
C. N. Harrison
CLERK EXECUTIVE DEPARTMENT.

\$50.
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
fifty & 00/100

10 of *July* 1890.
per above voucher, this
W J Young
W J Young

Young William J.

1891.

Maimed Soldiers.

Audited Feb. 11 1891.

Wm B. Main
COMPTROLLER GENERAL.

Voucher No. 396

Amount \$ 50

Paid to Wm J. Young

For Body Wounds

Feby 10 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

W. A. Knight

1891.
No. 396

STATE OF GEORGIA,
(EXECUTIVE DEPARTMENT.)

Atlanta, Ga. July 10 1891.

Mr. Wm J Young 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
Soldy wounded
He is entitled to receive the sum of Fifty Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

H. J. McPherson
GOVERNOR.

By the Governor

W. H. Harrison
SEC'Y EXECUTIVE DEPARTMENT.

\$ 50

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

Fifty Dollars,
per above voucher, this 10 of July 1891.

Wm J Young
H. J. McPherson