

NOTES.

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

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
 2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered *substantially and essentially useless*.
 3. It will not answer to say that an arm is "substantially useless, for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
 4. If the 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 *clerk* 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.

Joseph A. H.
Pulding Co
1889

No.

APPLICATION FOR ALLOWANCE.

FOR

Applicant, A. H. Arnold

County Pulding

Amount

Date of Warrant

Entered on Record.

188

SECRETARY EXECUTIVE DEPARTMENT.

E. J. Sept 1889
Aug 28. 1889

The application
is not submitted
to any allowance
under the law
of H. H. Arnold
Chen

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 for doing the payments provided, the following suggestions are submitted:

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

2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."

4. If the 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,

Paulding County.

PERSONALLY appears *A. H. Arnold* 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 been such since the *26th* day of

October 18*66* 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 *11* of *60th* Regiment

of *Georgia* Volunteers *1st* Brigade; that whilst engaged in such military service, at the battle of *North Ockee* in the State of

Georgia on the *9th* day of *July* 1867, he was wounded as follows: *Shot through the right*

leg with Minnie ball cutting

off point of one rib

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 *12th* day of *July* 188*9* *A. H. Arnold*

J. H. Soggy

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

Commissioned Officer's Affidavit.

STATE OF GEORGIA,

Paulding County.

PERSONALLY came before me _____ of the county

of _____ State of Georgia, who, being duly sworn, says that he was

a commissioned officer in Company _____ of _____ 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 *bona fide* citizen of this State and resides

in _____ 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:

Paulding Co.
1889

APPLICATION FOR ALLOWANCE.

FOR

Applicant, *A. H. Arnold*

County, *Paulding*

Amount

Date of Warrant

Entered on Record

188*9*

SECRETARY EXECUTIVE DEPARTMENT.

Secy. Sept. 1889
July 28. 1889
The applicant
is not entitled
to any allowance
under the law
W. H. Haman
Clerk

STATE OF GEORGIA,

PERSONALLY came

citizens of

who, being duly sworn, say that they are acquainted with

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

are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this

16th day of Feb. 1889

Henry B. Burt
W. H. Reynolds

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

STATE OF GEORGIA,

PERSONALLY comes before me,

Ordinary of said county,

and

me as reputable physicians of said county who, being severally sworn, say on oath that

they have carefully examined

examination say that the applicant has been injured as follows:

Ball entered right side 1 1/2 inches to the
to the right of umbilicus slightly higher
up, coming out about the junction of the
lumbar and dorsal vertebrae to the right
of the spinal column but very near the
same said ball fractured one rib on entrance since
wound healed & made sufficient pain on night with some
discomfort ago he got his right eye (probably said eye) due to
injury done to spinal cord by compression of ligament.

Sworn to and subscribed before me, this

16th day of Feb. 1889

J. M. Smith
J. R. Burt

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,

I,

Ordinary of said county,

do certify that I am well acquainted with

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

before

whom the foregoing affidavits were made and power of attorney was signed, is a

of said county, and the said affidavits and signa-

tures thereto are genuine.

Given under my official signature and seal, this

16th day of Feb. 1889

H. B. Burt
Ordinary of said county.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of

county, in said State, do hereby appoint

of

my true and lawful attorney in fact, for

me and in my name, to receive and receipt for whatever amount of money I may be entitled

to from the State of Georgia by reason of the injury received as aforesaid in the military ser-

vice of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby

authorizing my said attorney to receipt in my name for any Warrant that may be issued by

the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In witness whereof I have hereunto set my hand and seal, this

day of

188

Executed in the presence of us:

(L. S.)

Form 5.

Kendall County.

KNOW ALL MEN BY THESE PRESENTS, That I

t I, A. H. Arnold

of Building

County, in said State, do hereby appoint

W. A. Roberts

of Paulding, Georgia 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 20
day of March 1893.

44-40000-10000 [L. S.]

Executed in the presence of us:

W.H. ^{Baird} Morgan

E. W. R. H. Jones
DIRECTION

DIRECTION

If allowed, send amount by _____ to _____
me at _____, and oblige,

Form 1

STATE OF GEORGIA

Paulding County

PERSONALLY appears A H Arnold of Portland

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 continuously since the 7 day of

March 1892; that he enlisted in the military service of the Confederate States (or the State of _____) during the war between the

States, and served as a Private in Company E, of 60th Regiment
of Pa Volunteers Indiana Brigade: that whilst engaged

in such military service, at the battle of Monapocu River in the State
of Maryland, on the 9 day of July, 1864, he was

disabled as follows: with Minnie Black striking on right side breaking seventh rib & coming out three inches above the hip bone severing ^{one} of the spine muscles and injuring the spine from which wound I have suffered ever since nerve and from loss of strength and use of right leg and hip I am totally unable to perform the usual vocations of life. I have also lost total sight of right eye which I believe was caused from effects of same wound.

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

18 day of March 1893.

E. M. G. P. 1901

Ordinary.

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

Affidavit for Witnesses.

STATE OF GEORGIA,

County of Paulding

PERSONALLY appears before me, the undersigned, Ordinary in and for said County,

J. D. Hagen and J. C. Shipp

and

G. A. Whitfield each of whom, being duly sworn according to law,severally say, under oath, that they are personally well acquainted with A. H. Arnold

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 badly applicant is

disabled from work. If he does any labor, or can do any, state what.) that he was a soldier in the army at Gettysburgand that he was wounded at theBattle of Monocacy Marylandwe have not lived near him since he wasand only know of his inability to labor onthe usual vocations of life from his generalappearance and that seems to us that he isnot able to perform manual laborand we have not lived near him since he wasand only know of his inability to labor onthe usual vocations of life from his generalappearance and that seems to us that he isnot able to perform manual laborand we have not lived near him since he wasand only know of his inability to labor onthe usual vocations of life from his generalappearance and that seems to us that he isnot able to perform manual laborand we have not lived near him since he wasand only know of his inability to labor onthe usual vocations of life from his generalappearance and that seems to us that he isnot able to perform manual laborand we have not lived near him since he wasand only know of his inability to labor onthe usual vocations of life from his generalappearance and that seems to us that he isnot able to perform manual labor

STATE OF GEORGIA,

County of Paulding

PERSONALLY comes before me, the undersigned, Ordinary of said County,

M. V. Owens and Geo. J. Parker, both known to

me as reputable physicians of said County, who being severally sworn, say on oath that they

have carefully examined A. H. Arnold and after such personal examination

say that the applicant has been injured as follows:

shot in right side the ball striking withrib taking off three inches of said rib thenpassing through his body coming out threeinches above the hip bone tearing motionoff spine making body unable to lift anyweight on the saddle must be cutthe ball which are the main muscles ofin back said ball cut dorsal & sympatheticnerves which is with hands & locallycannot perform any work of labor in right handof right hand saw leg broken by ball & is aWe have treated applicant professionally for 10 yearsSworn to and subscribed before me this 20th day of March 1893.E. W. Arnold Ordinary.M. V. Owens Ordinary.Geo. J. Parker Ordinary.E. W. Arnold Ordinary.M. V. Owens Ordinary.Geo. J. Parker Ordinary.E. W. Arnold Ordinary.M. V. Owens Ordinary.Geo. J. Parker Ordinary.E. W. Arnold Ordinary.M. V. Owens Ordinary.Geo. J. Parker Ordinary.E. W. Arnold Ordinary.M. V. Owens Ordinary.Geo. J. Parker Ordinary.E. W. Arnold Ordinary.M. V. Owens Ordinary.Geo. J. Parker Ordinary.E. W. Arnold Ordinary.M. V. Owens Ordinary.Geo. J. Parker Ordinary.E. W. Arnold Ordinary.M. V. Owens Ordinary.

NOTE.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to the same.

2. Witnesses are asked to make their statements full and explicit.

PHYSICIAN'S AFFIDAVIT.

STATE OF GEORGIA,

County of Paulding

PERSONALLY comes before me, the undersigned, Ordinary of said County,

M. V. Owens and Geo. J. Parker, both known to

me as reputable physicians of said County, who being severally sworn, say on oath that they

have carefully examined A. H. Arnold and after such personal examination

say that the applicant has been injured as follows:

shot in right side the ball striking withrib taking off three inches of said rib thenpassing through his body coming out threeinches above the hip bone tearing motionoff spine making body unable to lift anyweight on the saddle must be cutthe ball which are the main muscles ofin back said ball cut dorsal & sympatheticnerves which is with hands & locallycannot perform any work of labor in right handof right hand saw leg broken by ball & is aWe have treated applicant professionally for 10 yearsSworn to and subscribed before me this 20th day of March 1893.E. W. Arnold Ordinary.M. V. Owens Ordinary.Geo. J. Parker Ordinary.E. W. Arnold Ordinary.M. V. Owens Ordinary.Geo. J. Parker Ordinary.E. W. Arnold Ordinary.M. V. Owens Ordinary.Geo. J. Parker Ordinary.E. W. Arnold Ordinary.M. V. Owens Ordinary.Geo. J. Parker Ordinary.E. W. Arnold Ordinary.M. V. Owens Ordinary.Geo. J. Parker Ordinary.E. W. Arnold Ordinary.M. V. Owens Ordinary.Geo. J. Parker Ordinary.E. W. Arnold Ordinary.M. V. Owens Ordinary.Geo. J. Parker Ordinary.E. W. Arnold Ordinary.M. V. Owens Ordinary.

STATE OF GEORGIA,

County of Paulding

PERSONALLY comes before me, the undersigned, Ordinary of said County,

M. V. Owens and Geo. J. Parker, both known to

me as reputable physicians of said County, who being severally sworn, say on oath that they

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POWER OF ATTORNEY.

STATE OF GEORGIA,

Paulding County.

Know all Men by these Presents, That I,

A. H. Arnold

of *Paulding*

County, State of Georgia, do hereby appoint

W. H. Harrison

of *The Executive Dept*

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 *14th* day of *March* 1894.

A. H. Arnold

[L. S.]

Executed in the presence of us

E. L. Elliott

B. W. DeLoach

DIRECTIONS.

Send money to me as follows, by

Allegood

to *Dallas*

P. O.

County, Georgia.

A. H. Arnold

POWER OF ATTORNEY.

STATE OF GEORGIA,

Paulding County.

KNOW ALL MEN BY THESE PRESENTS, That I,

L. H. Smith

of *Paulding*

County, State of Georgia, do hereby appoint

Richard Johnson

of *The Executive Dept.*

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 *2nd* day of *March* 1895.

A. H. Arnold

[L. S.]

Executed in presence of us

W. H. Harrison

W. H. Harrison

DIRECTIONS.

Send money to me as follows, by

Check to Bury

to *Dallas*

P. O.

Paulding County, Georgia.

A. H. Arnold

SOLDIER'S PENSION.

1895.

Name

L. H. Smith

County

Paulding

Disability

Body Wound

Amount, \$

50

1895.

320

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

W. H. Harrison

Geo. W. Harrison, State Printer, Atlanta.

W. H. Harrison

(For Those Already Enrolled.)

Soldier's Pension.

1894.

Name

A. H. Arnold

County

Paulding

Disability

Body Wound

Amount, \$

50

1894.

317

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

M. H. Harrison

Geo. W. Harrison, State Printer, Atlanta.

W. H. Harrison

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Prindley County.

PERSONALLY appears *J. H. Arnold* of *Prindley* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *March* 1892; 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 *E*, of the *10th* Regiment of *Volunteers*, *Georgia's* Brigade; that whilst engaged in such military service at the battle of *Mormon* in the State of *Mississippi*, on the *2nd* day of *July* 1864, he was wounded as follows: *in right side cutting off point of hip, cutting off point of seventh rib, coming out through back thereby disabling Applicant 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 *fifty* dollars, for the year 1893.

Sworn to and subscribed before me, this, the *2nd* day of *March* 1894.

W. W. B. Quinn 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.

Prindley County.

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

Given under my official signature and seal, this *2nd* day of *March* 1894.



E. W. B. Quinn

Ordinary *Prindley* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Prindley County.

PERSONALLY appears *J. H. Arnold* of *Prindley* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *March* 1892; 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 *E*, of the *10th* Regiment of *Volunteers*, *Georgia's* Brigade; that whilst engaged in such military service at the battle of *Mormon* in the State of *Mississippi*, on the *2nd* day of *July* 1864, he was wounded as follows: *in right side cutting off point of hip, cutting off point of seventh rib going out through back thereby disabling Applicant 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 26th, 1895. I have heretofore been allowed a pension of *fifty* dollars, for the year 1894.

Sworn to and subscribed before me, this, the *2nd* day of *March* 1895.

E. W. B. Quinn 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.

Prindley County.

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

Given under my official signature and seal, this *2nd* day of *March* 1895.



E. W. B. Quinn

Ordinary *Prindley* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, Richard Johnson hereby authorize Richard Johnson of the Executive Dept

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

at Bay City, La by check

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 7 day of March 1896.

Executed in presence of us

W. J. Johnson
W. J. Johnson

R. H. Arnold [L. S.]

(For Those Already Enrolled.)

166 No. 3127

SOLDIER'S PENSION.

1896.

Name Richard Johnson

County Quitman

Disability Soldier

Amount, \$ 3.12 1896

RICHARD JOHNSON,

Secretary Executive Department

WARRANT HANDED TO

pm 9

Geo W. Harrison, State Printer, Atlanta.

W. J. Johnson

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, A. H. Arnold hereby authorize A. H. Arnold of the Executive Dept

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

at Bay City, La by check

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 20 day of March 1897.

Executed in presence of

J. J. Duggins

A. H. Arnold [L. S.]

(For Those Already Enrolled.)

166 No. 2486

INVALID

SOLDIER'S PENSION.

1897.

Name A. H. Arnold

County Quitman

Disability Invalid

Amount, \$ 2.50 1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

pm 9

Geo W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Paulding County.

Personally appears J. F. Arnold 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 19 day of March 1861; 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 E, of 60th Regiment of GA Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of GA, on the 9 day of May 1866, he was wounded, injured or diseased as follows:

I am shot in the back, striking
between ribs and forming a cut above
hip bone from which wound he is
unable to perform 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, 1896. I have heretofore as a resident of Paulding county been allowed a pension of fifty dollars, for the year 1896.

Sworn to and subscribed before me, this, the 19 day of February 1896. A. H. Arnold
E. M. Y. Algood

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,

Paulding County.

I, E. M. Y. Algood Ordinary of said County, do certify that I am well acquainted with J. F. Arnold 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 19 day of February 1896.



E. M. Y. Algood
Ordinary Paulding County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Paulding County.

Personally appears J. F. Arnold 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 18 day of March 1861; 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 E, of 60th Regiment of GA Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of GA, on the 9 day of May 1866, he was wounded, injured or diseased as follows:

I am shot in the back, striking
between ribs and forming a cut above
hip bone from which wound he is
unable to perform 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, 1897. I have heretofore under said law as a resident of Paulding county been allowed an invalid pension of fifty Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 20 day of February 1897. A. H. Arnold
J. F. Arnold

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,

Paulding County.

I, J. F. Arnold Ordinary of said County, do certify that I am well acquainted with J. F. Arnold 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 February 1897.



J. F. Arnold
Ordinary Paulding County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Paulding County.

I, *A. H. Arnold* hereby authorize *J. M. Penell*
Atty Gen of *State House*

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

W. P. Hudson only by *Check*
at *Dallas Ga*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *26*
day of *Jan* 1898.

A. H. Arnold [L. S.]

Executed in presence of

W. P. Hudson only
W. P. Hudson only

POWER OF ATTORNEY.

STATE OF GEORGIA,

Paulding County.

I, *A. H. Arnold* hereby authorize *J. M. Penell*
Atty Gen of *State House*

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

W. P. Hudson only by *Check*
at *Dallas Ga*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *26*
day of *Jan* 1898.

A. H. Arnold [L. S.]

Executed in presence of

W. P. Hudson only
W. P. Hudson only

ACT OF OCT. 1887
(For Those Already Enrolled.)

No. *3771*

INVALID

SOLDIER'S PENSION.

1898.

Name *A. H. Arnold*
County *Paulding*
Disability *Wound*
Amount, \$ *50.00*
3/2 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

J. M. Penell

Geo. W. Harrison, State Printer, Atlanta.

W. P. Hudson only

ACT OF OCT. 1887
(For Those Already Enrolled.)

No. *1295*

INVALID

SOLDIER'S PENSION.

1898.

Name *A. H. Arnold*
County *Paulding*
Disability *Wound*
Amount, \$ *50.00*
2/6 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

J. M. Penell

Geo. W. Harrison, State Printer, Atlanta.

W. P. Hudson only

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Paulding County.

Personally appears A. H. Arnold 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 March 1832; that he enlisted in the military service of the Confederate States (or of the State of GA) during the war between the States, and served as a Private in Company K, of 61st Regiment of GA Volunteers, Landon's Brigade; that whilst engaged in such military service in the State of MD, on the 9th day of July 1864, he was wounded, injured or diseased as follows:

by gunshot wound in right side

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 20th, 1898. I have heretofore under said law as a resident of Paulding county been allowed an invalid pension of fifty Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 26th day of July 1898, A. H. Arnold POST-OFFICE Paulding County.

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,

Paulding County.

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

Given under my official signature and seal, this 26th day of July 1898.

J. P. Anderson Ordinary Paulding County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Paulding County.

Personally appears A. H. Arnold 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 March 1832; that he enlisted in the military service of the Confederate States (or of the State of GA) during the war between the States, and served as a Private in Company K, of 61st Regiment of GA Volunteers, Landon's Brigade; that whilst engaged in such military service in the State of MD, on the 9th day of July 1864, he was wounded, injured or diseased as follows:

by gunshot wound through right side

Deponent makes application for the pension to which he is entitled, for the year ending October 20th, 1898. I have heretofore under said law as a resident of Paulding County been allowed an invalid pension of fifty Dollars, for the year 1898.

Sworn to and subscribed before me, this, the 2nd day of Jan 1899, A. H. Arnold POST OFFICE Paulding County.

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,

Paulding County.

I, J. P. Anderson Ordinary of said County, do certify that I am well acquainted with A. H. Arnold 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 Jan 1899.

J. P. Anderson Ordinary Paulding County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Paulding County.

I, A. H. Arnold, hereby authorize J. M. Turner
Atty Gen. of Atlanta Ga

to receive and receipt for the pension paid hereon and request that he remit same to
Dr P. Hudson only by Dr. Beck
 at Dallas Ga

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

A. H. Arnold [L. S.]

Executed in presence of

Dr. P. Hudson only

POWER OF ATTORNEY.

STATE OF GEORGIA,

Paulding County.

I, A. H. Arnold hereby authorize R. A. Childs
 of Dallas Ga

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 8th
 day of Jan 1901.

A. H. Arnold [L. S.]

Executed in presence of

R. A. Childs

CODE SECTION 129.

(For Those Already Enrolled.)

No. 1246

INVALID

SOLDIER'S PENSION.

1900.

Name A. H. Arnold
 County Paulding
 Disability Personal
 Amount, \$ 50.00
 Warrant issued Jan 7 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Turner

Geo. W. Harrison, State Printer, Atlanta.

No later

CODE SECTION 129.

(For Those Already Enrolled.)

No. 12553

DISABLED

SOLDIER'S PENSION.

1901.

Name A. H. Arnold
 County Paulding
 Disability Shot in side
 Amount, \$ 50.00

2/13. 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Childs

Geo. W. Harrison, State Printer, Atlanta.

Childs
No later

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Paulding County.

Personally appears A. H. Arnold 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 County, and has resided therein continuously ever since the 9th day of March, 1832; 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 60th Regiment of Ga. Volunteers, Gardner's Brigade; that whilst engaged in such military service in the State of Ida., on the 9th day of July, 1864, he was wounded, injured or diseased as follows:

by gunshot through right side

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 Paulding County been allowed an invalid pension of fifty Dollars, for the year 1899.

Sworn to and subscribed before me, this, the 14th day of July, 1900. A. H. Arnold

R. P. Hudson Org.

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,

Paulding County.

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

Given under my official signature and seal, this 14th

day of July, 1900. R. P. Hudson
Ordinary Paulding County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Paulding County.

Personally appears A. H. Arnold 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 9th day of March, 1832; 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 60th Regiment of Georgia Volunteers, Gardner's Brigade; that whilst engaged in such military service in the State of Marland, on the 9th day of July, 1864, he was wounded, injured or diseased as follows:

Shot through right side cutting off point of the seventh rib causing Disability Right side

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 Paulding County been allowed an invalid pension of fifty Dollars, for the year 1900.

Sworn to and subscribed before me, this the 8th day of Jan, 1901. A. H. Arnold

Postoffice

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,

Paulding County.

I, R. A. Childs Ordinary of said County, do certify that I am well acquainted with A. H. Arnold 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 8th

day of Jan, 1901. R. A. Childs
Ordinary Paulding County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Paulding County. }

I, *A. H. Arnold* hereby authorize *R. A. Whelan*

Ordery of *Paulding Co Ga*

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

at *Dallas Ga* by *Harriet*

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *11th* day of *January* 1902.

A. H. Arnold [L. S.]

Executed in presence of

R. A. Whelan

POWER OF ATTORNEY.

STATE OF GEORGIA,

Paulding County. }

I, *A. H. Arnold* hereby authorize *R. A. Whelan*

Ordery of *Paulding Co Ga* to receive and receipt for the pension paid hereon and request that he remit same to

at *Dallas Ga* by *Harriet*

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *10th* day of *January* 1903.

A. H. Arnold [L. S.]

Executed in presence of

R. A. Whelan

(FOR THOSE ALREADY ENROLLED.)

No. *684*

DISABLED

SOLDIER'S PENSION
1902.

Name *A. H. Arnold*
County *Paulding*
Co. *K* Regiment *60th*
Disability *Badly Wound*
Amount, \$ *50*

1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordery

Geo. W. Harrison, State Printer, Atlanta.

(FOR THOSE ALREADY ENROLLED.)

No. *1034*

DISABLED

SOLDIER'S PENSION
1903.

Name *A. H. Arnold*
County *Paulding*
Co. *K* Regiment *60th*
Disability *Badly Wound*
Amount, \$ *50*

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordery

Geo. W. Harrison, State Printer, Atlanta.

no entry

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Paulding County.

Personally appears *A. H. McDonald* 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 *1837*, that he enlisted in the military service of the Confederate States (or of the State of *ga*) during the war between the States, and served as a *Private* in Company *K*, of *60*th Regiment of *ga* Volunteers, *Gardner's* Brigade; that whilst engaged in such military service in the State of *Maryland*, on the *9th* day of *July*, *1864*, he was wounded, injured or diseased as follows: *Wound shot through the right side entering the breast of seventh rib.*

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 *Paulding* County, been allowed an invalid pension of *fifty* Dollars, for the year 1901.

Sworn to and subscribed before me, this the *11th* day of *January*, 1902. } Post-office *Dallas ga*
A. H. McDonald

STATE OF GEORGIA,

Paulding County.

I, *R. S. Lehigh* Ordinary of said County, do certify that I am well acquainted with *A. H. McDonald* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this *11th* day of *January*, 1902.

R. S. Lehigh Ordinary *Paulding* 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,

Paulding County.

Personally appears *A. H. McDonald* 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 *1837*, that he enlisted in the military service of the Confederate States (or of the State of *ga*) during the war between the States, and served as a *Private* in Company *K*, of *60*th Regiment of *ga* Volunteers, *Gardner's* Brigade; that whilst engaged in such military service in the State of *Maryland*, on the *9th* day of *July*, *1864*, he was wounded, injured or diseased as follows:

Shot through the right side entering of the 7th rib which broke me from doing any work at all

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 *Paulding* County, been allowed an invalid pension of *fifty* Dollars, for the year 1902.

Sworn to and subscribed before me, this the *10th* day of *Jan*, 1903. } Post-office *Dallas ga*
A. H. McDonald

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,

Paulding County.

I, *R. S. Lehigh* Ordinary of said County, do certify that I am well acquainted with *A. H. McDonald* 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 *10th* day of *January*, 1903.

R. S. Lehigh Ordinary *Paulding* 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,

Paulding COUNTY. }

I, C. V. N. Arnold hereby authorize
R. C. Schiley of Paulding Co. Ga.
to receive and receipt for the pension paid hereon, and request that he remit same to
me by Mail
at Dallas Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 20
day of Jan 1904.
C. V. N. Arnold [L. S.]

Executed in presence of

R. C. Schiley

Arnold, C. V. N.
Paulding Co.
CODE SECTION 12007
(FOR THOSE ALREADY ENROLLED.)
So. Fulton Co. 1903

No. 3021

DISABLED

SOLDIER'S PENSION

1904.

Name C. V. N. Arnold
County Paulding
Co. K Regiment 60
Disability Body Wound
Amount, \$ 50.00

FEB 12 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Orly

Geo. W. Harrison, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Paulding County.

Personally appears *A. N. Arnold* 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 Confederate States (or of the State of *ga*) during the war between the States, and served as a *Private* in Company *K*, of *60*th Regiment of *ga* Volunteers *Gordon*'s Brigade; that whilst engaged in such military service in the State of *Maryland*, on the *9*th day of *July* 1864, he was wounded, injured or diseased as follows:

Went in line of battle at the Meroeay River & was shot through the right side on the 9th day of July 1864

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 *Paulding* County, been allowed an invalid pension of *Fifty* Dollars, for the year 1903.

Sworn to and subscribed before me, this the *20*th day of *Jan* 1904.

R. C. Schiler *Ord*

Ch. H. Arnold
Post-office *Dallas ga*

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

STATE OF GEORGIA,

Paulding County.

I, *R. C. Schiler* Ordinary of said County, do certify that I am well acquainted with *A. N. Arnold* 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*th day of *Jan* 1904.

R. C. Schiler
Ordinary *Paulding* County.



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

NOTE.—All vouchers and affidavits must bear date after January 1, 1904.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Paulding COUNTY, }

herby authorize

J. P. Arnold Paulding only or Paulding or you

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

Witness my hand and seal, this

15th

day of July

1904,

[L.S.]

Executed in the presence of

W. L. Lindsey

INDIGENT PENSION.
1903.

Name J. P. Arnold

County Paulding

Co. A Regt. 41

Approved _____ 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will write Name of Applicant, Company and Regiment on back as indicated above.

Geo. W. Harrison, State Printer, Atlanta.

5/17/04

POWER OF ATTORNEY.

STATE OF GEORGIA,

Paulding COUNTY: }
S. P. Arnold hereby authorize
Rebecca only of Paulding Co. Ga.
to receive and receipt for the pension allowed and request that he remit same to
Dallas Ga by Hand
Witness my hand and seal, this 13th day of May 1904
S P Arnold [L. S.]

Executed in the presence of

Rebecca

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Paulding COUNTY: }
S. P. Arnold of said State and County, desiring
to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn
true answers 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)
S. P. Arnold I reside at Brownsville Paulding Co Georgia
2. How long and since when have you been a resident of this State? I was born in this
State and have resided in this State all my life.
3. Where and where were you born? in Surinam County, Ga, in the year 1836
4. When and where and in what company and regiment did you enlist or serve? I enlisted in Campbell
County, Georgia, in the year 1862, in Company K, of the 41
Georgia Regiment, G. S. A. Volunteer.
5. How long did you remain in such company and regiment? until the 26th day of
April 1865.
6. When and where was your company and regiment surrendered and discharged? at Greensboro,
N.C. on the 26th of April 1865.
7. Were you present with your company and regiment when it was surrendered? yes
8. If not present, state specifically and clearly where you were, when you left your command, for what cause
and by whose authority? I was present at the time of
surrender.
9. How much can you earn (gross) per annum by your own exertions or labor? \$300 to \$400
10. What has been your occupation since 1865? farming.
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty,"
second, "infirmity and poverty," or third, "blindness and poverty"? Age and infirmity.
12. If upon the first ground, state how long you have been in such condition that you could not earn your
support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third,
state whether you are totally blind and when and where you lost your sight?
Since I have been afflicted all the while
since the war, with the infirmity of
paralysis, I am unable to do any work
and am unable to support myself.
13. What property, real and personal, or income, do you possess, and its gross value? and its gross value.
The value of my house is
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 owned no other property
except what was named on other property that the above represents, I have had
nothing since and now have a wife, but it did not now live with me.
15. In what County did you reside during those years, and what property did you then return for taxation?
I resided in Paulding County all the while, and the above named property
was my only property.
16. How were you supported during the years 1899, 1900, 1901 and 1902? partly by my wife and
partly by that of my wife and her sister.
17. How much did your support cost for each of those years, and what portion did you contribute thereto by
your own labor or income? \$150.00, I contribute 4 weeks \$30.00, have no income,
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year?
I was farming, made small crop on native lands.
19. Have you a family? If so, who composes such family? Give their means of support? Have they a
homestead, or other property? Their ages and how employed? I have a wife and my wife's sister
live with us, my sister is my wife's sister, she is 67 years old,

Every question MUST be answered.

20. Are you receiving any pension? If so, what amount and for what disability? I am receiving
no pension.
21. Have you ever made an application for pension before? no
22. How many applications have you ever made and under what class? none

Sworn to and subscribed before me this the }
8th day of April 1904 }
Rebecca } S. P. Arnold Applicant.
of Paulding } Ordinary, John W. Lindsey
County. }

INDIGENT PENSION.

1903.

Name S. P. Arnold

County Paulding

Co. A Regt. 41

Approved 1903.

JOHN W. LINDSEY
Ordinary of Paulding County, Georgia.

WARRANT HANDED TO

Ordinary will write Name of Applicant, Company
and Regiment on back as indicated above.

Geo. W. Harrison, State Printer, Atlanta.

5/1/11

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

COUNTY.

S. P. Arnold of said State and County, having been presented as a witness in support of the application of *S. P. Arnold* for pension under section 1254, Code, and after being duly sworn true answers to the following questions, deposes and answers as follows:

1. What is your name and where do you reside?
Dustill Cobb County
 2. Are you acquainted with *S. P. Arnold*, the applicant; if so, how long have you known him?
50 Year
 3. Where does he reside, and how long and since when has he been a resident of this State?
Dustill, Ga. 40 years since I know him
 4. When, where and in what company and regiment did he enlist, and how do you know?
March 1862 in Campbell's Co. H. 41 Reg
 5. Were you a member of the same company and regiment?
Yes
 6. How long did he perform regular military duty?
3 Years a little more
 7. When and where was his command surrendered?
Brunswick Ga. to
 8. Were you present when it surrendered?
I was
 9. Was applicant present?
He was
 10. If he was not present, where was he?
He was present
- When did he leave his command?
By what authority he left?
How do you know all of this?

McDonald summer from No. 10

11. What property, effects or income has the applicant? (Give your means of knowledge.)
except have some
12. What property, effects or income did the applicant possess in 1890, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same?
had none to dispose of - stock in business with his
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
and his wife had none to dispose of - had
14. What is the applicant's occupation and physical condition?
What little he can do - he is troubled with the piles - so bad he can't work hardly half time
15. Is the applicant unable to support himself by labor of any sort, if so, why?
yes he can't support himself on acct of piles and the disease of piles makes him not able to work
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? What he and his wife and her sister making a little crop
17. What portion of his support for these four years was derived from his own labor or income?
about half - not over that worked when not able
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?
He contracted the disease of piles in the war and age and time wear has divided him from work
19. Who composes family? What property have they? Children's age and their earning capacity?
himself & wife & wife's sister have no children
20. What interest have you in the recovery of a pension by this applicant?
None

Sworn to and subscribed before me, this the

10th day of May 1904

Ordinary.

J. H. Howell
Witness.

McDonald ordinary of Paulding Co. see John McDonald ordinary from No. 10 to return the same for same in cell column

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Paulding COUNTY.

Personally came before me *Wm. H. Bratt* and *A. J. Coffey*, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully *S. P. Arnold*, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

He has hemorrhoids and infirmity from age (the hemorrhoids are of a bleeding character) The same renders him unable to work about one half the time and should not work any

and that we have no interest in said pension being allowed. *Wm. H. Bratt M.D.*

Sworn to and subscribed before me, this the

2nd day of June 1904

R. A. Miller Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb COUNTY.

I, *John Anthony* Ordinary, in and for said County, hereby certify that the applicant *John Anthony* resides in said County, and has been a bona fide resident of this State since the day of 189 and that the witnesses, viz: *J. H. Howell*

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 oath 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 of County show that applicant returned for taxation in his name in 1899 Dollars of property, and in 1900 Dollars of property, in 1901 Dollars of property, in 1902 Dollars of property.

In my opinion the foregoing claim is made in good faith.

Witness my hand and seal of office, this 10th day of May 1904 *John Anthony* Ordinary.

NOTE.

1. Before any questions are answered, 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.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Paulding County.

I, *R. A. Chiles*, Ordinary in and for said county, hereby certify that the applicant, Mr. *S. P. Arnold*, resides in said county, and has been a bona fide resident of this State since *1880* day of *May*, and that the witnesses, Mr. *W. R. McDonald*, are of trustworthy character, and that *his* 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 certify that the tax digest of *P. A. Chiles* county shows that applicant returned for taxation in *his* own name in *1900 (210)* dollars worth of property, and in *1901 2-3* dollars worth of property.

Witness my hand and official seal, this *13th* day of *May*, 1904

SEAL

R. A. Chiles Ordinary
Paulding County.

- 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.
3. 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 28th April, 1865, not entitled.
5. Witnesses and two Physicians are necessary to make out claims.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Paulding COUNTY.

I, S. P. Arnold hereby authorize
B. E. Crocker Ord of Paulding Co. Ga.
 to receive and receipt for the pension allowed, and request that he remit same to
me at Dallas Ga.
 by check

WITNESS my hand and seal, this 10th day of Jan 1905.

S. P. Arnold

[L. S.]

Executed in the presence of

B. E. Crocker Ord

POWER OF ATTORNEY.

STATE OF GEORGIA.

Paulding COUNTY.

I, S. P. Arnold hereby authorize
B. E. Crocker Ord of Paulding Co.
 to receive and receipt for the pension allowed, and request that he remit same to
me at Dallas Ga.
 by check

WITNESS my hand and seal, this 10th day of Jan 1905.

S. P. Arnold

[L. S.]

Executed in the presence of

B. E. Crocker Ord

(FOR THOSE ALREADY ENROLLED.)

No. 11472

INDIGENT

**SOLDIER'S PENSION
1905.**

Name S. P. Arnold
 County Paulding
 Co. H Regiment 41 at Georgia

WARRANT ISSUED

FEB 14

1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

GEO. W. HARRISON, MANAGER, F. B. STATE PRINTER, ATLANTA.

no date

Arnold, S. P.
Paulding Co.

CODE SECTION 124.

(FOR THOSE ALREADY ENROLLED.)

No. 4793

INDIGENT

**SOLDIER'S PENSION
1906.**

Name S. P. Arnold
 County Paulding
 Co. H Regiment 41 at Ga.

WARRANT ISSUED

FEB

1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

THE PRINTER, MANAGER, F. B. STATE PRINTER, ATLANTA.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Paulding County.

Personally appears J. P. Arnold of Paulding 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 the 1st day of Jan 1886; that he is 68 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served for the term of 3 years in Company H, of 41 th Regiment of Ga. Volunteers C. S. A.; that his physical condition is as follows: has the Piles. Old age and General Break down.

that his property consists of the following items:

house hold Goods
1 cow

of the value of \$10.00 Dollars. I am now earning, by my labor, nothing 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 1905. I have heretofore as a resident of Paulding County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the 10th day of Jan 1905.

B. E. Crocker Ordinary. J. P. Arnold

STATE OF GEORGIA,

Paulding County.

I, B. E. Crocker Ordinary of said County, do certify that I am well acquainted with J. P. Arnold 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 10th day of Jan 1905.

B. E. Crocker
Ordinary Paulding County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1905.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Paulding County.

Personally appears J. P. Arnold of Paulding 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 the 1st day of Jan 1886; that he is 70 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served for the term of 3 years in Company H, of 41 th Regiment of Ga. C. S. A.; that his physical condition is as follows: unable to work

that his property consists of the following items:

cow House hold Goods

of the value of \$10.00 Dollars. I am now earning, by my labor, nothing 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 1906. I have heretofore, as a resident of Paulding County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the 10 day of Jan 1906.

B. E. Crocker Ordinary. J. P. Arnold

State of Georgia,

Paulding County.

I, B. E. Crocker Ordinary of said County, do certify that I am well acquainted with J. P. Arnold 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 16 day of Jan 1906.

B. E. Crocker
Ordinary Paulding County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1906.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, S. P. Arnold, hereby authorize
J. E. Crocker of Baulding Co.
to receive and receipt for the pension allowed, and request that he remit same to
at Blacks
by check

WITNESS my hand and seal, this 11 day of Jan 1907.

S. P. Arnold [L. S.]

Executed in presence of

Arnold, S. P.
Baulding Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED)

No. 7,398

INDIGENT SOLDIER'S PENSION 1907.

Name S. P. Arnold
County Baulding
Co. 17 Regiment 141

WARRANT ISSUED

1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

True Date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Paulding County.

Personally appears S. P. Arnold of Paulding 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 the _____ day of _____ 1836; that he is 70 years old and by occupation a Printer, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 3 yrs in Company 11, of 41th Regiment of Georgia Inf, that his physical condition is as follows: unable to work from age and infirmity

that his property consists of the following items: _____

6000 House hold of the value of 75-00 Dollars. I am now earning by my labor, nothing 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 pension to which he is entitled for the year 1907. I have heretofore, as a resident of Paulding County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 11 day of _____ 1907.

Ordinary.

State of Georgia,

Paulding County.

I, B. B. Craker Ordinary of said County, do certify that I am well acquainted with S. P. Arnold 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 11 day of Jan 1907.

B. B. Craker
Ordinary, Paulding County.

Attach
your
seal
here

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