Dailey Rusself Co.

## INDIGENT PENSION

190 9.

Autoell Dailey---

County Campbell ----

Approved

JOHN W. LINDSEY,

Commissioner of Fensions

WARRANT HANDED TO

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

Chan. P. Byrd, State Printer, Atlanta, Ga. 11/3/10

Primi dy fur 12/1-1910 The the aftent, as new or the form to sent on the sent of the

# POWER OF. ATTORNEY.

Russell 35th HANDED LINDSEY

Pension office 10/1/09 Applicant is of that class covered by the new consitutional amendment for whom the General Essembly did not provide for to place on the roll

MINDEMM J. W. Lindsey, Com. Of Pens.

		and the same of th
		to sonsword in betweek?
(.8.4)		
661		Witness my hand and seal, this
	pλ	<b>18</b>
	of emas time	t of sails seuper bas bowells noisned ods tol sqloor has eviscer of
hereby authori		
		[ ALNGOO

STATE OF GEORGIA, POWER OF ATTORNEY.

#### QUESTIONS FOR APPLICANT

STATE OF GEORGIA,

Campbell COUNTY. Russell Dailey

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 Postoffice.)

Russell Dialey- In Campbell Co. Ga.- P. O. Palmette Ga. R.F.D. c.

- 2. How long and since when have you been a resident of this State? FI years-Since 1828.
- 3. When and where were you born? July 19, 19 27 in Franklin Co. Gr.
- 4. When and where and in what company and regiment did you enlist or serve? I emlisted 4n
- et "New Hepe" Church i nComphell Co. de. bert'r 17, 10 1, in wayang """ of the 75+1 Regit of Do. Val.
- 5. How long did you remain in such company and regiment? About 7 1/c years, or from Sept'r 17, 1861 to the sur ender.
- 6. When and where was your company and regiment surrendered and discharged? I cen't say positiveley, or of my own knowledge, but am satisfied my Co. surrengered et Appomattex. I han been home en sick furlough for about " days, when den'l Lee surrendered.
  Were you present with your company and regiment when it was surrendered? No. 111.
- 8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was at home on sick Parlough, having been sent home by Ca. Officers: etarted home Mar 2, 1 05
- 9. How much can you earn (gross) per annum by your own exertions or labor. Almost noticin: 10. What has been your occupation since 1865? Framing.
- 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" 18t & and a union. 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 divextent. If upon the third, state whether you are totally blind and when and where you lost your sight if the been true by
- to sarn a support for about 5 or 6 years. . . ave stoney claume to much extent that, in connection with my rice ("I yeran), thet I am

unable to serk sufficiently to carn a support for synolf.

13. What property, real and personal, or income, do you possess, and its gross value? I have Two luncred & Pitty agree the Court of the Court disposition, if any, by sale or gift, have you made of same? About 210m. on in Real ! Person sonal property. Have made no disposition of eny of it.

- 15. In what County did you reside during those years, and what property did you then return for taxation? In Compbell Co. Ga. Retirner on everage of about \$100:.00
- How were you supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1900? Little 1 could work on Ross. Ferm.
- 17. How much did your support cost for each of those years, and what portion did you contribute thereto. by your own labor or income? About \$69.00. All by lelevene income,
- 18. What was your employment during 1903, 1904, 1905, 1906, 1907, 1908 and 1900? What pay did you receive in each year? I tried to ... on farm. Receive nops;
- 19. Have you a family? If so, who composes such family? Give their means of support. Have they a homestead, or other property? Their ages and how employed? Yes sir. Compsen of melf its invalid degenter. She has no homestead or other property. Inc is
- 29 years old. She tries to attend to housheld affairs.
- 20. Are you receiving any pension? If so, what amount and for what disability? ... No. 13 r.
- 21. Have you ever made an application for pension before? No 54 r.
- 22. How many applications have you ever made and under what class? ...

Sworn to and subscribed before me this the August September 100 Application of Court Foul County.

#### AFFIDAVIT OF PHYSICIANS.

STAIL OF GEORGIA C. VN avereper 1 both known to me as reputable physicians of said County who, being severally sworn say on oath that they have examined carefully hussell aller appirant for pension under Section 1254 Code, and after such personal examination say that his precise physical condition is as follows: Im bailey had widing houlde, 1 my robble bu decount of Riday and construction ment is and planon long allowed the to an I sepsembed byfore me, this the 2 ( 190) 1 Common that the long that the

#### ORDINARY'S CERTIFICATE.

STATE OF GLORIDA Cour bless 1 94. J. Mile for in Ordinary, in and for and County hearly reades in a format of the

of trustworths character, and that their statements are entitled to full faith and credit

I bather certify that before answering the foregoing questions the applicant and each witness took the ath hereon prescribed and that the full text of the affidavits was read to the applicant and witness before

I touther welly that the tax digest a Cours some County shows that appli-Dollars of Dollars of property; in 1903 Dollars of property, in 1905 Dollars of property; in 1906 Dollars of property; in 1907 Dollars of property; in 1908 Dollars of property, in 1909

Dollars of property is a copyrious the foregoing claim is NOTE

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

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.

#### QUESTIONS FOR WITNESS.

STATE OF GEORGIA. Campbell County.

J. N. Stund of said Nisis and County, having been presented as a witness in support of the application of Russell Dailey under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes

1. What is your name and where do you reside? J. E. Steed. Reside in Campbell county Ga.

2. Are you acquainted with Russell Dailey

, the applicant: if so how

long have you known him? Yes Sir. Have known him about 50 years

3. Where does he reside, and how long and since when has he been a resident of this State?

In Campbell Co. Ga. About 50 years to my knowledge.

4. When, where and in what company and regiment did be enlist, and how do you know? Sept'r 1861, in Campbell Co. Ga. Co. "C"-Eath Regit, a. Vol. : a.: Cent. of gaid company ... Were you a member of the same company and regiment You pir.

6. How hong did he perform regular military duty? 2 1/2 years, from top 1971 to April 11/16, ting of surrounder. April 2, 1865 at April 20, 1865 at April 20 He was at home sick at surrender, but was still a member of his do. and subject to orders, or in jerwice . S. Were you present when it surrendered? Yes Sir.

9. Was applicant present? No Bir.

10. If he was not present, where was he? It home .

When did be leave his command? About March 1865. For what cause? \_\_\_\_lolmess By what authority he left: Hospital Physicians. They to informed he an Capt.

I knew a plicant before war, served 3 1/2 years in war with him our

have known him ever since.

11. What property, effects or income has the applicant? (Give your means of knowledge,

come poor lands. I know the lands.

12 What property, effects or income did the applicant possess in 1903, 1904, 1965, 1906, 1907, 1908 and Same as at present.

and what disposition, if any, did he make of same? None.

13. Has be conveyed away any of his property in the last four years; if so, what was it, and to whom?

14. What is the applicant's occupation and physical condition? Furnity. His pyrical corei tion is bad. He is about 11 years old and is famble.

15. Is the applicant unable to support himself by labor of any sort; if so, why? Yes Sir, on account of old age, and general debility.

16 How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1905 and 1909. By what little he could work, essinted by his grown sort, and it daughter.

17. What portion of his support for these four years was derived from his own labor or income?

About L/10 by labor. To income.

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code Ho is 1 yeras old, and in just conerally bro a

10. Who composes family? What properly have they? Children's ages an I their earning capacity? Himself & 1 daughter, she has no property. She is about 30 years old. She can't earn but very little.

AFFIDAVIT OF PHYSICIANS.
STATE OF GEORGIA,
Court Shee COUNTY
Personally came before me and
Sooth known to me as reputable physicians
of said County, who, being severally sworn, say on oath that they have examined carefully.
Code, and after such personal examination say that his precise physical condition is as follows:
mr. Dailey has Kirling haulle
Time to bell of age day
execually his age he is with the
and that we have no interest in said spraige being allowed.
and that we have no interest in said pension being allowed.
Liplay of Fight 1009
It. S. M. care or Ordinaty.
TO THE PROPERTY OF THE PROPERT
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
Campbell County
certify that the applicant a usself Louey resides in sail County, and has
been a bona fide resident of this State since the day of 18950
and that the witnesses, vis. Co. T. L. G. Stery C.
are of trustworthy character, and that their statements are entitled to full faith and credit.
oath hereon prescribed, and that the full text of the afficient was seed to the applicant and each witness took the
I further cortify that the too the low look of Court Shell
cant returned for taxation in his name in 1901
property, and in 1903. P2 / C Dollars of property; in 1904
Dollars of property; in 1908
Dollars of property; in 1906  Dollars of property; in 1907
Dollars of property; in 1908
Dollars of property; in 1909
In my opinion the foregoing claim is
Witness my hand and seal of office, this 27 the day of the beautiful 190 9
A Della Farial Ordinary.
NOTE. Of Caung Sell County.
1. Before any questions are answered, the Ordinary shall swear applicant, and the witnesses in the

following words: "You shall true answers make to each of the questions asked of you, and the evidence you

3. In every case the Ordinary must certify to the character of the witness, and as to the execution of

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

shall give will be the whole truth, so help you God."

the proof as above set out.

count of old age, and general debility. 16. How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909; By what litwho is married and has left his rather
tla he could work, assisted by his grown son, and i doughter.

17. What portion of his support for these four years was derived from his own labor or income? About 1/10 by labor. No income. 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 El yeras old, and is just generally broke: 19. Who composes family? What property have they? Children's ages and their earning capacity? Himself & 1 daughter. She has no property. She is about 30 years old. She can't earn but very little. 20. What interest have you in the recovery of a pension by this applicant?...

QUESTIONS FOR WITNESS.

and a witness in support of the approximation of the section 1284, Code, and after being duly sworn true answers to make to the following questions, deposes 1. What is your name and where do you reside? J. E. Steed. Reside in Campbell

Sept'r 1861, in Campbell Co. Ga. Co. "C"-35th Reg't, Ga. Vol. I was

6. How long did he perform regular military duty: 3 1/2 years, from Sep 1861 to April 1865, time of surrender.
When and where was his command surrendered: APRIL 2, 1865 at Appomettox, Va. He was at home sick at surrender, but was still a member of his Co. and subject to orders, or in restree.

S. Wereyou present when it surrenders, the surrenders of his Co. s. Wereyou present when it surrenders.

When did he leave his command? About March 1865. For what cause? Sickness

Ry what authority he left? Hospital Physicians. They so informed me as Capt.

How do you know all of this I knew applicant before war, served 3 1/2 years in war with him and

12. What property, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and

15. Is the applicant unable to support himself by labor of any sort; if so, why? Yes Sir, on ac-

13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? 14. What is the applicant's occupation and physical condition? Farming. His pysical condi

11. What property, effects or income has the applicant? (Give your means of knowledge.)

tion is bad. He is about 61 years old and is feeble.

long have you known him? Yes Sir. Have known him about 50 years 3. Where does he reside, and how long and since when has he been a resident of this State? In Campbell Co. Ga. About 50 years to my knowledge. 4. When, where and in what company and regiment did he enlist, and how do you know?

Capt. of said company
5. Were you a member of the same company and regiment? Yes sir.

... of said State and County, having been presented

STATE OF GEORGIA Campbell

county Ga.

J. E. Steed

as a witness in support of the application of .... Russell Dailey

2. Are you acquainted with Russell Dailey

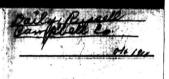
9. Was applicant present? No Sir. 10. If he was not present, where was he? At home .

have known him eyer since.

1909? Same as at present. and what disposition, if any, did he make of same?....None.

Some poor lands. L know the lands,

Sworn to and subscribed before me, this the ord day of September .190 9 1 ... Ordinary.) late Capt. Co. "C"-35th Ga Reg



# Confederate Soldier's Application.

UNDER ACT 1910.

Compbell

Name Russell Dailey.

Company

egiment 35th Ga

Approved...

J. W. LINDSRY,

GHAR, P. HVIII, State Printer, Atlanta.

#### APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

#### Questions for Applicants to Answer.

#### STATE OF GEORGIA.

Campbell

County.

Russell Dailey of said State and County, hereby applies for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows to wit.

1. What is your name and where do you reside? (Give County and Post-office). Russell Dailey. In Campbell County, Ga.

How long and since when have you been a continuous resident citizen of this State?
 years,
 r since 1858.

 Did you enlist in the Army of the Confederate States or of the Organized Militin of this State from 1861 to 1865? In Confed. Army in 1861.

from 1861 to 1865. In Confed. Army in 1801.

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class.)

fentry. Service: July 21, 1861 in Campbell Co. Ga., in Co "C"- 35th Ga. Reg't. In
5. How long did you remain in the actual Military Service with said Company and Regiment

(Give date of discharge) about 44 months, or from July 1861 to March 1865.

6. When and where was your Company and Regiment surrendered or discharged from the Service?

Can't say positively as I was at home on 30 days furlough on account of Typhoid Pever Were you actually present with your Command when it was surrendered or discharged? No Sir.

8. If you were not actually present, state specifically and clearly where you were I was sent home on a 30 days furlough on account of Typhoid Fever, & before muxmands my furlough expired den'l Lee surrendered you left in Near Petersburg, Va.

b. When did you leave the Command? In March 1865.

c. For what cause did you leave" 30 days furlough on account of Fever.

d. By whose authority did you leave, Regimental Surgeon.

2. For how long was your leave granted? In what way", 30 days. -- Written furlough on on account of Typhoid Pever.

before expirate the farm wear to command after leave expired: "No Army was surrendered before expirate the farm wear the farm was a farmed above.

h. What effort did you make to return? None. Furlough had not expired.

i. Were you captured during the war? Yes Sir.

j. If so, when, and where? In what prison were you held and when were you released? MAY 12, 1864

At Hattle of Spotsylvania, Va. - Washingto, D. C. & at Ft. Dolaware. - Reabout, Owned Hopery of every discription was owned in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1968? (Make list by Hems and value.) 250 ucres of land, -\$700.00: Live-stock & H. & K. Furniture \$150.00: 1 Wagon \$40.00; 1 old Bugon \$10.00:

What property of any kind have you or your wife disposed of and for what purpose since 4 Nov.
 1008. To whom and for what price? 1 Wagen for \$25.00 to man in Carroll Co. Ga.

Sold it because I did not need it; 2 horses for \$115.00:

11. What property of any discription of any kind, and of any value now owned and in the use possession and control of yourself and wife and its eash value? (Make Itemized Hat). 200 acres of land and about same and H. &. K. Kurksture. Land worth 2700.00; Purniture 10.00

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? None.

13. Are you drawing a pension of any amount from this State or the United States? No. Size.

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? Yes Sir. ---- Disampreved on aggount of too much property.

Sworn to and subscribed before me, this the 5th day of Sept. 101.0.

What was a subscribed before me, this the 5th Gridge Gridge

County County.

of Carry are County.

...He. moved...from ...said...lond because it was so poor that he could not move a support on it for himself & an afflicted daughter.

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov.

	fue w. F. Shirley
19087 (State it fully by items.) In 1909 he contracted with a darkin to take his said land & pay him in cotton, but we don't know exact pricestipulated, and we while the his walk a wal	QUESTIONS FOR WITNESS AS TO SERVICE. STATE OF GEORGIA,
3. What was the price paid or stated to be paid? Above answered.	Campbell County.
What relation is the party to applicant.  Mone.  What disposition was made of the proceeds of the sale? Han not received the proceed.  Was the disposition of this property made in good faith and full values? X00 Bir.	B. A. J. Smith  as a witness in support of the application of Runnell Dailey for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers a follows:
or was it made to obtain a pension? Regularse no answer.	1. What is your name and where do you reside? B. A. J. Smith. In Palmetto, Sa.
Sworn to and subscribed before me, this the E. H. Green.	Campbell County.  2. How long and since when have you known Puncell Deiley the applicant?
ordinary W. Ordinary	
of Compbell County.	3. Where does he now reside, and stare when has he been a bounded a continuous resident in this state and how do you know? All the property of a . , but the continuous resident in this state and how do you know?
ORDINARY'S CERTIFICATE.	10. Apr. 13. To 13.
STATE OF GEORGIA.  County.	4. When, where and in what Company and Regiment did Ettervall In they emist during emist during that the superior of Co. "C2" - Zet. In August 1801.  5. How did you obtain your information of this Service? I belonged to superior Company,
Ordinary of said County, certify that I know the applicant Research for Popularies the persons are presents himself to be and resides in said County. That I also know the said County.	6. How long within your own personal knowledge did he perform actual military service with 1200, this Company and Regiment (give date) about 42 months, or from August 1201 to 700, and
	7. When and where was his Command surrendered or discharged (give date and place)
service and O. M. Jacob M. Worley who are free holiders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and	April 9, 1865 at Appointtox C. H., Va.
they are all truthful and trustworthy and their statements are entitled to full faith, and credit. That the	8. Were you personally present at the Surrender? Yes Sir.
Tax Results of Christianty shows that and wife	9. If not, where were you and how came you there? Propent.
value for tax is in 1908 \$ 999.39 for 1900 \$ 1045.90 for 1910 \$	And the state of t
Synt unfor my hand and officeal seal of office this / day of day of day of	<ol> <li>Was the applicant personally present with his Command at surrender? No A.F.</li> </ol>
ordinary O	11. If not where was he and how came him there? He wan sent home on furl out; in
NOTES 1 Before any questions are answered the Ordinary shall swear applicant and all stinesses in the following words	1960 1865
You do solemnly swear that you will true answers make to each question asked you and the evidence you shall be the whole touch as held give the whole touch give the given give give the give give give give give give give giv	12: When did be leave his Command? March 10.65. Where was his Command
You do solemnly weard that you will true answers make to each justion saked you and the evidence you all true answers make to each justion saked you and the evidence you still great the the whole truth, so help you too!  2. When the still great way be attached it blank spaces are insufficient.  4. Missist and write may be made before the Unionry and certified by him.  I applicant has no property at all in the provession, now or control of self and wife, affidavits of Free holders.	when he left it? Peterbic; Vi. for what cause did he leave? NET OF ".
1 If applicant has no property at all in his possession, use or control of self-and, wife, affidavits of Free holders unnecessary	By whose authority did be leave dettoral STV1core and how
	long was he granted leave? 23 theys. How do you know
	all that you have stated to be true! If of your own knowledge (Tell clearly and specifically) I rerived to the manamal dompany and did spublishment. From Aug. 1863, to Merch 1865.
	13. In what way was he prevented from returning to his Command: Furlant in head that expresses.  How do you know? I Know when it was X issued, and for how long. I was the sec.
	14. What effort did he make to return to his Command and how do you know? Notice. His care- lough had not expired.
	15. Was applicant captured as a prisoner Xus Sir. If so, when and where Yey let bettle of a patrylynnia, and later retirmed to review and when released?
· ·	adopt know at what Prison ha was held, but do know that he was held, but do know that he was held, but do know that he was held be to be and the held of the held
	12th day of get. 101 0.   Bagonina
	Ordinary.
	of Contribell County
	A FEIDA VIT OF TWO EDEFUOLDEDS
	AFFIDAVIT OF TWO FREEHOLDERS.  STATE OF GEORGIA.  Compbell County.
	Personally before me comes, E.W. Oregon & J.W. Dalley who on oath
	says that they are free holders residing in said County and we know Refer et al. Dolley
	the spellant to the word of the way flow, the wood to the high the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value). About (lene then) 100 core a of land, value— 2 less than \$1000,00; all other property \$10.0:
	STATE OF THE PROPERTY ALL STATES AND ALL STATES ALL STA

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Comphet1

County.

Personally before me comes SCALDEON\_A. J. W.Dalley
says that they are free holders residing in said County and we know. Scanner 1 Dellay
they region is the growing the holders residing in said County and we know. Scanner 1 Dellay
they region is they region in the property of the said wine of the county and we know. About (leave then)
at Landy. J. Lines. Land L. Lond (leave 1 Dellay Property 3 Can. 1).

J. Landy. J. Lines. Land L. Lond (leave 1 Dellay Nov. 2 Land). The property of the said to be contained the said of the said wines at wax no. poor. Enth. Landy they are supported to the said wines at the said of the said wines at the said wines at the said of the said wines at the said

this time & resta seems in mining

Id as a starting,

il granden in

Cana Care

Side Comme

Change But bis, the 1. 1. c. 19.14 with the is a returne and intent mine come a come of and it will be some Chat may region and the his me their line & rister seems an million, My Contraction for the service on hills, Colored Colore 1800 get get from the war were there is who were it is the said and the will make State of the state 12 may be tracking delight in in the C. C. d. C. Lin il generalia i. The way the state of the state of

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\*\*\* LIGHT PRICT ALL, CR TAL STAY "Il Cire" Bir for me 10 Par Car B. Chang Cooks 26 March 1Av Entitle 1 1/11 The formation offered . postania und Kinely Brailed; More Com and ( 3. . . . . 1/x I walnut a Klund Ri Cook of Can la

Mend. Quartera Charalen Clarena M. D MI.

Arm. America, America carba, Se. S. Se.
I, the undersigned, a / Such of the 35 Regiment of Geo Suph Do
I, the undersigned, a / Luit of the 35 Regiment of Geo Luch Do
solemuly swear that I will not bear arms against the United States of America, or give any information,
or do any military duty whatsoever, until released properly from this obligation.
Rupell Vanle
1. Lund Va 6 36
Gre dujih
DESCRIPTION.
Height 6 1 , hair claste , Byon Blue , complexion flace

I CERTIFY, that the above Parole was given by me, on the date above written, on the following conditions: The above named person is allowed to return to his home, not to be disturbed by the authorities of the United States, so long as he observes this parole, and obeys the laws which were in force where he

By order of Brevet Major Gen. WILSON.

LBON. Huhang



## HEADQUARTERS Military Post,

WEST POINT, GA, a fail 11." 1866.

SPECIAL ORDERS, NO.

On Examining Boards Certificates approved by Post Surgeon, which certificates has been forwarded to Surgeon, which certificates has been forwarded to Army Hasdquarters, the following named officers. Non-Commissioned officers and Privates are granted extension upon their Badoughs, (unless revoked by order of General Commanding) for all days—at which time they will report to their respective commands for duty, or be treated as deserters.

A Mailing 60 6 35

By Order of

C. GONZALEZ, Capt. Commanding Post.

Ora Byacot May July 10 harmon ? A de 14/14 Marken ? to Palita Gas The state of the s

THE PROPERTY OF THE PROPERTY OF THE

Bead Buarters, SPICIAL ORDER, ) 26 Jan / 1805 XVII Land of attento spen jongine actificers of destiting and granted the felining rames officer Their K. Long Gil 35 Go Migh for thirty (30/ kmg. # 0 24 Within much so 1168 Cahl Med & By command of Gren R E LKK A A General To Jean Long Through jui doill



#### STATE OF GEORGIA

## OFFICE OF COURT OF ORDINARY. OAMPBELL COUNTY.

W. S. MCLAHIN, ORDINARY.

Fairburn, Da., 19/00 190

Col S. M. Lingsey, Actacta, ya

Heart list;

There I sunt you of function of Mills Russen storing for furcione receiver,

I did not Kurd en elose futor forto '
were in existance De toma has how how

found to sen them of course her wants

you to relieve them Sois Ills Nortey more
chough with them Sois Ills Nortey more
of plantion looky ers, and I also excitore
that of plantion, with the row during

fortes though not true to you with the

fortes did I not think you would the

Jun them.

is shown by earderer of three fee feely to

longed to My Norly, we my county, but such is the fock. Jours dowly, W.S. M. Torm, Copy

Bead Buarters.

A A General

DEPARTMENT NORTHERN VIRGINIA

SPICIAL ORDER, ) . 26 Jan 1. 1805 No. , 4.

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felian's names officers

Plais K. Ling Gil 35 Gg Righ

for thirty (30) krop. # 0 24 Altone much sollis

Cafil My I By command of Gen R E LEE

To Jean Long

Through Jul Meil

#### STATE OF GEORGIA

#### OFFICE OF COURT OF ORDINARY. CAMPBELL COUNTY.

W. S. MOLAHIN, ORDINARY.

Fairburn, Da., 19/0 190

Coc S. H. Lingary,

Actanta, ga

dear Sir; There I sunt you of puration of Ult Russen Doily for pursion receiving, I did not Know en elose f'wor fogers' were in existoner Det since her how fund deun to ma il deinthe you were be glod to san them of course her want you to relieve cheen to even where you or · through with there Son 5 lls Norley work of pleastion look year, and I also enclose that of plucation, with the ron dence of his Coplain, J. E. Stud, are his sout poper Hould not houble you with then forthe did I not theme Il you would 4fun checur.

Judge: I am overy to say there "or feet loud or is shown by conduce of three fee feely The hobbe + thorough considerations to hove telonged to My Norly, is are my county, but such is the fock fours dancy W. Stee Form, Ordy

To Jean I and Judge: I am overy to say there " or for low or es observe by soider a y chose for feely the leader to book to choose to soil to hoose the long is in my county, but have the is the fock. Just drug, W. She John, Cody Through Girl, Mill \*\*\*\*LIGHT PRINT AND, OR PAD COPY \*\*\*\* the second coloring soul The foreign with the property Linear 11 Plaine El war betrier Mea 8

LAME Daily, Russell, or (Dailey) YEAR 1911 DOLLY Campbell Resident of Georgia since 1858-52 years. ENLISTED WHEN AND WHERE? July 21,1861,- Campbell County, Georgia. RANK 1st. Lieut., OOMPANY AND REGIMENT? Co.C. 35th.Ga. Regt. Inf. 44 mo's. July 1861 to March 1865.
NAME OF CAPTAIN AND COLONEL? J.E. Steed, Captain, WOUNDED? At home, on 30 day furlough, on account of typhoid fever. CAPTURED, WHEN AND WHERE? May 12,1864, captured at Battle of Spottsylvania, Va., (Washington, D.C.) In Prison, Pt. Delaware, Dela RELEASED From Prison, Ft. Delaware, Del. Oct. 1864. WHEN AND WHERESURRENDERED ?
Applicant cannot state postively, but is satisfied his Company surrendered at Appomattox, Va.,
Witness states: Command surrendered April 9,
1865, Appomattox, Varginiae
1865, Appomattox Varginiae
1865, Appomattox Varginiae
1865, Appomattox Varginiae
1865, Appomattox Varginiae
1865, 30 days
furlough, on account of fever.
Authority of Regimental Surg.,
Army surrendered before expiration of furlough.

WITNESSES. B.A.J. Smith, Same Company-J.E. Steed, Captain, Co.C. 35th.Ga. Regt. Vols.

BURIED/

mh .

tion of furlough.

No data.

BURIED/

WITNESSES. B.A.J. Smith, Same Company-J.E. Steed, Captain, Co.C. 35th.Ga. Regt. Vols. No data.

mh .

# POWER OF ATTORNEY.

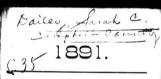
STATE OF GEORGIA.

we receive and receive for whise wo from the State of Georgia as a wision of a Contaction of the state of the

WITNESS WHEREOF, I have day of Anie 1.7

If allowed,





Mo. 65.

# Widows' Pension

mus was 6. Sailey

SLOU.UU.

Warrant Issued

1891

AND HANDED TO

## POWER OF ATTORNEY.

#### STATE OF GEORGIA.

County!

Know all Men by these Presents, That I. Mrs Sarah le Dailey County, in said State, do hereby appoint John W Duiley

of learnificia County ga. my ffue 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 as a widow of a Confederate Soldier, 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

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

dirac 6 Daily [1.1]

Executed in the presence of us

& odeph le Shaw

If allowed, send amount by

, and oblige,



Warrant Issuec

#### Affidavit to be Made by the Widow.

STATE OF GEORGIA.

In person came before me, the undersigned Ordinary

County of County 1, who being sworn according to law, says under oath that she is the widow of William Dailey

the service of the Confederate States, and served as a member of Company

35 K Regiment of Georgia Volunteers: that he enlisted in said service on or about the first day of May 1862, and was in the Confederate Army up to June 25 mil 1862. That while in the

Army, he was on the first day of June 1862, (See Note No I he was taken with the measles while in Camps

and was sent to the Hospital at Richmand la and on the 23rd day of June 1812 he died

from the affects of theaster So contracted in said Lervice in the Army aforesaid

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 322 th day of Jelman, 1831, and that she has resided in Georgia continuously since the on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the Jan day of Spril 1891. Dresich ( Striker) R. 6 Beavers

NOTE 1. State in brank above the date of the death of the husband, and how, and when, and where he died. And in case his death resulted from disease, state how the disease is known positively to have resulted from the service of the soldier in the Army and not from any other cause

#### Certificate of Ordinary of the County of Applicant's Residence.

STATE OF GEORGIA.

>F. \1

R. C. Beavers Ordinary

County of Campbell

in and for said County of Campbell

State of Georgia, hereby certify that I am acquainted with Mrs. Sarah 6 Duckey the applicant for a pension in this case, and know, from my own knowledge, or from positive proof presented to me by reputable witnesses, that she resides in this County, and that she resided in the State of Georgia on December 23d, 1890, and has not lived out of the State since that date. I also certify that the witnesses whose testimony she presents to sustain her claim are known to me to be truthful witnesses, entitled to full faith and credit as such. I am fully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have become set my hand and affixed the seal of my office, this, the

god day of April

Rle Bearins

The pension is only payable to certain classes of widows

Those whose husbands were killed in service

Those whose husbands died in the army of wounds or disease contracted in the service.

Those whose bushands went to the army and have never been heard from since the war

Those whose husbands were wounded in the army and have since died from the direct effects of the wounds

These where landwards contracted disease in the service, and who after the war, died of the disease caused by the service. The disease directly causing the death,

### No widow is entitled unless she was the wife of the soldier during the war, and has never

The law does not provide for any one aving out of the State of Georgia, or who did not live in the

The first to establish a claim must be substantiated by the testimony of three witnesses who personally know of the enlistment of the husband and his death and the immediate cause of the death

Widows who have married since the service of their husbands in the army are not entitled.

There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish tull and specific instructions, and give ample opportunity to every claimant.

If witnesses live in another County from that wherein applicant resides, they must go before the Ordinary and tistics. The attestation of a Justice of the Peace or Notary will not answer

Fill out Power of Attorney authorizing some one who can call at Treasurer's office in Atlanta and acceive one money, to receipt for same

Fill our the "disc trons" below Power of Attorney, so that your Agent will know where and how to send the money

By order of the Governor,

W. H. HARRISON

Sec. Ex. Department,

#### Affidavit for Three Witnesses.

STATE OF GEORGIA.

In person came before me, the undersigned Ordinary

Form No. 2.

County of Campbell in and for said County, winesser John E. Steed Thomas J. Milips

(each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge,
Mrs. Sarah & Dailey, of the County of Gampbell

State of Georgia, is the widow of William Dailey , who was a soldier in of the JJ-7 Regiment of Serve Co Volunteers That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the first day of May 186 7 That while in said service or by

reason of said service in the Army, he lost his life as follows: he contracted measles while in campo, immedately, after The Battle of Seven Pines Which Was on the 31"

day of May 1862 and was Lent to The Toospital at Richmond Va, one or abot the first day of four 1802 Where he died from the Effects of daid Measles on the 21' day of June 1802

We further swear that Mrs. Harah 6. Dailey was the wife of said soldier during the service, and that she has not intermirried since his death, and that she resides in Warmpbell County of the State of Georgia.

Sworn to and subscribed before me, this, the

W. C. Bearry ordinary.

Ordinary.

After of Mirit of Ministers of Ministers of Miles.

Certificate of Ordinary of the County of Applicant's Residence. Cam plus STATE OF GEORGIA, County of I. R. G. Quero Ordinary in and for said County of Complete State of Georgia, hereby certify that I am acquainted with Mrs. Soroh C. Daicey the applicant for a pension in this case, and know, from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1850, and has not lived out of the State since that date. That she is the widow of It - North - deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1893. In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the R. le. Beavins Ordinary. POWER OF ATTORNEY. Form No. 5 STATE OF GEORGIA. County Level County.

KNOW ALL MEN BY THESE PRESENTS, That I, Survey of County force of County in said State, do hereby appoint Level Tr Lacky of Careficia. 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 as a widow of a Confederate Soldier, 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 facing should be true, [L. s.] Executed in the presence of us: P.b. Bearing, Gely DIRECTIONS. Send amount by me at , and oblige

### For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally comes Mrs.
County of Campbell Soral C Dailey
who being sworn, says on oath, that she is a bona fide resident of said County of
Campbell State of Georgia, and that she has resided in said State
continuously ever since Meek 4 1836 That she is the Widow of
the Daneay who was a Soldier in Company
of the J.f Regiment of
Volunteers, that he enlisted in said Regiment on or about the month of hear
1862 and served in the Army up to Leave 23 :862 That he lost his
life on the day of 18 (State here
full particulars of the husband's death, when, where and from what cause.) ( He
constraint Measles while in service
in the start of the grown the expect
of which he died in The Hunden
. toggetor in soid state of Va on
1100 1862

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 185 ° ; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this

72 day of Lang 1894.

R. L. Brane 1, Ordinary.

Post-office Palmetto La

Form No. 8.

#### Certificate of Ordinary of the County of Applicant's Residence.

STATE OF GEORGIA, County of Completel 1 Milo Benus Ordinary in and for said County of Campbelle State of Georgia, hereby certify that I am acquainted with Mrs. Sorol 6 Willey the applicant for a pension in this case, and know, from my own knowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1800, and has not lived out of the State since that date. That she is the widow of Million Lailon deceased, and as such has heretofore, been allowed a pension for the year ending February 15th 1892. In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the

day of 1 2 11100 11 ( , 1893.

#### POWER OF ATTORNEY.

County, in said State do hereby appoint of logical field for the first proposed on the first proposed on the first proposed of the first proposed on the f STATE OF GEORGIA, WALLE

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 as a widow of a Confederate Soldier, as stated in the foregoing affifrom the State of Georgia as a whole of a Confederate Stonier, as stated in the brigging and davit, 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

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

Executed in the presence of us: come faring be contained any

DIRECTIONS.

Send agrount by

and oblige

#### Certificate of Ordinary of the County of Applicant's Residence.

STATE OF GEORGIA, County of

State of Georgia, hereby certify that I am acquainted with Mrs.
the applicant for a pension in this case, and

know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 33, 1800, and has not lived out of the State since that date. That she is the widow of deceased, and as such has heretofore deceased, and as such has heretofore been allowed a pension for the year ending Pebruary 15th, 1854.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office,

Ordinary.

#### POWER OF ATTORNEY.

STATE OF GEORGIA, County County County County County in said State, do hereby appoint The state of County in said State of

of Composer 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 as a widow of a Confederate Soldier, as stated in the there to from the state of ceorgia as a willow of a confecuence souther, as stated in the foregoing affidavit; hereby authorging 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

Surch 6 5 re 6 , [1. 8.] Executed in the presence of us: 111: he (2.... R. 6 Persons

DIRECTIONS

Send amount by

me at

, and oblige

#### For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA. Soroh lo Doilog County of Somplant who being sworn says on oath, that she is a bona fide resident of said County of

Compluse State of Georgia, and that she has resided in said State continuously ever since mis, ah 9, 1836 That she is the Widow of it illiam Doilor who was a Soldier in Company of the 33 Regiment of Venning

Appointer is, that he emisted in said Regiment on or about the month of 116 to 180 and served in the Army up to a track 2 3. 186 2. That he lost his lite on the 23, day of , whi 1862 (State here full proticules of the hurband's death, when, where and from what causes 4 1.4 Acces outs 2 . s. gue 1862, at Finterend Virginia ate it is with the or maken

Deponynt swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 500 that Georgia is her home and she resided in this State 23d day of December. 1890, and his not lived in any other State or locality since that date. I have been allowed a pension for the year en ling February 15th, 1802, and now apply for the allowance provided by law for the year ending February 15th, 1893

Sworn to and subscribed before me, this the day of Jucusey 1893. Care & Description of Continuency 1893. Post-office activette For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, Decreonally Comes Mrs.

County of Campbeel Sand Saley

who being sworn, says on oath, that she is a bona fide resident of said county of Com Stell State of Georgia, and that she has resided in said State continuously ever since the Mile L 18 36 That she is the Widow of who was a Soldier in Company of the Regiment of Volunteers, that he enlisted in said Regiment on or about the month of 200 2 186 2 and served in the Army up to 2 3 186 2 That he lost his day of June 18 62 (State here full particulars of the husband's death, when, where and from what cause.) How contracted Meader while in Service in Stole of Va 4, 4 Hours gird man Richman in Suid state of Va on June 2021,862

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 of that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th. 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895

Sworn to and subscribed before me, this

STATE OF GEORGIA.

as ober stated

A. Bewen Ordinary Post-office Columnia Col

Val

No. 1697

Certificate of Ordinary of the County of Applicant's Residence.

Come care STATE OF GEORGIA, County of Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on December 23, 1800, and has not lived out of the State since that date. That she is the widow of Precession A. . . . . . deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896. In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this A. 6 Bullen

#### POWER OF ATTORNEY.

IN WITNESS WHEREOF, I have hereunto set my band and sent, this Sand Cottice 120 Executed in the presence of A 6. Sancer (Ondie ory

Cirm bell con

personally Comes Mrs.

who being sworn, says on oath, that she is a bona fide resident of said county of continuously ever since / Correla 9 To 1836 That she is the Widow of Mriecian Dailey Volunteers, that he colleted in said regiment on or about the mouth of 180 and served in the Army up to Since 2 3 day of Jane full particulars of the husband's death, when, where and from what cause.) ( Ha counts a cl. ) Measles while in serview in State of The and from the offeet of soil divious in "Minder Hoofe Tal in

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier. and that she has never married since his death aforesaid, that she became his wife in the year 18 that Goorgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896,

Richmond Va, on Juna 20, 1862 or

oxove stated in died

Norm to and subscribed before me, this day of Jaciffy 1896. Parach & Dailory.

Ale Bruss S Orlinary. Post-office Polymers of a

## For Widows Heretofore Allowed Pensions.

STATE OF SPORGIA

	r deondia,		F	bersonally q	omes Mrs.
County of	Compa	• •	Nan . K	e, .A	····/-
		n, says on oath, t	hat she is a bons f	Ade resident of	said county of
C	phice	State of G	eorgia, and that s	he has restret	in said State
continuously eve	r since ///. /.	9 ";	14.7 (	That she is	the Widow of
Mice	conce the	·· Cey	wh	o was a Soldie	r in Company
, (j. ,	of the	Re	giment of	2 "	
Volunteers, that	enlisted in said regiment	on or about the	month of	4.7	
180 / and a	erved in the Army up to	<b>*</b>		1811 2 T	hat he lostshis
life on the	2 19	day of	Acres	14 2	(State here
full particulars of	of the husband's death, when	i, where and from	e what cause) . Ic	de die	. 1 1
Alera	les colule	: J.	, , , , , , , , ,	8%.	1. y'
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Hier p.	. To c 1	dur	1/		0.11.61
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/	X 6 'a mer c	1 16 11 11 14	21.1.1		

Denoment swears that she was the wife of said deceased soldier, during his service in the army as a soldier and that she has never married since his death aforesaid, that she became his wife in the year 18 2 2 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed be	fore me, this	1	
A. C. Syanan	/ 1897.	Post-office La Constant	
1. Co prairie	Ordinary.	Post-office	1.0

## POWER OF ATTORNEY.

of	1, S.	role.	orgia, C. A. C.	v.	to receive	authorize e and rece at und seal, th	E.,	pension /	paid here		
. 1.	27	. (*	the presence of		)	Jara.	£		dai	Cay [1.	. n.]
For Those Heretofore Paid.	4898.	NO. 2614	CLIDOW'S PENSION, For your ending Februar 13th, 1893.	Men Surve 6. Durby	( Case / bett County,	Widowof / F 7	RICHARD JOHNSON, Communication of Protective	WARRANT ISSUED	772 1-114.	AND HANDED TO	GEG. W. HARRISON, STATE PHINTER, ATLANTA

#### POWER OF ATTORNEY

			101	A TOTA	OI.	WI I	DKM	LY.			1
to	receive IN	WITNE	ceipt for the second of the se	TREOF,	ion paid	hereon at	and req	uest tha	t he remi	t same to	
For Thosa Bereioslere Paid.	1899.	NO. 2 913	WIDOW'S PENSION,	For year ending February 15th, 1899.	Trum & Art S	Widow of M. Charter & County	RICHARD JOHNSON,	WARRANT ISSUED	AND HAND HAND TO	C. H. Alex Tellin	

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Carry	Personally Comes Mrs.
	h, that she is a bonn fide resident of said county of
1600 16 9 4	Georgia, and that she has meadern in said State
"C" of the 35 "F Regin	who was a Boldier in Company
Voluntorry that he collisted in said regiment on or about the m-	outh of 1000 y
186 / and served in the Army up to hite on the J J " day of	2 J 186 2 That he lost his
full particulars of the husband's death, which, where and from	what cause, ) 6 a look The
Mostes while p.,	ace a contra State
of the process copied to	
( true out) where ou	occount of soul
discour da compos	Ted he deed out
23 ml of free 1862 .	
Deponent -wears that she was the wife of said deceased soldier, due	ring his service in the army as a soldier, and that
ste has never married since his death aforesaid, and that she becan	
I have been allowed a pension as a resident of dace	County for the year ending
Ecbruary 15th, 1897, and now apply for the pension provided by I	
Sworn to and subscribed before me, this	1 / (1)

1 day of 1000 7 INDA	Daniel G	
State of Georgia,  County.  With Mrs. Service County.	Ordinary of said County, certif	y that I am well acquain
field that the lasts therein stated are true, and I know she	e is the individual she represent	herself to be, and that s
has continuously resided in this State state the	( <del>inp of</del>	18.
Given under my official signature and seal this the $\widehat{\mathcal{C}}$	of Carterial	, , , , , , , , two

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	Personally Comes Mrs.
County of Gampbell	of . G. Duiley
who, being sworn,	mys on onth, that she is a bonn fide resident of said county of
Gampbell,	State of Georgia, and that she has mestro to in said State
Continuously ever since 9 (101) 14	Make of Georgia, and that she has unsuite on the and county of  Nate of Georgia, and that she has unsuite in end Make  185 ff That she is the Widow of  who was a soldier in Company  Regiment of \$100 1416cc  lead the month of \$100 1416cc  That he lost his
14 of the 36	Regiment of Jonathic
Volunteers, that he enlisted in said regiment on or a	bout the month of May AX May
186 Le and served in the Army up to 4/17	That he lest his
life on the day o	f 18 State Jane
full particulars of the husband's death, when, whe	er and from what cause & Fackets the
musto while in du	rose in the state of I'm
was carried to Wind	des Haspital and they
- lied from said li	river in the thet of La de Hospith and They
•	
s ie has never married since his death aforesaid, and the	and soldier, during his service in the army as a soldier, and that at she became his wife in the year 18 $\frac{5}{2}$ County for the year ending
	provided by law for the year ending February 15th, 1899.
	Jarah & Dai lay
State of Georgia,	1 I I I lefs him o
Thumphel County.	Ordinary of said County, certify that I am well acquainted
with Mrs. Jarah . 4. Lair	who made the above uffidavit and am satis-
fied that the facts therein stated are true, and I know	she is the individual she represents herself to be, and that she
has continuously resided in this State since the	9 day of Musels 1834
Given under my official signature and seal this	the 15 day of Jane 11 1500
	4 M. of tepliens
Official ) Ment	Ordinary of Cum h lette County

## POWER OF ATTORNEY.

	County. S Lakey Seless	aid hereon and re	helf Cerssrity  quest that he remit same to  ref by Hand _
	,1900.	hereunto set my h	and and seal, this 12.
To Those Beretofore Paid.  1900.	WIDOW'S PENSION, For your ending February 19th, 1960.  Thes. Salah of Lankey	Widow of William Loury, June Widow of William Loury	WARRANT ISSUED  To to 18 1900,  AND HANDERTO  Cotto A sacket.  In Illiama and Prince Alexan.

Daily, Barol

1	POWER OF ATTORNEY.	
to receive and receipt	for the pension paid hereon and request that he remit same to	Z
Executed in pro		
1/2 5 1000		
77 0.10	The state of the s	
	Oreing.	
Carystoll Crunty To Those Heretofore Paid.  1901.	WIDOW'S PENSION  For year ending February 13th, 1901.  Thus, Some of Trans.  Widow of Trans.  JOHN W. LINDSEY,  Commission of Person.  WARRANT ISSUED  J/P. 1801.	

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA. Sarab to Dailey County of Thank hell who, being sworn, says on oath, that she is a bona fide resident of said county of State of Georgia, and that she has RESIDED in said State Hilliam Dailey who was a soldier in Regiment of Hulliam who was a soldier in Company Volunteers, that he enlisted in said regiment on or about the month of 1862 and served in the Army up to \$11111 23 23 day of fine measus while in Levery in state ax Ara was carried to windser Horshital and These did from Said distrat Jung 23-1565

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid and that she became his wife in the year 1853

I have been allowed a pension as a resident of Sellin /slat / County for the year ending February 15th, 1899 and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this ; 12 day of Kerrein 1 1900 Post Office Dellmitte of

Personally Comes Mrs

te of Georgia,

1 L.J. 29 J. 1216.

The Many Market I am well acquainted.

Onlinery of said County, certify that I am well acquainted. State of Georgia. with Mr. Sarah. G. Luilly , who made the above affidavit and am satis

has continuously resided in this State since the day of 1114966 1836 Given under my official signature and seal, this the /2 day of Lant (4 t 1/ 1900)

Ordinary of Many but

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA. County of Compben

Personally Comes Mrs. Sorale C. Da. ling

who, being sworn, says on oath, that she is a bona fide resident of said County of
Come for bear State of Georgia, and that she has RESTLYING to said State
State of Georgia, and that she has RESIDED in said State
2.
Tricle i are of order who was a soldier in Company
who was a soldier in Company
of the Regiment of Ju
V. landare and a landar
Volunteers, that he enlisted in said regiment on or about the month of
186 2 and served in the Army up to Jerris 7 0 186 2 That he lost his
That he lost his
life on the 2 of day of June 18 62 (State bere
day of (State here
particulars of the husband's death, when, where and from what cause Her twell the
, what and what from what cause 2 50 - 20%.
Musles when in service in Stote y Va =
17.
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there and in the general is ford
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1867 en opon plotes
10-1 10 00 00 - period

Deponent awears that she was the wife of raid deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18 I have been allowed a pension as a resident of Court of been County for the year ending February 15th, 1 900, and now apply for the pension provided by law for the year ending February 15th, 1901. Sworn to and subscribed before me, this

Angel Garage Ordinary Post Office

12r. S. he foris State of Georgia, County. Ordinary of said County, certify that I am well acquainted with Mrs. Sorote C. Doeley , who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the Given under my official signature and seal, this the

Ordinary of Co. . . . g beer County

## POWER OF ATTORNEY.

to reco	Come Her	EORGIA,	e pension	ot paid here at	on, and re	quest the	it he remin	t same to
day of	L'.	Where, 11	1002				Si le.	<b>7</b> п. s
Those Heretofore Paid.	<b>1902.</b> * 704	OW'S PENSION,	r vear ending bec 31, 1902, pvin 10.	and County	Getter Acces	IOHN W. LINDSEY,	WARRANT ISSUED  // 2 1   1902	Muleum

#### POWER OF ATTORNEY.

1. H	So,	GIA. be u	Count 6.	doil	7 6.	hereby aut	horize
to receive	and recei	pt for the	pension	paid hereon, and	l request the	hat he remit s	ame to
In 1	Witness V	Vhereof,		reunto set my he			5 <u>L</u>
iay of	- 70	1	.19X	Sarak	6.6	Jui Con	[L. H.]
Exec	210	resence o	t 	1,'.,			
		<i>3</i> - 8 1	* ************************************				
1	1 1		~ }				11
aid.		SION,	ailey	County,	of Pensions.	7 1908.	
Soore Paid.	7	ENSION,	and in	C. County,	IDSEY, amissioner of Pennions.	(27 1903.	The street
Heretofore Paid.	474	S PENSION,	AND TO	3 42	V. LINDSEY, Commissioner of Pensions.	ANT ISSUED  (42) 1908.  HANDED TO  MACO STITLE	
Those Heretofore Pajd.	No. 474	OW'S PENSION,	PAID TO A QUELY	Man Act	OHN W. LINDSEY, Commissioner of Persions.	LARRANT ISSUED  (A) 1903.  AND HANDED TO  AND HANDE	
To Chose Heretofore Park. 1903.	No 474	VIDOW'S PENSION,	Mu. Sorok C. A alley	War Act	JOHN W. LINDSEY, Commissioner of Peratoral.	WARRANT ISSUED  AND HANDED TO AND HANDED TO AND HANDED TO AND TO SATURATE AND	

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA. PERSONALLY COMES MIRS.
who, being seven. Says on onth, that she is a bona fide resident of seed counts of State of Georgia, and that she has insuran in said State continuously even since.  That she is the Widow of who was a soldier in Company of the Regiment of Regiment of Volunteers, that he enlisted in said regiment on or about the month of 1862, and served in the Army up to day of 1862. That he lost his life on the day of the day of the day of the soldiers of the first heater the bottom's horizontal shorts indicated the month of the day of the soldiers of
Deponent swears that she was the wife of said deceased soldier alreaughts service in the Arroy of a soldier, and that she has never married since has death aforesaid, and that she has move the vice in the Arroy of a the Arroy of the Arroy
State of Georgia.  County   Ordinary of sand County, certify that I am well- acquainted with Mrs. Secret.
who mude the above atthins it and announced with Mrs. Who mude the above atthins it and announced that the facts therein stated are true, and I know she is the individual she represents hereself to be and that she has continuously resided in this State since the day of the day of the continuously resided in this State since the day of
NOTE. All blank spaces must be filled.  Voucher and affidavit must bear date after January 1st, 1902.

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA. ) PERSONALLY COMES MRS
County of Comp beach of the Control
who, being sworn says on eath, that she is a bout dide resident of said County of  Nate of Georgia, and that she has means on said Nate
continuously ever since liet & 4, 1836. That she is the Widow of
here Duckey
of the OV-the Regiment of
Volunteers, that he enlisted in said regiment on or about the month of Zecoy
188 6 2 and served in the Army up to 2 2 186 2 That he has his
life on the day of the 1862 State has
protophers in the hardward's dough, when, where and from what enough  the least the of the control of the contr
70,7162
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the same to V
The been paid a penalon as a resident of Go , Let County for the
year ending December 31, 1902, and now apply for the pension provided by law for the year ending
December 31, 1908.
Sworn to and subscribed before me, derach 6 Dailey this 1 day of 1963. Tr. S. U. S. Time Ordinary. Post Office wooden
Court fo bell County ( Ordinary I would County
acquainted with Mrs. corol C. Torely who made the above affidavit and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
lay of
Given under my official signature and seal, this the day of Corry 1003.
Official Soal. Ordinary of. Con place County.
NOTE.—All blank spaces must be filled,

### POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

Increby authorise

and hereon, and request that he remit same Sarah & Dailey ILA

WIDOW'S PENSION

TO THOSE HERETOFORE PAID.

#### POWER OF ATTORNEY.

100 2 200 Line 10 10 10 10 10 10 10 10 10 10 10 10 10
STATE OF GEORGIA, County.
1. Larde & Doily, hereby authorize
to receive and receipt for the pension paid hereon, and request that he remit same to
In Witness Whereast I have becounts not my hand and soal this
day of Social de Caral Continues
Executed in presence of

- 1.4.00 Dance 181

Mustoral & Doll WIDOW'S PENSION To Those Heretofore Paid. JOHN W. LINDSEY, 1905.

## FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.

State of Georgia, and that she has RESIDED in said State
ace 4- 9 1836
It is so access to the willow of
That she is the Widow of who was a soldier in Company of the 37 - 11 Rogiment of
Voluntours that he obtained in gard rentiment in an about the contract of the
186 2 and served in the Army up to func 2 3 480 2 That he lost his
156 2 and served in the Arms up to fure 20 156 2 That he lost his life on the 2 3 day of June 15 6 2 (State here
tactor as at the bearings death, when who and come that come je.
the love we note which to the object of the conference of the property of the
to fital and there we doed from
Projection of the
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year is J. 2
I have been paid a penden as a resident of Co
year ending December 31, 1993, and now apply for the pension provided by law for the year ending
Dec surber 31, 1904
this day of 1944  The Specific Corino Ordinary Post Office Policy To See See
this day of 1904
1). Splic Lorinordinary Post Office Voletic US
State of Georgia, County ordinary of said County, certify that I am well acquainted with Mrs Serve C. Society who made the above utilidayit and
County.   Ordinary of said County, certify that I am well
acquainted with Mrs Work C. Working, who made the above affidavit and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of 18 80
Given under my official signature and seal, this the 8 day of Joury 1904
n lu C
(meal)
Ordinary of Come of been County.

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Camp bell for old to Dorley
who, being sworn says on eath, that she is a bona fide resident of said County of  Rate of Georgia, and that she has a souther in said State  continuously over since the ske 9, 1836. That she is the Widow of  Who was a soldier in Company  "C" of the 15 Regiment of  Volunteers, that he consisted in said regiment on or about the month of  1867. And served in the Army speto four 13 18 12 That he lost his  life on the 23 day of four 15 18 12 (South here  particulars of the hardon soldier, where and from what come 18  The third black where where we have 18  The third black where where 18  The third black where 18  The thi
dried discool June 22, 1862 an storm
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never marked since his death aforesaid, and that she became his wafe in
the year 18 5-3  They one paid a pension as a resident of Comment of Comment for the
year ending December 31, 1904, and now apply for the pension provided by law to the year ending
Decomber 31, 1905  Sworn to and subscribed before me, this Law of Jan 7, 1905  Dest Office Follows Fig. 1905
State of Georgia, County County Ordinary of said County cortify that I are well
acquainted with Mrs for all C. Dorley , Wino made the above allidavit and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the day of  Given under my official signature and seal, this the day of Jany of Jany of Jany of Jany of Jany of Jany 1905
Official Son! Ordinary of Commy
NOTEAll blank spaces must be filled.

## POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

1. Lorole C Aciny, hereby authorise

M. Lue Lorone of Lorone butter you

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

at Lorone

In Witness Whereof, I have hereunto set my hand and seal, this,

day of 1906.

Lexal C Crife 1, 8.]

Executed in presence of

For year ending Dec. 31, 1906.

For year ending Dec. 31, 1906.

PALL CAPPEL OF ACLED TO ACLED

#### POWER OF ATTORNEY.

STATE	OF GEORGIA,		
Gan	- Soul COUNTY.	i i	
I.	Loroh e, No	eley	1 1 1 1
1.	Surform of	I am bus	hereby authorize
torreceive	and receipt for the pension paid h		
	in the second	Low	4
In W	itness Whereof, I have bereunto set	my band and seal, this	2
day of			
7	3	Paroch 6:	Daileters
	Executed in presence of		1
	4 molecul ust		

WIDOW'S PENSION

For Year ending Dec. 31, 1907. A

No. VE 7

No. V

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA	PERSONALLY COMES Mrs.
Cour pall	oath that she is a bona fide resident of said County of sate of Georgia, and that she has RESIDED in said State
continuously ever since wett	That she is the Widow of
of the gy- in	That she is the Widow of
Volunteers, that he enlisted in said regiment	uing
186 Z and seemed in the s	on or about the month of
life on the 23	ay of 186 2 That he lost his
particulars of the husband's death, when, where	and from what course ) He loot the
200 4 y va - 100	g comment to Tallet and
Has de toe where	ou oce ound y bond
this woon her died	i min 23, 186 2 00
show a Loty	
NAME OF THE PERSON OF THE PERS	
Deponent swears that she was the wife of said	d deceased soldier, during his service in the Army as $\epsilon_{st}$
soldier, and that she has never married since	his death aforesaid, and that she became his wife in
the year 18 J	
	lent of Com & Let County, for the
	y for the pension provided by law for the year ending
December 81, 1906.	
Sworm to and subscribed before me	Varable Duice
The cuctoria, Ordinary.	Post Office Columbia ya
	4
State of Georgia,	1 M. Sui Lorin
County.	Ordinary of said County, certify that I am well
acquainted with Mrs. Lorote G. No	, who made the above affidavit, and
	rue, and I know she is the individual she represents
herself to be, and that she has continuously re	sided in this State since the
day of18 70	0
Given under my official signature and se	al, this the 2 day of 1906
Official	Ordinary of Come to be County
1000 at 1000 a	County.

## For Widows Heretofore Allowed Pensions.

County of County
who, being aworn says on oath, that she is a bona fide resident of said County of  Nate of Georgia, and that she has RESIDED in said State continuously ever since. With 9, 18 5 6  That she is the Widow of  who was a soldier in Company  "16" of the 35 12 12 16 16 16 16 16 16 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18
186. 2, and served in the Army up to June 186. 2. That he lost his life on the 2. 3. day of June 186. 2. (State here particulars of the husband's death, when, where and from what course.)  The Troft Ultropling within the Court of Days of the husband's death, when where and from what course.)
The file where he died from forg
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 18 5 3 Gounty, for the pension paid a pension as president of Courty but. County, for the east ending December 31, 1996, and now apply for the pension provided by law for the year ending
NWOFE to and subscribed before my
M. S. Me Jones Ordinary . Post Office Police ya
State of Georgia,  County of said County, Cordinary of said County, certify that I am well squainted with Mrs. Logoli C. Northy who made the above affidavit, and
m satisfied that the facts therein stated are true, and I know she is the individual she represents precif to be, and that she has continuously resided in this State since the
Given under my official signature and seal, this the day of day of 1997
Official ordinary of Care of Green County
NOTE.—All blanks must be filled.  Youthers and Affidavils must bear date after language int. 1907

State of Georgia,

County.

County.

Ordinary of said County, certify that I am well acquainted with Mrs. Corolic C. Nouly who made the above affidavit, and . Ir Sui form State of Georgia, \_County. | Ordinary of said County, certify that I am well acquainted with Mrs. Lorole O. Dailey am satisfied that the facts therein stated are true, and I know she is the individual she represents , who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the herself to be, and that she has continuously resided in this State since the Given under my official signature and seal, this the day of day of 1907 Given under my official signature and seal, this the 2 day of Joury 1906. (Official) Ordinary of Care & beck County Official | Seal Ordinary of Com p bare NOTE.—All blanks must be filled. Youchers and Affidavits must bear date after January 1st, 1907. NOTH.—All blank spaces must be filed. Youcher and Afficial must bear date after January 1st, 1906.

Dailin, Wesley Compall Co
(For Those Already Enrolled.)
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INVALID
SOLDIER'S PENSION.
1900.
Name Wesley Durley
County Jean phell
Disability Wound
Amount, \$ 50
Warrant issued In G & 1900.
JOHN W. LINDSEY, Commissioner of Pensions,
WARRANT HANDED TO
My
Geo. W. Harrison, State Printer, Atlanta.
no data
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No. JTC	IER'S EE	Mesol Noun	penssi	м ино	WARRAN
Kor Those Alreac	DIER'S	Name Madde County Lill M Disability M	Amount, \$ 7 () Warrant issued	JOHN W. LINDSEY	WARRANT HANDED TO

#### POWER OF ATTORNEY

STATE OF	GEORGIA,	)		
•	Count	y. }		
I,		hereby auth	orize	
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to receive an	d receipt for the pen	sion paid hereon and	request that h	e remit same to
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IN WIT	NESS WHEREOF,	I have hereunto set m	y hand and sea	l this
day of				
				. [L. S.]
Exe	cuted in presence of			2
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	ı <u></u> .	1 1 1 1		<i>II</i>
<b>B</b>	6	119	65	
Already Enrolled.		123131	3.Y.	1
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CODE SECTION 190 Se Already	DISABLEI DIER'S PEI 1901	86 10	J E	HANDED
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CODE NO.		7 7 3 %	Z	REAL STATE OF THE
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Ē	70	Name M County Disability Amount,	, -	1 3 ,
	S	Nau Ceu Dis		

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
teampbell county.
Dersonally appears Wesley Dailey of Lampbell
personally appears. 1126 ay & 12 act of of am policy
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 Justice and County, and has resided therein continuously ever since the
the Confederate States (or of the State of
tween the States, and served as a Private in Company of, of 35 th
Regiment of The Volunteers, Thomas 's Brigade; that whilst
engaged in such military service in the State of Ma on the 13
day of Sem her 1862, he was wounded, injured or diseased as follows:
In the butty of Judrichsburg Na on the
V3 day of December 1842 was shot in the
right less be tween The anhly of fine brakens
The little bone and fractured the large bond
in Suil leg = making my leg disuble To stand
in but little at the time not a nongh to
do but very littly wirk of any temos
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
The State Dollars, for the year 1899.
Sworn to and subscribed before me, this, the
G day of March 1900. POST OFFICE 16. 116- JA
1. I stupherwellsdinary
Nora - Maste 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,
Jump bell County.
I. Stephens Ordinary of said County, do certify that I am well acquainted with Wisley Driley the
do certify that Vam well acquainted with Wisley Darley the
do certify that Vam well acquainted with Wisley Darley 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 March
1-9- Stephens
Ordinary Teampbelli County.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Compbee County.
Personally appears Musery Voiley of Compbee
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
lay of 1872 that he enlisted in the military service of the Con-
ederate States (or of the State of ) during the war between the
States, and served as a lin Company c, of J th Regiment
s Brigade; that whilst engaged
n such military service in the State of, on the day
, he was woulded, injured or diseased as follows:
I was shot strough right beg by a numer
while in derice of boute of Fredrick berg.
sit boes broke our our bour by leg & everet
ins of how of lay to west out - on
Loccount of sit wound so mended
I am malber to perform ording
mound lo bor
December 1 - Paris 6 - 1
Deponent makes application for the pension to which he is entitled for year end-
Control and the as a resident of
County been allowed an invalid pension of
Dollars, for the year 1900.  Sworn to and subscribed before me, this the
To be
day of 1901. Postoffice
M. V. he down owy
Nors.—Mate fully the nature of the wound or character of disease which causes the disability, and explain partic- arly the extent of the disability resulting from the wound or disease.
Com of the
County. )
I, M. S. Lee Loren Ordinary of said County,
o certify that I am well acquinted with Mesley Soiley the
oplicant in the foregoing affidavit, and am well satisfied that the statements made by him
his said affidavit are true, and I know he is the individual he represents himself to be
nd that he resides in this County.
Given under my official signature and scal, this
They
and day of 1901. N. She Lonin
AMX
Ordinary Come of been County.

POWER OF ATTORNEY.	POWER OF ATTORNEY.
1. Hereby authorize It Sur Lorice	STATE OF GEORGIA,  County.  I, County.
at IN WITNESS WHEREOF, I have hereunto set my hand and seal this day of	to receive and receipt for the pension paid hereon and request that he remit same  by  at  IN WITNESS WHEREOF, I have hereunto set my hand and seal this.
Executed in presence of	Executed in presence of
No. THE THOSE ALREADY ENFOLLED.  No. THE THOSE ALREADY ENFOLLED.  SOLDIER'S PENSION  TOO. THE	Editle, M. SI.  (THE THOSE ALREADY EMPOLED.)  No. 600  DISABLED  SOLDIER'S PENSIGN  TOOS.  Commity  Amount, \$  JOHN W. LINDSEY,  AMOUNT,  AMO

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.
Personally appears History Dailey of Com pour
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 18 42; that he enlisted in the military service of the Con-
federate States (or of the State of
States, and served as a Volunteers in Company , of the Regiment
of Volunteers, and Brigade; that whilst engaged in such military service in the State of day
et 180 2 , he was wounded, injured or diseased as follows:
I way that cheveryle che I right be got house
If fine It aught by a Much but while in
server at boulder of Iredrickoling and bou
has there person bear & fractioning long bour
ye. Something the necessary facilities to Some
in the over me por port for any perf
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
Sworn to and subscribed before me, this the day of 1902 Post-office
Sworn to and subscribed before me, this the
1. Che store O Post-office
Note: 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.
particularly the extent of the disability resulting from the wound or disease
STATE OF GEORGIA,
do certify that I am well acquainted with the story of relief
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
Given under my official signature and seal, this
day of Lovey 1902.
Ordinary County.
Nore.—Fill all blanks and of Company and Regiment Nore.—All vouchers and affidavits must bear date after January 1, 1992.
1° ×

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.)
Personally appears today daily of Conney Con
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 18 ; that he collisted in the military service of the Con-
federate States (or of the State of ) during the war between the
States, and served as a
Volunteers, Volunteers, Vis Brigade: that whilst engaged
in such military service in the State of
of At & ( 186 2 he was wounded, injured or diseased as follows:
I man it at it tough the sight of glance.
to the total of the said the said the said the
live bore you has by he yours by
live bout to Mathy be a four sugar
Caren I your sound is the will
ite to no retire my here were taken
7
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1903. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1902.
Sworn to and subscribed before me, this the
day of 1903. Post-office
" , · , · ( · · · · · · · · · · · · · · ·
Nork. 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,
County
. 1. 100 200
Ordinary of said County,
. , , , , , , , , , , , , , , , , , , ,
he applicant in the foregoing affidavit, and am well satisfied that the statements made by
tim 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 1903.
1905.
Affix } your }
here County.
Note Fill all blanks and of Company and Regiment.

Norz.—All vouchers and affidavits must bear date after January 1, 1903.

				PO	ΝE	R OF	AT	TOR	NEY.				
		TE OF	,	66	1	County.	lu	7	× 6	. h	ereby au	athorise Tu	
	at. 17	In Withi	buil	error I	he por	nsion pa	d hereon	, and re	equent t		romit ne	smo to	
	A)	Executed Luc	in pres	ence of	_196		Hus	ley	Dai	Leg		[t., s.]	
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Charles of the same	ODE SECTION 1280.  E ALREADY EMBOLLED.)	2772	DISABLED	IER'S PENSION	04.	y Rouly	Regiment 7 & un	hound	1904.	JOHN W. LINDSEY.	HANDED TO	Late Proper actions	- \
An Sh.	(FOR THOSE ALREADY E	C. N.	DISA	<b>SOLDIER</b> 'S	19	Name My water	County Co. Re	Disability Angel	7.26	JOHN W.	MARKANT	Gre W. Harrison, State Print	,
				γ.			· vag.				* ************************************		

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FUR APPLICANTS HERETOFORE ALLOWED PENSIONS.
STATE OF GEORGIA,
County.
Personally appears A early wally of 6 am flece
County, State of Georgia, who being duly sworn, says on outh that he is a bong fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 18/2; that he enlisted in the military service of the Con-
federate States, (or of the State of the States, and served as a form of the States, and served as a form of the Regiment
of Volunteers The company to of the Regiment
of Volunteers The accompany of the Regiment in such military service in the State of 1/4 , on the / day
Oliver to the contract of the
tween the act and anyther by a we wine
hour River and one the by a we wine
toute of Fredericks burg Va - tous bour
burstly the boung ford ley; and
on oceanne y song when y I am much
for order org manne lobor
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1904. Lanave heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Donard, for the year 1mg.
Sworn to and subscribed before me, this the day of 1904.  He Land Lorenze Lore
Nora - State fully the nature of the wound or character of disease which causes the disability, and explain perforderly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
I. H. Sice Foren Ordinary of said County.
do certify that I am well acquainted with Tealing & acles
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 / 2
(ART)
Ordinary County.

Note — Fill all Slanks and of Company and Regiment.

Note. —All vouchers and affidavits must bear date after January 1, 1994.

I, H. Such Lower Ordinary of said County, do certify that I am well acquainted with Proley Soulcy 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 100

Ordinary Governor Association County. Affia Four leas here. Nors. -Fill all blanks and of Company and Regiment. Norg. - All vouchers and affidavits must bear date after January 1, 1984.

Davidson W. M. Leaniphell G

# INDIGENT PENSION

1898.

Namo for the desider.

Approved

1898.

RICHARD JOHNSON,

WARRANT HANDED TO

BEO. W. HARRISON, STATE PRINTER, ATLAN

POWER OF ATTORNEY.

STATE OF GEORGIA.

de v

\_\_1891

1/22.18

STATE	OF	GEORGIA,	1
		Courtman	ſ

Leave A. M. C. M. Comsty & A. M. F. Kase of personal

Approved 1888.

RICHARD JOHNSON,

RICHARD JOHNSON,

FRICHARD JOHNSON,

FR

## Questions for Applicant.

	STATE OF GEORGIA,
	Cumphane County.
	W. It Daned port of said State and County, desiring
	of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, 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.)
	W. H. Davidson - bom plue to, Ja - Rosene J.O.
	2. How long and since when have you been a resident of this State 17 9/200 and a since when have you been a resident of this State 17 9/200 and a state 18 18 36 and a state 18 18 20 and a state 18 18 2 and a state
	3. When and where were you born " march 16, 18 36 = Composite 60, Ja
	4. When and where and in what company and regiment did you enlist or server, 1862 = In marry les, Sa = 60 = 4 th Sa bal. Bey -
73	5. How long did you remain in such company and regiment? About 2 years :
ě	
e	6. For how long a period did you discharge regular military duty ? About 2 42 ato
3	7. When, where and under what circumstances were you discharged from service. Here cap-
9	Tuned stoned The month of Debtidanies to being or
Answe	Tund about the month of Ofthe in the prison at
_	8. What is your present occupation : Jarmers
8	9. How much can you carn (gross) per annum by your own exertions or labor ! Acting
_	10. What has been your occupation since 1805? Farming
T	11. Upon which of the following grounds do you base your application for pension, viz: first "are and
MUS	poverty," second "infirmity and poverty" or third "blindness and poverty" ? / 2 7, 7 2 7,
\$	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?
uestion	Hout 3 years - Have a very fample discour in shoul-
Ĕ	dero to they the side of head to den unable to perform any
6	dare Ti Try the side of head to der made to perform any land to the account to vaid of head to the to for to 3 pigs.  13. What property, effects or income do you possess and its gross value? I have to 3 pigs.
$\overline{z}$	To. White property, enects of fucome do you possess and its gross value?
O	14. What property, effects or income did you possess in 1894, 1895, 1896 and 1897 and what disposition,
>	if any, did you make of same? I multi- 1 cons- 1 nayon = and then
e	or my debts.
Ē	To the deal Commentation and the leaders of the lea
щ	15. In what County did you reside during those years and what property did you then return for taxation?
	16. How were you supported during the years 1896 and 1897? Mostly by Luck
	a my pon.
	17. How much did your support cost for each of those years and what portion did you contribute thereto by your own labor or income House 75.  18. What was your employment during 1896 and 1897. What pay did you receive in each year?
	by your own labor or income Attout 75 = - Cossibly 15 or 20 = .
	The what was your employment during 1896 and 1897? What pay did you receive in each year?
	19. Have you a family? If so, who composes such family? Give their means of support? Have they
	a homestead? Yes = my Hige # 1 child = By farming = No.
	. 10
	20. Are you receiving any pension, if so, what amount and for what disability? Ho,
	Sman to and submitted before mathin the self-
	Sworn to and subscribed before me this the
	Applicant. Ordinary.
	CL. 6 Callet 1 1 Cordinary.
	of an poure County.

# QUESTIONS FOR WITNESS. STATE OF GEORGIA.

Thos. It. Varner

The as. It. Varner of said State and County, having been presented
as a witness in support of the application of 1/t. It. Doubson for jension under the Act approved December 15th, 1824, and after being dilly sworn true answer to make to the
following questions, deposes and answers as follows:  1. What, is your name and where do you reside: That. H. Varnes =
to m blue wount, you
2. Are you acquainted with The Harid on the applicant, if so
how long have you known him? yes = . Hout 50 years
". Where does he reside, and how long and since when has he been a resident of this State? completeeler, Ja - 27 years where 15 " faring 18 7/.
4. When, where and in what company and regiment did be enlist, and how do you know 1562 = . Aulton Ja - J' - 4 th Ja Gal May - Haw in service with town,
to Were you a member of the same company and regiment " No = Dame Brigade.
6. How long did he perform regular military duty, and what do you know of his service as a Confed-
grate soldier, and the time and circumstances of his discharge from the service About 2 years -
neliacing from forizon
7. What property, effects or mome has the applicant! (Give your means of knowledge) / hogh I pigs is well times of Theory Hear weight born to thim
8. What property, effects or income did the applicant possess in 1896 and 1897, and what disposition, if
more to have been paid on his delle
2. Has be conveyed away any of his property in the last three years, if so, what was it and to whom?
no.
10. What is the a opticant's occupation and physical condition . To making = Not able to make the truth per little of any
W.1-1 *
11. Is the applicant unable to support himself by labor of any sort, it so, why? It's bount little risk right or risk the is divined believer ise.
12. How was be supported during the years 1890 and 1807 2 Larry 11, her fores
12. How was be supported during the years 1898 and 1897 : Larry ely by trees
13. What portion of his support for these two years was derived from his own labor or income?
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension
under the Act of December 15th, 1894 Tal is not able to see and to is
other wise diseased so so to present him
Port orm Liber:  15. What interest have you in the recovery of a pension by this applicant? Horse
Sworn to and subscribed before me, this the 2/0 day of Jany 1898.
the 210th day of Jany 1898. Orlinary. Witness.
- Simulary .

AFFIDAVIT OF PHYSICIANS.
STATE OF GEORGIA,
Tin Dicua County.
man har to the second of the territory
A. Lengthood 2011.
of said County, who being severally sworn, say on each that they have examined carefulls
21 4 1
, applicant for pension under the Act of 1891, and after such personal examination say that his precise physical condition is as follows:
1 .
He has Valoular besions of the heart,
To is also Threatened with Paralyzing the
right Ride, He has Herma of the right side
also dilence on su light hidrof face which
also delinger and right lide of face which we from the the proposed on onthe that the physical condition of applicant renders him make to below a tree to be the physical condition of applicant renders him make to below at me
We 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
Soon to and subscribed before me this the
21st day of Jeen 18th Sitting 1110 121
Ordinary,
ORDINARYS' CERTIFICATE.
STATE OF GEORGIA.
County.
County.)
that the applicant / f. 1/2 / constant of this State state of the stat
that the applicant / resides in said County, and has
been a bona fide resident of this State silver the day of
and that the witnesses, viz. G. H. Laker Rost In D. J. V. Com.
, and Mit To It Si H. Dancer
are of trust worthy character and that their statements are entitled to full faith and credit.
I forther certify that before answering the forgoing questions, the applicant and each witness took the eath 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 6 om fo live County show that applicant
F9 30°
3, / 00
3/1/
of to rece of teelCounty.

Additional affidavits may be attached if blank spaces are insufficient.
 In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above.

	POW	ER OF	ATTOR	NEY.		
STATE O	F GEORGIA,	)				
	,	County.				
I,					, hereb	y authorize
			of			
to receive a	nd receipt for the	pension all	owed, and re	equest that	he rer	nit same to
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by				r		
	ess my hand and sea	l this	day of			1800.
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3 / F/	INDIGENT SOLDIER'S PENSIO	11e	County	-		3 7
	SC	Name	Com			

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Executed in presence of	).	_1900	No. of Address				y of	da	and the second	l, this.	and sea	my hand	Vitness	W
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NO.	Sur. Sur.		NAT H		. ¥		ANT	17	6	$\sim$	Š	DIG	W	or se
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SOL)						Ì		Cour	2		S		1	

of suidon,

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.
Framphil County.
County.)
Personally appears H. M. Tavilson of Jampo hell
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 15 day of Linnary 18/2; that he is 68 years old and
by occupation a James ; that he enlisted in the military service of the Confed-
erate States (of of the State of ) during the war between the States
and served for the term of 3 1/1/1 in Company of of H the Regiment of
Tichaia Gilabil
follows: Am graditald in my hith a son 4 sill ax
Maria de la
19 1 It has herwhitaman not able to closing worth
that his property consists of the following items 21/11(1
of the value of /1/ // 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
1804, and the acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1800. I have heretofore as a resident of 16000 h 400
is entitled for the year IMID. I have heretofore as a resident of (4110) kill, county been allowed a pension for the year 180
Sworn to and subscribed before me, this, the \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Sworn to and subscribed before me, this, the the think had been subscribed before me, this, the think had been subscribed before me, this think had been subscribed before me, this think had been subscribed before me, the think had been subscribed been subscribed before me, the think had been subscribed been subscri
11 11 11 11 11 11 11 11 11 11 11 11 11
L. J. St. him Ordinary.
St. 4. 6.0
State of Georgia,
lettin fill County.
do certify that I am well acquainted with 1 1 2 2 2 2 2 1 the
do certify that I am well acquainted with It I Latin 1821 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 \$12.11.10 111 1800.

Note —The blank spaces must be filled.

Note, —Affidavit should not be attested before January 1st, 1899.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Campbell _ county.
Personally appears 41 the Davidson of Gumpling
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 /4 day of 11145/1 1835; that he is 64 years old and
by occupation a July : that he enlisted in the military service of the Confed-
State Control
and served for the term of 1444 410 in Company , of 4 th Regiment of
Aporgia Kalung polimiters; that his physical condition is as follows: I am bronged in my mile seed of his/ht
follows: I am derliged in my histof side & histot
asm so end that I aim not a by to do my
. 1143h. but y little
that his property consists of the following items )1//1/
· ·
of the value of 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 Docember 15th,
1804, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1900. Lehave heretofore as a resident of Land folder
county been allowed a pension for the year 180 4
Sworn to and subscribed before me, this, the day of the plan 1900. Sworn to an and subscribed before me, this, the day of the plan 1900. Sworn to an
day of Junitary 1900. 1905/7
V Jast Th /4 111 Ordinary
<u></u>
State of Georgia,
State of Georgia,  Thumple is County.  I. County.  Ordinary of said County, do certify that I am well acquainted with I many continuous the
1 2 AT 1. 1 C
Ordinary of said County,
do certify that I am well acquainted with A M. Daniello
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 Man 1900.
( The beauty of
Ordinary Lankly

Norg, -A flidavit should not be attested before January 1st, 1970.

	County  County  County	αf	to .	equest	that he	
In Co	t	at	*		,	,
	on hand and scal, this		day of			1001, 1 [1 8.]
For Those Aireally Enrolled.	INDIGENT SOLDIER'S PENSION. 1901.	Name (Z. 12)	WARRANT ISSUED	1301.	JOHN W. LINDSEY.	WARENT HATBED TO

POWER OF ATTORNEY.	
STATE OF GEORGIA,  County,  1. 1. 200. door hereby authorize 1 dies	Forme ya
by Witness my hand and seal, this day of day.	S
Executed in presence of	L. N.
•	
10N	
FOR THOSE ALEGAY ENFOLLED  No. 76 >  INDIGENT  (OLDIER'S PENSIO  19002.  Regiment  WARRANT SSUED  1901X W. LINDSEN.	WARRANT HANDED TO
INDIER ILDIER IL	VARRANT
SOL County	

Davidson W.M.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County )
Dereonally appears 1. 21. France form of Commy bear
County, State of Georgia, who being duly sworn, says on outh that he is a bona tide citizen
and resident of said County and State, and has resided in said State continuously ever
since the day of "6 1821, that he is 6 4 years old and
y occupation a that he enlisted in the military service of the Con-
ederate States (or of the State of A ) during the war between the
States, and served for the term of the term of the Company I of the Regiment
that his physical condition is as
When I was a find your Caping of come
in Company I of Y th Regiment that his physical condition is as of the service of
hat his property consists of the following items
. /
d the value of Dollars, that by reason of his physical
payara
ondition and poverty he is unable to support himself by his own exertion or labor, and
hat he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
594, and the Acts amendatory thereof, and makes application for the pension to which he
The first term of the first te
ounty been allowed a pension for the year I
Sworn to and subscribed before me, this the
day of 1901.
Ordinary
Сионату
STATE OF GEORGIA,
County. County. Ordinary of said County.
112 5 24 22 12 1
Ordinary of said County.
pplicant in the foregoing affidavit, and am well satisfied that the statements made by him
this 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
day or
W. Y. W. Co.
Ordinary County.
Note: The blank spaces must be filled.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Personally appears  County.  Personally appears  County, State of Georgia, who being duly aworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State convinuously ever since the
free and oright of dr y head
that his property consists of the following items
of the value of 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, 1804, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1802. I have heretofore as a resident of county been allowed a pension for the year 1  Sworn to and subscribed before me, this the day of 1802.  Ordinary.
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.  1902  Ordinary  Ordinary  Nore.—The blank spaces must be filled  Nore.—Affidavit sloudd not be attorted before January in, 1822

	I, 27	and recei	RGIA, Shece (true) f	ol pension al at	lowed and	d reque	st that h	e remit	Lu	
×		ed in press	ence of			. /:			į turos	1
Barridson, W. W.	COR THOSE ALREADY ENROLLED.)	INDIGENT	SOLDIER'S PENSION 1903.	Name It it Room 10 one	County Connegation Co.	WARBANT ISSUED	JOHN W. LINDSEY.	WARRANT HANDED TO	we have see Print, 173.5	*

#### POWER OF ATTORNEY.

STATE OF GEORGIA,	hereby a	uthorize	n en Z	, ,,,,
to receive and receipt for the pens	sion allowed and	request th	at he remit	same to
to receive and receipt not the pen-	at	. request th	at the relation	
by	at		- 6	
by.				
Witness my hand and seal, this	day of		7	1904.
,	day of	1	,	
	11 11	. ,		[t. 8.]
Executed in presence of				
				*

SOLDIER'S PENSION 1904. INDIGENT

Name / / County ( S WARRANT ISSUED

14 V 97

KARRANT HANDED TO

JOHN W. LINDSEY.

(FOR THESE ALREADY ENROLLED.)

110

Without M. M.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.
Personally appears that town of some of Comment of
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citisen
and resident of said County and State, and has resided in said State continuously ever
since the day of 18 7; that he is 67 years old and
since the day of 18 2; that he is 62 years old and by occupation a that he enlisted in the military service of the Con.
federate States ( or of the State of
States, and served for the term of the Company of the Regiment of the Cooper of the Company of the Regiment that his physical condition is as follows:
that his property consists of the following items:
of the value of Dellars that have been of Nichold
Donars, 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
A 100 to
county been allowed a peneion for the year 1
Sworn to and subscribed before me, this the
17. 1110 form Ordinary.
1/2 & 112 do price Ordinary.
STATE OF GEORGIA, County.
I, Ordinary of said County,
do certify that I am well acquainted with 1/2. 1/2 Down of said County,
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 1903. The Lorin
Ordinary Cours bell County
Nors.—The blank spaces must be filled.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Carreyber County.
Personally appears It. It. Alone of some of Come of here
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 - 1868; that he is 6 8 years ald and
since the day of 1868; that he is & years old and by occupation a that he culisted in the military service of the Com-
federate States ( f.t. St f
States, and served for the term of face 1 & y to in Company I of Y the Regiment
States, and served for the term of the law in Company of the Regiment of the law of the
follows: I have the leaves a leaves and are
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7
that his property consists of the following items to fine for the first factoring
- Annual Control
,
of the value of 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. Thave heretofore as a resident of
County been allowed a pension for the year 1.
Sworn to and subscribed before me, this the
day of
Ordinary.
STATE OF GEORGIA
STATE OF GEORGIA, County, County, Ordinary of said County,
County.)
I, It I County, Ordinary of said County,
do certify that I am well acquainted with It II to confidence
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 7 , 1804.
AMI TOUT
Beat Dere Ordinary County

Nors.—The blank spaces must be filled

Nors .- Affidavit should not be astested before January lat. 1994

n	Suc	eccipt for the	~ 00	. 01	request	that he	remit s	· u_
by		· · · · · · · · · · · · · · · · · · ·		at	Z. c		<u>.</u>	
	ITNESS II	ny hand and se	al, this	day	of ( /	Sa		905. _[L. s.]
		the presence of	f .	11/1				_[ L. S.]
. 7	- ' L. F.	1996:10	c ais's		4			
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ALREADY ENROL	1617	R'S PEN	Alon	Regiment	AF 25	W. LINDSEY, Commissioner of Pension	NT HANDED TO	LAGER, F.JR STATE PERSTER,
COOK BETTER 129.	No. (((')	IRR'S PEN	M. Nound	Regiment	JAR 75	JOHN W. LINDSEY, Commissioner of Per	ARRANT HANDED TO	BOR, KARAGER, F. JE STATE PERETER.
CODE METRON 13%.  OR THOSE ALREADY ENROLLED	No. (C(')	LDIER'S PEN	Name It It Again	Co. Regiment	JAK 25	JOHN W. LINDSEY, Commissioner of Per	WARRANT HANDED TO	MANAGER, F. P. STATE PURTER,

#### POWER OF ATTORNEY.

STATE OF	11.11	ounty.)	ou.	hereby authoriz
to receive an	d receipt for the	pension allowed, and	request that	
Execut	ed in the presence of	n. Mino	ay of original s	1906, Low [L. s
ROLLED.	INSION	drown of the state	. 1506, EY.	of Pendons.
Coss Server 1254. (FOR THOSE ALREADY ENROLLER.	SOLDIER'S PE	Name I. P. Mount	WARRANT ISSUED  UAN EA JOHN W. LINDSEY	WARRANTHANDED TO

in lote

		GEORGIA,  I de la			··. / · · · ·	
	by	· · · · · · · · · · · · · · · · · · ·	- at	*		
7		s my hand and sea	41.5	day of	1	1905. [ L. S. ]
Bardson W. W.	(FOR THOSE ALREADY ENROLLED.)	INDIGENT ILDIER'S PENSION	Name 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	WARRANT ISSUED	JOHN W LANDSEY. Commonomer of Position WARRANT HARDED TO	QUARTE HERMATERIA I AFFIRMA NORMA .

#### POWER OF ATTORNEY.

STATE OF	GEORGIA.						
man	· shee	COUNTY.	of =	Lere	dun		anthorize ~_
o receive an		the pension	allowed, an				same to
y			at		l v		
WITNE	ss my hand ar	id seal, this	2.12	day of	·	1	1906, [1., 8.
Execut	ed in the pres		. 3.				
-15	· · · · · · · · · · · · · · · · · · ·		22. 2				
CORT THOSE ALREADY ENROLLED. No.	INDIGENT	1906, Name (1977) American	County Co.	WARRANT ISSUED	JAP. 24. 1805. JOHN W. LINDSEY.	WARRANTHANDED TO	The state of Other address and a same
	WITNE	receive and receipt for WITNESS my hand an Executed in the prese	MINDERS my hand and seal, this Executed in the presence of	DIER'S PRINCIPAL AND A SEASON OF THE AND A SEA	I COOR SERVICE AND COUNTY OF THE PROOF OF TH	DIERS PENSION  INDICENT  OF considering 134  OF Considering 134  INDICENT  OF Considering 134  INDICENT  MARRAW ISSUED  AND INDICENT  AND INDI	DIERS PENSION  No. Accordance 197  No. Accorda

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.
Personally appears 1) 11 Brandame of Complete
County, State of Georgia, who, being alway sworm, says on oath that he is a home job citizen
and to adent of said County and State, and has resided in said State continuously ever
since the day of 15/1; that he is 6/2 years old and by occupation a , that he enlisted in the military service of the Con
by occupation a
federate States Car of the State of August 1 dayring the war between the
States and served for the term of Z's' in Company of th Regiment
federate States for of the State of the Company of the Regiment of the Regiment of the States and arread for the term of the American of the Regiment of the R
that he property consists of the following well.
of the value of 212 Pollars. Lam now earning.
by my labor. 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 ( time / ( time
County been allowed a pension for the year 1904.
Sworn to an I subscribed before me, this the )
77 day of Ordinary
Ordinary.
STATE OF GEORGIA,
County.
do certify that I am well acquainted with // // Property of said County,
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affilavit 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
must all all all all all all all all all al
Ordinary County.
Nors — The blank spaces must be filled  Nors — Affidaxi should not be attested to fore January 1st., 1ie G.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
County.
Personally appears In A roudence of James will
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever
since theday of18 7/ ; that he is 7/
by occupation a comment that he enlisted in the military corning of the
federate States (as of the State C
States, and served for the term of 3 y 10 in Company of th Regiment
of Tar that his physical condition is as
States, and served for the term of 3 y in Company of the Regiment of Tar 2 of the term of 5 y in Company of the Regiment that his physical condition is as follows:
that his property consists of the following items: We are burg
of the value of
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 1906. I have heretofore, as a resident of the pension to which he
County been allowed a namin final 1005
Sworn to and subscribed before me, this the
day of 1906, 5
Ordinary.
,
State of Georgia,
County.
I. Te d'alle anno anno continue de la continue de l
do certify that I am well acquainted with Ir
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 1000 1900.
The let men
Ama program ordinary Accessed County
Ordinary County.
NOTE — the Diana spaces must be filled.  NOTE — A fill sait is bould not be attented before January by 1909.

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STATE OF GEORGIA,	)			
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n. 10 1	NTV.			
1, 7 / 0001~	u si		, hereby	authorize
The Some	of			· ·
to receive and receipt for the pension				same to
lux	at	Lune	u	
by hand		140		
WITNESS my hand and seal, this		day of		_1907.
e	M. M.	day of	2 m	[1.8.]
Executed in presence of		*		
**************************************	184 - 18			

SOLDIER'S PENSION CODE BECTOOL 1294.
(FOR THOSE ALREADY ENROLLED) No. 70 40 2 10 July

Name O.C. A. County "

1907.

Regiment A WARRANT ISSUED

JOHN W. LINDSEY.

1907

WARRANT BANDED TO

Davidson, ?!

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS State of Georgia.

Personally appears to the American of Jam plus County, State of Georgia, who, being duly swern, says on oath that he is a hong hile or ren and resident of said County and State, and has resided in said State continuously ever 1877; that he is 7/ years old and by occupation a former that he enlisted in the military service of the Contederate States (or of the State of 9a ) during the war between the States, and served for the term of 3/497 in Company of the Regiment of 1/40 in Company that his physical condition is as follows:

that his projectly consists of the following items, the mo in to

of the value of us 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 Asts amendatory & read, and makes application for the pension to adjich he is entitled for the year 1907 I have heretofore, as a resident of January all

County, been illowed a pension for the year 1980). Sworn to and subscribed before me, this the The stage of the s

#### State of Georgia,

Laura best country

Ordinary of said County,

to certife that I am well acquainted with To To Normal de ... or apply out in the ruegoing athiavit and an well satisfied that the statements made by him in his said affidivit 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

Ordinary 1 -- Lee County

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

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

NAME Davidson, W. W.

YEAR 1898 COUNTY Campbell

WHEN AND WHERE BORN? March 16th. 1835 Campbell Co. Ge.

ENLICTED WHEN AND WHERE? Sept.

RANK.

COMPANY AND REGIMENT? Co. I, 4th. Regt. Ge. Cavalry.

NAME OF CAPTAIN AND COLONEL?

WUNDED?

CAPTURED, WHEN AND WHERE? September 1864 captured and carried to Camp Chase, Ohio.

RELEASED? June 10th. 1865.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

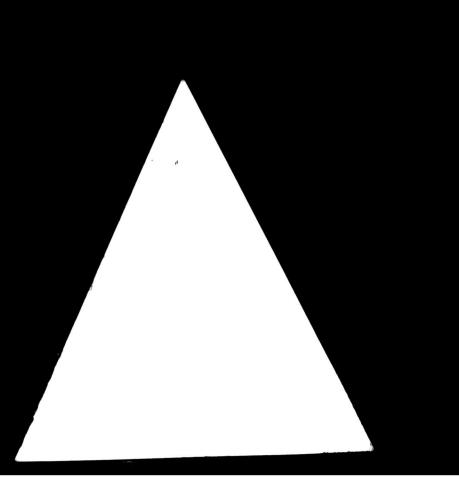
WITNESSES. Thomas H. Varner, same brigade- No data.

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Thomas H. Varner, same brigade- No data.

JWI



Davis, C. 4.

Campbell Co

Sul 30.

Application for Allowance

Geal & J. mund Shoutders,

Applicant C. S. M. 1.2

County Care photo.

Immuni 205

Date of Warrang Milly 2 1/58

Entered on Export.

Lace 2 2 188

Dr. H. H.

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Application for Allowance

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STATE OF GEORGIA, 1

State of Georgia, who, being didy sworn, six so neath that he is a long to he after and resident of said State, and has been such since the Controlled day a Scott of the State of State in the military service of the Controlled States round the State of State of during the war between the States, and served as a State for the State of a Company Controlled State of States of States of Scott of States of Scott of States of St

Is the Regiment of 11119 in Volunters what I let & Stogale; the whilst engaged in such influence was at the back of the Visign of Police level of the State of Hill Visign of Police level on the State of Hill Visign of Police level on the State of Hill Visign of State of Hill Historical State of State of the Historical State of the Historical State of the Historical State of Hill Control of the Minister of Might eleft arms, has the American State of Hill Ordinary Manual State of Hills

Depones decrease participate in the hemitic of the Art, approved October 24, 1887, one makes pplication for the allow our teached he is entered the equal of

Swam to and subser bad before me, to s the f

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1. C. I Survey 2 to Survey and the survey of the survey of

#### COMMISSIONED OFFICER'S AFFIDAVIT

STATE OF GEORGIA. (

Process Very came between the death of the county of the search of the county of the search of the s

20 11 Gallitte Ver May of December 1887

The foregoing albidocit changed to suft the facts should be made by a commissioned officer of the Company on Region of the albidocit of sufficient physical obtainable the following albidocit of three typographs of the above the factors are all the sufficient typographs of the sufficient of the suffi

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STATE OF GEORGIA, County.
1. L. Weavers Ordinary of said county,
do certify that Lam well acquainted with 6, 9, Danie the
applicant in the foregoing affidixit, and im well satisfied that the statements made by him in his said
affidavet are true, and I know he is the analysidual he represents humself to be, and that he resules in
this county. I asso certif, that the foregoing witnesses are persons of respectability, and that their
stacements are sworthy of full credit and belief
I further counts that I. C. Island 12 before whom the foregoing
abdacts were in the and power of attorner was signed, or Miliany
of said county, and that the said affidavits and signatures thereto are genuine.
transmit in others signature and seal, this II'm day in January 1888
Ordinary County letter County
POWER OF ITTORNEY
STATE OF GEORGIA,
Know all men by these presents. That I
a mention and control and control and control and plants.
of the following in that, for
me and many name is received as received to whatever amount at money I may be entitled to from the
State of Georgia by a sound the amount received as aboresaid in the military service of the Confed-
cean States per of this State, as stated in the torogong affidave. Hereby authorizing my said
affective to receipt mean mentale on Warrant teat may be essent by the Generice, it for any sum of
money which may be coming forms for the reason alone and
In splaness whereof Diese decembers: my hand and seal, this
day of tilletill 1887
Executed in the presence of us
Lange All son
11 6 Maves, Ordinar

TATE OF GEORGIA,
County \
PRIMONALLY came & B' Whappenan, A. S. Wertlette
cont Thomas & Solling
them of Generalite (1) county, in said Serve.
ho, being duly sworn, say that they are acquainted with
and know that he received the wounds refrechtanted the
sease) in the military service, as stated by him in the foregoing athicavit; that soid wounds or
sease) permanently disables applicant, as stated by June; that said applicant is a four fifth of sen-
this State, and resides in low might le County, and we are we contisted that at the course
ents in his allidavit are true
Sworn to and subscribed before me, this
day of grant the state of the s
Odinory Thomas It Lasten
Training to
ΓATE OF GEORGIA, 1
Competitio County.
Pricovally comes before me 1 6 Maint 1 Ordans desire mer.
6 & Ware und L. 15 Making Met, with some
and I. 15 . He blog he to know to
as reputable physicians of said County, who, being severally sworn, say on outle for they be
efully examined (C.S. Duris) and after such examination six that to
shi ant has been injured as follows
land a series of an account by a concern to as
seeing cleaning he is in all part it, to loft whoulder class
to wing out and by right shoulder
Swin to and subscribed before me, this
I' day of the state of the stat
J. Zinini legitl
the bearing

ORDIN

NOTE The presenting wheating fills to extend the second part of part.

Sylle 12 ( St. Andrew How he Applicant ( St. C. C. Andrew How he Country ( (11114/26 ( ))

Date of Warrant Schy 3 )

Entered on Record.

She was an Energy Designation

No. Addition a Late.

STATE OF GEORGIA. Campberr Personally appears. & C. A. c. .. 8 of Company State of Georgia, who, being duly sworn, says on oath that he is a hone hid yitteen and sees dent of said State, and has been such continuously since the Jone & States (or of the State of Jacob and States (or of the State of served as a Voluntary of the Voluntary of the States, and in Company 1, of 13 th Report of the States, and i Volunteers # 6 foodowo 's Brigade, that whilst ene aged in such military service, at the battle of State of VOV con the 215 day of 1315 of 180 is 180 Ketero herry wounded as follows: Shot in rest oil of Good, Gala possesses theory the loft straters blood of prossing out on top of right a whole distinguish transcribes of book Shoulding which two was renous the tout having but a love off, and were of earl many of a land had fore from it is at 

Deponent desires to participate in the benefits of the Act approach to the energy and the Act amendatory thereof, approach Dec 24, 1888, and makes applicative for the allowance to which he is entitled for the rear ending Oct 26, 1889.

Sworn to and subscribed before me, this the 26 day of Februages 18 1 R. C. Beauxers, Odinary,

Note: State fully nature of would or character of disense which causes the disability, and express particularly the execut of the disability.

#### STATE OF GEORGIA.

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R. Co Bearing

PIESONALLY comes before me R. O. Makawath Ordinary of said county. I Let us in feel and both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined to the county of the

say that the applicant has been injured as follows

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

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

2. The law makes no allowance for an arm or leg, unless the arm or leg has been ren-

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

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

4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."

If application is for loss of finners or toes the proofs must be made to show the

5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.

6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.

7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

STATE OF GEORGIA. Campbell Ordinary of said county, do certify that I am well acquainted with 6. 9. Davis 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 also certify that the foregoing witnesses, to-wit: are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that a la Scarces . before whom the foregoing affidavits were made and power of attorney was signed, is a Credicion of said county, and that the said affidavits and signatures thereto are genuine. Given under my official signature and seal, this 26 day of secretary 1889 or le Baiens Ordinary . (See con a control POWER OF ATTORNEY STATE OF GEORGIA. warm ... l KNOW ALL MEN BY THESE PRESENTS, That I. of lower act it it wooddall county, in said State, do hereby appoint cancellell count. 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 . cillure

DIRECTION

Send money to me as follows, by

Executed in the presence of us 21.5 Tain

h. w. Suverfliann

County, Georgia.

P.O.

(L. S.)

STATE OF GEORGIA. bampbell County. N. C. Reavers Ordinary of said county, do certify that I am well acquainted with b. S. Davis applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses are persons of respectability, and that their statements are worthy of full credit and belief. R.C. Beavers I further certify that. before whom the foregoing Ordinary affidavits were made and power of attorney was signed, is a of said county, and that the said affidavits and signatures thereto are genuine All Bravers Given under my official signature and seal, this Ordinary Soundshell County. POWER OF ATTORNEY

STATE OF GEORGIA,

Know all men by these presents. That I

county, in said State, do hereby appoint of Ocia Bures of Market 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 Aumous

6 la Danis

Executed in the presence of us:

* * * * *	× 9
STATE OF GEORGIA,	*
STATE OF GEORGIA, County	
PERSONALLY CAME C. J. Chafina	M. M. Wordale
and Thomas W. Na.	Maru.
citizens of Guen Jele (1	county, in said State,
who, being duly sworn, say that they are acquainted with	6. J. Davis
and know that disease) in the military service, as stated by him in the	he received the wounds (or contracted the e foregoing affidavit; that said wounds (or
disease) permanently disables applicant, as stated by him	; that said applicant is a bona fide citizen
of this State, and resides in Carrefabell County	, and we are well satisfied that all the state-
ments in his affidavit are true.	
Sworn to and subscribed before me, this	13. Chapman
Sworn to and subscribed before me, this  21 day of January 1882  186 Blown 1  Ordinary	hours H. Lacham
OTATE OF OFOROIS	
STATE OF GEORGIA, County,	
PERSONALLY comes before me R. 6. Bear	
1.6. H. Ware UD and I.B.	Hoblery MD. both known to

PRESENTALLY comes before me R. 6. Bearing, Ordinary of said county, L. G. H. Ware M. 2. and f. B. Maklery M. 2. both known to me as reputable physicians of Said County, who, being severally sworn, say on outh that they have carefully examined 6. G. Daries and after such examination say that the applicant has been injured as follows:

Sworn to and subscribed before me, this // day of , however, 1882 {

13 hally in a

ORDINARY

NOTE. The physicians will state fully the extent of the wound and the disability resulting therefrom

No. 126
No. 126
NO. 126
NO. 126
NOTION FOR MIDWINE
TO THE SOLUTION FOR MIDWINE
TO THE SOLUTION SOLUTIO

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

6 4 2 me

Sworn to and subscribed before me, this the 26 day of Februager 188

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

#### STATE OF GEORGIA,

County.

PERSONALLY comes before me The Collection of Said county, I I december and I delected both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have carefully examined and after such examination say that the applicant has been injured as follows:

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

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davis, the amendments must be easily sworm to.

7. Every application must be extified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

STATE OF GEORGIA. Campbell Ordinary of said county, do certify that I am well acquainted with 6. 8. Davis 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 also certify that the foregoing witnesses, to-wit : are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that Q & Beavers before whom the foregoing affidavits were made and power of attorney was signed, is a Ordinary of said county, and that the said affidavits and signatures thereto are genuine. Given under my official signature and seal, this 26 day of February 1889 R. l. Bravers Ordinary Countribell County. POWER OF ATTORNEY STATE OF GEORGIA. baneact KNOW ALL MEN BY THESE PRESENTS, That I. 6 9. Davis of lower sacil county, in said State, do hereby appoint M. H. Woodclall Cambbell County to 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 February 10 4 Lanis Executed in the presence of us: 21.5 Talum

hi. is. Beaver diagram

DIRECTION .

Send money to me as follows, by.

County, Georgia.

STATE OF GEORGIA. Camphell County. R.l. Beavers Ordinary of said county, do certify that I am well acquainted with 6. 9. Danie 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 whom the foregoing affidavits were made and power of attorney was signed, is a Odinary of said county, and the said affidavits and signatures thereto are genuine. Given under my official signature and seal, this 70th day of Fibruary 1890 R.G. Bineris Ordinary. Comme fibelly County.

APPLATION FOR ALLOWANGE.

NO. 17 13

NO. 17

STATE OF GEORGIA

Locus below Conney.

I. Rb. Beoreus Ordinary of said County, do certify that I am well acquainted with be Social County, do certify that I am well acquainted with be Social County.

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 Social County.

I further certify that Social County, and the said affidavits and, of said County, and the said affidavits and, signatures thereto are genuine.

Given under my official signature and seal, this Social County, and the said affidavits and, Rb. Brawers

Ordinary County.

County.

Darie, C. L.

Application for

Canty, Collect Control of Control of Control of Control of Collect of Collect

STATE OF GETHOLA

For Applicants Heretofore Alloys of Persons

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
Complete County.	
PERSONALLY appears lo. G. Dovis of Complete	
State of Georgia, who, being duly sworn, says on oath that he is a bona fi	
resident of said State, and has been such continually since the	day of
1836; that he enlisted in the military service	a of the Con
federate States (or of the State of 4 ) during the wa	e or the Con-
States, and served as a Private in Company of of 13	th Desiment
States, and served as a Private in Company d, of Soft down is Brigade; that w	th Regiment
in such military service, at the battle of Peles being	in the State
of Va on the 73th day of moral	. 96.1 ha ward
in such military service, at the battle of Peles king of Var on the 75th day of Word of wounded as follows: Phot classify the left shoulds	blode
prossing pleasure has body + an ou	to on Tel.
of right choulder, air conding like	selvo.
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le!	1
Deponent desires to participate in the benefits of the Act, approved Oct and the acts amendatory thereof, and makes application for the allowance tentited for the year ending October 26, 1890. I have heretofore been allo	ober 24, 1887,
and the acts amendatory thereof, and makes application for the allowance t	o which he is
dollars.	wed a pension
Sworn to and subscribed before me, this the	wist
2. 6. Beare 11 Ordinary	
Nove. State fully nature of wound or character of disease which causes the disability, and ceptain parties	darly the extent of
POWER OF ATTORNEY.	
STATE OF GEORGIA	. 4
Campbell County.	
KNOW ALL MEN BY THESE PRESENTS, That I, C. G. Davis	
of Campbell of Campbell Would in said State, do hereby appoint " Wood dall	
county, in said State, do hereby appoint ' . Wood dall	
of Complete County Sa. my true and lawful attorne	ey in fact, for
me and in my name, to receive and receipt for what ever amount of money I may 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	ng affidavit;
me and in my name, to receive and receipt for what ever amount of money I m to from the State of Georgia by reason of the injury received, as aforesaid in service of the Confederate States (or of this State), as stated in the foregoi deferby authorising my said attorney to receipt in my name for any Warriss usued by the Governor, or for any sum of money which may be coming to me for foresaid.	or the reason
aforesaid.	and a desired
22 miles	
the second of the second market are to the second second	
Executed in the presence of us:	[L. S.]
R. C. Bravery 6. 1. Da	uis
and the same of th	
Send money to me as follows, by	
to	D.O.
STAR OF CEORGIA, County County	P.O.
County, Georgia.	
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# For Applicants Heretofore Allowed Pensions.

County.)	
PERBONALLY appears 6. 4. Dovis of Complete	ee_
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen a	and
resident of said State, and has resided therein continuously ever since the	
day of 1836; that he enlisted in the military service of the Co	
federate States (or of the State of ) during the war between a	he.
States, and served as a Private in Company of 13 th Regime	.iie
of deorgin Volunteers for tou / & Brigade that while a grant	ant and
in such military service at the heats of tort to a feet	
of Virginia, on the 25 day of more 1863, he w	/As
of Mary serve at the state of Mary of Into State of Mary of Into State of Into Into State of Into Into Into Into Into Into Into Into	8.4
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ordinan avarations of life	
Deponent desires to participate in the benefits of the Act, approved October 24, 188	
for the year ending October 26, 1891. I have heretofore been allowed a pension of 23 \$ /8 8	R
Fifty dollars, for Jians 1889 + 1890,	
Sworn to and subscribed before me, this, the	
day of fore ony 1891.	
R. C. Beavers, Ordinary,	
Nors. State fully nature of wound or character of disease which because the disability, and explain particularly the extent the disability, resulting from the wound or disease.	of
DOWED OF ATTORNEY	
POWER OF ATTORNEY.	
STATE OF GEORGIA,	
Compbell County.	
Know all Men by these Presents, That I. 6, 9. Acor's	
of County, State of Georgia, do hereby appoi	nt
Tru. y. Morvey	
of CAPILLAN . The my true and lawful attorney in fact 6	
me and in my name, to receive and receipt for whatever amount of money I may be entitle 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 authori	7
ing my said attorney to receipt in my name for any Warrant that may be issued by the Gove nor, or for any sum of money which may be coming to me for the reason aforesaid.	r-
IN WITNESS WHEREOF, I have hereunto set my hand and seal th	is
I lora	
le & Lauis.	.1
Executed in the presence of us:	-1
Cont Longing	-
Bl' D. C.	
DIRECTION.	
Send money to me as follows, by	
	).
County, Georgia.	

R.C. Bearers lo. G. Dovis do certify that I am well acquainted with. applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true; and that he is disabled, to the extent he claims, and I know he is the individual he repesents himself to be, and that he resides in this county. Given under my official signature and seal, this 3 day of Tro oh 1892 R. B. Braners SOLDIER'S PENSION

STATE OF GEORGIA.

Know all Men by these Presents That I C. T. Novice
Courte County, State of Georgia, do hereby appoint of the property of the propert INWESTNESS WHEREOF, I have hereunto set my hand and Executed in the presence of us: Beavers, Orde Send money to me as follows, by -STATE OF GEORGIA For Applicants Heretofore Allowed Pensions.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Campbell County.

For Applicants Heretofore Allowed Pensions.
Compbell County
of Complicate County, State of Georgia, who, being duly sworn save
on oath that he is a bone fide citizen and resident of Georgia, and has been such continuously since the day of Continuously; 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
of 13 th Regiment of Georgia Volunteers do whom 's Brigade; that whilst engaged in such military service at the battle of Politary
in the State of Vergician, on the 35 day of Morally 1865, he was wounded as wollows: Short in the
in the State of the grand on the saw wounded as sollows: Shot in the left phonology to be saw only to the saw wounded as sollows: Shot in the left phonology to the saw of the s
the ordinary dos rollous of life
Deponent desires to participate in the benefits of the Act approved October 24, 1887, and the act amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of
Sworn to and subscribed before me this the C. Lauris
R. B. Beavers Ordinary,
Note State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.
POWER OF ATTORNEY.
STATE OF GEORGIA,
Know all Men by these Presents. That I. V. Noves
County, in said State, do hereby appoint of Archivell
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 sgim of money which may be coming to me for the reason aforemicit.
day of 1892. C. G. Saccis [L. s.]
Lav. Lacham n.O.
R & Braves 1. Ordinary.
Send money to me as follows, by
P. O.

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA, )
Campball Compy.
PERSONALLY appears C & Navis of Campbell
County, State of Georgia, who, being duly sworn, says on oath that he is a bone fide citizen and
resident of said State, and has resided therein continuously ever since the
day of the military service of the Con
federate States (or of the State of) during the war between the
States, and served as a long in Company I, of the Regimen
of Volunteers Volunteers 's Brigade : that whilst engaged in
such military service at the battle of 7 - Statement Frankly Ditter in the State
of Va , on the 2 feet day of Least 1865, he was
wounded as follows: I was should by as minume bock through
The last shouldest application son a shoulder +
coming out on or sale should fale when in
defined a received that by and some wines
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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, 1833. I have heretofore been allowed a pension of
Additional of the second of th
Sworn to and subscribed but ere me, this, the
18 day of Mich 1801
R. C. Biavor
Nora-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.
Gounty.
. 6 6
I, Ordinary of said County,
do certify that I am well acquainted with the the

dividual he represents himself to be, and that he resides in this County. signatures thereto are genuine.

POWER OF ATTORNEY.

# POWER OF ATTORNEY. STATE OF GEORGIA. Comparison.

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	, these resents		of Ca	eu p	beec	a.c
County, State of	Georgia, do hereby a	projet H	L. Q.	Horo	in	
	inpoie			my true and law	ful attorney i	n fact. fe
me and in my na	me, to receive and re-	reipt for whate				
State of Georgia	by reason of an inju	ry received as	aforesaid in th	e military serv	ice of the Co	onfedera
nev to receipt in	is State), as stated my name for any Wa	in the forego	ing affidavit;	hereby author	izing my sa	d Atte
which may be co	ming to me for the re	ason aforesaid.			- Z	2
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Pr	OWER OF ATTORNEY	•
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STATE OF GEORGI	(A, )	
Campbull	County.	Λ
KNOW ALL MEN BY	THESE PRESENTS. That I. C. C.	Louis
	County.) THESE PRESENTS, That I, 6, 4.  of Goups bereby appoint M. F. How	ull
County, State of Georgia, do	hereby appoint M. V. How	ey,
of Fairbin		d lawful attorney in fact,
me and in my name, to receiv	re and receipt for whatever amount of money I	
State of Georgia by reason of	an injury received as aforesaid in the military	service of the Confeder
States (or of this State) as sta	ted in the foregoing affidavit; hereby authorizing	my said Attorney to rece
be coming to me for the reaso	t that may be issued by the Governor, or for A	tny sum of money which r
	EOF, I have hereunto set my hand and seal, the	hin 29,
day of James my		
Executed in present		aus [1.
Geo Larhan		
R.le. Beares	or during)	
	DIRECTIONS.	
Send money to me as fol		
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	County, Georgia.	
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PENSION	Frede .	HNSON, Freeutive Department



### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, )
Campbell County.
PRRSONALLY APPEARS C. B. Dovie of Complete
PRESONALLY appears
County, State of Georgia, who, being duly sworn, says on oath that he is a bona flde citizen and resident of said State, and has resided therein continuously ever since the
, that it consisted in the initially service of the Con-
federate States (or of the State of States, and served as a States, and served as a States, and served as a States of States
States, and served as a
such military service at the battle of Front of Peters dury in the State of Na , on the 25 day of Moreh 1865 he was
wounded as follows: I was shot through the left should
by a summer ball while in service in the
State of Va in the year 1865, said ball sulm
trough to apletting off a first of some to come
on to no top of night right shoulder, from which
and I have a freight right shoulder, from which
for manual thous our suce, The rendering one auf
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is
entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of
dollars, for the year 189
Sworn to and subscribed before me, this, the
day of March 1894.
R. C. Brancas Ordy
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.
OTHER OF GROUP
STATE OF GEORGIA,
Compbell County.
I. R. C. Be overs
do confife that I am well assistant in the control of said County.
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

Given under my official signature and seal, this

A. C. Scavers

Ordinary campbell County.

day of March 1814:

Ama

# For Applicants Heretofore Allowed Pensions.

County.

personally appears 6. 9. Davis of Compabell
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 Recurber 1836; that he enlisted in the military service of the Con-
federate States (or of the State of Deorgia) during the war between the
States, and served as a Private in Company of of the Regiment of Georgia Volunteers, Sombac 's Brigade; that whilst engaged in
such military service at the battle of Peterbury in the State of Virguin on the 25 day of Moral 186 J. he was
wounded as follows: Stat through the left charles helde
the bole growing through the body & corning out at the rount of the right shoulder when the collor bone grows it would would rudes him
the calla hours of the right shoulder where
mobile operform mound lobor

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 Jeffit dollars,
Sworn to and subscribed More me, this, the 29 day of Jouron 5 1895.

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

# STATE OF GEORGIA, County.

STATE OF GEORGIA,

do certify that I am well acquainted with Lo. G. Dovis 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 2000. 1895.



R. l. Bearer Ordinary Campbace

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	GEORGIA,	}				
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	/		Zain		- Jul	7
to receive an	d receipt for the	pension paid	hereon and re	quest that he	remit same to	
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E -		61.0	A	2	# E	22

# POWER OF ATTORNEY. STATE OF GEORGIA, County. I, C. G. Sourie hereby authorize M. P. Herory of Loir George George to receive and receipt for the pension paid hereon and request that he remit same to by IN WITNESS WHEREOF, I have hereginto not my hand and neal, this day of T. G. Sacrip. Executed in presence of A. S. M. C. Sacrip. R. C. Branger

Carry sull a	Act of a oct. sec. (For These Already Enrolled.)	No. 1169	INVALID	SOLDIER'S PENSION.	1897.	Name G. C. Xoore	County Com bbeck	Disability Cott	Amount, \$	720 1897.	RICHARD JOHNSON,
								3.			

#### For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, C. V. Navis of Care please County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 18.7.7 ; that he enlisted in the military service of the Conduring the war between the federate States (or of the State of States, and served as a la . water in Company Z, of /3 th Regiment States, and served as a long in Company of Ath Regiment of Volunteers, Long in Company of Brigade; that whilst engaged in such military service in the State of Ma , on the 2 day of March 1864, he was wounded, injured or diseased as follows: I was shat by a "lelimin bose" which service of 7'h Strown in front of anh Laring body ween les a should be a south you ordinary manual lolden 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 contiled for the year ending October 28th, 1896. I have heretofore as a resident of dollars, for the year 189 6. Nore.—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, Compact County. I, R, C Occupity that I am well acquainted with C. A Down 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 29

your seal bere.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
County.	
Dersonally appears C. V. Noice of Care of bear	
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	
time in the mintary service of the Con-	
States, and served as a States of States, and served as a States, and served as a States of States, and served as a States of	
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's Brigade; that whilst engaged	
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bock ; soid bock aplik shoulder black & come	
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you reament of said and would I am	_
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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	
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 friending	Le
A. G. Bearand Cary	
NOTE-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent	1.0
STATE OF GEORGIA,	
Carre blee County.	
C C 12: 000	
Ordinary of said County,	
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	~
Same A la Bearer	
real /	
Ordinary Complete County	

	POWER OF	ATTORNE	Y.		
STATE OF GEO	ec County				STATE
I, C. 9.	Novio	hereby authorize	11. P. Hor	ory	Ι,
	pt for the pension pa	d hereon and reques		e to	to receiv
at Leon		by		,	at H
IN WITNESS	WHEREOF, I have				IN
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Mr. S. All	presence of		)		ű
1. G. Bran			. (		
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IN WITN	ESS WHEREO	F, I have hereunte	o set my hand	and seal,	this
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iready Enrolled.) 5392	ALID S PENSION.	DD.	1000 1899.	JOHNSON, Commissioner of Peasions.	Party There's state of the stat
e Already Enrolled.) 3397	VALID R'S PENSION.	899.	3/3 1899.	.RD JOHNSON, Commissioner of Pensions.	Lyther HANDED TO LYTHER BOTTE
CODE EXCTION 126.  No. 3397.	VA R'S	1899.	5-0 3/3 1899.	Commissioner of Pensions.	Palforery Managery Managery Managery Managery Managery
Code section 126. or These Airsady Enrolled.) No. 3397	INVALID DIER'S PENSION.	1899.	in mound	RICHARD JOHNSON, Commissioner of Persions.	WARRANT HANDED TO  ROLL STATE PRINTED TO  W. HARRISON, STATE PRINTED RIVELY
Code section 126. (For These Aiready Enrolled.) No. 3397	VA R'S	Name The Go Dawis	Disability Wound, \$ 50	RICHARD JOHNSON, Commissioner of Peasions.	MARIANT HANDED TO MARGOLI, STATE PRINTER, STATE PRI

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
Complete County.	
personally appears C. S. Loves of Care phe	
County, State of Georgia, who being duly sworn, says on oath that he is a cona fin	e citizen
and resident of said State, and has resided therein continuously ever since the	70 -
, that he entisted in the military service of t	the Con-
federate States (or of the State of ) during the war between states, and served as a States of States, and served as a States, and served as a States of States of States, and served as a States of States	veen the
of Volunteers, Caracon 's Brigade; that whilst	egiment
in such military service in the State of the on the 25	day
	:
I was derough the left should be do	
of Retrocking In , by a circuis last 1 soil	fronk
Loveying the rough my buty 4 concing in La	el Corre
of right shoulder Kings King out it here	1.
T T P COLL	era.
fred of said right shoulded, and our ocea of soil or one of soil from un able to rope a	and de
Deponent desires to participate in the benefits of the Act, approved October 24th	
and the acts amendatory thereof, and makes application for the pension to which	h, 1887,
entitled for the year ending October 26th, 1898. I have heretofore under said la	h he is
resident of Control of the ce county been allowed an invalid pen	w as a
Dollars, for the year 189 /	sion of
Sworn to and subscribed before me, this, the	
11-00	()
P. C. Bruvers Ordy	···
Nors-State fully the nature of wound or character of disease which causes the disability, and explain particularly to f the disability, resulting from the wound or disease.	he extent
STATE OF GEORGIA.	
I, R. C. Become Ordinary of said Co	ounter
to certify that I am well acquainted with	.1.
applicant in the foregoing affidavit, and am well satisfied that the statements made by	1.1
in his said amdavit 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	
Alle Beavers	
(here.)	
Ordinary Cample Co	unty.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	}	
county.	)	
personally appears & of	Davis or oban	nphel
County, State of Georgia, who being dul	y sworn, says on oath that he is	a bona fide citizen
and resident of said State, and has reside	d therein continuously ever sir	ace the 10
day of De Cember 1838; t	hat he enlisted in the military s	service of the Con
federate States (am of the State of		
States, and served as a order dw	fort in Company !! iss	13 th Danimunt
of opensyia Volunteers,	and den la Brigada de	o th Regiment
in such military service in the State of_		he 20 day
of Masch 1866, he was	wounded, injured or diseased a	s follows:
In front of Peters	burge at fart stea	dmon .
was shot in my le come out on the sil	of shoulder blad	a & Me had
come out on the mil	of should whire	M. collas
one go is w. The orentale	of neconsegue	nep Ay daily
working of im the	wee to caper	a amount
to but very littl 4	wasd masim	ga suspost
for my self	C	. 10
Deponent makes application for the	pension to which he is entitled	for the year end-
ing October 26th, 1899. I have he	eretofore under said law as	a resident of
Toumphell	County been allowed an	
Fifty \$50,00 Do	lars, for the year 189 8.	
Sworn to and subscribed before me,	this, the	Danis
4 day of Fieldmary	1899. POST OFFICE H	and when
11:4 177		in an moy
A J. Stephen, a		
North-State fully the nature of wound or character of the disability resulting from the wound or disease	disease which causes the disability, and	explain particularly the
STATE OF GEORGIA,		
tour black.	}.	
o tourn phely County.		
I. Ly of the	1	
		y of said County,
do certify that I am well acquainted with		the
applicant in the foregoing affidavit, and a	m well satisfied that the statem	ents made by him
in his said affidavit are true, and I know l	e is the individual he represe	nts himself to be
and that he resides in this County.	•	
Given under my of	ficial signature and seal, this	1F
day of Heli	11. VW 1899	
Affix	I I of teph	lead
here }	// .	L'AND
Ordi	nary obumpher	County.
	,	

# POWER OF ATTORNEY. STATE OF GEORGIA, Shamphell County. to receive and receipt for the pension paid hereon and request that he remit same to to pull by Hand at Hardwan Gu IN WITNESS WHEREOF, I have hereunto set my hand and seal, this bady of March 1900. & G Janis [L. 8] Executed in presence of I Stephnens - Ordinary SOLDIER'S PENSION. JOHN W. LINDSEY, 1900.

STATE OF	POWE	<b>)</b> .	0	u
to receive and	receipt for the pe	of January	request that he	Femit same to
. 40	w	by	hond	The second secon
lay of	nted in presence of Michael		*	[L. S.]
			16   .	l 11
nrolled.	VSIO)	33	EY,	CO Vitable.
Already Enrolled	BLEI FE	288	LINDS	LANDED 1
No. 265	DISABLEI IER'S PE	D. 6 25	W W	INC. CO.
FIZI	Ţ	Name C. County C. Disability C.	Ö	E .

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Jeampbell County.
personally appeare to of Davis or Jamphell
personally appears of Julius of Jump well
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
the Confederate States (or of the State of
tween the States, and served as a Barally Smartin Company of 13th
Regiment of July Wolunteers, Horadow 's Brigade: that whilst
engaged in such military service in the State of 1000 on the 23
day of March 1866, he was wounded, injured or diseased as follows:
I the valle of fort steadman in the state
It Now on 25 day of mosel 1845 sinder the
left shouldin blade and come out on the sight
shouldes the shoulds black was broke all to
history carried the last should and when the
hard me nearly all the time notable to my
The harry and my nor may my
it but very littly
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
The state of the s
5 day of 1/1/2 5 1900. POST OFFICE
Nora.—Nisate fully the future of wound or disease wighth causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
dumpbell county.
I, Lastephens Ordinary of said County,
o certify that I am well acquainted with of of Davis the
applient 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
and that he resides in this County.
Given under my official signature and seal, this
day of March 1900.
f. J. Stephens
- Julyaphino

# For Applicants Heretofore Allowed Pensions.

STAT	E OF GEORGIA	١, )	
Con	a flece C	County.	- 1
Perso		devis	of Compben
		duly sworn, says on	oath that he is a bona fide citizen
and residen	it of said State, and has re	sided therein contin	nously ever since the
day of	vae 2 1800		n the military service of the Con-
federate St	ates (or of the State of	Fa	) during the war between the
States, and	served as a Orivata	in Co	many L. of / th Daviment
ofe	Volunteers,	Low low	's Brigade; that whilst engaged
,	litary service in the State	of_ Va	on the 25- day
7	cek 1865	, he was wounded, it	jured or diseased as follows:
Vario .	The second secon		ou while in
arvie	a of touce of	F/Shinder	ion in front
7 Quan	a dung a suis "	love enting	ed bedy emelin
left a	done chipo ape	acting be	or y pour out
corne	out on oig	at aire y	wek 7
mude,	in me	mose to	- als orabin un
mon	noe lobor		
		The second secon	
Depone	ent makes application for	the pension to wh	ich he is entitled for year end-
ing Octob	er 26th, 1901. I have		said law as a resident of
	· ,,		en allowed an invalid pension of
		Dollars, for the y	ear 1900.
oworn o	to and subscribed before t	month dance	of Danie
7/2	day of	1901, Posto	ffice Tour b
n.	S. Me Lon	· · · · · ·	
Norm.—Bt	tate fully the nature of the wound	or character of disease wh	ch causes the disability, and explain partic-
tanny the exten	at of the disability resulting from t	he wound or disease.	*
STATE (	OF GEORGIA,		
Con	Count	y. \	
I	M. S. hue	Lorin	Ordinary of said County,
do certify th	hat I am well acquinted	with C. y	1 min
			hat the statements made by him
in his said a	ffidavit are true, and I kn	low he is the individ	ual he represents himself to be
and that he	resides in this County.	iie iii the marvad	and he represents himself to be
,		-m-11	9 can
	Given under my	official signature an	d seal, this
	day of Jaby	1901.	5 1. 60
Amx			- She Love
here }	- ,	Ordinary C.	county.
		C.umary	County.

# POWER OF ATTORNEY. STATE OF GEORGIA, County. I hereby authorize Millicturing of the pension paid hereon and request that he remit same to by the pension paid hereon and request that he remit same to by the pension paid hereon and request that he remit same to by the pension paid hereon and request that he remit same to by the pension paid hereon and request that he remit same to by the pension paid hereon and request that he remit same to by the pension paid hereon and request that he remit same to by the pension paid hereon and request that he remit same to by the pension paid hereon and request that he remit same to by the pension paid hereon and request that he remit same to by the pension paid hereon and request that he remit same to by the pension paid hereon and request that he remit same to by the pension paid hereon and request that he remit same to by the pension paid hereon and request that he remit same to by the pension paid hereon and request that he remit same to by the pension paid hereon and request that he remit same to by the pension paid hereon and request that he remit same to by the pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that here hereon paid hereon and re

SOLDIER'S PENSI

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7.

#### POWER OF ATTORNEY

STATE OF GEORGIA,	hereby authorize 1. 8/10.	Jan.
	ion paid hereon and request that he rem	
	have hereunto set my hand and seal this	
No. 586 DISABLED OLDIER'S PENSION 1903.	neary Regiment Sports South So	WARRANT HANDED TO

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Complete County.
Personally appears . I Jose of Cour phele
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
lay of 18 3 ; that he enlisted in the military service of the Con-
ederate States (or of the State of
Volunteers, 's Brigade; that whilst engaged
in such military service in the State of, on the day
1865, he was wounded, injured or diseased as follows:
was shot et weigh the deft shoulded blod
while in service at boiler of fact Olived-
receive soid boll coursing with he hower
ing well and right showed in, their
of dering and two blu to perform
Acces of illimente labor time account
liver de de una ble le some a support for
Deponent makes application for the pension to which he is entitled for the year
nding October 26th, 1902. I have heretofore, under said law, as a resident of
Dollars, for the year 1901.
Sworn to and subscribed before me, this the   6 9 Sources .
day of
Ind. lee during Correy.
Norg.—State fully the nature of the wound or character of disease which causes the disability, and explain pricularly the extent of the disability resulting from the wound or disease.
TATE OF GEORGIA,
Courty.
I. And the Lorence Ordinary of said County, o certify that I am well acquainted with C. J. No. 129
certify that I am well acquainted with C. G. No des
e applicant in the foregoing affidavit, and am well satisfied that the statements made by
m in his said affidavit are true, and I know he is the individual he represents himself to
and that he resides in this County.
Given under my official signature and seal, this
day of 1902.
ABI TO A MICLOTIC
Ordinary Complete County.
Norg.—Fill all blanks and of Company and Regiment. Norg.—All vouchers and affidavits must bear date after January 1, 1902.
* 1

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County,
Personally appears 6 1 Acres of Complete
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of the e 1817.7 that he entired in the millions require of the Com
federate States (or of the State of) during the war between the
federate States (or of the State of Juring the war between the States, and served as a Good States, and served as a Good States, and served as a Good States, and served or the Regiment
of Volunteers, Jo, Jo. 's Brigade: that whilst engaged
in such military service in the State of , on the 25 day
of leek 186 , he was wounded, injured or diseased as follows:
Ly colling for ble surge left should be best
by a Munica foot white in "on fed, peroces
it boiler of took blands on front
I land bury tra- and face opt todans day beate
Course to Course out he laster off out of the tile Il
On one a I of soil wound I am unother to fix
form ordinary in and labor
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1903. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
County, been allowed an invalid pension of Dollars, for the year 1902.  Sworn to and subscribed before me, this the
County, been allowed an invalid pension of Dollars, for the year 1902.  Sworn to and subscribed before me, this the day of 1903, Post-office
County, been allowed an invalid pension of Dollars, for the year 1902.  Sworn to and subscribed before me, this the day of 1903.  Post-office
County, been allowed an invalid pension of Dollars, for the year 1902.  Sworn to and subscribed before me, this the day of 1903.  Aday of 1903.  Post-office  Norn.—State fully the nature of the wound or character of disease which causes the disability, and explain
County, been allowed an invalid pension of Dollars, for the year 1902.  Sworn to and subscribed before me, this the day of 1903. Post-office  Aday of 1903. Post-office  Nora.—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.
County, been allowed an invalid pension of Dollars, for the year 1902.  Sworn to and subscribed before me, this the day of 1903. Post-office.  Norn.—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.
County, been allowed an invalid pension of Dollars, for the year 1902.  Sworn to and subscribed before me, this the day of 1903. Post-office.  Nora.—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,
County, been allowed an invalid pension of Dollars, for the year 1902.  Sworn to and subscribed before me, this the day of 1903. Post-office.  Nora.—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,
County, been allowed an invalid pension of Dollars, for the year 1902.  Sworn to and subscribed before me, this the day of 1903. Post-office.  Norn.—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.
County, been allowed an invalid pension of Dollars, for the year 1902.  Sworn to and subscribed before me, this the day of 1903. Post-office.  Nora.—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,
County, been allowed an invalid pension of Dollars, for the year 1902.  Sworn to and subscribed before me, this the day of 1903.  Post-office  Nore-Nate fully the nature of the wound or character of disease which causes the disability, and ceptain puriouitely the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  County,  I. A County,  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
County, been allowed an invalid pension of Dollars, for the year 1902.  Sworn to and subscribed before me, this the day of 1903. Post-office.  Nora.—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,  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.
County, been allowed an invalid pension of Dollars, for the year 1902.  Sworn to and subscribed before me, this the day of 1903. Post-office  Nora.—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,  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
County, been allowed an invalid pension of Dollars, for the year 1902.  Sworn to and subscribed before me, this the day of 1903. Post-office  Nora.—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,  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
County, been allowed an invalid pension of Dollars, for the year 1902.  Sworn to and subscribed before me, this the day of 1903. Post-office 1903. Post-offi

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

Nors.—All vouchers and affidavits must bear date after January 1, 1903.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

2.1	H	I	F	·OF	CFO	DRG1A.
-411			1.0	015	CL	DOIA

(FOR THOSE ALREADY ENROLLED.)	Ye 0.X	DISABLED	SOLDIER'S PENSION	1904.	Name 6 4 Som	County County Co. T. Regiment 1 2 ter	Amount, \$ 1 - 0 oc.	JAN 27 1501	JOHN W. LINDSEY.	WAERANT HANDED TO	Geo W. Barrison, State Printer, Atlanta, sp.
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1.	ie un e	The	167							27	
				Coun	ty.				,	. 1	
A	LE -C	)E	GEO	RGL	4						

RGIA,		The state	A;		
- p bee	COUNTY.				, t , ·
7. N			2 6	<u></u>	hereby autho
pt for the	pension paid	hereon, and	l réquest	that he	remit same
ens	A	•••	- 1 10-1	/	* cer
		4	9		
(11-()13) sence of	GIA. P.		0 4	20	uus [I
beune	and C			- [	
	For the pt	Lorus  Pot for the pension paid	pt for the pension paid hereon, and by	pt for the pension paid hereon, and request by  LEREOF, I have hereunto set my hand and seal, thi	pt for the pension paid hereon, and request that he by La and request that he by La and request that he by La and seal, this 1904.

POWER OF ATTORNEY.

at.	house		*
In W	ITNESS WHEREOF, I have	e hereunto set m	y hand and seal, this.
lay of	char.	1905.	Q. Danis
E	secuted in the presence	o of	
L. A	Care lang C	(°	
4			

SOLDIER'S PENSION

POWER OF ATTORNEY.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.
Personally appears le & Doves of Course plece
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 bac c 18 33; 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 Group George in Company I, of 1 th Regiment
of Ta Volunteers Low Town 's Brigade; that whilst engaged
in such military service in the State of Va on the 25 day
of luch 186, he was wounded, injured or diseased as follows:
I was shot derough the left the render
by muis bace at It Strong man -
soil ball apleeling shoulder block
and coming out on top of right should
tody wound renders have much
for ordinary wanted labor
Depunent makes application for the province of the transfer of
Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1994. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1903.
Sworn to and subscribed before me, this the
day of
I Sur Toren Post-office fair to the dec
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
County.
County.)
I, Pt. I We I orwan Ordinary of said County,
do certify that I am well acquainted with 6. 4. 80 over
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him ip 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 pry official signature and seal, this
day of Jany 1804.
Cimi)
Your Carried Carried Later
Ordinary County.
Nore.—Fill all blanks and of Company and Regiment. Nore.—All vouchers and affidavits must bear date after January 1, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

TATE OF GEORG	IA,		
	COUNTY.		i.
Personally appears	9. 800	or of	rece plees
County, State of Georgia, who,	being duly sworn	, says on oath that h	e is a bona fide citizeu
and resident of said State, and			
lay of	that he e	enlisted in the milita	ary service of the Cou-
ederate States (or of the State of States, and served as a Cruy	1	) durin	ig the war between the
States, and served as a	Gard	in Company ,	of th Regiment
of Volunt	eers / 04	's Brigade	
n such military service in the	State of	· va	on the 21- day
Leves shot its	186 he was	wounded, injured of	or diseased as follows:
bloom by a U.	unio 6	Lee whier	in Com feet.
larae en at boce	he y de	Front 7 0	a laro burg
Va ou wech 2	5. 1865-	soid of	it may
thousand bloo	he and c	come on t	· our cop of
eny right the	fet for or	i, lune. I.	to paid .
Deponent makes application		,	
nding October 28th, 1905.	Con	inty been allowed a	an invalid pension of
Party		Dollars, for the year	
Sworn to and subscribed be		1	
	1905.	1-0 6	2 Klade
M fue Doxing	Ordy	Post-office	Abune ya
		/	
Nork.—State fully the nature of t pricularly the extent of the disability re-	ulting from the wound	or disease.	the disamily, and explain
TATE OF GEORG	TA )		* * *
Coance poets	CUNTY		and the same
n	~		
I, M. J. UL &	6	ey ord	inary of said County,
o certify that I am well acqua ne applicant in the foregoing a	mited with		
y him in his said affidavit are t			
be, and that he resides in this		ne is the marvianar	ne represents nimself
	official signature	e and seal, this	2
day of		1905,	
· ( /	1/2 .	Alle La	0.7 6.7
your Seal			
	Ordinary	Coca - DE	County.

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

Note. — All vouchers and affidavits must bear date after January 1, 1905

#### POWER OF ATTORNEY.

m.S. z	1. C. 4.	COUNTY. S	Jana	Luna	y authorize
to receive and	receipt for the	pension paid he	reon, and reques	at that he remi	It same to
IN WIT	NESS WHEREOF, I	8	t my hand and		[L. S.]
	d in the presence	of lo		4 /	[1. 6.]
			. 4		
					. = .
MOLLED.)	NSIO.	13 16 16 1	1906	70	1 .
CODE SECTION 1550.	ER'S PR	10	14 m	JOHN W. LINDSEY. Commissions of P. WARRANT, HANDED TO	13
Cops DSE A	see G	4.6.3	1 3	JOHN	1 /2

no doto Daire, C

#### POWER OF ATTORNEY.

hun	sion paid here	eon, and requ	est that b	y a	ame to
/	by	Zia	~4		ime to
IN WITNESS WHEREOF, I have day of 190	7	my hand and		/1	[t. a.]
Executed in presence of					[L. S.]
	No.	2   0801		1	
	3 3 3 5	2 8	r of Pensio	2	THE STATE OF THE S
Z S E C	and by the Regiment	4 31	JOHN W. LINDSEY	WARRANT HANDED TO	12 Promise,
FOR THOSE ALREANT ENGINEERS THOSE ALREANT ENGINEERS TO THOSE ALLEANT ENGINEERS PRESENTED TO THE PROPERTY OF TH	Z } 2	1.00	HN W. L	RANT H	ARMON. STA
	Name C.	Disability A	Jor	WAR	One. W. H.

Davie, C.C

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# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Personally appears C. G. A ovio of Campbell
Personally appears 6. 4. Noves of Cauch of
county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
nd resident of said State, and has resided therein continuously ever since the / 0
ay of the con-
ederate States, (or of the State of) during the war between the
states, and served as a fine Company, of the Regiment
f Volunteers 7 or s Brigade; that whilst engaged
n such military service in the State of 74, on the 20 day
f uce a 186 , he was wounded, injured or diseased as follows:
I was shot in left shoulder, splitting the
seconder beader, wing out on lopy
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Deponent makes application for the pension to which he is entitled for the year
nding October 26th, 1906. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1905.
Sworn to and subscribed before me, this the
11
day of 1906. Post Office I am fur
M. S. Ul Form, Ordy
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irticularly the extent of the disability resulting from the wound or disease.
State of Georgia,
County.)
I. M. S. Ule Form Ordinary of said County
offertify that I am well acquainted with 6. 4. Noves
he applicant in the foregoing affidavit, and am well satisfied that the statements made
y him in his said affidavit are true, and I know he is the individual he represents himsel
be, and that he resides in this County.
Given under my official signature and seal, this / 3 ","
day of aring 1906.
Mr. S. Un Lonin
Complete a
Ordinary County.
Norg Fill all blanks and of Company and Regiment.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS State of Georgia,

County,
Personally appears 6. 4. Avvis or fram plue
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 / 0
day of Nuc 18.22; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States and annual to the state of the state
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in such military consists in the Court of Mary military consists engaged
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Dollars, for the year 1906.
Sworn to and subspribed before me, this the
10 day of Jany 1907. Oly Down
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Norz.—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.
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la 1/
County.
1, N. S. Ule Loriu Ordinary of said County,
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 1907
m. L. lu Lanin
All Four Ordinary Course & best County
Norn.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January let. 19.17

Confederate

Confederate

Soldier's Application.

UNDER ACT 1910.

Comput Campbell

Comput Campbell

Comput 13th da. Infantry.

Approved

L. W. Librasey

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# APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

### Questions for Applicants to Answer.

STATE OF GEORGIA, Gampbell County	
C. G. Davis	
of said State and County, hereby applies for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit:	
1. What is your name and where do you reside? (Give County and Post-office). C. G. Davis.	IN
Pairburn, Ga. P. O. address: Pairburn, Ga.	
2. How long and since when have you been a continuous resident citizen of this State? 79 years, or from my birthi Dec. 10, 1632 to Oct. 9, 1912.	
<ol> <li>Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865. In the Army of the Confed. States.</li> </ol>	
<ol> <li>When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service). In April 1861 at Griffin, Ga, in Co. "I" 13th Ga. Reg. Inra 5. How long did you remain in the actual Military Service with said Company and Regiment?</li> </ol>	n'
(Give date of discharge) About four years, or from Apr. 1861 to Mer. 25, 1865.	
tured in Hospital Apr. 3, 1805, and kept prisoner until July 1865, tured were you actually present with your Command when it was surredered or dischafged, No. Sir.	ар
8. If you were not actually present, state specifically and clearly where you were In Prison at	
.Chesapeak Hospital	
a. Where was your Command when you left it. I was captured at Petersburg, Va. and carried to Prison as above stated.	•-
b. When did you leave the Command? Never left until I was deptured as abov	d.
c. For what cause did you leave? wounded and captured as stated.	9
d. By whose authority did you leave? Requires no answer.	
e. For how long was your leave granted? In what way?	
f. Why did you not return to your Command after leave expired? In Drison as stated	
g. In what way were you prevented?	
h. What effort did you make to return?	
i. Were you captured during the war? Yes Six.	
j. If so, when, and where? In what prison were you held and when were you released?	-
1865 at Patersburg, Va. Glasspeak Hospital - July 1865.  9. What property of every description was owned, in the use, possession and control of yourself	
and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) My wife had 29 acr of land worth \$1000.00; H. & K. furniture \$50.00. I owned nothing.	) 8
10. What property of any kind by	
<ol> <li>What property of any kind have you or your wife disposed of and for what purpose since 4 Nov.,</li> <li>To whom and for what price? My wife died June 22, 1910, and willed me the</li> </ol>	•
income from said land. Nothins dispossed of any other way.  11. What property of any description of any kind, and of any value now owned and in the use possession and control of yourself and wife and its cash value? (Make itemised list). I have nothing of	- x-
ares of the said land that is in gultivation, the balance being used f	or
res mainly.	
<ol> <li>What annual or monthly income or earnings of yourself and wife and the source derived have your. I get about \$12,00 a month from rent of said land</li> </ol>	
13. Are you drawing a pension of any amount from this State or the United States? Yes Sir. I get the you ever applied for the Georgia Pension and had it refused? and for what some in the georgia pension and had it refused?	t:
not allowed? No Sir.	
Sworn to and subscribed before me, this the	
9th day of 9et, 1012.	
It I'll Foreign Ordinary,	

#### QUESTIONS FOR WITNESS AS TO SERVICE.

`	Campbe	11	Cou	nty.	1 00			
***************************************		Sile	Norton		0	f said State ar	d County is	hereby presented
as a wi	tness in s	upport of th	ne applicatio	, O To a	. B. Day	48	for the	pension provided
by the	Act of 191 as follow	O, in said S	state, and aft	er being s	worn true as	nswers to make	to the ques	ions propounded,
1	. What	s your nam	e and where	do you r	eside? 81	las Norte	n- In C	amphell Co.
2	. How le	ong and sin	ce when have	e you kno	wn C.	G. Davis,	i vi	the applicant?
OVER	or Ass	or t	ince Apr	11 196	1 (186	7)		
3	Where	does he no	w reside, and	since wh	en has he l	een a bona fid	e, continuin	g resident in this
State at	d how do	you know	In oar	pbell.	Co. Ga.	Since	Apr. 18	1 have
Derson	tally )	mown hi	m eyer s	ines. A	pr. 186	1.*		
4.	When,	where and i	n what Comp	any and I	legiment di	d C. G.	Davis'	enlist during
war from	1861 to	s65? (Gi	ve date and r	mation of	pril 18	61 at Gri	ffin. G	. Co. "I"-] seme time,
in Co.	*P*-7	3th Ga	Reg's- I	nfant!	v. And	we both a	n11 et ed	for the We
6.	How le	ng within	vour own ne	rsonal kn	owledge die	l he morton		ary service with
this Com	pany and	Regiment?	(give date)	Abou	t four	(4) years	of fre	m Apr. 1861
Apr. C	1868	nd where w	as his Comn	and surre	indered or o	discharged (gi	e date and	place)
in the state of th			MMM.Y.YWAS.					<b>F</b>
10.	Was th-	applicant	personally p	resent wit	h his Comm	and at surren	der? No	8ir. ,
11.	If not w	here was he	and how car	ne him the	ere? He w	as wound	d on Ma	r 25, 1865.
12	When d	d he leave	his Command	od sel	dier, a	ind that I	saged	more during the bullet his Command l captured.
		y whose au	thority did h	e leave	-		kj. Pjin	and how
								do you know
all that y	ou have st	ated to be to	rue? If of yo					I enlist
at same	time.	and at	same bl		a 646 a	nn11 aant	Durch 4.	a differen
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14.						d how do you		
at Pete	Was app prabure In w	icant captu , Va. hat prison	red as a pris	oner Y	es Sir. don't k	If so, when as	d where?	Mar. 25, 18 when released?
******************************	A STATE OF THE		l before me,		1	سالم مع	An	tou
5w 11t	No. 11 1 14 14 14 14 14 14 14 14 14 14 14 1	THE STREET	gt. 101	2. 1				
	h	01 9	gt. 191	and the state of	Ordinary,	مثك	16	

## AFFIDAVIT OF TWO FREEHOLDERS.

Section Section .	1000	100 977000	District Co.
TATE	OF	CEC	RGIA.
ACCRECATE VALUE OF	120.00	CHEC	MUIM.
* P. T.	STATE OF	0000000000	

County !

said County. That I also know Silas Nort Tow the witness swearing to the ervice and Lawrence 4 LU West Carooth who are fresholders the	the applicant for pension and we know the pro	who on oath
and wife and of the cash value to wit: (Make List by items and value.) His wife died in 19:  and left him the income from about 30 acres of land; and said incommonants to about \$75,00 per year. He has no other property of incoming the about 10 acres of said land is in cultivation.  1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State is fully by items.) Explained above. Nothing been sold or given 1908?  2. When and to whom was it sold or given to?  3. What was the price paid or stated to be paid?  4. What relation is the party to applicant?  5. What disposition was made of the proceeds of the saie?  6. Was the disposition of this property made in good faith and full values?  or was it made to obtain a pension?  Sworn to and subscribed before me, this the state of the saie?  Ordinary,  of Campbell County.  Ordinary of said County, certify that I know the applicant of the witness swearing to the crice and County. That I also know that I was the presents himself to be and resides in aid County. That I also know that I was the crice and County. That I also know that I was the crice and County. That I also know that I was the crice and County. That I also know that I was the crice and County. That I also know that I was the crice and County.		County and we know C. G. Davis,
and left him the insems from about 30 agres of land; and said incommounts to about \$75,00 per year. He has no other property of incommounts to about \$75,00 per year. He has no other property of incommon to have a sold to give a way by the applicant or his wife since 4 Nor 1908? (State it fully by items.) Explained above. Nothing been sold or given 1908? (State it fully by items.) Explained above. Nothing been sold or given 1908?  2. When and to whom was it sold or given to?  3. What was the price paid or stated to be paid?  4. What relation is the party to applicant?  5. What disposition was made of the proceeds of the saie?  6. Was the disposition of this property made in good faith and full values?  6. Was the disposition of this property made in good faith and full values?  6. Was the disposition of this property made in good faith and full values?  6. Was the disposition of this property made in good faith and full values?  6. Was the disposition of this property made in good faith and full values?  6. Was the disposition of this property made in good faith and full values?  6. Was the disposition of this property made in good faith and full values?  6. Was the disposition of this property made in good faith and full values?  6. Was the disposition of this property made in good faith and full values?  6. Was the disposition of this property made in good faith and full values?  6. Was the disposition of this property made in good faith and full values?  7. Campbell County, C	and wife and of its cash value to wit: (Make	
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hey are all residents of said County and were duly sworn by me before signing the foresing and		the witness swearing to the
and and a second a	rvice and A. Camp 42 M. 7	tes Coros/C who are freeholders that
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Styces under my hand and official seal of office this 20 11 day of CC X 191 2	rvice and hour that I also know the rvice and hour that I also know the rvice and hour that I also know are all residents of said County and were copy are all truthful and trustworthy and their ix Results of	who are freeholders, that duly sworn by me before signing the foregoing affidavit and statements are equitted to full faith and credit. That the slows that the foregoing affidavit and statements are equitted to full faith and credit. That the
Course blell	ey are all residents of said County and were of grare all truthful and trustworthy and their ix Results of County and were of the county and their ix Results of County and trustworthy and trust	who are freeholders, that duly sworn by me before signing the foregoing affidavit and statements are equitied to full faith and credit. That the slows that the foregoing affidavit and statements are equitied to full faith and credit. That the slows that the foregoing affidavit and statements are equities. The foregoing affidavit for 1900 \$ 10.00 \$
COURS 1. Refers any questions are unreversed the Ordinary shall swear applicant and all witnesses in the following word:  "Cours of palementy were the whole Stutis is help you God I make to said question asked you and the evidence you half give shall be the whole Stutis is help you God I make to said question asked you and the evidence you.	ey are all residents of said County and were of grare all truthful and trustworthy and their ix Results of County and were of the county and their ix Results of County and trustworthy and trust	who are freeholders, that duly sworn by me before signing the foregoing affidavit and statements are easitied to full faith and credit. That the shows that the statement are assisted to full faith and credit. That the shows that the statement are assisted to full faith and credit. The statement are easitied to full faith and credit and the statement are assisted to full faith and the statement are statement as a statement are as a statement and the statement are as a statement are as

at Petersburg, Va.  In what prison was he held?  I don't briow.  and when released?	Spope upon my hand and official seal	Ordinary
Sworn to and subscribed before me, this the Silver X A of tore  11th My of 08th 1912.  What I was a subscribed before me, this the Silver X A of tore  Ordinary	NOTES 1. Defere any questions are unawared the O "You do set many swear that you will at all give shall be the whote strain, as ha	of Caur bell County.  refinery shall swear applicant and all witnesses in the following words to saveyer make to each question saked you and the evidence you by you doe.  The same partial which the county and save for the same partial which the county and save framework and save
of Campbell County	All ufficients must be point perfect to a first the first than a property as all in his unbehavior.	by the spaces are insufficient. Ordering and contribute to the contribute of the control of sail and wife; affidavite of freeholders possession, use or control of sail and wife; affidavite of freeholders
NAME, Davis, C G YEAR 1888 COUNTY Campbell YEAR ADDED TO ROLL: 1888		Davis, C.S.
WHEN AND WHERE FORMY Resident of Ga since the 10th of December 1852		i Councill:
ENLISTED WHEN AND MIRE?		1891.
		Maimed Soldiers.
Kirk. Orderly Sergeant	Audited1891.	Voncher No. 2662
COMPANY AND REGIMENT? Co I 13th Regt. Ga. Volunteers Lawton's Brigade	COMPTROLLER-GENERA L.	Amount \$ 30
NAME OF CAPTAIN AND COLONELS F D Dismike, Commanding Officer		Prid to C. G. Davis
		March 16 1891.
WOUNDED? Petersburg, Va March 25, 1865 - shot through lower part of the left shoulder blade.		
CAPTURED, WHEN AND WHERE?	8 i	March 16 1891.
RELEASED.		
		Included in warrant No.
WHERE AND WILERE DURKENDERED?		issued to Treasurer.
IF NOT PRESENT AT SURRAIDER, WHISE WERE YOU?	.{r	1891.
DIED, WHEN AND MILEE?		WARRANT CLERK.
	C_ +	Geo. W. Harrison, State Printer, Atlanta.
BURIED.		
UT MAPOCING	* *	Moo Name
WITNESSES. F D Dismuke, Commanding Officer, E B Chapman, M H Wooddall, Thomas W Latham No data		

Mr. College Manda, Sa. McA/6. 1891.

Mr. College Manda, Sa. McA/6. 1891.

Mr. College Manda, Sa. McA/6. 1891.

Of the County of County Selle Manda, Sa. McA/6. 1891.

In a summer of the County of Manda Man

100

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

per above voucher, this 16 of Mac of 1891.

In & Saring

No. 2662

amplell Can phell Maimed Soldiers. Maimed Soldiers. Audited Feb. 27 Voucher No. 928 Voucher No. 2273 UMAM glus Amount & 50. Amount \$ 50 Audited Paid to C. & Davis vaid we & Duris COMPTROLLERGENERAL For Greent disability For Desability from Wheulder mounts Jun body notus Included in Warrant No. Included in warrant No. issued to Treasurer. issued to Vreasurer 1880 WARRANT CLERK WARRANT CLERK. MI H Hord dall motherdace

Allanta, Sa., Meks EXECUTIVE DEPARTMENT. Mr. Co. S. Davis Claubbell having filed this application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, approved, Dec. 24, 1888, and the same having been examined and allowed for Desability from Love mound He is entitled to receive the sum of Sciplit for such disability, the same being the allowance due for the year ending October 24, 18 90 The Treasurer will pay the same and hold his receipt on this voucher, and return same to Executive Department for warrant. MA Harrison

of march 18 ger

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

per above voucher, this

STATE OF GEORGIA,

Co. G. Davis of Campbell having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act. Dec, 24, 1888, and the same having been allowed for Survel disabilit Shoulder monds He is entitled to receive the sum of for such disability, the same being the allowing due for the year ending October 24, 1889. The Treasurer will pay the same and had his record you be voucher, and return same to Executive Department for warrant-By the Governor W. Harrison CLERK EXECUTIVE DEPARTMENT. RECEIVED OF STATE THEASURER, R. U. HARDEMAN. Hifly + oof Dollars.

STATE OF GEORGIA. HEROUPIVE DEPARTMENT. & MANTE. Co. Kely 27 1504

WHEN AND WHERE BORN? A resident of Georgia since birth (Dec.10,1852).

ENLISTED WHEN AND WHERE? April 1861 at Griffin, Ga,

RANK:

COMPANY AND REGIMENT? Company I.13th Georgia Reg. Infantry.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Wounded Mar. 25, 1865, sent to hospital.

CAPTURED, WHEN AND WHERE? Captured at Petersburg, Va., and carried to prison.

RELEASED: Released from Chesapeake Hospital July 1865.

WHEN AND WHERE SURRENDERED? Witness States: Appoint C.H., Va.

April 9,1865.

IF NOT PRESENT AT SURRENDER, WHERE TUTY I was in prison at

IF NOT PRESENT AT SURREMER, WHERE TOOY I was in prison at Chesapeake Hospital.

DIED, WHEN AND WHERE?

BURIED

WITNESSES: Silas Norton - same command - No data

NAME, Davis, C. G. YEAR 1890 COUNTY Campbell

WHEN AND WHERE BORN?

ENLISTED WHEN AND ALEKE?

RANK. Private

COMPANY AND REGIMENT? Co. I, 13th Regt. Ga. Vols. Lowton's Brigade.

NAME OF CAPTAIN AND COLOMEL?

WOUNDED? Petersburg, Va. March 23rd, 1865. Shot through the left Shoulder blade.

CAPTURED, WHEN AND WELKER

RELEASED .

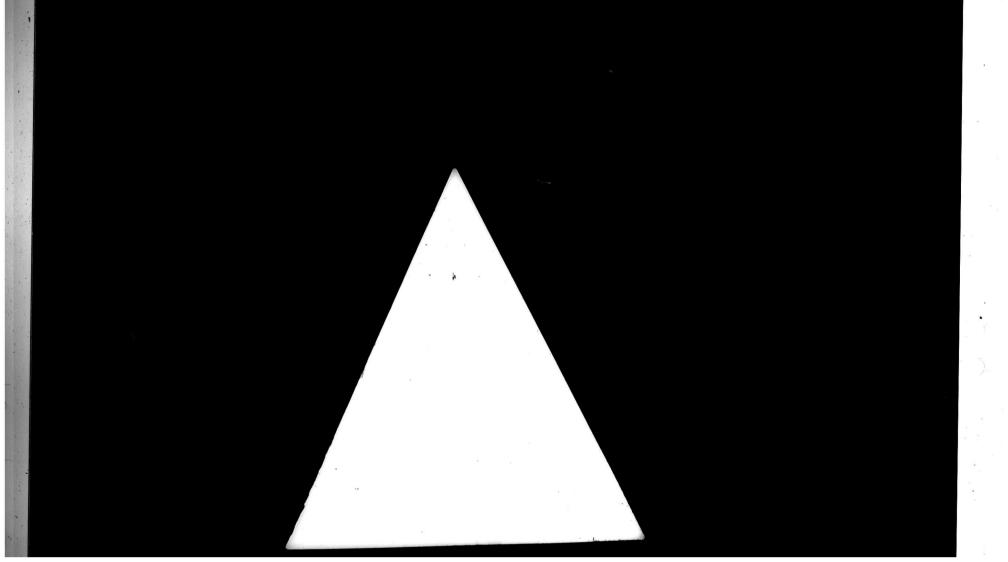
WHEEL JUD JALLED OUT RUNG 1.ED?

IF NOT IRES AT AT SURREIDER, WHERE WELL YOU?

DIED, WEER AND WARRE?

BURIED.

WITNESSES. None.



# NOTES.

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

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

The weakes no allowance for an arm or leg, unless the arm or leg has been rendered asketantially and essentially sacless.

There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially uscless.

If the papers are returned for correction and amendments are added to any of the affairits, the amendments must be made sacler and before an officer, and the proofs must be one that the amendments have been duly sworn to.

Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

The Ordinaries of the several countries are specially requested to call the attention of the physicians and applicants to the several countries are specially requested to call the attention of the physicians and applicants to the several countries are specially requested to all the attention of the physicians and applicants to the several countries are specially requested to all the attention of the physicians and applicants to the several countries are specially requested to all the attention of the physicians and applicants to the several countries are specially requested to all the attention of the physicians and applicants to the several countries are specially requested to al

W. H. HARRISON, Clerk Ex. Dept.

1890. APPLICATION FOR ALLOWANCE Loy desafier!

Applicant, E. & Davis

country, Cumpbell Date of Warrant, Jef 14 applicant

#### NOTES ADMOND TO LIAR

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

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

2. The law makes no allowance for an arm or leg, unless the arm or leg has been

rendered substantially and essentially useless.

rendered substantially and essentially useless.

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

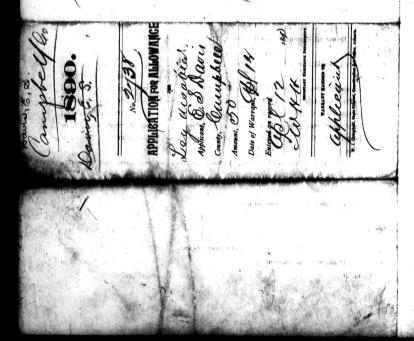
4. If the papers are returned for correction and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.

5. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

6. The Ordinaries of the several counties are specially requested to call the attention of the playsicians and applicants to these points.

of the physicians and applicants to these points.
7. No payments can be made for any past year.

W. H. HARRISON. Clerk Ex. Dept.



# For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,	)			
-leouphele County.	}		,	
Personally appears E. S. 20	ovio	of bou	plees	county *
State of Georgia, who, being duly swo	rn, says on oa	th that he is a	bona fide citie	en and
resident of said State, and has been con	tinuously sir	ice the	5	day of
1836;	hat he enliste	d in the milita	ry service of th	e Con-
federate States (or of the State of	seone.	(A) Amein	w the man bet	11
States, and served as a Onvot	e in (	Commony of	6 / 0 th Pa	almont
of Volunteers &	Suces		that whilst e	
in such military service at the battle of	lee	dor to	in the	e State
of vo , on the 28	day o		186 €	he was
wounded as follows: shot in &	of the	oot of ai	estliby	a pual
of shell cousing h	is left	foot to	e slift	the Rue.
the stiff also, it is a rue	ine 00	To all it	time.	which.
would rendus of	plianu	torre	Traolly !	ic som-
actout to perform	che osse	ion or	Cation	. 02
life, he diving a g	0			
Alimanenth airle	11. 100.	0! +		3
left ley produced	00 11	· land	recoin	, No
- 70	all com	ceae,		

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year thereunder, ending October 26, 1890.

E. Sidlovis

#### COMMISSIONED OFFICER'S AFFIDAVIT.

#### STATE OF GEORGIA,

County. Personally came before me J. H. Jenkins of the county State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company & of 10th Volunteers, and that deponent knows & S. Davis Regiment of Georgia wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said & & Davis

as stated by him in said affidavit. Deponent further states that said E. S. Davis is a bona fide citizen of this State and resides bampbell

Sworn to and subscribed before me this J. H. Minis

## STATE OF GEORGIA, William Walnestifund to ord for PERSONALLY came citizens of county, in said State. who being duly sworn, say that they are well acquainted with and know, from having been with him in the army, that he received the wounds (or contracted the disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or disease) permanently disabled applicant, as stated by him; the said applicant is a bona fide citizen of this State, and resides in county, and we are well satisfied that all the statements in his affidavit are true. Sworn to and subscribed before me, this Norz.—Above affiliable must be made by three citizens who personally know of the service of applicant and can state of their own knowledge precisely how he is disabled, and what disables him. Norz 2.—The attenting officer must see that exceed we througe reads, or has read to him the affidacyl he signa, STATE OF GEORGIA, Campbell PHRSONALLY comes before me R. C. Beavers Ordinary of said county, A. J. Durenport and J. B. Mobley me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined & of Dans examination say that the applicant has been injured as follows: Lore celect examination say that the applicant has been injured as follows: love indeed by In a fragment of She on the left forting In after the the wille conver a prosecular Alexander and slifts up of the annual policie has been outed discharging treatists was since I have produced ferricul sliftsuf of the Mills as me as the winter dending the left leads permissing disobled and Edsendury When and the state of the winter dending the Mills and the permissing while dendering the Mills and the state of the winter dendering the Mills and the state of the state of

R. b. Bravers

model lobor morey an following the

Sworn to and subscribed before me, this January of Manufacture 1890 Manufacture 1811 Le

STATE OF DE	DOLA
STATE OF GE	JAGIA,
Campbell	County

I. R. C. Beavers - Ordinary of said county, do certify that I am well acquainted with 6. of Davis 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.

R. C. Beavers I further certify that whom the foregoing affidavits were made and power of attorney was signed, is a Ordinary of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this that day of April Ordinary Somephell

# POWER OF ATTORNEY.

STATE OF GEORGIA

Know all Men by these Presents, That I,

County.

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 Teason 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

[L. S.]

Executed in the presence of us:

DIRECTION.

If allowed, send amount by

. , and oblige,