y Coffaction The up the sind No. APPLICATION FOR ALLOWANCE. h my alliwance With ansin

Clerk.

Applicant, A. H. Arnold

Amount

Date of Warrant

Entered on Record.

SECRETARY EXECUTIVE DEPARTMENT.

#### NOTES.

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

1. The 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. It applicant claims, disability from disease contracted in the service, a tull and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.

The law makes no allowance for an arm or leg, unless the arm or leg has been reindered subitantially

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 by "substantially and essentially uscless."

4. If the application is for a wounded leg, it would seem to be a full 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 usidess."

 It jupers are returned for correction, and amendments are added to any of the affidavits, the amendmeets must be made under outh before an officer, and the proofs must show that the assendments have

6. Every application must be errufted 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 appleants to these points.



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

CTATE OF OFOROIA	
STATE OF GEORGIA,	A 18"
Mulding County	g.
Personally appears of Alline 12 of Janelling	county,
State of Georgia, who, being duly sworn, says on oath that he is a bond file citiz	
resident of said State, and has been such since the 26	day of
the lober 18.5 6 that he enlisted in the military service of the	ie Con-
federate States for of the Scale of during the war between	on the
States and served as a Trivel in Company 1, of 60 th Re	giment
of Volunteers Volunteers Brigade; that whilst e	ngaged -
in such multary service, at the battle of The more was the first in the	State
of the continue of the	4
wounded as follows: of hart throng the the rea	het
Lian With Millier back Chi	-
wounded as follows: of front Minimus the the sug friend with Milliam back Chil	7

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, 1880.

of Hoda word of disease which causes the disability, and explain particularly

Commissioned Officer's Affidavit.

STATE OF GEORGIA

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

as stated by him in said affidavit. Deponent further states that said is a hona fide citizen of this State and resides

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

STATE OF GEORGIA,
XIIIIIIIIII
PERSONALLY CAME ASMINY Land
citizens of Dunky my comply, in stid State,
who, being duly sworn, say that they are aquainted with A Hoffen 1810
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.
side citizen of this State, and resides in Hellell1111/ county, and we
are well satisfied that all the statements in his affidavit are true.
Sworn to and subscribed before me, this
10 / day of 1188 7
Of ( Toron 11. 1. Reynolds
Note, - Above affidavit must be made by three citizens of the county of applicant's residence.
[일하는 바람들이 시민이를 하는데 하는데) 등을하고 있는데 하다
18 : 사람들은 하다고 생각하는데, 성상으로 하는 것이다.
STATE OF GEORGIA,
Circlerity, county Sign
PERSONALLY comes before me, I fer joy Ordinary of said county,
9.11 Jahrich and J. Mahalevic, both known to
me as reputable physicians of said county, who, being severally sworn, say on eath that
they have carefully examined 2 (1) 41220 and after such
examination say that the applicant has been injured as follows:
Ball extend right dide was inches to the
to the right of simbilieurs Slightly higher
11h, Coming but about the junction of the
Lumbar and dorse autraba to the right
Same Sand ball hackined one vile or entrese since
would heal I have duffered from fair on aght dill lave
Sworn to and subscribed before me, this ) I am The the tribular
16/16ay of Hilby 188 ) of Religionation
Headgones
On the second se

Sworn to and st	to His	ral con	of the	whome	ty of	tique
All G	Scribed be	iore me, th	102	10,0	rison	The state
A day of	Tion	188	1 001		( work	
Med	agig					
	sale de	ORDIN				
READ NOTE -The	physicians wil refrom.	l state fully th	e extent of the	wound, and the	n give facts to	show the extent
e disability resulting the						
e disability resulting the						

된 그림으로 아내리가는 이 사람들이 없어야 된 시간에 가는 보고 있는 것 같아. 바라를 받는 것이 같아요.
STATE OF GEORGIA,
1. Of County) Ordinary of said county,
do certify that I am well acquainted with AST Control 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 fre worthy of full credit and belief.  I further certify that Defore before
whom the foregoing affidavits were made and power of attorney was signed, is a
tures thereto are genuine.
Gigen under my official signature and seal, this le day of Hlby 188
Ordinary De Mile County.
공료의 요즘 시간에 하나 사람들이 뭐니? 이 되는 것이 없는데 그렇지 않는

#### STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

county, in said State, do hereby appoint

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

Executed in the presence of us

STATE OF GEORGIA, Levelding County. KNOW ALL MEN BY THESE PRESENTS, That I, Att Androis County, in said State, do hereby appoint \_\_\_\_\_ 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 200

Executed in the presence of us:

10. Him 1/101 gar DIRECTION.

If allowed, send amount by

and oblige,

er Joel rold

### FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN,

Prodens		}		3
Personally appears			of Pan	Mis.
County, State of Georgia, who	o, being duly swo	rn, says on oath t	nat he is a bona	fide citizen and
resident of Georgia, and has				
March	1832; th	at he enlisted in t	he military serv	ice of the Con-
federate States (or the State of	of		during the w	ar between the
States, and served as a	miarate	in Compan	y ( , of 6	th Regiment

of Manylon, on the 9 day of July disabled as follows: with prince Ball istileing on right Siac braking severate Bill Corning out thosmake above the hipe come Severing of the Shine musely and infinity the spine!

in such military service, at the battle of Monacosu Drive, in the State

Volunteers Dondons Brigade; that whilst engaged

unable to her love The worwa telian was cause from

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 thereunder, ending October 26th, 1893.

Sworn to and subscribed before me this the

Ordinary.

ct Il dricold

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

NOTE.—Do not trouble to mention grounds, which do not disable.

#### Affidavit for Witnesses.

#### STATE OF GEORGIA

County of Pringering

Personally appears before me, the undersigned, Ordinary in and for said County,
JJ Hagin J. C. Shipp and
Antifical each of whom, being duly sworn according to law,
severally say, under oath, that they are personally well acquainted with A. H.
whose application is herewith presented for a pension,
and that they served with him in the army, and from our personal knowledge he was injured by
the service as follows: (give full statement, and tell in your own language how bailty applicant is
disabled from work. If he does any labor, or can do any, state what Aug. 1111
that he was a Soldier in the army so stated
Cy how and that the was wounded at the
Battle of Mito nocode Many land
we drive not live men ford dince the war and
and only shriow of this inability to labor in for
In usual vocations of life from thes give
approve in that decine to us that he is
not able to nexper manual Labor
to find whitfield no Sinow of my our
Eswowledge that the appleant is mot
able to perform the usual reorations
dafi

We personally know above stated facts. We were with him in the army and have known him ever since. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1864. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me this

PHYSICIAN'S AFF	IDAVIT.
STATE OF GEORGIA,	
Prilating County.	
	Ordinary of said County,
M. W. Owens and Genfy	Baker both known to
me as reputable physicians of said County, who being sever	
have carefully examined Itheriota a	
say that the applicant has been injured as follows:	
Shot in inglit and the b	ill stike in wo
ribe taking of the worke to	of rail rib ther
faring the ough his bid	
inches above the hit Bon	tewing Horton
of apine mento body wo	110 1011
weig to the seralus on	ust 100 a cut
the ball which me the men	in mustle of
me had said ball out down	eal I sympallitie
news which so you	Karylaoblore
en pufit los up of	Jana Toby at
of right rendering son leg Orse	
We have treated applicant professionally for 10 ting	years. was deep
Sworn to and subscribed before me this	A. Covens In
20 day of March 1893. Supe 0 ,	Parter mil
GMINGGOOD	
Ordinary.	
Note.—The physicians will state fully the extent of the wound, and then give fing therefrom.	acts to show the extent of the disability result-
None 2.—If claim is for disability resulting from disease, state how the disease the bow long physicians have known and treated applicant.	s known to result from the service as a soldier,
<u> </u>	Porm 4.
STATE OF GEORGIA	
Hailding County S	
1. 6 17 Gillerry	Ordinary of said County,
	the
applicant in the foregoing affidavit, and am well satisfied that	· // // // // // // // // // // // // //
aid affidavit are true, and he is disabled, as he claims, and I kno	w ne is the individual he represente

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. Given under my official signature and seal this 20

STATE OF GEORGIA,
Janelanna COUNTY.
Know all Men by these Presents. That I, A Arriola
County, State of Georgia, do hereby appoint M. H. Harrison
County, State of Georgia, do hereby appoint IF IN Harrison
of the Executive Deff my true and lawful attorney in fact, for
me and in my imme, to receive and receipt for whatever amount of money I may be entitled to from the State of Reorgia 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 affidavir; hereby authorizing my said Attor-
mey 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.
LN WITXESS WHEREOF, I have hereinto set my hand and seal, this. 141
day of Maich [1.5]
Executed in the presence of us
E. L. allgard
1. li. ry, Ollgwan deline
Send money to me as follows, by the Darcoa Parity P.O.
Send money to me as follows, by 17 22 22 22 22 22 22 22 22 22 22 22 22 22
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A Il Sand
The second secon
PRISIONAL ARRIEDAY

#### POWER OF ATTORNEY

TOWER OF ALLONDERS	
STATE OF GEORGIA,	
L'Allering County.	
County, State of Georgia, do hereby appoint Herain ballinder	
of 1/2 Col ,	
of The Constitute Style	
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 Confederati States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said. Attornoy to receipf	
in my name for any Warrrant 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	
William Street Control of the Contro	
LI. J. C.	
Executed in presence of us	
WCC country	
- 6 W.4. il agood Drawbary	
Send money to me as follows, by 1 220 1 - 2104 classes	
Send money to me metallows, by A 22 c 12 C 27 C 27 C 27 P. O	
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County, Georgia.	11.60
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Those A No. 23.	J. J.
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DIER'S PENSI  1895.  18	1.
	(1)
SOL Name - Country Disability Amount,	
: 1915 F. M. 7 L. (1914 M. 1915 M. 1916 M.	
· · · · · · · · · · · · · · · · · · ·	

## For Applicants Heretoforé Allowed Pensions.

STATE OF GEORGIA,
Printery, County,
PERSONALLY appears A. Hilliata of Prictaing
County, State of Georgia, who, being dily 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 Allero k 1892, that he enlisted in the military service of the Con-
federate States (or of the State of
States, and served as a fire of a in Company of of the Regiment
States, and served as a in Company of of the Regiment of GA Volunteers Contains 's Brigade; that whilst engaged in
such military service at the bottle of AMA at an A
of Maryonice, on the Honor day of feety 1864, he was
wounded as follows: In Pight bake Two inches above
hit comming out from manual Labor
hilo Couring olet thoug back thereby
Disable of Deplecant from 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 allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of dollars, for the year 1899

Sworn to and subscribed before me, this, the day of Masch 1894.

A It Anotel

Willet die ra Outing

Note-State full 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

STATE OF GEORGIA

County

1. Colory Reger and Here Ordinary of
do certify that I am well acquainted with A. Here Or 1106a 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

day of March 1894.

Ordinary Revening

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORG	ΥΔ		
0	ounty.		
Dersonally appears		 (1)	·

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 Z 1842; that he enlisted in the military service of the Conday of 1200 ch federate States (or of the State of ) during the war between the States, and served as a Prices in Company & , of Coth Regiment of Co Volunteers, Giraco 's Brigade; that whilst engaged in such military service at the battle of Monde de Aline in the State of file reference on the day of land 1864, he was wounded as follows: it reglit sees the sees of period of of pilarylana on the divinth sit going and today to the Corning out the me in stone hour of mil ting from which wright applicant is sending Libetan reidly winder to Lixford manusc Ca Con-

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 dollars, for the year 189 4

day of Marien 1895. A Hickoriold Sworn to and subscribed before me, this, the

STAT	E OF C	EORGIA,	
	acking.	Count	v.
	7	Ocanic	· ·

I, County, Allgroom Ordinary of said County, do certify that I am well acquainted with A Haziola 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 day of Allaich

POWER OF ATTORNEY.	POWER OF ATTORNEY.				
STATE OF GEORGIA,	STATE OF GEORGIA,				
County.	13 - Lang County.				
1, The your hereby authorize Michaile founder	I, A Minolel hereby authorize / 1/2 142 201				
of the Executive Jell-	Scraft Scraft				
to receive and receipt for the pension paid hereon and request that he remit same to	to receive and receipt for the pension paid hereon and request that he romit same to				
Buy ely a	If I fredom order, by Check				
at tales La	at Dulles Ga				
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 20 H				
day of	day of helig 1897.				
elletinold [i.s.]	At the chandales!				
Executed in presence of us	Executed in presence of				
1 1011 1012	John Deg gg ms				
i wit . Eli God )					
하느 이번 그림은 물이 되는 옷이 하는 사람이 보고 하는 그 때 내가 먹는					
님은 살로 이렇게 되고 말았다면 하게 생각하다 하고 있다면 말했다. 그를	[마이지 : [1982] 이 시간 [1982] [1982] [1982] [1982] [1982] [1982] [1982] [1982] [1982] [1982] [1982] [1982] [1982]				
	2 2 3 5				
For Those Aiready Enrolled.)  JER'S PENSIO  1896.  Sectory Exercitive Depart  NARRANT HANDED TO  ON IT  See W. Heffinen, State Primer, Atlenta.  Let	INVALID  DIER'S PENSI  INVALID  OLER'S PENSI  ISSO 7.  RICHARD JOHNSON,  Commissioner of Pro  NABRANT HANDED TO  NABRANT HANDED TO  Commissioner of Pro  Com				
PER	Se w la se l				
IER'S PEN  IER'S PEN  Secretary Executive  Secretar	Those Already Enr. No.2486 NO.				
THE SECOND STATE OF THE PARTY O					
SOLDIER'S PENSION  SOLDIER'S PENSION  TESPE  Sounty  Amount, Social Connection of Secretary Exercitive Department  Secretary Exercitive Department  WARRANT HANDED TO  ONE MARRANT HAND	For Those Already Enrolled.)  IN V A LID  SOLDIER'S PENSION  LSS 7  Amount, S. C. C.  Amount, S. C. C.  County, Charles JOHNSON, Commissioner of Fermions.  WARRANT HANDED TO  STANSON, Commissioner of Fermions.  WARRANT HANDED TO  STANSON, Commissioner of Fermions.  WARRANT HANDED TO  STANSON, Commissioner of Fermions.				
	Soluty County Oisabilli Amount				

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# For Applicants Heretofore Allowed Pensions.

Parlame County.
personally appears to the 2 noise of Pavering
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 the Con-
federate States (or of the State of) during the war between the
federate States (or of the State of States, and served as a in Company C, of 60 th Regiment
of Volunteers; Conactid 's Brigade; that whilst engaged
in such military service in the State of , 1/2 , on the 9" day
1806, he was wounded, injured or diseased as follows:
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Sworth sile and Prining out alone
hip come from which would new
Experime amora to person Manual
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the second secon
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
Parlang county been allowed a pension of Lifty
dollars, for the year 1896.
Sworn to and subscribed before me, this, the
15" day of Feinay 1896.
NOTE-State fully the nature of wound or character of disease which causes the disability, and ceptain particularly the extent of the disability, resulting from the wound or disease.
To a minute of uniquipe.
STATE OF GEORGIA,
Parenna County.
County.
I. E.M. 4. Williams Ordinary of said County,
do certify that I am well acquainted with 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 1911
day of 2 2 1896.
Affix Super
Paris (
County.

For Applicants Heretofore Allowed Pensions.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887 and the acts amendatory, thereof, and makes application for the year ending October 26th, 1897. I have heretofore under said law as sident of the acts and subscribed before me, this, the
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 intitled for the year ending October 26th, 1897. I have heretofore under said law as sident of Dollars, for the year 1896.  Sworn to and subscribed before me, this, the Dollars, from the year of wound or diseases the disability, resulting from the nature of wound or disease.  Nova—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent the disability, resulting from the wound or disease.
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 intitled for the year ending October 26th, 1897. I have heretofore under said law as sident of Dollars, for the year 1896.  Sworn to and subscribed before me, this, the Dollars, from the year of wound or diseases the disability, resulting from the nature of wound or disease.  Nova—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent the disability, resulting from the wound or disease.
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887.  In the acts amendatory thereof, and makes application for the pension to which he intitled for the year ending October 26th, 1897.  Sworn to and subscribed before me, this, the  Norz-State fully the nature of wound-or character of disease which causes the disability, resulting from the wound or disease.  Norz-State fully the nature of wound-or character of disease which causes the disability, resulting from the wound or disease.
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day of Heley 1897. POST OFFICE  Nors-State fully the nature of wound-or character of disease which causes the disability, and explain particularly the extention disability, resulting from the wound or disease.
Norm-State fully the nature of wound-or character of disease which causes the disability, and explain particularly the extendidability, resulting from the wound or disease.
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TATE OF GEORGIA.
Tan lay ne County.
In Holling County.
$\mathcal{A} / \mathcal{A} / \mathcal{A}$
certify that I am well acquainted with Will Mrno Co
plicant in the foregoing affidavit, and am well satisfied that the statements made by him
his said affidavit are true, and I know he is the individual he represents himself to be
d that he resides in this County.
Given under my official signature and seal, this
day of Helify 1897.
CON SALALINA
(Ania) your and (Ania)
Ordinary Tanda g County

POWER OF ATTORNEY.	POWER OF ATTORNEY.
STATE OF GEORGIA,	STATE OF GEORGIA,  Surface County,  I. J.
I. A. Arnold hereby authorize of M Venell atty Gen of State (House	Atto Gene of State Change
to receive and receipt for the pension paid hereon and request that he remit same to he will be by the children and sequest that he remit same to at Pullar La	to receive and receipt for the pension paid hereon and request that he remit same to  My Andford Ocally by Check  at Davias A
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this.	IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of 12 4 1898.	day of Jan - 1800,
Executed in presence of	Executed in presence of
The truckson ordy	J. G. Green
the thickon ordy)	The Hudson ord
물레 : 독일 [편] 하고 [집중의 상기 (12) : [집중 학원 ] : ( ) - ( ) [집중 학원 ] : ( ) [ ] :	
물용하다면 가는 것은 얼마를 잃었다면서 그 사람이 없다면 되었다.	
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INVALID  OF ACT OF ACT OF THOSE  No. 3/7/  INVALID  OF STATE  A H Anny  A H Anny  A H Anny  Combinion of Combinet Company  Compan	For Those Arready Enrolled.  No.//2 95  INVALID  INVALID  INVALID  ON ARREATH AND TO NO.  WARRINGTH AND TO NO.
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The same of the sa	INVA INVA
	INVALID  OLDIER'S PENSION  INVALID  OLDIER'S PENSION  ISSO  ISSO  Solitify Learner of Process  FICHARD JOHNSON,  Solitify Learner of Process  NARRANT HANDED TO  WARRINGT HANDED TO  WARRINGT TO PROCESS  SECON WARRINGT TO PROCESS  SECON WARRINGT TO PROCESS  SECON WARRINGT TO PROCESS
Solt Name. County Disability Amount	Solid Solid Read of Part Read o
이용하는 이 종류 계속으로 함께 가지 때문에 가장 보다는 사람들이 모든	

ŀ

## For Applicants Heretofore Allowed Pensions.

STATE OF GI	ORGIA,	)		1. S	27.
· Janblis		ounty.			
A	AG		1	· Dan lde	
Dersonally ap		prices	of_	Van Cou	ny
County, State of George	Crata and l	ing duly sworn	, says on oatl	that he is a to	na fide citizen
and resident of said	State, and na	as resided there	un continuou	sly ever since t	he .
lay of Hich	C 11 - C - 1 - 1	نه د ; that he e	ilisted in the	military service	e of the Con-
States, and served a	the State of	inivate,	•	during the wa	r between the
f CLL	Valduta	illiane	in Comp	any IL, of	th Regiment
n such military serv	volunteer	18, 500			0 1
it ly ly	ten the Sta	he was wound		i, on the	Z day
-	160 13	, ne was wound	ed, injured of	diseased as to	llows:
ly bu	ind hot i	and a said	11- 2	ghe St	a ·
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			-		
Sworn to and sul 26 day of A Norw-State only the nat the disability, resulting from	July-	1898.	POST-OFFIC	1. 16,CY	·
TATE OF GEO		neu.		y. mid explinin pure	icularly the extent
Acrillel		}	* 4		
11 11			V		
I, ( h 4 (	mero.	) L	, ",	Ordinary of	said County
certify that I am			Ho Ann	old	the
plicant in the forego					nade by him
his said affidavit are	true, and I I	know he is the	individual h	e represents h	imself to be
d that he resides in	this County.	., 0		****	THE TO BE
	Given under	my official sign	ature and se	al, this 26	Z
	of the la		1898.		
Amx		And	126		
seal here.			//	you -	1
~~		Ordinary	Taula	sage .	County.
18.02			6	. 6	

## For Applicants Heretofore Allowed Pensions.

STATEOF GEORGIA.
Paulding County
$\mathcal{A}(\mathcal{I})$
personally appears Y N Three de of Janding
County, State of Georgia, who being duly sworn, says on oath that he is a boun fide citizen
and resident of said State, and has resided therein continuously ever since the March
day of; that he enlisted in the military service of the Con-
federate States (or of the State of ") during the war between the
States, and served as a Manager in Company A of alth Regiment
of Volunteers, 's Brigade; that whilst engaged
in such military service in the State of the on the day
of 9 1811 , he was wounded, injured or diseased as follows:
by Sundhet wound trough right
dide
Deponent makes application for the pension to which he is entitled for the year end-
ing October 26th, 1899. I have heretofore under said law as a resident of
County been allowed an invalid pension of
Dollars, for the year 1898
Sworn to and subscribed before me, this, the
day of 1899 Post office.
- Charles Coloning
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,
Pauleting County.
county.)
I. Ord This fanz , Ordingry of said County.
do certify that I am well acquainted with 7 Minio 62 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
day of 222
CANE DE PLANTE
Chere &
Outline Market Control of the Contro

# POWER OF ATTORNEY. to receive and receipt for the pension paid hereon and request that he remit same to IN WITNESS WHEREOF, I have hereunto set my hand and seal, this of Hotenold [L.s.] Executed in presence of Physican arely

SOLDIER'S PENSIC

at balla	ceipt for the pension of the pension	of paid hereon by	Dall n and reques Nauc	t that he r	remit same to
	in presence of	c	+ H	linol	[L. S.]
For Those Aiready Enrolled.)	SOLDIER'S PENSION. 1901.	Name CX H e Armalal	mount, 8 50 ed.	JOHN W. LINDSEY. Completent of Protests.	WARRANT HANDED TO

POWER OF ATTORNEY.

#### for applicants herecotore allowed rensions. STATE OF GEORGIA, Tailding County. Personally appears H H Arns 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 March 1832; that he enlisted in the military service of the Confederate States (or of the State of tween the States, and served as a in Company A of 60th Volunteers, Gardons's Brigade, that whilst engaged in such military service in the State of Mol 1864, he was wounded, injured or diseased as follows: 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 .County been allowed an invalid pension of Dollars, for the year 189 %. Sworn to and subscribed before me, this, the Nores—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, Toulding County. Ordinary of said County, do certify that I am well acquainted with A & Amold \_ 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

#### For Applicants Heretofore Allowed Pensions.

STATE (	OF GEORG	łΙΑ,		
Pare	lelines .	County.		
Personal	lly appears	& H exa	rale of 1	auteling
County, State of	of Georgia, who be	ing duly sworn, say	s on oath that he	is a bona fide citizen
		as resided therein co		
	A CONTRACTOR OF THE PARTY OF TH	32; that he enlis	ted in the militar	y service of the-Con-
federate States	(or of the State o	(f	during	the war between the
				of 60 th Regiment
				that whilst engaged
				the got day
of July	ly 186	he was wound	ed, injured or dise	ased as follows:
ha				de Centine
off of	and of	The Seven	in Rit.	Coursing
Disas	wility 0	Right S	iele	<u> </u>
				<u> </u>
	26th, 1901 D	have heretofore i	under said law nty been allowed a	utitled for year end- as a resident of a invalid pension of
ing October	26th, 1901, 1 Puiled Lifty and subscribed before	Dollars, for ore me, this the	nder said law ity been allowed a the year 1900.	as a resident of
Sworn to a	26th, 1901, 1 Puiled Lifty and subscribed before	have heretofore i	nder said law ity been allowed a the year 1900.	as a resident of an invalid pension of
Sworn to a	26th, 1901, 1 Puiled Lifty and subscribed before	Dollars, for ore me, this the	nder said law ity been allowed a the year 1900.	as a resident of an invalid pension of
Sworn to a	26th, 1901, I fulled and subscribed before ay of Jan	Dollars, for ore me, this the	ander said law aty been allowed a the year 1900.  Postoffice	as a resident of an invalid pension of
Sworn to s  Nors.—State ularly the extent of	26th, 1901, I further for the vithe disability resulting.  F GEORGIA.	have heretofore to Cour Cour Cour Cour Dollars, for ore me, this the 1901.	ander said law aty been allowed a the year 1900.  Postoffice	as a resident of in invalid pension of
Sworn to a discovery the extent of STATE OF	26th, 1901, I further for the vithe disability resulting.  F GEORGIA.	have heretofore to Cour Cour Cour Cour Dollars, for ore me, this the 1901.	ander said law aty been allowed a the year 1900.  Postoffice	as a resident of in invalid pension of
Sworn to a discovery the extent of STATE OF	20th, 1901, I full left for and subscribed before ay of fully the nature of the the disability resulting.  GEORGIA,  Selviel C	Dollars, for ore me, this the 1901.	nuder said law aty been allowed a the year 1900.  Postoffice  pase which causes the dec.	as a resident of in invalid pension of
Sworn to a discovery of the state warry the extent of STATE OF	26th, 1901, I full for the state of the with disability resulting F GEORGIA,	have heretofore tracy Cour Dollars, for ore me, this the 1901.	nuder said law aty been allowed a the year 1900.  Postoffice  pase which causes the decorate.	as a resident of in invalid pension of the change of the control o
Sworn to a di Norm.—State ularly the extent of STATE OF	26th, 1901, I full for the state of the wind subscribed before the state of the sta	have heretofore the country Court Dollars, for ore me, this the 1901. Sound or character of disease country.	nuder said law aty been allowed a the year 1900.  Postoffice  pase which causes the de.  Ordin	as a resident of in invalid pension of the change of said County, and the change of said County, all the
Sworn to a divide the state ularly the extent of STATE OF Jack I, do certify that applicant in the	26th, 1901, I full for the state of the wind subscribed before the disability resulting of the withe disability resulting of GEORGIA, leaving to the wind acquire foregoing affidavire foregoing affidavires	have heretofore the Court of C	Postoffice  Ordin  M. M. M. Stat the stat that the stat that the stat the s	as a resident of in invalid pension of the Change of the control o
Sworn to a  Nors.—State  ularly the extent of  STATE OF  Ado certify that applicant in the in his said affid	26th, 1901, I full flag for fully the nature of the vithe disability resulting.  F GEORGIA,  Laving C  I am well acquire foregoing affidavite are true, and	have heretofore the Court of Court of the Co	Postoffice  Ordin  M. M. M. Stat the stat that the stat that the stat the s	as a resident of in invalid pension of the change of said County, and the change of said County, all the
Sworn to a  Nors.—State  ularly the extent of  STATE OF  Ado certify that applicant in the in his said affid	and subscribed before the vithe disability resulting.  F GEORGIA,  CLUME C  I am well acquire to foregoing affidave the foregoing affidave disides in this Countries.	have heretofore to the County County .  Dollars, for ore me, this the 1901. Second or character of disease from the wound or disease the county .  Louit, and am well sati I know he is the ity.	Postoffice  Ordin  M. M. M. Sfied that the statudividual he representations.	as a resident of in invalid pension of the Change of the control o
Sworn to a State war of the state war of the state war of the state of	fully the nature of the very the disability resulting.  F GEORGIA,  Lam well acquire foregoing affidave davit are true, and sides in this Count.	have heretofore to the County	Postoffice  Ordin  M. M. M. Sfied that the statudividual he representations.	as a resident of in invalid pension of the Change of the control o
Sworn to a State war of the state war of the state war of the state of	and subscribed before the vithe disability resulting.  F GEORGIA,  CLUME C  I am well acquire to foregoing affidave the foregoing affidave disides in this Countries.	have heretofore to the County	Postoffice  Postoffice  Postoffice  Ordin  Sfied that the statudividual he representation of this statudividual he representation of this statudividual stat	as a resident of in invalid pension of the in
Sworn to a State war of the state war of the state war of the state of	fully the nature of the very the disability resulting.  F GEORGIA,  Lam well acquire foregoing affidave davit are true, and sides in this Count.	have heretofore the county.  Dollars, for ore me, this the 1901.  Wound or character of disease from the wound or disease	Postoffice  Ordin  Sfied that the statudividual he reproduce and seal, this	as a resident of in invalid pension of the Chancold isability, and explain particularly of said County, all the ements made by him esents himself to be
Sworn to a did not be a series of the series	fully the nature of the very the disability resulting.  F GEORGIA,  Lam well acquire foregoing affidave davit are true, and sides in this Count.	have heretofore to the County	Postoffice  Ordin  Sfied that the statudividual he reproduce and seal, this	as a resident of in invalid pension of the in

POWER OF ATTORNEY. POWER OF ATTORNEY. STATE OF GEORGIA, STATE OF GEORGIA, Pauleting County. Paris Coline County. I, A Me Arnold hereby authorize Re V. Cohiles 1, c. V No Vicaled hereby authorize Rediction of Daulding Co Get of Pauleling Colyu to receive and receipt for the pension paid hereon and request that he remit same to to receive and receipt for the pension paid hereon and request that he remit same to me by for aniel by Nousell Dallas ger Da Cras Gu IN WITNESS WHEREOF, I have hereunto set my hand and seal this IN WITNESS WHEREOF, I have hereunto set my hand and seal this day of Digitality day of Leciceccoul 1902. A Hetrucket [L.S.] cf H chundil [L. s.] Executed in presence of Executed in presence of P.c.A. defrices out to V. (chicco side) Name (A M. c. Aminde SOLDIER'S PENS WARRANT HANDED TO DISABLED 1903 JOHN W. LINDSEY DISABLED WARRANT HANDED TO SOLDIER'S

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

(1) : [2] [2] [2] [2] [2] [2] [2] [2] [2] [2]
STATE OF GEORGIA,
ciac (chine County)
Personally appears & Ne Vinall of Printedicy
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 of1832; that he culisted in the military service of the Com-
federate States (or of the State of
States, and served as a Political in Company A, of 60_th Regiment
of Volunteers, Gardaroz 's Brigade; that whilst engaged
in such military service in the State of & Military Will, on the Gay
of fice of 1864, he was wounded, injured or diseased as follows:
The Prince of Secont will
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
County, been allowed an invalid pension of
Swarm to and subscribed before we this the !
that it and sinser near heart is the
11th day of January 1902. Post-office Dulles CALL
de Veletiela out
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.
Picelifical, County.
County.).
do certify that I am well acquainted with A the A locally
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
he and that I will be a like to the state of
Given under my official signature and seal, this
day of foliceung 1902.
{ viii viei }
Ordinary Pauliting County.
Nork.—Fill all blanks and of Company and Regiment. Nork.—All vouchers and affidavits must bear/date after January 1, 1902.
는 1. Back Table 1

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

2014년 - 1일
STATE OF GEORGIA,
Parcelling County.
Personally appears e N. Micharnold of Pauloling
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
sederate States (or of the State of) during the war between the
States, and served as a Prevall in Company 1, of 60 th Regiment
of Get Volunteers, Gordan 's Brigade; that whilst engaged
of July he was wounded, injured or diseased as follows:
or diseased as follows:
I hat through the Right seeld
lenting of the you Mit Whitch Dereche
me from doing any wark at all
6
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
Particular County, been allowed an invalid pension of
Dollars, for the year 1902.
Dollars, for the year 1002.
Sworn to and subscribed before me, this the
10th day of fair 1903, Post-office Dallas Gel
Mostefiles Orely
Nors.—State fully the nature of the would or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
하다 하다를 들어가 되었다면 되었다. 하는 물들이 아무리가 되었다면 되었다. 그는 그는 그는 그는 그 없다는 그는 이
STATE OF GEORGIA, \
Paulding, County
I. R. A. Capiles Ordinary of said County,
do certify that I am well acquainted with A M Amale
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
day of arcular 1903.
P. c. Stehres
Amx
geal here Ordinary Daulding County.

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

Nors.—All vouchers and affidavits must bear date after January

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to receive and	receipt for the	ne pension pa	of Joan	request the	hat he re	mit same to
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THOSE ALBEADY EMBOLL No. 2021	DIER'S PEN	1504	Regiment by Backy M	FEB 12	JOHN W. LINDSEX	WARRANT HANDED TO

nodate

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Paulding County.
Personally appears N. Smale of Paulding
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 1832; that he enlisted in the military service of the Con-
federate States (or of the State of ) during the war between the
States, and served as a Point in Company K, of 60 th Regiment
of Yolunteers gardon 's Brigade; that whilst engaged
in such military service in the State of Mary land, on the 9th day
River I was that through the Right Side
on the " 4th day of fully 1864
[편한] - [10] [12] [14] [15] [16] [16] [16] [16] [16] [16] [16] [16
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1904. I have heretofore, under said law, as a resident of
Manifolding County been allowed an involid panels of
Dollars, for the year 1903.
Sworn to and subscribed before me, this the
20 day of Lair 1904.
Red Chiles order Post-office Dallas eju
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,
Presidence
Paulding County. S  I, Chiler Ordinary of said County,
I, C. Chille Ordinary of said County,
do certify that I am well acquainted with ed. Wiedmale
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 20
day of lan 1904
CAME) Prox loting
Seal Seal Seal Seal Seal Seal Seal Seal
Ordinary Durchaus County.

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January County				2		- 0	
No. 1903				2		o receiv	ALS.
INDIGENT PENSION.				loch	Vitness my hand	May 12	TE OF GI
1903.				£.	nd and seal,	1 1	
Name In But Trueld				100	of this	C.C. Consision allows	POWER
County Paulching Co. K. A. Regt.	(		1	, de	13th	County.)	R OF
Approved 1903.					disso.	of of	100
JOHN W. LINDSEY,					De la	Dan Dan mit same to	ATTORNEY
WARRANT HANDED TO					rno	34	Y.
					Ru		
Ordinary will write Name of Applicant, Company and Regiment on back as indicated above.		<i>y</i> .			19002	eby an	. A
Geo. W. Harrison, State Printer, Atlanta,					1802 1900	thorize	

STATE OF GEORGIA, to receive and receipt for the pension allowed and request that he remit same to the pension allowed and request that he remit same to the pension allowed and request that he remit same to the pension allowed and request that he remit same to the pension allowed and request that he remit same to the pension allowed and request that he remit same to the pension allowed and request that he remit same to the pension allowed and request that he remit same to the pension allowed and request that he remit same to the pension allowed and request that he remit same to the pension allowed and request that he remit same to the pension allowed and request that he remit same to the pension allowed and receipt for the pension allowed and request that he remit same to the pension allowed and receipt for the pension allowed a of Danlehing ce eja

QUESTIONS FOR APPLICANT.	
STATE OF GEORGIA,	
Coulding County.	
of er Odron orlas	
to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly swor true sonswers to make to the following questions, deposes and answers as follows:  1. What is your name and where do you reside? (give State. County and post-office)	rn.
If IP OF mole I reside at Brownsville Ev Pauleting Count	Guin
2. How long and since when have you been a resident of this State? I was burne in the	-
8. When and where were you born? in Swinett County Fire, in the gran AD 18	
4. When and when and in	<i>y</i> <b>b</b>
4. When and where and in what company and regiment did you enlist or serve? I exhibited in ( out, security, for the year 1862; in Company K; of the 40 Sungle Regiment, 62 of valentee,	anefil
A Maria III III III III III III III III III I	7
5. May long did you remain in such company and regiment ? witte the 26 dey of	5
in bearing and a summaring and bearing a summaring and a summa	
6. When and where was your company and regiment surrendered and discharged?	to
N, 6, on the 26th of afril 1865	
Production of the Control of the Con	4
7. Were you present with your company and regiment when it was surrendered?	
8. If not present, state specifically and clearly where you were, when you left your command, for what caus	 te
and by whose authority? I was husent at the time of	
Curende	7.
9. How-much can you earn (gross) per annum by your own exertions or labor? 230 25 340 2.	- 5
10. What has been seen the state of the stat	-
<ol> <li>What has been your occupation since 1865?</li> <li>Upon which of the following grounds do you base your application for pension, viz. first, "age and poverty.</li> </ol>	T .
accord tinfornity and any new ting the state your apprecation for pension, viz: nrst, age and poverty,	."
second, "infirmity and poverty," or third, "blindness and poverty"?  12. If upon the first ground, state how leng you have been in such condition that you could not earn four poor? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third	ir I,
state whether you are totally blind and when and where you lost your sight?	4
all han her appeller all the while	4
And the way fint teacher as rack they	3
my Disubles sur at him from dainy a	7
13. What property, real and personal, or income, do you possess and its gross relice? ( Alite Pales)	1
We Value of 233 Maid and Com	
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? I counted no what he will be the same of the same o	å
1902, and what disposition, if any, by sale or ufft, have you made of same? I ounce to uffer	Colone
sult when memy or atter but that the there aliver Till	7 1
and the summer was a summer and the	he h
scipt who were married or other private that the work separate & he will have the not now here is mill have to did not now here is mill have to did not now here is in the late.  5. In what County did you reside during those years, and what property did you then return for taxation?  Notice the Residence Count of the wife the property did you then return for taxation?	764
1) How were you supported during the years 1899, 1900, 1901 1902 parts by My Work	profe
the word you supported during the years 1899, 1900, 1901 19022 They by My World	sund
1. He much did your support cost for each of those years, and what portion did you contribute thereio by our own labor or income? Il 1502, I contribute to week \$30 2 020 2 hours no to	,
8. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year?	ncon
I was former made greek cut on reutic lands	
omestead, or other property? Their ages and how employed? I have u limbs, and my limbs.	0:0
A Charles ages and now emproyed to reach the target can be the target	
ins with us, Luy arula is my wife were the is 67 years ald	-
0. Are you receiving any pension? If so, what amount and for what disability? I came received	7
no hersing	1.2
1. Have you ever made an application for pension before?	-
2. How many applications have you ever made and under what class?	
	i vid
Sworn to and subscribed before me this the	5
day of Applicans.	1.
ordinary, til se Per une and	4,4.8
The state of the s	

#### QUESTIONS FOR WITNESS.

as a witness in support of the application of a service section 1254, Code, and afterfeeling duly worsy true gainwar to make so the following quisations, deposes and answere as follows:  What farging mans and where do you reside?  When the game mans and where do you reside?  When where we have the service and down long and since when has to been a resident of this State?  When, when and my don't company and regiment with the entire, and how do you know?  When when you known him?  When and where was his command surreduced?  When the bare his command arreduced?  When the have his command surreduced?  When the have his command arreduced?  When the h	STATE OF GEORGIA,
is a witness in appear of the application of the same control of the application of the a	Country See to the Market and
as a witness in support of the application of the application of the support of support o	1 de Midmaill Will en contraction
modele section 1254, Code, and after feeling duly every true andwers to make to the following quiestions, deposes and answers as follows:  1. What is command and where do you'reside?  2. Are you acquainted with the following quiestions, deposes and maskers as follows:  1. What is command and where do you'reside?  2. Are you acquainted with the following quiestions, deposes a resident of this State?  3. Where does he reside, and how loog' and since when has he been a resident of this State?  4. When, where and in what company and regiment did he will, and how do you know?  MITTLE SCALE CONTROLLING STATES AND S	of said State and County, having been presented
anabers so follows:  1. What is agont name and where do you reside?  2. Are you acquianted with I Therefold  2. Are you acquianted with I Therefold  3. Where does he reside, and how long and since when has he been a resident of this State?  4. When, where and in what company and regiment did he callet, and how do you know a function of the same company and regiment?  5. Where you a member of the same company and regiment?  6. How long did he perform regular military duty?  7. When and where was his command surrendered?  8. Were you present when it suppodered?  9. Whe applicant present?  10. If he was not freewent, where was he?  11. What property, effects or income did the applicant?  12. What property, effects or income did the applicant possess in 1800/1807, 1808, 1809, 1809, 1800, 1801 and 1802, 1801, 1802, 1809, 1809, 1800, 1801 and 1802, 1801, 1802, 1809, 1809, 1800, 1801 and 1802, 1801, 1802,	as a witness in support of the application of
1. What is some name and whate do you'reide?  2. Are you acquainted with I will the second of the applicant; if so, how hope have you known him?  3. Where close he reight and how loog and since when has he been't resident of this State?  4. When, when man in what company and regiment did he earlier, and how do you know?  Men and in what company and regiment did he earlier, and how do you know?  Men and where was his command surreindered?  5. Where you a member of the same company and regiment?  6. How long did he perform regular military day?  8. Were you present when it suppodered?  9. When and where was his command surreindered?  10. If he was not freezet, where was he?  11. What property, offered in home has he griplicant?  12. What property, offered in promes has he griplicant?  13. What property, offered in promes has he griplicant?  14. What property, offered in promes has he griplicant?  15. What property, offered in promes has he griplicant?  16. What property, offered in promes has he griplicant?  17. What property, offered in promes has he griplicant?  18. What is the middle of the home of the head of the state of the sta	answers as follows:
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In the was not freeze in semand?  When your sent when it suppodered?  When your sent when it suppodered?  When and where was his command surrendered?  When and where was his command?  When did he bearent, where was he?  When and where was his command?  When and where was his command?  When did he bearent, where was he?  When did he bearent, where was he?  When did he beare his command?  When did he beare his command?  What property, effects or income did the applicant possess in 1891, 1897, 1898, 1890, 1800, 1800, 1801, 1801, 1800, 1800, 1801, 1801, 1800, 1800, 1801, 18	
In the was not green? The was not green, where was he? It was for what cause?  When properly effects or income did the applicant posses in 1891, 1897, 1898, 1809, 1809, 1801, 1811.  What properly effects or income did the applicant posses in 1891, 1897, 1898, 1899, 1899, 1899, 1899, 1899, 1891, 1897, 1898, 1899, 1897, 1898, 1897, 1898, 1897, 1898, 1899, 1897, 1898, 1899, 1897, 1898, 1899, 1897, 1898, 1899, 1897, 1898, 1899, 1897, 1898, 1899, 1897, 1898, 1899, 1897, 1898, 1899, 1899, 1899, 1897, 1898, 1899	2. Are you acquainted with Famuly, the applicant; if so, how
4. When, where and in what company and regiment did he earlies and how do you know?  MITCA PS & Interest and the collection of the same company and regiment?  5. Were you a member of the same company and regiment?  6. How long did he perform regular military duty? I what a cell to the collection of the same company and regiment?  7. When and where was his command surresidered?  8. Were you present when it supporter? I was for what cause?  9. Was applicant present?  10. If he was not freent, where was he? At the same for what cause?  By what huthority he left?  11. What property, effects or income has the applicant? (Give your means of knowledges.)  12. What property, effects or income did the applicant prosess in 1890, 1897, 1898, 1898, 1800, 1801, 1901 and 1802, 1897, 1808, 1809, 1800, 1801, and 1802, 1807, 1808, 1809, 1800, 1807, 1808, 1809, 1800, 1807, 1808, 1809, 1800, 1809, 1800, 1809, 1800, 1809, 1800, 1809, 1800, 1809, 1800, 1809, 1800,	Jong have you known him? 30 Gears
4. When, where and in what company and regiment did he enlist, and how do you know?  MATCH SE SE AND AND AND SELECT SELECTION OF SELECT	
5. Nere you a member of the same company and regiment?  7. When and where was his command surrendered?  8. Mere you present when it surgeodered?  9. Was applicant present, where was he?  10. If he was not present, where was he?  11. When did he leave his command?  12. What thority he left?  13. What property, effects or income his the applicant?  14. What property, effects or income his the applicant?  15. What property, effects or income did the applicant posses in 1891/1897, 1808, 1809, 1800, 1901 and 1002.  16. What property, effects or income did the applicant posses in 1891/1897, 1808, 1809, 1800, 1801 have the surface of t	Mulding Comy to lover Since & Thurs Turn
5. Were you a member of the same company and regiment?  6. How long did he perform regular military duty? 3. Wester a lells three.  7. When and where was his command surrendered?  8. Were you present when it suppondered?  9. Was applicant present?  9. Was applicant present?  10. If he was not present, where was he? At the property of the law of this?  10. What property, effects or jucome his athe applicant? (Give your peans of knowledge.)  11. What property, effects or income did the applicant possess in 1891/1897, 1898, 1899, 1800, 1801 and 1802, and what disposition, if any, dish he make of same?  12. What property effects or income did the applicant possess in 1891/1897, 1808, 1899, 1800, 1801 and 1802, and what disposition, if any, dish he make of same?  12. What property effects or income did the applicant possess in 1891/1897, 1808, 1809, 1	4. When, where and in what company and regiment did he enlist, and how do you know?
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7. When and where was his command surrendered? Items 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
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9. When applicant present? The has 10. If he was not freezent, where was he? He was for what cause?  When did he leave his command?  By what authority he left?  Active to the control of the applicant form the most of knowledge.)  11. What property, effects or income did the applicant? (Give your means of knowledge.)  12. What property, effects or income did the applicant possess in 1899, 1897, 1898, 1899, 1900, 1901 and 1902, appl what disposition, if any, did he make of same? The did the first that the same was the property of the last four years, if any what was it, and to whom?  13. Has he conveyed away any of his property in the last four years, if any what was it, and to whom?  14. What is the piphleant accupation and physical condition? It is the piphleant accupation of the physical condition? It is the piphleant accupation of the physical condition.  15. Is the applicant mable, to support himself by labor of any sort, if so, why? The same that the piphleant accupation of the applicant accupation of the applicant accupation.  16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? What he had he will be accupated by the same that the s	7. When and where was his command surrendered? Buenchoong h 1. 6
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ATTIDAVIT OF FRISICIANS.
STATE OF GEORGIA,
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both known to me as reputable physician
of said County, who, being severally sworn, say on oath that they have examined carefully
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and that we have no interest in said pension being allowed. Win 1. Bull Ond
H. 마이트 (1984년 1일 - 1984년 1일 - 198
Sworn to and subscribed before me, this the
day of fine 19016)
Ordinary.
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ORDINARY'S CERTIFICATE.
STATE OF GEORGIA.
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been a Bona fide resident of this State, since theday of189
and that the witnesses, viz.:
and the minutes of the same of
are of trustworthy character, and that their statements are entitled to full faith and credit.
I further certify that before answering the foregoing questions the applicant and each witness took the oat
hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed
I further certify that the tax digest ofCounty show that applican
ceturned for taxastion in his name in 1899. Dollars o
property, and in 1900 Dollars of property, in 190
Dollars of project, in 190
Dollars of property.
In my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this day of day of
Want white Ordinary,
of County
Nore
1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following

the Ordinary shall swear applicant and the Witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole-truth, so help you God."

2. Additional affidavits may be attached if blank spaces are insufficient.

3. In every case the Ordinary must certify to the character of the Witness, and as to the execution of the proof as above set out.

Ordinary;
County
어머니는 경기가 되는 경기 선생이 하는 이 맛있는데 살아 있었다. 이 경기를 가입하는 것이 되었다는 그 가는 얼굴이 그는 사람이 되었다는 것이다.
OPDINADVO OFDITIONED
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
Parcharing County.
() County.)
Ordinary in and for said county, hereby
certify that the applicant, Mr. J. et 21166, Ordinary in and for said county, hereby county, and has been a bona fide resident of this State since
resides in said
county, and has been a bona fide resident of this State since day of 18.80, and that the witnesses, Mr. W. C. C. C. Conselle
18.80 and that the witnesses. Mr. W. M. C. P. M. Colarge les
are of trustworthy character, and that their statements
are entitled to full faith and credit.
I do further certify that before answering the foregoing questions, the applicant and said witness took the
oath herein prescribed, and the full text of the affidavits was read to the applicant and witness before the same
was signed and subscribed.
I further vertify that the tax digest of Danbling county shows that applicant
watuumad laa taasti
returned for taxation in Wer own name in 1900[2/0]0
of property, and in 1900 $\star$ 2 -3

I further vertify that the tax returned for taxation in her own nam of property, and in 1900 7 2 -3 Witness my hand and official seal, this

Notes-1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."

2. Additional affidavits may be attached; if blank spaces are insufficient.

All affidavits must be made before Ordinary. 4. Only widows who were the wives of the dead husbands while they were soldiers need apply-and are now widows. Those married since 26th April, 1865, not entitled.

Witnesses and two Physicians are necessary to make out claims?

and the state of t	
STATE OF GEORGIA,	
Landle Course	
BE Culter of Randling Co of to receive and receipt for the pension allowed, and request that he remit	uthorize
BE Cuker of Partilling Co	4
to receive and receipt for the pension allowed, and request that he remit	same to
nut at Calles La	
by Chick	
WITNESS my hand and seal, this 12 day of 1600	1905
S P. Vrivid	. [ ]
Executed in the presence of	[L. S.]
BC birla	

(FOR THOSE ALREADY ENROLLED.)

No. 11 472

LDIER'S PENS

Name

INDIGENT

#### POWER OF ATTORNEY

FUWER OF ALLORINEY.	
STATE OF GEORGIA.	
36 by for Orell of Parilling	hereby authorize
to receive and receipt for the pension allowed, and request that	
by Check	
WITNESS my hand and seal, this day of America	1906. [L. s.]
Executed in the presence of Della fraction Circles.	
	4

# no data

WARRANT HATRED TO

JOHN W. LINDSEY

ARRANT ISSUED

anda, 83.

(FOR THOSE ALREADY ENROLL

No. 4743

SOLDIER'S PEN 1906.

Name C. C.

EB
JOHN W. LINDSEY.

WARRANT HANDED TO

de to

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Purcheling County.
Personally appears I A ( Irrold of Partiling)
. County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide chizen
and resident of said County and State, and has resided in said State continuously ever since the
by occupation a fice the con-
federate States (or of the State of 3 and Company 4, of 41 th Regiment
States, and served for the term of 3 yearn Company H, of 41 th Regiment of Ga Velette 13. C.A. Tolk, ; that his physical condition is as
Willows has the Riles. Well ugg und
이 불빛을 보고 있다. 하는 사람들은 사람들은 사람들은 사람들은
that his property consists of the following items: - house hold Loods
16000
by my labor, I to The cy Dollars per month. That by reason of his
physical condition and poverty he is unable to support himself by his own exertion of labor, and that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1995. I have heretofore as a resident of furthering
County been allowed a pension for the year 1904.
Sworn to and subscribed before me, this the
Bro Owker Ordinary. I Ponold
STATE OF GEORGIA,
Parishing County.  I, B. W. W. County,  Ordinary of said County,
do certify that I am well acquainted with D. J. Cunded
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 socider in this Courts.
Given under my official signature and seal, this day of 1905.
B. W. Uncher
See See Ordinary Catholic County.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

	State of Georgia,
	Caulehny County.
	Personally appears & Parnolel of Pauleling
	County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
	and resident of said County and State, and has resided in said State continuously ever
	since theday of1826; that he is 70 years old and
	by occupation a frame, that he collisted in the military service of the Con-
	federate States (or of the State of) during the war between the
	States, and served for the term of Bull in Company 7, of the Regiment
	of C. A.C. Vol. ; that his physical condition is as
	follows:
	mable to works
	The work of the contract of th
	Mark International Control of the Co
	that his property-consists of the following items:
	Cours Al BCoic
	of the value of did so sel Dollars. I am now carning
	of the value of Dollars. I am now carning
	by my labor, . Dollars per month. That by reason of his
	physical condition and poverty he is unable to support himself by his own exertion or
,	labor; and that he receives no pension but the one herein applied for.
	Deponent desires to participate in the benefits of the Act approved December 15th,
	1894, and the Acts amendatory thereof, and makes application for the peusion to which he
	is entitled for the year 1906. I have heretofore, as a resident of Pauleting County, been allowed a pension for the year 1905.
. 7 ,	Sworn to and subscribed before me, this the
	Judy of San 1906.
	0 2 / 6 0.2
	2300 where Ordinary.
	State of Georgia,
6	County.
	I, Ordinary of said County,
	do certify that I am well acquainted with A Campbel
	the applicant in the foregoing affidavit, and am well satisfied that the statements made
	by him in his said affidavit are true, and I know he is the individual he represents himself
	to be, and that he resides in this County.
	Given under my official signature and seal, this /6
	day of 1906.
	B 80 00 00
	Amx }
	bere Ordinary Couldmy County.
	Nore.—The blank spaces must be filled. Nore.—Affidavit should not be attested before January 1st, 1906.
	그 보고 있는 그는 그는 그는 그는 그를 가게 되었다. 그리고 있는 이번 기를 가는 것이 되는 그리고 있는 것이 없는 것이 없는데 그리고 있는데 그리고 있다. 얼마나 그리고 있는데, 그리고 있다.

STATE OF GEORGIA,	
County.	
2. (0) 2000	hereby authorize
36 Crofie of and dis	
to receive and receipt for the pension allowed, and request	that he remit same to
at reason	
WITNESS my hand and seal, this day of	2007 1967.
WITNESS my hand and seal, this, day of	nold [L.s.]
Executed in presence of	
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6	en stor
EN CHARGOLLE	TO TO
ENT ENT MENT MENT MENT MENT MENT MENT ME	LINDSEY, Commissioner HANDED STATE PRINTER, A
	Ommei Ommei HAN
Cour Section 10SE ALREA 10SE ALREA 10SE ALREA 10SE ALREA 10SE 10SE 10SE 10SE 10SE 10SE 10SE 10SE	JOHN W. L. Com WARRANT H
WAR WAR	JOHIN ARR.
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ame ame	

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

	TUICHNID		TURE A	TLO M.F.	d reveions
State	of Georg	ia,			
Hours	dered .	County.	}	e of the se	
	1			1	0-1
	ally appears			/	cull his
County, Stat	e of Georgia, who, b	eing duly sw	orn, says on o	ath that he	s a bona fide chizer
and resident	of said County and	State, and 1	has resided in	said State	continuously ever
since the	day of		1836	that he is.	70 years old
and by occup	ation a ATCI	£2_, that	he enlisted i	n the militar	y service of the Con-
federate State	s (or of the State of	of.		) during t	he war between the
States, and se	rved for the term o	1 50 41	in Compa	my /f of	Al th Regiment
of de	orgin C	Sia	De Car	hat his physi	ical condition is as
	I mina				
and			> / .		
	* 7		,	····	1
that his prope	rte: consists of the	C-11			
that his prope	rty consists of the	following ite	ems;		
			7		2
	600		Jours	froll	
of the value of	31				I am now earning
by my labor,	Just 12	il il	Dollars per	month. Th	at by reason of his
	tion and poverty he				own exertion or
	he receives no pen				
	nt desires to partic				
1894, and the	Acts amendatory th	ercof, and m	akes applicat	ion for the pe	nsion to which he
is entitled for	the year 1907. I h	ave heretofor	re, as a resid	ent of	Culching
	allowed a pension f			0.1	
Sworu	o and subscribed be	efore me, this	s, the	1-11	11/6/
//	ay of_a	190	7.		
			Ordinary		
		1			
Stale	of Georgi	a,			
J			}		
cul	Charles - C	county.			
I, _ &	200000	420		Ordina	ry of said County,
do certify that	I am well acquain	ited with	11:0	02110	Col.
	n the foregoing affi				statements made
	said affidavit are tru		*		
	he resides in this (	V		7	
	Given under my o		ure and seal	this/	
	day of	27	1907.		·
		1	80 /	na Pin	
Amx			90	200	7.77
Affix your		Or	dinary	Rulli	acic County.

The blank spaces must be filled.
Affidavit should not be attested before January 1st, 1907.