

## POWER OF ATTORNEY.

STATE OF GEORGIA.

*William Barber*

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

*Wm Barber*

County, in said State, do hereby appoint  
 of *Barber* *Wm Barber*  
 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 *11* *th*  
 day of *March*, 1892.

Executed in the presence of us:

*William Barber*

[L.S.]

DIRECTION.

If allowed, send amount by \_\_\_\_\_  
 me at \_\_\_\_\_

, and oblige,

to

Soldier's Pension.

1892.

Name

*Wm. Barber*

County

*Paulding*

Disability

*Loss of limb*

Amount, \$

*Met 23*

1892.

W. H. HARRISON,

Secretary of Executive Department.

WARRANT HANDLED TO

*J. L. Clay*

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

*Paulding*  
 No. *2805*  
*Barber, William*

# POWER OF ATTORNEY.

Form 5.

STATE OF GEORGIA, )  
County, )

KNOW ALL MEN BY THESE PRESENTS, That I, *Wm Barber*,  
of *Paulding* 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 *11<sup>th</sup>*  
day of *March*, 1892: *Wm Barber* [L.S.]

Executed in the presence of us:

*J. W. Poole*  
*W. C. Sargent*

DIRECTION.

If allowed, send amount by \_\_\_\_\_ to \_\_\_\_\_  
me at \_\_\_\_\_ and oblige,

# FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

Form 1.

STATE OF GEORGIA, )  
County, )

PERSONALLY appears *Wm Barber* of *Paulding*  
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 \_\_\_\_\_ day of  
*March*, 1837, 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 *Private* in Company *M*, of *Phillips*  
Regiment of *Ga* Volunteers *Waynes* Brigade; that whilst engaged  
in such military service, at the battle of *Cold Harbor* in the State  
of *Va* on the \_\_\_\_\_ day of *June*, 1864, he was  
disabled as follows: *A fine shell striking*  
*the left hand and cutting off*  
*the second finger on fourth*  
*hand, erect into the hand*  
*near the first joint, breaking*  
*the bone clear to the first ending*  
*said hand substantially*  
*and actually healed.*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1857,  
and the Acts amendatory thereof, and makes application for the allowance to which he is entitled  
for the year thereunder, ending October 26, 1892.

Sworn to and subscribed before me, this, the  
*11<sup>th</sup>* day of *March*, 1892.  
*Wm Barber*  
*W. C. Sargent* 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.  
NOTE.—Do not trouble to mention wounds which do not disable.

Soldier's Pension.

1892.

Name *Wm Barber*  
County *Paulding*  
Disabled *Left finger*  
Amount, \$ *25*  
*Mar 23* 1892.

W. H. HARRISON,  
Secretary of Executive Department.

WARRANT HANDLED TO  
*J. L. Day*  
Geo. W. Harrison, State Printer, Atlanta, Ga.

## Form 8

County of *Clark*

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.)

I received your kind letter, & was very  
 glad to hear of the success of the  
 cause. I am glad to hear that the  
 cause is so well established, & that  
 it is so well supported.

12<sup>th</sup> day of March 1892.

McClellan

*A. Robb Cella* 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.

Witnesses are asked to make their statement full and explicit.

*Certify that the witnesses above say*

Members of Cobbe's - in persons of  
respectability, and worthy of full faith and  
confidence. Feb. 12 - 1892. Jno. Stone Ordway.

Form 8.

*Parish* *Council*

PERSONALLY comes before me W. C. Johnson Ordinary of said County,  
J. H. Robertson and L. J. Foster, both known to  
me as reputable physicians of said County, who, being severally sworn, say on oath that they  
have carefully examined Wm. C. Barber and after such personal examination,  
say that the applicant has been injured as follows:

A fragment, much like nothing seen in the Museum is left, none producing such a wound as the death recorded. Fracture the meta carpal and ul. The phalanges of whole second finger into the wrist. Said wound also healed, left an anchylosis of the knuckle. Wrist is the hand with only slight motion. Said hand with only (3) three fingers, is substantially good. Eschschacee and Maternae inferior not able to do manual labor must beg hand.

We have treated applicant professionally for 16 years.

Sworn to and subscribed before me, this 11th day of March 1892, S. Robert Foster  
S. Robert Foster  
J. Ross J. Foster

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

Charles B. Smith

I, H. E. LaCrosse Ordinary of said County,  
do certify that I am well acquainted with Mr. Barber the  
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his  
said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents  
himself to be, and that he resides in this County. I also certify that the foregoing witnesses are  
persons of respectability; and that their statements are worthy of full credit and belief.

Given under my official signature and seal this 21<sup>st</sup> day of March 1980.

Ordinary Paul Campbell County.



1893.

No. 4320

## Application for Allowance

For the Year Ending October 26, 1893.

FIVE

Applicant, *William Barber*County, *Paulding*Amount, *100.00*Date of Warrant, *10/10/93*Entered on record, *10/10/93*

Secretary Executive Department.

WARRANT HANDLED TO

GEO. W. HARRISON, State Printer, Albany.

## POWER OF ATTORNEY.

STATE OF GEORGIA, }

*Paulding* County, }

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  
 day of *April* 1893.

*William Barber* [L.S.]

Executed in the presence of us:

*W. M. Clayton*  
*W. M. Clayton*

## DIRECTION.

Send money to me as follows, by *check in care of W. H. Harrison*  
 to *Paulding* P. O.

*Paulding* County, Georgia.  
*William Barber*  
*10/10/93*

## POWER OF ATTORNEY.

STATE OF GEORGIA, }

*Paulding* County, }

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  
 day of *March* 1894.

*Wm Barber* [L.S.]

Executed in the presence of us:

*W. R. Harris*  
*W. R. Harris*

## DIRECTION.

Send money to me as follows, by *check in care of W. H. Harrison*  
 to *Dallas* P. O.

*Paulding* County, Georgia.  
*Wm Barber*  
*10/10/93*

1894.

No. 2353

## Application for Allowance

For the Year Ending October 26, 1894.

FIVE

Applicant, *Wm Barber*County, *Paulding*Amount, \$ *50.00*Date of Warrant, *10/10/94*Entered on record, *10/10/94*

Secretary Executive Department.

WARRANT HANDLED TO

GEO. W. HARRISON, State Printer, Albany.



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

*Paulding* County, }

PERSONALLY appears *William Barber* 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* 1824; that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the States, and served as a *Private* in Company *11*, of *10th* Regiment of *Georgia* Volunteers *Wofford*'s Brigade; that whilst engaged in such military service at the battle of *Cold Harbor* in the State of *Del*, on the *6* day of *June* 1864, he was wounded as follows: *in left hand middle finger being amputated*

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

*Five* dollars, for *the year 1893*  
Sworn to and subscribed before me, this, *7* day of *April* 1893, *William F. Barber* mark

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

STATE OF GEORGIA, }

*Paulding* County, }

I, *Wm. F. Barber* Ordinary of said County, do certify that I am well acquainted with *William Barber* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this County.

I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *10* day of *April* 1893.

*W. F. Barber* Ordinary *Paulding* County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

*Paulding* County, }

PERSONALLY appears *Mr Barber* of *P. County* 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 *—* 1825; 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 *11*, of *10th* Regiment of *Ga* Volunteers *Wofford*'s Brigade; that whilst engaged in such military service at the battle of *Cold Harbor* in the State of *Del*, on the *6* day of *June* 1864, he was wounded as follows: *in left hand the middle finger on the same being amputated*

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

*Five* dollars, for *the year 1893*  
Sworn to and subscribed before me, this, *7* day of *March* 1894, *Wm. F. Barber* mark

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

STATE OF GEORGIA, }

*Paulding* County, }

I, *Wm. F. Barber* Ordinary of said County, do certify that I am well acquainted with *Mr Barber* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this County.

I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *20* day of *March* 1894

*Wm. F. Barber* Ordinary *Paulding* County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Paulding County.

KNOW ALL MEN BY THESE PRESENTS, That I, William Barker  
of Paulding  
County, State of Georgia, do hereby appoint W. S. Kincaid  
of Dallas Ga my true and lawful attorney in fact, for  
me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the  
State of Georgia by reason of 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 8  
day of March 1895. William Barker [L. S.]

Executed in presence of us

W. B. Connally

W. S. Kincaid

DIRECTIONS.

Send money to me as follows, by

to  
County, Georgia.

P. O.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Paulding County.

I, William Barker hereby authorize Richard Johnson  
of Paulding Ga

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

W. B. Connally by check

at Dallas Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 21  
day of March 1896.

Executed in presence of us

W. B. Connally

W. S. Kincaid

Memoranda to  
W. B. Connally  
June - 13 Nov 1895  
(For Those Already Enrolled)  
W. S. Kincaid  
W. B. Connally  
W. S. Kincaid

**SOLDIER'S PENSION.**  
**1895.**

Name William Barker  
County Paulding  
Disability Dis. from  
Amount \$ 25  
3/14

1895.  
RICHARD JOHNSON,  
Secretary Executive Department.

WARRANT HANDLED TO  
W. B. Connally  
Geo. W. Harrison, State Printer, Atlanta.

ACT OF OCT. 1895.  
(For Those Already Enrolled.)

No. 3249  
**SOLDIER'S PENSION.**  
**1896.**

Name William Barker  
County Paulding  
Disability Dis. from  
Amount \$ 25  
3/25

1896.  
RICHARD JOHNSON,  
Secretary Executive Department.

WARRANT HANDLED TO  
W. B. Connally  
Geo. W. Harrison, State Printer, Atlanta.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
Paulding County.

Personally appears *Wm. Barber* 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* 1824; that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served as a *Private* in Company *H*, of *10th* Regiment of *GA* Volunteers, *Worford*'s Brigade; that whilst engaged in such military service at the battle of *Cool Harbor* in the State of *GA* on the *6th* day of *June* 1864, he was wounded as follows: *in left hand second finger being amputated*

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

Sworn to and subscribed before me, this, the *8th* day of *March* 1895. *Wm. Barber*

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. W. Allgood* Ordinary of said County, do certify that I am well acquainted with *Wm. Barber* 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 *March* 1895.



*E. W. Allgood*  
Ordinary *Paulding* County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
Paulding County.

Personally appears *William Barber* 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* 1824; that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served as a *Private* in Company *H*, of *10th* Regiment of *GA* Volunteers, *Worford*'s Brigade; that whilst engaged in such military service in the State of *GA* on the \_\_\_\_\_ day of \_\_\_\_\_ 1864, he was wounded, injured or diseased as follows:

*that your said witness will hand the medical report of his wound at Fort McAllister, which said wound the hand is severely and permanently injured for military action*

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 *Twenty five* dollars, for the year 1895.

Sworn to and subscribed before me, this, the *21st* day of *March* 1896. *William Barber*

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. W. Allgood* Ordinary of said County, do certify that I am well acquainted with *William Barber* 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 *21st* day of *March* 1896.



*E. W. Allgood*  
Ordinary *Paulding* County.



# POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb County.

I, Wm. Barber hereby authorize J. M. Farrell

Attorney of Atlanta Ga

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

at Dallas Tex by check

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

day of Jan 1897.

Executed in presence of Wm. Barber [L. S.]

Executed in presence of

# POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb County.

I, Wm. Barber hereby authorize J. M. Farrell

Attorney of State House

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

at Dallas Tex by check

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

day of Jan 1898.

Executed in presence of Wm. Barber [L. S.]

Executed in presence of

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

No. 2774  
INVALID

SOLDIER'S PENSION.

1897.

Name Richard Johnson  
County DeKalb  
Disability in 1897  
Amount, \$ 227 1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

Wm. Barber  
GEO. W. JOHNSON, STATE PRINTER, AT 177A.

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

No. 1960  
INVALID

SOLDIER'S PENSION.

1898.

Name Wm. Barber  
County DeKalb  
Disability in 1898  
Amount, \$ 25-00 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

Wm. Barber  
GEO. W. JOHNSON, STATE PRINTER, AT 177A.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County.

Personally appears

of \_\_\_\_\_  
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 \_\_\_\_\_ 1820; 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 \_\_\_\_\_ in Company \_\_\_\_\_ of \_\_\_\_\_th Regiment of \_\_\_\_\_ Volunteers, \_\_\_\_\_'s Brigade; that whilst engaged in such military service in the State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_ 1864, he was wounded, injured or diseased as follows:

\_\_\_\_\_ shot in the left hand and \_\_\_\_\_

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 \_\_\_\_\_ county been allowed an invalid pension of \_\_\_\_\_

Dollars, for the year 1896.

Sworn to and subscribed before me, this, the \_\_\_\_\_

day of \_\_\_\_\_

1897.

POST OFFICE

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,

County.

I, \_\_\_\_\_ 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 \_\_\_\_\_

day of \_\_\_\_\_

1897.

Ordinary

County.



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County.

Personally appears

of \_\_\_\_\_  
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 \_\_\_\_\_ 1827; 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 \_\_\_\_\_ in Company \_\_\_\_\_ of \_\_\_\_\_th Regiment of \_\_\_\_\_ Volunteers, \_\_\_\_\_'s Brigade; that whilst engaged in such military service in the State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_ 1864, he was wounded, injured or diseased as follows:

\_\_\_\_\_ shot in the left hand and \_\_\_\_\_

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

Dollars, for the year 1897.

Sworn to and subscribed before me, this, the \_\_\_\_\_

day of \_\_\_\_\_

1898.

POST OFFICE

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,

County.

I, \_\_\_\_\_ 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 \_\_\_\_\_

day of \_\_\_\_\_

1898.

Ordinary

County.



# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Lowndes* County, }  
 I, *Richard Johnson* hereby authorize *John W. Lindsey*  
 of *Lowndes* County  
 to receive and receipt for the pension paid hereon and request that he remit same to  
*John W. Lindsey* by *John W. Lindsey*  
 at *Lowndes*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *8*  
 day of *Jan* 1899.

*Richard Johnson* [L. S.]

Executed in presence of

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Lowndes* County, }  
 I, *John Barker* hereby authorize *John W. Lindsey*  
 of *Lowndes* County  
 to receive and receipt for the pension paid hereon and request that he remit same to  
*John W. Lindsey* by *John W. Lindsey*  
 at *Lowndes*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *13*  
 day of *Jan* 1900.

*John Barker* [L. S.]

Executed in presence of

*John W. Lindsey*

(For Those Already Enrolled.)

No. *1246*

INVALID

SOLDIER'S PENSION.

1899.

Name *John Barker*  
 County *Lowndes*  
 Disability *Paral*  
 Amount, \$ *25.00*

1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

*John W. Lindsey*

U.S. W. HARRISON, STATE PRINTER, ATLANTA

*100 date*

(For Those Already Enrolled.)

No. *1309*

INVALID

SOLDIER'S PENSION.

1900.

Name *John Barker*  
 County *Lowndes*  
 Disability *Paral*  
 Amount, \$ *25.00*

Warrant issued *Nov 7* 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*John W. Lindsey*

U.S. W. HARRISON, STATE PRINTER, ATLANTA

*100 date*



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Frederick County.

Personally appears Philip S. Barber of Frederick 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 1827; 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 No. 1 of Phillips Regiment of Volunteers, Phillips's Brigade; that whilst engaged in such military service in the State of Georgia, on the 4 day of June 1864, he was wounded, injured or diseased as follows:

By gunshot wound in right arm causing the loss of use of said arm for almost all his life.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of Frederick County been allowed an invalid pension of \$2.21 Dollars, for the year 1899.

Sworn to and subscribed before me, this, the 13 day of June 1899, POST OFFICE Frederick.

STATE OF GEORGIA,

Frederick County.

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

Given under my official signature and seal, this 13 day of June 1899.

Ordinary

Frederick County.

STATE OF GEORGIA,

Frederick County.

Personally appears Philip S. Barber of Frederick 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 1827; 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 No. 1 of Phillips Regiment of Volunteers, Phillips's Brigade; that whilst engaged in such military service in the State of Georgia, on the 4 day of June 1864, he was wounded, injured or diseased as follows:

By gunshot wound in right arm causing the loss of use of said arm for almost all his life.

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 Frederick County been allowed an invalid pension of \$2.21 Dollars, for the year 1899.

Sworn to and subscribed before me, this, the 13 day of June 1900, POST OFFICE Frederick.

STATE OF GEORGIA,

Frederick County.

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

Given under my official signature and seal, this 13 day of June 1900.

Ordinary Frederick County.



# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Paulding* County.

I, *William Barker* hereby authorize *R. A. Childs*  
of *Ballas Ga*

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

at *Ballas Ga* by *hand*

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *12<sup>th</sup>*  
day of *Jan* 1901.

*William Barker* [L. S.]  
*1901*

Executed in presence of

*R. A. Childs only*

(For Those Already Enrolled.)

No. *2255*

DISABLED

**SOLDIER'S PENSION.**  
**1901.**

Name *William Barker*  
County *Paulding*  
Disability *Wounded hand*  
Amount, \$ *15.00*

*2/3* 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*William Barker*

Geo. W. Harrison, State Printer, Atlanta.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Paulding* County.

I, *Wm. Barker* hereby authorize *R. A. Childs*  
of *Paulding Co. Ga.*

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

at *Ballas Ga* by *hand*

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *12<sup>th</sup>*  
day of *Jan* 1902.

*Wm. Barker* [L. S.]

Executed in presence of

*R. A. Childs only*

(FOR THOSE ALREADY ENROLLED.)

No. *696*

DISABLED

**SOLDIER'S PENSION.**  
**1902.**

Name *Wm. Barker*  
County *Paulding*  
Co. *No.* Regiment  
Disability *Wounded*  
Amount, \$ *15.00*

*2/3* 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*Wm. Barker*

Geo. W. Harrison, State Printer, Atlanta.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Paulding* County.

Personally appears *William Barber* 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* 1821; 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 *M*, of *1st* Regiment of *Phillips* Volunteers, *Georgia* Brigade; that whilst engaged in such military service in the State of *Virginia*, on the *6* day of *June* 1864, he was wounded, injured or diseased as follows:

*Wounded in left hand by gun shot wound which renders the hand about useless for manual labor.*

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 *Twenty five* Dollars, for the year 1900.

Sworn to and subscribed before me, this the *12th* day of *June* 1901, *William Barber* Postoffice *North*

*R. S. Chilcote*

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. Chilcote* Ordinary of said County, do certify that I am well acquainted with *William Barber* 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 *June* 1901.

*R. S. Chilcote*  
Ordinary *Paulding* County.



# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Paulding* County.

Personally appears *William Barber* 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* 1821; 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 *M*, of *1st* Regiment of *Georgia* Volunteers, *Hafford*'s Brigade; that whilst engaged in such military service in the State of *Virginia*, on the *4* day of *June* 1864, he was wounded, injured or diseased as follows:

*Wounded in left hand*

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 *Twenty five* Dollars, for the year 1901.

Sworn to and subscribed before me, this the *12th* day of *June* 1902, *William Barber* Postoffice *North*

*R. S. Chilcote*  
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. Chilcote* Ordinary of said County, do certify that I am well acquainted with *William Barber* 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 *June* 1902.

*R. S. Chilcote*  
Ordinary *Paulding* County.



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



# Power of Attorney.

STATE OF GEORGIA,

County. }

I, \_\_\_\_\_ hereby authorize

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

at \_\_\_\_\_ day of \_\_\_\_\_ 1900.

Executed in presence of

**INDIGENT PENSION,  
1900.**

Name Wm. Barber  
County Paulding  
Approved \_\_\_\_\_ 1900.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

1402

# Questions for Applicant.

STATE OF GEORGIA,

Paulding County.

William Barber 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) Barber in Paulding Co. Ga. Sugar Sho.
2. How long and since when have you been a resident of this State? Since 1821
3. When and where were you born? 1821 in Clark Co. Ga.
4. When and where and in what company and regiment did you enlist or serve? in Spring of 1862, Marietta Col. Co. Ga.
5. How long did you remain in such company and regiment? about 2 years  
was wounded at Cold Harbor fight in Va. in Sept or Oct. 1864
6. When and where was your company and regiment surrendered and discharged? in Va. at close of War
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? When it was surrendered I was sent to the Hospital in Va. I was then sent to Macore Ga. to the work
9. How much can you earn (gross) per annum by your own exertions or labor? I am not able to do
10. What has been your occupation since 1865? working and writing
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 & poverty
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? for the last three years I have not been able to earn a support. I am 77 years old.
13. What property, real or personal, or income, do you possess, and its gross value? have no property at present - the State owns it - I cannot be taxed
14. What property, real or personal, did you possess in 1894; 1895; 1896; 1897; 1898 and 1899, and what disposition, if any, by sale or gift, have you made of same? had a little house & lot and 11 1/2 cows up to 1897 since then only household
15. In what County did you reside during those years, and what property did you then return for taxation? in Paulding County Ga. returned property as above
16. How were you supported during the years 1898 and 1899? by the State & received from the State and help of my family
17. How much did your support cost for each of those years, and what portion did you contribute there to by your own labor or income? about \$60 - I contribute nothing
18. What was your employment during 1898 and 1899? What pay did you receive in each year? worked what little I could on the farm
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? yes wife & one daughter reside no means of support except the State & receive from the State and one son who is able to work and the large
20. Are you receiving any pension? If so, what amount and for what disability? yes \$25.00
21. Have you ever made an application for pension before? never except for wounded hand
22. How many applications have you ever made and under what class? none

Sworn to and subscribed before me this the 5th day of August 1900. Wm. Barber Applicant.  
Thos. Anderson Ordinary,  
of Paulding County.

Every Question MUST be Answered.

Barber, Wm. Barber  
Applicant must state  
in his application how  
many times what company  
served in what company  
what way said wounds  
presented him from his  
Army & his command &  
by whose authority he  
remained away for war  
by a pension fund  
before leave closed -  
what from my state  
and what in Georgia  
how long time by a war  
and who of his own  
disability knows them  
the force  
All questions  
must be answered

# QUESTIONS FOR WITNESS.

STATE OF GEORGIA,  
Cobb COUNTY.

B. J. Hamby of said State and County, having been presented as a witness in support of the application of William Barber for pension under Section 1254, Code, 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? B. J. Hamby and I reside in Cobb Co. near Marietta, Ga.
2. Are you acquainted with William Barber, the applicant; if so, how long have you known him? I am, I have known him for about 60 years.
3. Where does he reside, and how long and since when has he been a resident of this State? He resides now in Paulding Co. Ga. and in this State 60 years.
4. When, where and in what company and regiment did he enlist, and how do you know? He enlisted in Spring 1862 in Co. W. Phillips Legion 3d. Reg. at Marietta, Ga.
5. Were you a member of the same company and regiment? Yes.
6. How long did he perform regular military duty? About 3 years.
7. When and where was his command surrendered? At Appomattox Court House in Va. on 9th day of April 1865.
8. Were you present when it surrendered? I was.
9. Was applicant present? No he had got wounded at Coal Harbor Va.
10. If he was not present, where was he? I was informed he was in Hospital. When did he leave his command? Fall of 1864. For what cause? Wounded. By what authority he left? By Doctors certificate. How do you know all of this? I was in same Company and Regiment with him and saw him at the time he was wounded.
11. What property, effects or income has the applicant? (Give your means of knowledge.) He has no property except house hold and 25.00 he gets from State.
12. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? None except house hold and 25.00 pension he gets from State.
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? He has had none to convey.
14. What is the applicant's occupation and physical condition? He is not able to do anything, he is old and very feeble. He is 79 years old.
15. Is the applicant unable to support himself by labor of any sort, if so, why? He is not by reason of his age.
16. How was he supported during the years 1898 and 1899? He got 25.00 Pension from the State and by the Order of his Civil War.
17. What portion of his support for these two years was derived from his own labor or income? He was not able to labor enough to amount to anything.
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He is very old and feeble. He has no means of support but the 25.00 he receives from the State.
19. What interest have you in the recovery of a pension by this applicant? None.

Sworn to and subscribed before me, this B. J. Hamby 2nd Lieut. the day of Sept 1900. Witness, as

Ordinary to questions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19.

Dr. P. Rhoads ordinary of Paulding Co. Ga. as to W. F. Meek Sept. 4th 1900.

Meek answers questions 11-12-13-14-15-16-17-18-19

# AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,  
Paulding COUNTY.

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

applicant is old & feeble generally. He is now not able to labor a full day for 4 and badly exposed, but would be fit much more to him now if it was sound.

They further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the 5 day of Sept 1900. S. Robinson M.D. C. H. Robertson M.D. Ordinary.

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,  
Paulding COUNTY.

I, Dr. P. Rhoads, Ordinary in and for said County, hereby certify that the applicant Wm Barber resides in said County, and has been a bona fide resident of this State since the 1st day of Jan 1892 and that the witnesses, viz: W. F. Meek

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 digests of Paulding County show that applicant returned for taxation in his name in 1898 Twenty five Dollars of property, and in 1899 Eight Dollars of property.

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

Witness my hand and seal of office, this day of 1900. Ordinary, County.

# NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answer 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.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Paulding COUNTY. }

I, Wm. Barber hereby authorize McN. Lehigh  
and of Paulding Co. Ga  
to receive and receipt for the pension allowed and request that he remit same to  
by me at Dallas Ga

Witness my hand and seal, this 19<sup>th</sup> day of Jan 1904.

Wm. Barber [L. S.]  
mark

Executed in presence of

McN. Lehigh

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. 4317

INDIGENT

SOLDIER'S PENSION

1904.

Name Wm. Barber  
County Paulding  
Co. 11 Regiment Georgia  
Infantry

WARRANT ISSUED

2/12 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

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

no data



# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Paulding County.

Personally appears Wm. Barber 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 \_\_\_\_\_ 1827; that he is 76 years old and by occupation a Miller, 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 \_\_\_\_\_ th Regiment of Waffords Brigade Phillips Legion, that his physical condition is as follows: old age with heart trouble

that his property consists of the following items: none

of the value of none Dollars, 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 1904. I have heretofore as a resident of Paulding County been allowed a pension for the year 1903

Sworn to and subscribed before me, this the \_\_\_\_\_

19 day of Jan 1904.

R. C. Leitch

Ordinary.

Wm. Barber  
Wm. Barber  
mark

STATE OF GEORGIA,

Paulding County.

I, R. C. Leitch Ordinary of said County, do certify that I am well acquainted with Wm. Barber 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 Jan 1904.

Ordinary.

R. C. Leitch  
Paulding

County.



NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1904.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Paulding* County.

I, *Wm. Barber* hereby authorize *R. A. Schiles*  
*Ordly* of *Paulding Co Ga*

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

Witness my hand and seal, this *18th* day of *January* 1903.

*William H. Barber* [L. S.]  
*mark*

Executed in presence of

*R. A. Schiles and*

CODE SECTION 1334

(FOR THOSE ALREADY ENROLLED.)

No. *1896*

INDIGENT

**SOLDIER'S PENSION  
1903.**

Name *Wm. Barber*

County *Paulding*

Co. *M* Regiment *10th and 11th*

WARRANT ISSUED

*130* 1903.

JOHN W. LINDSEY,

*Commissioner of Pensions.*

WARRANT HANDED TO

*Ordly*

Geo. Harrison, State Printer, Atlanta.

*no data*

*Warrior, William*  
*Paulding Co*

CODE SECTION 1334

(FOR THOSE ALREADY ENROLLED.)

No. *4478*

INDIGENT

**SOLDIER'S PENSION  
1905.**

Name *Wm. Barber*

County *Paulding*

Co. *M* Regiment *10th and 11th*

*Barber*

WARRANT ISSUED

*FEB 14* 1905.

JOHN W. LINDSEY,

*Commissioner of Pensions.*

WARRANT HANDED TO

Geo. Harrison, State Printer, Atlanta.

*no data*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Paulding* County.

I, *Wm. Barber* hereby authorize  
*W. E. Grover Ordly* 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 *24th* day of *January* 1905.

*Wm. Barber* [L. S.]

Executed in the presence of

*W. E. Grover Ordly*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Paulding* County.

Personally appears *William Barber* 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 *1827*; that he is *78* years old and by occupation a *Miller*, 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 for the term of *4 years* in Company *H*, of *4th* Regiment of *Georgia* Cavalry, that his physical condition is as follows: *Heart disease*

that his property consists of the following items: *House hold goods*

of the value of *Twenty five* Dollars, 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 1903. I have heretofore as a resident of *Paulding* county been allowed a pension for the year *1902* *in arrears*

Sworn to and subscribed before me, this the *13th* day of *January*, 1903, *William Barber* Ordinary. *mark*

STATE OF GEORGIA,

*Paulding* County.

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

Given under my official signature and seal, this *13th* day of *January*, 1903.

*R. A. Lehigh* Ordinary *Paulding* County.

Note.—The blank spaces must be filled.  
Note.—Affidavit should not be attested before January 1st, 1903.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Paulding* County.

Personally appears *Wm Barber* 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 *March*, 1826; that he is *80* years old and by occupation a *Farmer*, 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 for the term of *4 years* in Company *H*, of *4th* Regiment of *Georgia* Cavalry, that his physical condition is as follows: *Physically broken down*

that his property consists of the following items:

of the value of *Nothing* 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 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 *24th* day of *January*, 1905, *Wm Barber* Ordinary.

STATE OF GEORGIA,

*Paulding* County.

I, *Wm Barber* Ordinary of said County, do certify that I am well acquainted with *Wm Barber* 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 *24th* day of *January*, 1905.

*Wm Barber* Ordinary *Paulding* County.

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



# POWER OF ATTORNEY.

STATE OF GEORGIA,

Paulding COUNTY.

I, William Barber hereby authorize

B. C. Croker only of Paulding Co.

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

me at Laurens S.C.

by Thos. C.

Witness my hand and seal, this 8 day of Jan 1905.

William Barber [L. S.]

Executed in the presence of

B. C. Croker

(FOR THOSE ALREADY ENROLLED.)

No. 1-145

INDIGENT  
SOLDIER'S PENSION  
1907.

Name William Barber  
County Paulding  
Co. H Regiment 27th

WARRANT ISSUED

1905.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

JOHN W. HARRISON, WASHINGTON, D. C. STATE PRINTER, ATLANTA.

*no date*

Paulding Co.

(FOR THOSE ALREADY ENROLLED.)

Code Section 1254.

No. 7602

INDIGENT  
SOLDIER'S PENSION  
1907.

Name Wm Barber  
County Paulding  
Co. 114 Regiment 114th

WARRANT ISSUED

1907.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

JOHN W. HARRISON, WASHINGTON, D. C. STATE PRINTER, ATLANTA.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Paulding COUNTY.

I, Wm Barber hereby authorize

B. C. Croker only of Paulding Co.

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

me at Laurens S.C.

by Wm Barber

Witness my hand and seal, this 7 day of Jan 1907.

Wm Barber [L. S.]

Executed in presence of

B. C. Croker

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Paulding County.

Personally appears William Barber 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 1830; that he is 78 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 21, of 4th Regiment of Phillips Legion; that his physical condition is as follows:

that his property consists of the following items:

of the value of Nothing 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 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 1st day of Jan, 1905.

Ordinary.

STATE OF GEORGIA,

Paulding County.

I, W. C. Barber Ordinary of said County, do certify that I am well acquainted with William Barber 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 8 day of Jan, 1905.

Ordinary

County.

Affix your seal here

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 Wm Barber 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 1830; that he is 78 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 21, of 4th Regiment of Phillips Legion; that his physical condition is as follows: Not good and very weak

that his property consists of the following items:

of the value of Nothing 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 1st day of Jan, 1907.

Ordinary.

State of Georgia,

Paulding County.

I, W. C. Barber Ordinary of said County,

do certify that I am well acquainted with Wm Barber 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 8 day of Jan, 1907.

Ordinary

County.

Affix your seal here

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1907.

1  
State of Georgia, Pulaski County

Personally appears William Barber  
of Pulaski 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 ever since March 1864  
that he enlisted in the military service  
of the Confederate States during the war  
between the States and served as a private  
in Co. H. Philip's Legion of Ga infantry  
1st Corps Brigade and at the Battle of  
Cold Harbor in the State of Va on  
the 6<sup>th</sup> day June 1864 he was wounded  
in the left hand. The second finger  
being amputated at the time of receiving  
said wound for which loss of finger  
he has been receiving the amount of  
five dollars per Annum 1892 - 1893 -  
and 1894. And now asked for an in-  
crease in the amount of his pension  
under act approved October 24<sup>th</sup> 1887  
and amended by an act approved Nov-  
11<sup>th</sup> 1889 for the following reasons:

from injury by said wound the remain-  
ing fingers of the hand are drawn and  
cannot straighten and the loss of use  
of said hand and arm has gradually  
increased until it is almost entirely  
useless in performing manual labor

4  
State of Georgia  
Pulaski Co)

Plaintiff's Affidavit

Personally comes before me E. J. Allgood  
Ordinary of said County W. C. Connally M.D.  
J. M. Owens both known to me as re-  
putable Physicians of said County who being  
separately sworn say on oath that they  
have carefully examined W. M. Barber and  
after such personal examination say that  
the applicant has been injured as follows:  
 gunshot wound of left hand causing  
the loss of middle finger, the knuckle joint  
and nearly all of second "metacarpal" bone  
by reaction and from extensive laceration  
of tissues or other cause directly traceable said  
wound the result is an impairment of the  
nerve and muscular power that should control  
flexion extension partial ankylosis of remaining  
joints and "Paralysis" The applicants hand is  
"essentially and substantially" useless for  
any practical manual labor.

We have since treated the applicant for any  
diseased condition but have been unable  
personally for a number of years and there-  
fore vouch for his honor and integrity

Sworn to and Subscribed

before me this 8<sup>th</sup> day of March 1895

E. J. Allgood

Ordinary

W. C. Connally M.D.

J. M. Owens



Could not do more than from 1 third to  
half of full labor at any common  
Manual Labor. which injury & loss of  
use of arm are all caused by said  
wound

(William <sup>in</sup> Barber  
mark)

known to our subscribers before

the 2nd, March 8th 1891-

C. W. C. C. C.

Calligraphy

IN RE

VS.

LAW OFFICE OF  
A. L. BARTLETT.

ADMITTED IN 1877.

PRACTICE IN ALL COURTS  
STATE AND FEDERAL.

PAULDING  
COUNTY

Braunsville, Ga., April the 23th 1902

Hon. A. J. Lindsey,

Atlanta, Ga.

Sir - I herewith submit the application of William Barber  
for reconsideration he is a worthy Ex-Conf., needy and unable to work, I  
therefore insist that his allowance should be increased.

Yours very truly,

A. L. Bartlett