Dan Chin me at of MYVILLERAL may 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. County, 9 Executed in the presence of us: If allowed, send amount by Z WITHINGS WHEREOF. I have recently set my hand and seal, this in said State, do hereby appoint Willa ALL MEN BY THESE PRESENTS, That I. POWER OF GEORGIA. 1892. 1502. OF ATTORNEY Amount, \$ , and oblige, 1892 W. H. HARRISON Secretary of Executive Department. L.S. treo. W. Harrison, State Printer, Atlanta, Ga.

KNOW ALL MEN BY THESE PRESENTS, That I.

me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

Executed in the presence of us:

1.10 11006

If allowed, send amount by.

, and oblige,

## OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN. STATE OF GEORGIA.

Personally appears

County. State of Georgia, who, being duly sworn, says on bath that he is a bona fide vitizen and

resident of Georgia, and has been continuously since the

180/; that he enlisted in the military service of the Con-

federate States (or of the State) of during the war between the in Company M. of Whi Region States, and served as a 1222 vale

Volunteers Way or OS Brigade that whilst engaged

in such military service, at the battle of letter day of VIIIC.

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 26, 1892

Sworn to and subscribed before me, this, the

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

NOTE.—Do not troubte to mention wounds which do not disable.

### STATE OF GEORGIA,

county of Gobs

PERSONALLY appears before me, the undersigned Ordinary in and for said County, Done Vinger - 114 Montanner each of whom, being duly sworn according to law,

severally say, under oath, that they are personally well acquainted with 11166 2000

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 hadly applicant is

Como a Will Torreso, wien

disabled from work. If he does and labor, or can do any, state what,

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het it is an and the filmen frame fift the

Administration of the site of the series and

We personally know above stated facts. We were with him in the army and have known him ever since. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18 13. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this 1

to collar in beions of or

### PHYSICIAN'S AFFIDAVIT.

STATE OF GEORGÍA. Jan (ding

PERSONALLY comes before me If Congrate Ordinary of said County. Maker Some and X / Frehr both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have carefully examined Mill Blurke and after such personal examination.

say that the applicant has been injure las follows:

I treg much the buick sheet Milling time go in trouved as the doubt recoverated Exerting Surate meta carped with wil the plea langer for which second fing a such the work Citio healing left an anchylorit of the Princital Trick to the fraise with buty Might midlion Said heard with outy (3) three fring is, is Jubstantially and Essentialen and hiatering sufficient not able to do naved dely west big hand

We have treated applicant professionally for 6 day of farch 1892,5 Hors. g. Foster Mis

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

Norte 2.-If claim is for disability resulting from disease, state how the disease is known to result from the service as a soldier,

TATE OF GEORGIA. Mulding

do certify that I am well acquainted with ITHE

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

Ordinary Auctorief County.

POWER OF ATTORNEY.
STATE OF GEORGIA, )
Truly in County.
Know all Men by these Presents, That I - Release to her be
County, State of Georgia, do hereby appoint
my true and lawful attorney in fact, for one and in my name, to receive and receipt for whatever amount of money I may be entitled to come 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, of
or any sum of money which may be coming to me for the reason aforesaid.
IN WITNESS ITHEREOF, I have hereunto set my hand and seal, this
Executed in the presence of us:
Executed in the presence of us:
1. Michalon
Mill Clysna indiana
Send money to me as follows, by Chick in carry with the (legard) to Helling P. O.
to Pullar P.O.
Packeting County, Georgia.
William Barber
and the second s
88
7 X X X X
Secretary
Lition No.
in (168
Application for Allowance for the vert finding occupants, the first for the forming, the first forming, the first forming, the first forming of the first forming of the first forming the first forming of the first forming the first forming of the first forming
2 day 4 4 min

FOWEIT OF ALL OF THE	. 5 /
STATE OF GEORGIA, )	
Paulding County S	
Know all Men by these Presents, That I	
of Percent of County, State of Georgia, do hereby appe	oint :
Jr. Harrison	
of The Cherryline Selfo my true and lawful attorney in fact, me and in my name, to receive and receipt for whatever amount of money I may be entitled	lor.
from the State of Georgia by reason of the injury received as aforesaid in the military service	10 5
the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing said attorney to receipt in my name for any Warrant that may be issued by the Governor	ing , , or
for any sum of money which may be coming to me for the reason aforesaid.	
. IN WITNESS WHEREOF, I have hereunto set my hand and seal,	this
Executed in the presence of us:	
Ma & Darbei	s.]
Executed in the presence of us:	27
IN, R. Haces	
Bringlich	
Buy bellegas a ording	1.1
Send money to me as follows by Chick - 7, Color College	
Cellana oscinay to Dallas	0.
County, Georgia,	
Parleting County, Georgia Parties	
그들은 집 경험 (사람이) 나는 아이지 않는 나는 어느로 모든 것이다.	*
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Monday of Mind of a Custous.	
STATE OF GEORGIA, )	
Recleting Country	i.
PERSONALLY appears William Printer of Printers	
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fidecitizen and	
resident of said State, and has resided therein continuously ever since the	- 4
day of 7 19 1824; 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 in Company. II, of Regiment of Volunteers Wife of 's Brigade; that whilst engaged in such military service at the battle of 'bra' Halber of in the State	. 1
of Gingia Volunteers Warfacts 's Brigade; that whilst engaged in	3.30
such military service at the battle of (bota) Harber in the State	
of 271, on the day of June 1864, he was wounded as follows: in left hand will the finger	
wounded as tollows: in left hand Mudite finger	
( 11) ( 11)	.0
	,
경기를 되었다는 학교가 하고 있는 것이 들어가 하는 사람들은 열리는 이번째	
Deponent desires to praticipate 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	100
Sworn to and subscribed before me, this, the	
Sworn to and subscribed before me, this, the William & Barbie 1893.	
1) 1/2 cl (Coo) maine	
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,	
Redding County. S. 1. 6 Wy (Man) Ordinary of said County.	
I. Colly (Clased) Ordinary of said County,	
do certify that I am well acquainted with Millian 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 in-	
dividual 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 day of Africa 1893.	
C. M. T. Dagood	

STATE OF GEORGIA:
Personally appears Marbon of Proceeding
Personally appears Mr Barber of Pinceling
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 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 M21 Vac in Company L., of the Regiment
of Ga Volunteers low force 's Brigade; that whilst engaged in
such military service at the battle of the transfer in the State of the non-the day of the 1864, he was
of the control day of ferrice 1864, he was
wounded as follows: in left have the second fing.
on the have being amputation
1 1 8 H ( ) [ ] [ ] * [ ] * [ ] * [ ] * [ ] * [ ] * [ ] * [ ] * [ ] * [ ] * [ ] * [ ] * [ ] * [ ] * [ ] * [ ] *
되어난 병사는 사람이 사람이 되었다.
[ '할머니의 뭐 그리는 것이다. 이 아이지 얼굴 생각이 어로 중요한 생각
[[[전에 [[] [[[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [
Deponent desires to praticipate 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, 1891. I have heretofore been allowed a pension of
dollars, for the year 1893
Sworn to and subscribed before me, this, the / // Brile Brile L
Lit day of March 1894) mant
DW4 Celegiona ordinar
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.
하는 그는 이 가는 사람이 가는 얼마나 얼마나 되는 얼마나 되었다. 그는
STATE OF GEORGIA,
Bulany County
1. Bull Cellega a Ordinary of said County,
do certify that I am well acquainted with Man Barben 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 in-
dividual 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 1892
Oury alguna

## POWER OF ATTORNEY.

- POINT (F. M.
*STATE OF GEORGIA,
Thereding County.
KNOW ALL MEN BY THESE PRESENTS, That I, - (Tiliany Bes Gen
of Janleying
County, State of Georgia, do hereby appoint LU. V. Lingaia
of Saccas Sa
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 alforestid in the military service of the Confederate States (or of this State) asstated in the foregoing allidavit; thereby authorizing my said Attories to receipt in my name for any Wagrrant 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
Collean & Darren 11 st
Controlled in bushee draw
We Course lig.
3 with degree northway
DIRECTIONS
Send money to me as follows; by:
to P, O.  County, Georgia,
County, Grought
화가 많은 사람이 아니는 아이들이 가득하는 사람들이 되었다.
30 20 X
<b>2</b>
ERS PENSION  Section 24 - 18 molecular  Section 24 - 18 molecular  Section 34 - 1888  MARCH JOHNSON, Secretary Executive Department  Resident March 10 molecular  Resident March 10 molecular
SS same

POWER OF ATTORNEY.
STATE OF GEORGIA,
Mularing County.
1, L'ilicia Bielton hereby authorize Achalle Colusion
of the tree culin trace
to receive and receipt for the pension paid hereon and request that he remit same to
Cay of Egood by here
at Saile Ga
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of 1400 veh. 1896.
d'il inne & Barcon [L.s.]
Executed in presence of us
Levis Kare
City is mining
Then ary
승규가 있는 항문을 하는 사람이 가는 그는 아는 말이 많아 있다면 되었다.
그리다 살살되었다면서 모든 그렇게 빠고 하다?
PENSI  PENSI  PENSI  Solve  Solve  Solve  NANDED TO

STATE OF GEORGIA,
Quedaig County.
personally appears low Sasten of Paulaing
4 - 2 To - 4 To - 1
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 1824; that he culisted in the military service of the Con-
States and served as a // in Company // of the Regiment
of Ea Volunteers, Workson 's Brigade; that whilst engaged in
silen imilitary service at the oatthe of the day of he are the state
such military service at the battle of Coal Frescon in the State of It on the Good day of home 1864, he was wounded as follows: I wife have Looped finger trong
wind water
The state of the s
화면 많은 맛을 바꾸면하는 그 맛이 많아 되는 것이 없어요. 그는 그 사
그림에 가기 없는데 하는 바라를 살아가 나가 되는데 하다.
[18] [18] [18] [18] [18] [18] [18] [18]
마음이를 마시되는 것도 먹는 것이다. 그리면 이번 이번 기다.
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 Ferre dellars, for the year 1894
Sworn to and subscribed before me, this, the
day of 1805.
Sail that Could of marrier of disease which cannot the disability, and explain you ticularly the extent
Notice state fully the mature of wound of character of disease which cause the disability, and explain pairticularly the extent
STATE OF GEORGIA,
County. 1. County. Ordinary of said County,
1. Cicy. algora Ordinary of said County,
do certify that I am well acquainted with who Barber the
applicant in the foregoing affidavit, and ain 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 8-11-
day of March 1895.
Eury. Allgara  Ordinary Paulaing County.
Ordinary January County.

STATE OF GEORGIA, County.
Dersonally appears Licenin Barle of Partering
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 Milerich 1898; 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 provided in Company Al, of the Regiment
of wa Volunteers, 10't ffered 's Brigade; that whilst engaged
in such military service in the State of 2000, on the day
of 1864, he was wounded, injured or diseased as follows:
- 189 year days will your lest have The desidence
Lingue being tage out it found it have under
with sice we are the hour is some stations intig
udecine for literium Color
성도 살고 있어서도 살아서 그런 네트 그렇게 하고 있어 있다면 살고 있다.
내가 얼마나면 얼마나 하는 나는 그들은 사람이 되었다.
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
county been allowed a pension of July 19 Live
dollars, for the year 189 5
College K O College
2/2 day of Maria 1896. \ min 6
Cruy Come ourring
Norz State fully the nature of cound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the sound or disease.
하는 사람들이 되는 바람들이 하는 사람들이 되는 것이다.
STATE OF GEORGIA,
County.
I, OUY, Change of Said County
do certify that I am well acquainted with LUZE win Daries 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 Marga 1896.
Ams Your Y

POWER OF ATTORNEY.
STATE OF GEORGIA,
on they County.
I, the large hereby authorize
the con of Attanta we
to receive and receipt for the pension paid hereon and request that he remit same to
the motion by Clack
at Chick Company
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of 1897. 1, 7)
Francisco de la constanta de l
Executed in presence of
9 11 Car 21
fit to conside
그래나는 병기를 가는 것은 사람들이 되었다.
[12] [16] [16] [16] [16] [16] [16] [16] [16
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ie & Z E Z
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SOLD SolLD SolLD SolLD Sability Amount, 8
SOLDIER'S PENSIGNAMENT HANDED TO WARRANT HANDED
병생님, 되일이 되고 가장하다 뭐라고 생겼다면 하는 하나 없어요?

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STATI	EQF	GEORGIA,	-1						
/	Qu	Cury co	unty.					7	
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to recei	ve and	receipt for the		1 19			*	e remit	same to
		rellon				160	. /	/	* 1
		I va	,,,,,,						
IN	WITN	ESS WHERE	OF, I	have here	unto se	ny hand	and seal	, this &	20 0
day of		m		1898.					<i>t</i>
ن ''	1	A	, f.		Wm	- his	Bar	ben	[L. S.]
	Exect	ited in presence	of .		/	nyas	1		C
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Act go at oct., 185. Those Already Enrolled.			1	3	2		ICHARD JOHNSON	i i	1
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1000	4		<b>F</b>	ill.	, <del>,</del>	w.	RICI	W.A.	
<u>غ</u>		3		e e	Jisability	ount,	· · ·		
		S		Name	Disa	Ami			
				4.				8	

STATE OF GEORGIA,	
County.	٠.
personally appears the when of the hour	100
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citiz	zen
and resident of said State, and has resided therein continuously ever since the	,cn
day of 1822; that he enlisted in the military service of the Co	on-
Colinson Characteristic Catal Catal Catal	
States, and served as ain Company, ofth Regime	ent
of the McLivolunteers. You was a Brigade; that whilst engage	her
in such military service in the State of , on the	lav
of 186 x, he was wounded, injured or diseased of follows:	, C.
sign in who could be left found in	1
from the mount the leveling said how	- Aprile
Service of the servic	
	Ξ,
	Libo (
성용 회원하다 시장에는 사람들은 모든 수는 그렇게 되었다. 하는 그리고 그리고 그리고 있다.	
The state of the s	
Deponent desires to participate in the benefits of the Act, approved October 24th, 186	37
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	
esident of county been allowed an invalid pension	of
Dollars, for the year 189.6.	
Sworn to and subscribed before me, this, the	
day of 1897. POST OFFICE	
, , , , , , , , , , , , , , , , , , , ,	
Ment to ikil a line	
Note-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extend fithe disability, resulting from the wound or disease,	ent
STATE OF GEORGIA,	
County.)	
	8 -
Ordinary of said Count	у,
	1e .
oplicant in the foregoing affidavit, and am well satisfied that the statements made by him	m
his said affidavit are true, and I know he is the individual he represents himself to be	)e
nd that he resides in this County.	
Given under my official signature and seal, this	
day of	
(Alleger Line Line)	
your seal here.	
Ordinary County	v
** *	4

SIA1E OF GEORGIA,
taultung County.
personally appears William Bulanos Truleting
County, State of Georgia, who being duly sworm says on oath that he is a cona fide citizen
and resident of said State, and has resided therein continuously ever since the
The contract of the contract o
federate States (or of the State of ) during the war between the States, and served as a result in Company , of the Regiment
States, and served as a william in Company 71, or th Regiment
of Volunteers, Waforall 's Brigade; that whilst engaged
of 1864 he was wounded initing or diseased as follows:
of the vie 1864, he was wounded, injured or diseased as follows:
legen hat wound in left hand -
managara anama ana danama anama a
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 189.7
Sworn to and subscribed before me, this, the I the has har her.
0 - 7
day of College 1898. Post-office
MATCHINGON PONCY
Note-State fully the nature of would or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
. The distriction of the state of distriction of the state of the stat
STATE OF GEORGIA,
Tay legy County.
6 4121
I, Ordinary of said County,
o certify that I am well acquainted with Ifm Darker the
pplicant in the foregoing affidavit, and am well satisfied that the statements made by him
n his said affidavit are true, and I know he is the individual he represents himself to be
nd that he resides in this County.
Given under my official signature and seal, this
day of 1898,
(AME)
beel bere.
Ordinary Pan Color County.
· · · · · · · · · · · · · · · · · · ·

# POWER OF ATTORNEY. STATE OF GEORGIA, County: hereby authorize of to receive and receipt for the pension paid hereon and request that he remit same to at Living Living IN WITNESS WHEREOF, I have hereunto-set my hand and seal, this day of 1899: Executed in presence of

# 

No. 1246

### POWER OF ATTORNEY

STATE OF GEORGIA,
Jan (ding County)
I, the Backers hereby authorize & Me and
17th come of as title plantes
to receive and receipt for the pension paid hereon and request that he remit same to
- 11 flig gone o cy by 6 hich
at laleus de
네티아스 하다면 가는 바쁜 가지만 가게 하면 되었다. 게 나는 나는 이 나를 보는 그게 나오셨다. 그는 그 모든 없는데 모든
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of
Mr. + Sullar [LS]
Executed, in presence of
Executed in presence of
My Hugan Call-
그 그님, 일하는 이 분의 여러진 이번 하나보다고 보다는 것 수
공부생하다 회사들이 있는데 이번에 보고 하다니 사람이 없다. [8]
불 사용을 계획하는 가 가게 하게 하는 사람들은 수가 가다면 없다.
보는데 잘 뭐 하면 이름을 하셨다고 하면 하는 보니면 근무 여.
프랑스 그는 그는 그는 사람들은 그래 그는 그는 그는 그들은 사람들이 가장 그는 그를 가장 하는 것이 되었다. 그 그를 가장 그를 가장 그렇게 하는 것이다.

For Those Airpady Enrolled.)
No. 1809
INVALID
SOLDIER'S PENSION

JOHN W. LINDSEY,
Commissioner of
WARRANT HANDED TO
LLACLL
Gov W. Harridon, Since Pinter, Adminis

1/2 lie

STATE OF GEORGIA,
County.
personally appears As Assessed of executions
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
that he culisted in the military service of the Con
federate States (or of the State of y ) during the war between the
States, and served as a factor in Company of the Regiment
's Brigade; that whilst engaged
in such military service in the State of on the day of on the final state of on the
7, he was wounded, injured or diseased as follows:
The grow lett wound - in fint the state
한 성원 성급하다 말하는데 보고 100 대로 100 대한 100 대한 100 전 100 대한
화장에 하지는 하시는 회사를 되어 보이는 물로 가는 것이다.
Depository method and time in the state of t
Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1895. I have heretofore under said law as a resident of
County been allowed an invalid pension of
County been allowed an invalid pension of La Dollars, for the year 189 5
Sworn to and subscribed before me, this, the
day of State 1899. Post office
No. 2 Note that the nature of wound or character of the second
No. Services the nature of would or character of disease which causes the disability, and coplain products by the
STATE OF GEORGIA,
County.
Ordinary of said County.
do-certify that I am well acquainted with
applicant in the foregoing affidavir, 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.
시간 아들은 사람들은 가는 생님이 가득 지수를 들어 있다. 그런 하나를 하는 것이 없는 것이 없다고 있다.
Given under my official signature and scal, this
day of 1890
To thender
Ordinary County
트레이 유통하는 전 12 전에 가진 경상으로 보는 다음이 있는 12 전 보고 10 HB 보호 (10 HB 12 HB

STATE OF GEORGIA,
Leading County.
[H. H. B. S. H. H. H. B. B. H. B. B. H. B.
Dersonally appears A Little of lace it ling
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
tween the States, and served as a Incheate in Company Mont
Regiment of Volunteers, Wild pich & 's Briggede that whilet
engaged in such military service in the State of
day of 186/, he was wounded, injured or diseased as follows:
by sunshot would in ged faid consing
The look of use of down hand for almost al
La Car of
· · · · · · · · · · · · · · · · · · ·
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1900. I have heretofore under said law as a resident of
County been allowed an invalid pension of
Dollars, for the year 189 2.
Sworn to and subscribed before me, this, the
day of June 1900. POST OFFICE
The Pal
1/125 4 271 Dilly
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.
1 Tif Gallery
lo certify that I am well acquainted with Mark Backer 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.
나는 사람들은 이번 이렇게 다양하는 것이 취임을 하는 생님이 되었다. 그렇게 되었다는 그들은 사람들이 되었다면 살아보다는 것이다.
Given under my official signature and seal, this
day of 1900
men.

FOWER OF ALTORNEY	
STATE OF GEORGIA	
	Ů.
Price (chief county)	
1, William Banker hereby authorize Ret Chile	2:
and the power of the series and the property and the prop	0
of ballas ga	
	•
to receive and receipt for the pension paid hereon and request that he remit same to	
**	
in backer year,	٠.
at block is	•
IN WITNESS WHEREOF, I have hereunto set my hand and seal this 12	7
This is the Ricor, I have hereunto set my hand and seal this	
lay of fair 1901.	
1. citic his for	
William + Busket [1. s.]	
ingth !	
Executed in presence of	

Heti Chiles Owy

DISABLED

SOLDIER'S PENSION. Name William Bacher Disability Wantelin hand JOHN W. LINDSEY. County Bankling WARRANT HANDED TO 1901. "hunding Amount, \$.75 06-

TOWER OF ALTORNEY.
STATE OF GEORGIA;
Landaing County
1, The Butten hereby authorize R. a. Chil
nereby authorize Min.
Widy of Faulding 40. Gar
to receive and receipt for the pension paid hereon and request that he remit same to
2 7 2 1 6 mile to the court same to
by hours
at hallas, La
IN WITNESS WHEREOF, Thave hereunto set my hand and seal this
day of 1111111, 1909
MI to b
Hanix Buster [L.S.]
Executed in presence of
de l'Chice sodi
The state of the s
김희님 아이들의 그리고 있는 그는 그를 모르는 사람들이 모든 것이다.
나이 얼마나이 하는 아내가 하나 하는 사람들이 어린 사회에 없었다.
그리고 말이 마다 네 없고 아니는 데 살게 그 것 같아 그렇게 하다
그는 그를 독일한 얼마를 하고 있었습니다. 이번 사람들은 사람들이 되었다면?

Name Many of 141

County Jan.

Disability

1902.

SOLDIER'S PENSION FOR THOSE ALREADY ENROLLED. No... 694 DISABLED

JOHN W. LINDSEY,

WARRANT HANDED TO

No

(For Those Already Enrolled.)

STATE OF GEORGIA,
Parcelling County.
Personally appears William Barberof Panilding
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 Acack 1821; 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 M, of th Regiment
of Phillips transiers. Got Volenter's Brigade; that whilst engaged
in such military service in the State of frieting, on the lo day
of 1864, he was wounded, injured or diseased as follows:
- Have icled in let hand hit e
hat Writer Whitele renders the hound
about in Leter for Manual Taken
6
Deponent makes application for the pension to which he is entitled for year ending. October 20th, 1901. I have heretofore under said law as a resident of
Smeaty Live Dollars, for the year 1900.
Sworn to and subscribed before me, this the Williams Bun her
12 th day of fair 1901. Postoffice may
Liet Chiles, outy
Note State fully the nature of the wound or character of disease which
assuming resulting from the wound or disease.
STATE OF GEORGIA,
Paceleling County.
I, Ordinary of said County,
do certify that I am well acquinted with Walland Barbers 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.
그는 살이 그렇게 하면 하면 이 바람이 가는 살이 되었다고 있는 것이 없다면 하다 하다 다른 사람이 되었다.
Given under my official signature and seal, this 12
day of June 1901.
Ans. Red Chiles
Ordinary Paulding County.
보면하다면, 그리기 아이는 요즘 어느로 잘 됐다고 된다면 하다면 얼마를 하게 선생이 하면 때문에 다른다고 다.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Peulding County.
Personally appears there, Barber of Level ding
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 Mount of 1823; 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 MI of the Recipient
of Long ca Volunteers, Wastond 's Brigade; that whist engaged
in such military service in the State of Vitainia, on the 4 day
of 1864, he was wounded, injured or diseased as follows:
I Hounded in off hand
The state of the s
Deponent makes application for the pension to which he is entitled for the year
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
ending October 26th, 1902. I have heretofore, under said law, as a resident of
ending October 26th, 1902. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of
ending October 26th, 1902. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1901.
ending October 26th, 1902. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1901.  Sworn to and subscribed before me, this the
ending October 26th, 1902. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1901.  Sworn to and subscribed before me, this the day of Lawry 1902. Post-office
ending October 26th, 1902. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1901.  Sworn to and subscribed before me, this the day of 1902. Post-office
ending October 26th, 1902. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1901.  Sworn to and subscribed before me, this the day of Lawry 1902. Post-office
ending October 26th, 1902. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1901.  Sworn to and subscribed before me, this the day of 1902. Post-office  North-State fully the nature of the would or sharacter of disease which causes the disability, and subscribed by particularly the extent of the disability resulting from the wound or disease.
ending October 26th, 1902. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1901.  Sworn to and subscribed before me, this the lay of 1902. Post-office.  Nore,—State fully the nature of the wound or Character of disease which causes the disability, and subscribed by particularly the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,
ending October 26th, 1902. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1901.  Sworn to and subscribed before me, this the County of Dollars, for the year 1901.  Sworn to and subscribed before me, this the County of Dollars, for the year 1901.  Sworn to and subscribed before me, this the County of Dollars, for the year 1901.  Sworn to and subscribed before me, this the County of Dollars, for the year 1901.  Sworn to and subscribed before me, this the County of Dollars, for the year 1901.  Sworn to and subscribed before me, this the County of Dollars, for the year 1901.  Sworn to and subscribed before me, this the County of Dollars, for the year 1901.  Sworn to and subscribed before me, this the County of Dollars, for the year 1901.  Sworn to and subscribed before me, this the County of Dollars, for the year 1901.  Sworn to and subscribed before me, this the County of Dollars, for the year 1901.  Sworn to and subscribed before me, this the County of Dollars, for the year 1901.  Sworn to and subscribed before me, this the County of Dollars, for the year 1901.  Sworn to and subscribed before me, this the County of Dollars, for the year 1901.  Sworn to and subscribed before me, this the County of Dollars, for the year 1901.  Sworn to and subscribed before me, this the County of Dollars, for the year 1901.  Sworn to and subscribed before me, this the Year 1901.  Sworn to and subscribed before me, this the Year 1901.  Sworn to and subscribed before me, this the Year 1901.  Sworn to and subscribed before me, this the Year 1901.  Sworn to and subscribed before me, this the Year 1901.  Sworn to and subscribed before me, this the Year 1901.  Sworn to and subscribed before me, this the Year 1901.  Sworn to and subscribed before me, this the Year 1901.  Sworn to and subscribed before me, this the Year 1901.  Sworn to and subscribed before me, this the Year 1901.  Sworn to and year 1901.  Sworn to and year 1901.  Sworn to and year 1901.  Sworn to an inv
ending October 26th, 1902. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1901.  Sworn to and subscribed before me, this the day of Law 1902. Post-office  Nore. State fully the nature of the would or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the would or disease.  STATE OF GEORGIA,  County.  I. R. Challes Ordinary of said County.
ending October 26th, 1902. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1901.  Sworn to and subscribed before me, this the day of Law 1902. Post-office  Nore-State fully the nature of the would or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  County:  I. Chilled Ordinary of said County, do certify that I am well acquainted with
ending October 26th, 1902. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1901.  Sworn to and subscribed before me, this the day of Law 1902. Post-office  Nore-State fully the nature of the would or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  County:  I. Challed 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
ending October 26th, 1902. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1901.  Sworn to and subscribed before me, this the day of Law 1902. Post-office  Nore-State fully the nature of the would or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  County:  I. Chilled Ordinary of said County, do certify that I am well acquainted with

Given under my official signature and seal, this

. ''' I	E OF GEORGI	1.0	nty.			hereby authorize	•
			ğt .*-			Dereoy Raymonic	
to receive	and receipt for the pensi	on allowed, and	I	1.			
		at <sub>y</sub> .	day		у		4.
Wi	tness my hand and scal,	this.	day.	of		1900.	
	Executed in presence	e of				[L. S <sub>k</sub> ]	
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Y	INDIGENT PEL	S	Luca	JOHN W. LINDS	Commissioner	WARRANT HANDED	1
3: 1	<b>— Y</b>	1	3.	L	3	H H	
S W	<b>=</b> 0	Name Hone	7	W. 1		RA	
S C	品品	( 4	X 20. "	H		WAR.	
3 3		10	County 272	; )  S		88	135-190
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Questions for Applicant.

1	Questions for Applicant.
	STATE OF GEORGIA.
1.	- Paciloting County.
	* 2/1/Control of the control of the
	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 freesions, deposes and answers as follows:
	sworn true answers to make to the following questions, deposes and answers as follows:
. 1	1. What is your name and where do you reside? agive State, County and post office the
	2. How long and since when have you been a resident of this State! Since 1821
	3. When and where were you born " / SLI Mic Clark to Sa.
	A. When and where and in what company and regiment did you enlist or serve? It i I fine of 1882 . Magnetta Color Co . 14
	eg ( & Z : michiga Collette Co Land
	5. How long did you remain in such company and regiment? at last fit fires .
	Luces wandly at bout Haile Light in ha
	in de/1 00 606. 18611
ď.	6. When and where was your company and regiment surrendered and discharged . A. c 2 a.
9	Telase of War
Ö	
R	7. Were you present with your company and regiment when it was surrendered? 226
10	8. If not present state specifically and clearly where you were, when you left your command, tor what cause and by whose authority? Like I get state motes I were strict to the first the strict of Macon you to the work
ď	cause and by whose authority? two it I ty cas his molec I were first to
7	The fully fine las Stuns here de 11 to Macon yar to The hork
Y	9. How within on you our (gros) per annum by your own exertions or labor " I was ret all to do
0	10. What his both your occupation since 1865? Correspond Line Meller
Ō.	11. Upon which of the following grounds do you base your application for pension, viz: first, "ago and
	poverty," second, "infirmity and poverty," or third, "blindness and poverty" Ily & 10 cent
1	12s If upon the first ground, state bow 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
)1	upon the third, state whether you are totally blind and when and where you lost your sight ? faz The
ŗ	Just three years of habe not liver able to Earn
\$	a Support of an 79 years old
1	
ď	13. What property, real or personal, or income, do you possess, and its gross value? Ashe in his her her
0	of fell 45 grow the Date Cuives I wound in hand
ß,	14. What property, red or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and
Ω	what disposition, if any, by sale or gift, have you made of same? Like C 1164 haufe he lel
Ř.	and Thilly Cow up to 1847 Line Then only
2	15. In what County did you reside during those years, and what property did you then return for taxation?
,	The way bound and you reside that his grant what property did you then return for taxation?
5	16. How were you supported pluring the years 1898 and 1899 Light the the chief
H	17. How much did your support cost for each of those years, and what portion did you contribute thereto
5	17. How much did your support cost for each of those years, and what portion did you contribute thereto
1	by your own labor or income? Alegant 160 to I Book last tester have beacon
4	18. What was your employment during 1898 and 1899 What new did you receive in cast was 9
	19. Have you a family? If so, who composes such family? Give their fue ans of support? Have they
	19. Have you a family? If so, who composes such family tive their means of support? Have they
	a homestead? yes luife to ouc claretter never no means
	of Support Except P250 here ye from The tate
٠,	and one taken none of us able to wart find the lang
	20. Are you receiving any pension? If so, what amount and for what disability? y - 9 25
	year wan del Band
	21. Have you ever made an application for pension before " ILLIALL Efects for wounded
	22. How many applications have you ever made and under what class? 220 11.5
	Sworn to and subscribed before me this the
	day of Mujust 1900. ) nach Applicant.
	W. J. W. K. L. A.

Jerilding.

QUESTIONS FOR WITNESS.	AFFIDAVIT OF PHYSICIANS.
STATE OF GEORGIA, W. J. Mark. of Parania to	STATE OF GEORGIA,
COSO COUNTY	Mailan COUNTY.
	Personally came before me S Roberton and
B. J. Auby William of William Garber for pension	. City Coberlica , both known to me as reputable physicians
as a witness in support of the appropriation of free answers to make to the following questions,	of said County, who, being severally sworn, say on oath that they have examined carefully
danages and answers as fillens.	How her , applicant for pension under Section 1254, Code, and after
1. What is your name and where do you reside " By I Manily and	such personal examination say that his precise physical condition is as follows:
2. Are you againsted with William Barber, the applicant; it so,	applicant is ald T fill generaly
bow long have you known him? I am, I have known him for about 60 year	Kirthen wown how able to take a buffer
3, Where does he reside, and how long and since when has he been a resident of this State?	The found Badly drying, has would be be
Me resides mourin Paulding bo da and in this state bayears	much havie & him pow if at was sound,
4. When, where and in what company and regiment And he entist, and how do you know Aleculisted fine Society 1862 in Los, W. Willips Legion Sa Vols, at Marietto, Ja	
5. Were you a member of the same company and regiment 2 Level	They further say on outh that the physical condition of applicant renders him unable to labor at
6. How long did he perform regular military duty? About 3 years. 7. When and where was his command surrendered? At Afficautator Court	any work or calling sufficient to carn a support for himself, and that we have no interest in said pention
Nouse in Va, on get day of Africa 1865	being allowed.
8. Were you present when it surrendered? Of Suras!	Sworn to and subscribed before me, this the 5 day of Sky 1 1900 1900 1900
9. Was applicant present? Ito the had got wounded at boat Narber Va.	5 day of skill 1900. Without stain 110 h
10. The was not present, where was he? I was informed he was in Nospital	It J. Phioson Ordinary
When did he leave his command? Fall of 1864 or what cause? Would be soon all of this?  By spine authority he left? By Doctor's certificate How do you know all of this?	ORDINARY'S CERTIFICATE.
Theras in soul Complany and Regiment	그 하늘 없는 것 같아요. 그는 사람들은 사람들은 사람들은 사람들이 되었다.
with him and saw lind at other time havourded,	STATE OF GEORGIA,
11. What property, effects or income has the applicant? (Give your means of knowledge.) At has	faulding COUNTY.
12. What property, directs or income did the applicant possess in 1896, 1897, 1898 and 1899, and what	I, Mil Hirelson, Ordinary in and for said County, hereby certify
disposition if any, did he make of same? More it est flande hatel and	that the applicant A Barker resides in said County, and has
13. He be conveyed away any of his property in the last four years, if so, what was it, and to whom?	been a bona fide resident of this State since the day of Lart 189
he had heel 110 me to Carefully	and that the witnesses, viz.
.FL. What is the applicant's occupation and physical condition? As is not align to	are of trustworthy character and that their statements are entitled to full faith and credit.
to sing thing he is cold and thereing to ble	I further certify that before answering the foregoing questions the applicant and each witness took
15. Is the applicant unable to support himself by labor of any sort, if so, why?	the oath hereon prescribed, and that the full text of the allicavits was read to the applicant and witness
ly reason of his rige.	before same was signed.  I further certify that the tax aligests of Jacobs County show that applicant
from the & late and by The Clair of his cruling	returned for taxation in his name in 1898 True will fine Dollars
17: What postion of his support for these two years was derived from his own labor or income?	of property, and in 1899 Dollars of property.
he was not able to believe any to amount to any	In my opinion the foregoing claim ismade in good faith.
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension	Witness my hand and seal of office; this day of 1900.
under Section 1254, Code : he is wing old and felile	Ordinary
he siccord from the state last the 250	County.
19. What interest have you in the recovery of a pension by this applicant? 110211	1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: YtYou.
Sworn to and subscribed before me, this By Hamly 2nd Lund,	<ol> <li>Before any questions are however, the Ordinary shall swear applicant and the witnesses in the following words: YYou, shall true answer much to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."</li> <li>Additional additavits may be attached if blank spaces are insufficient.</li> </ol>
the day of 1900.) Witness. Ay	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.
Sworn to and subscribed before me, this Bf Hamly 2 nd Secret,  Sworn to and subscribed before me, this Bf Hamly 2 nd Secret,  the day of 1900.  Ordinary to Printering 1, 2, 3, 4, 8, 6, 78, 19  Ordinary to Printering 1, 2, 3, 4, 8, 6, 78, 19  Go. ga. as to With Much.  Sept. 4 # 1900	마스트리 교생하다면 이 회사회를 보다면 함께 가는 회사 회사
In P. Hueston ordinar of Portion W. J. March	요 하나는 다른 점점이 이 차면 약 환경 등이라면 얼굴하다고 있다.
to gai as to With Which	도시 마시 아이라니, 함께 나는 얼마나 가게 가면서 하셨다.
Left 4 # 1900	그 한 전 경험 및 이렇게 되었다는 이 경험을 보냈다.
Meet answer prestions 11 = 12 = 13 = 14 = 15 = 16= 17 = 18 419	공기가 있다니다. 사람들 사람이 되는데, 경우의 경향하고 있다는
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STATE OF GEORGIA,	4			
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to receive and receipt for the pension	allowed and	request that	he remit	same to
by Kand	at 110	llux	-99	
Witness my hand and seal, this	day of	lan-		1904.
witness my hand and seat, this	W.n. his	12 and	1	
Executed in presence of	mor			[L. S.]
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SE A L S. J.	2 200	a 7	EY, oner of	r, Atla
Z E C	nen men	rssu 1	EINDSEY, Commissioner of	Printe.
THOSE ALREADY ENROLLED.  No. 432  TODIGENT  DIER'S PENSIO  1904.	Regi	ARRANT ISSUED	JOHN W. LINDSEY Commissioner Commissioner	00. Stat
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FOR THOSE ALREADY ENROLLED  No. 4322  INDIGENT  TOTAL PENSION  TOTAL POST.	County Co.			
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# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Paulding County. Sacher
Personally appears Win Banksan of Douckeling
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 at Miller , that he enlisted in the military service of the Con-
federate States (or of the State of Ill ) during the war between the
States and served for the term of 3 feet 7 ments Townson to S
of Haffords Biggatte Phillips Leginat his physical condition is as
follows: leel righ with Acart transles
that his property consists of the following items: Claud
of the value of LA a 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
18 That the same
12 16 16
ordinary. Ordinary.
STATE OF GEORGIA,
Paulding County.
I, Ordinary of said County,
do certify that I am well acquainted with With Barbon 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 1976.
- 14 - 4
day of 1904.
(anx)
Ordinary Parelling County.

Nork.—The blank spaces must be filled.

Nork.—Affidavik should not be attested before January 1st, 1904.

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	POWER	OF A11	ORNEY.		7.
STATE OF GEO	Coling Co	ounty.}			,,,
16 8 Grock	er Orde	Not of o			
to receive and rece	u				lo ·
	-	nis 214."	day of Lines	aug. 1905	
Executed in the	e presence of	Direction	Buche	[ I.	s.]
<u> </u>	( )				

SOLDIER'S PENSION 1905.

(FOR THOSE ALREADY ENROLLED.)

No. UV75

JOHN W. LINDSEY, FEB. 14

WARRANT HANDED TO

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

생기 없이 가는 이렇게 보는 것이 되었다. 그리고 얼굴을 다고 뭐 되었다.
STATE OF GEORGIA,
Priceleting County.
Personally appears William Barber of Davilding
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 eyer
since the day of 1827; that he is 7 8 years old and
by occupation a Miller , that he enlisted in the military service of the Con-
States, and served for the term of H yeurs in Company M, of the Regiment
states, and served for the term of figures in Company M, of the Regiment
follows: Neart elisiase that his physical condition is as
that his property consists of the following items - Name hall goods
of the value of Janeury fine 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 Imaglie
Sworn to and subscribed before me this the William & Barber
18 day of January 1903
Red. Schiles Ordinary mark
STATE OF GEORGIA
Parcelling County
1. 1. V. Celvice Ordinary of said County,
do certify that I am well acquainfed with Wiez Ballet
the applicant in the foregoing affidavit, and an well satisfied that the statements made by
him in his said and davit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given my der my official signature and seal, this
Tala day of farmary 1903. Chiles
there is a second of the secon
Ordinary Pacelle in its County,

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Paraling County.
Personally appears Me Menter of Milling
County, State of Georgia, who, being duly sworn, says on oath that he is a bona pile civizen
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 Marie collisted in the military service of the Con-
federate States (or of the State of Lit. ) during the war between the States, and served for the term of A fermo in Company 12 ; of the Regiment
States, and served for the term of A Meno in Company 12 ; of the Regiment
of Maple de de represte.
follows:
Thy weally sarche doren
레크라그보다 여겨하는 게 그렇게 살린다는 건경
that his property consists of the following items:
지어나 교통하는 내가 그렇게 먹어야 하고 살아왔다니다.
of the value of Dollars. I am now earning,
by my labor, . / talking 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
County been allowed a pension for the year 1904.
Sworn to and subscribed before me, this the
3 4" day of farmer 1905.
15.6. Graner Ordinary.
STATE OF GEORGIA,
1, County Ordinary of said County,
1) 6 6 2 de Control Ordinary of said County,
do certify that I am well acquainted with 11 18 18 16 L
the applicant in the foregoing affidavit, and an 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 fare 1 2 1905.
15 to Creoler
Ordinary Men County.

## POWER OF ATTORNEY.

STA	re object	Celiny	relian	n 130	kber	hereby	authorize
to ree	eive and rece	1-6	pension allo		equest that		same to
by	SA	colo			O		
	WITNESS my	hand and sea	l, this S	day	i a	-7	1905.
ر	executed in th	e presence of	5	Chan	norte	She	[L. S.]
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ENROLLED.		SIO	. 3		1905	Pensions.	Maria
	, , , , , , , , , , , , , , , , , , ,	E No	( 3 30	ment 27	LINDSEY	nintssioner of H HANDED TO	10 V X X X X X X X X X X X X X X X X X X
EREADY	IGE	$\sim$	3 3	Regimen	CINI	HAN	R, F JR S f 2

## POWER OF ATTORNEY.

STATE OF GEORGIA, Linder Country receive and receipt for the pension allowed and request that he remit same to WITNESS my hand and seal, this 7 day of 12 Executed in presence of

SOLDIER'S PENSI

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Touching County.
Personally appears of chain Sacher of Pauleting
County, State of Georgia, who, being duly sworn, says on oath that he is a bona had citizen
and resident of said County and State, and has resided in said State continuously ever
since the stage day of A spears old and
by occupation a factor, that he gulisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served for the term of States, and served for the Regiment
of Shillips Legislat his physical condition is as
follows:
True la suria.
하라 그 맛이 가지다니다. 이렇게 하는 사람이 동안 되었다. 이번
that his property consists of the following items:
in the
of the value of Dollars. I am now earning,
by my labor, Dollars per month. That by reason of his
physical condition and poverty he is unable to support himself by his own exertion or
labor, and that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1905. I have heretofore as a resident of Jacobany
County been allowed a pension for the year 1904:
Sworn to and subscribed before me, this the file want washer
- 5 _ day of
Ordinary.
STATE OF GEORGIA, )
County. Solo Ordinary of said County,
1, 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 lie resides in this County.
Given under any official signature and seal, this
day of 1905.
TAMES TO THE PROPERTY OF THE PARTY OF THE PA
Seal Seal County.

Ordinary County.

The blank spaces must be filled.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
County.
Personally appears A district of of Control
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 12221 1830; that he is 720 years old
and by occupation a TLAC LIVEL , 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 for the term of June in Company 211, of the Regimen of Julian section is that his physical condition is as
follows: ; that his physical condition is as
Tollows: Clare Cult 27 C 11/C 11/1C
the second make the second of the second
the state of the s
that his property consists of the following items:
of the value of 20/100 Dollars. I am now earning
by my labor, Molinia 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 (2c (c. ling) County, been allowed a pension for the year 1906.
Sworn to and subscribed before me, this the day of the 1907.
VI Cololet Ordinary.
State of Georgia,
I, Do County. Ordinary of said County,
I, Ordinary of said County,
do certify that I am well acquainted with And Line
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
Let Cail Car
Adia your Sout Ordinary County.

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

Mate of Georg in Parising County Personally appears William Barben of Builling Coming death of Georgia who being duly divora days on oath hat he is a lonafice Citizen jana resident of Group in and has Them continuously even time march 1824 That he coulisies in he military Service of the confederaci States during he wan between The States in a server 20 a private in Co. 1.1. Prilips Ligion of Ga infanting Sorfords Busan and 20 he Battle of Goal Harrow in the state of va on The 6 day fine 1864 The was wounder in The sect hand. The account gingen seving Insputation at the time of securing Said wound for which Loss of finger he has been securing the amount of per willass for The years 1892 - 878 and 294. and now isked for ansin-Exease in The amount of his herision under act approved October 24" 1887. and amended by an act shimmen how. 11" 1839 for the following reasons from intery by dana revened The remain ing fingers of the hand are drawed and Carriot stratastuana The Loss of une of dais have and arm has gradually increase untill it is almost entirely usiless in ferforing manual Labor

" Fusion is Affidavit. State of Jenia Presently Comes Cofore in City allyord Ordinary of , said landy Doll C. Com ally any With a owing both thrown to me at refine table Physicians of Aard County who being Severally Sworn, day on oath that they have carefully examined It in I Sailes " after such personal examination say that the applicant has been injund as follows freshot would of left hand Coursing The bose of middle fringer the Struckle joint and mently cell of vecond melacaspal isone by residion and from extension lacerotion of lieous or other game derothy traceable to said is oured the result is an impairment of the ner a and muscular porcer that should control flying Colinaion partial antiflosis of remaining justs and parisis The applicante hand is "contracty and bribstantiary" united, for and practical mained later. We have riene treated the applicant for air diseased Condition but have their Time personally for a muribe of years and show fully would for his hours by integrity Sworn to and Rubocrebed before me this splanch 1895 W. & Q armaily Mis Eley acquira My Owins

Could not do more have from there to half of full Labor at any common Manual Lation which injury avador use of arm one all Course by dais worma (7. Cean in Harber duom to ona dubscribea tefore me his march 8." 891-Ewy algore LAW OFFICE OF A. L. BARTLETT Braunsville, Ga., April the 25th 1902 Hon. A. J. Lindsey. Atlanta, Ca. Sire of her with submit the application of William Earbar for reconsideration he is a worthy 3x-Confe., needy and unable to work, 1 + therefore insist that his allowance should be increased. Yours very traly. a L Barttett