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STATE OF GEORGIA!	
For Applicable Heretofore Allowed Pensions.	
	Carrier.
For Applicants Heretofore Allowed Pensions.	
STATE OF GEORGIA.	
Campbell county	
PERSONALLY appears 13. F. Shork	
County, State of Georgia, who, being duly sworn, says	
n oath that he is a bona fide citizen and resident of Georgia, and has been such continuously noe the 13th day of Oefsteutter 1844; that he enlisted	
the military service of the Confederate States (or of the State of	
uring the war between the States, and served as a Ynvole in Company A	
12/ th Regiment of Georges Volunteers Dolle's	
rigade; that whilst engaged in such military service at the battle of Muschester the State of Verginia , on the 19 day of	
Replicable 1864 he was wounded as follow . Sh + class	
brough the left side boll quelining near it. wite at	
It breat & passing drough the body occorring out Dust	
This he would personently to moderally airoble allin I	
we de orsicon mound avoustions of life	
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and	* .
e acts amendatory thereof, and makes application for the allowance to which he is entitled for e year ending October 26, 1892. I have heretofore been allowed a pension of	_
Dollars for 1891. Sworp to and subscribed before me this the)	1
Sworn to and subscribed before me this the day of Morch 1802	1
R. C. Bravers Ordinary.	
Norz.—State fully nature of wound or character of disease which causes the disability, and explain particularly the	
POWER OF ATTORNEY.	-
STATE OF GEORGIA.	
.County.	
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of	1
ounty, in said State, do hereby appoint	
and in my name, to receive and receipt for whatever amount of money I may be entitled to	٠,
Confederate States (or of this Seed)	
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	
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SOLDIER'S PENSION

1892.

****LIGHT PRINT AND. OR BAD COPY **** For Applicants Heretofore Allowed Pensions, STATE OF GEORGIA know all Ach by these Prese Oldivalant POWER OF ATTORNEY, STATE OF GEORGIA: }

resident of said State, and has resided therein continuously ever time to day of the state of th

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, {

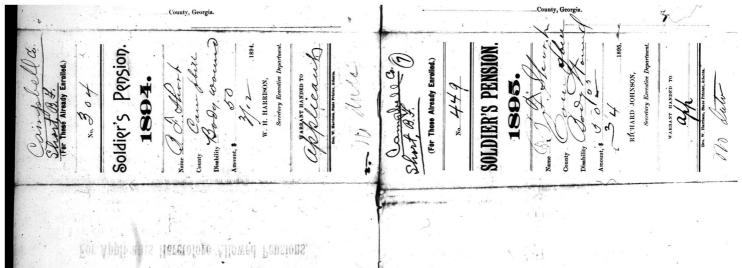
County }

PERSONALLY Appears

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Sworp to and subscribed before me this the 3 th Short & B & Short	the year ending October 26, 1803. I have heretofore been allowed a pension of
day of morch 1892.	
	Sworn to and subscribed before me, this, the
R. C. Bravers Ordinary.	16 day of The 1893.
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POWER OF ATTORNEY.	Norm-State fully nature of wound or character of disease which causes the disability, and explain perficularly the extent of the
	channelly, resulting from the wound or disease.
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.County.)	Sound Warsh Companies and Market State Sta
Know all Men by these Presents, That I,	1, 12, C, County, Ordinary of said County,
of	do certify that I am well acquainted with D. F. Short the
County, in said State, do hereby appoint.	applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
me and in my name to receive and receipt for whatever amount of many I will all the second and the second s	said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the in-
the Confederate States (or of this State), as stated in the foregoing of the military service of	
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.	1 further partify that
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day of	dividual he represents himself to be, and that he resides in this County. [133] [133] [134] [135] [136] [137] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138] [138
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For Apply and a Heretofore Allowed Pensions,



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, PERSONALLY appears 10 2 Short Campbeel 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 first that he enlisted in the military service of the Confederate States (or of the State of the States, and served as a Volunteers of the Volunteers of the Volunteers of the States, and served that whilst engaged in the States of the Volunteers of the such military service at the battle of Hinch 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 and the acts amendatory thereot, 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 By Short Agy of Montel 1894.

R. R. Ridwers Ording

applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this day of March 1894 R.le. Beavers Ordinary Campbell County.

do certify that I am well acquainted with A S Ordinary of

STATE OF GEORGIA,

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County.

Dersonally appears G. F. Stort County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen. 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 State of the Stat Deponent desires to participate in the benefits of the Ad, approved October 24th, 1887, in June and the acts amendatory thereof, and makes application for the allowance to which he is a

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

Given under my official signature and seal, this day of 1895.



R. C. Beavers

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,	suffered over some of in dusqueme of which
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Sworn to and subscribed before me, this, the	of dollars for the year ven
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R. le. Ridners Ording	Sworn to and subscribed before me, this, the By Allost day of World 1895. R. b. Frances Control
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.	R. G. Stavers Nort-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.
, to the mount of disease.	of the disability, resulting from the wound or disease.
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Came force County.	STATE OF GEORGIA,
P P P	County
do certify that I am well acquainted with A Second the	Ordinary of said County,
applicant in the foregoing affidavit, and am well satisfied that the statements made by him	do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be	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.	and that he resides in this County.
Given under my official signature and seal, this	Given under my official signature and seal, this day of Merrica 895.
day of March 1894.	day of1895.
And R. C. Beavery	Tout R. R. Pravers
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For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA,	For Applicants Heretofore Allowed Pensions.
Dersonally appears I I I I I I I I I I I I I I I I I I I	STATE OF GEORGIA, County. Dersonally appears C. I Short of Complete citizen and resident of said State, and has resided therein continuously ever since the 18 that he enlisted in the military service of the Confederate States (or of the State of 18 that he enlisted in the military service of the Confederate States (or of the State of 18 that he enlisted in Company C. of 2 th Regiment of 18 that he enlisted in Company C. of 2 th Regiment of 18 that he enlisted in States, and served as a 18 that he enlisted in the military service of the Confederate States, and served as a 18 that he enlisted in the military service of the Confederate States, and served as a 18 that he enlisted in the military service in the State of 18 that he will be supported in such military service in the State of 18 that he was wounded, injured or diseased of follows: 18 that he was wounded, injured or diseased of follows: 18 that he was wounded, injured or diseased of follows: 18 that he was wounded, injured or diseased of follows: 18 that he was wounded, injured or diseased of follows: 18 that he enlisted in the military service of the Confederate States (18 the Confederate States) and the confederate States (18 the Confed
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of dollars, for the year 189. Sworn to and subscribed before me, this, the	Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a
A lo day of Tre of 1896. A lo die course of the state of	resident of Control of County been allowed an invalid pension of County been allowed an invalid pension of Dollars, for the year 189. Sworn to and subscribed before me, this, the B. Hout Source of County been allowed an invalid pension of Dollars, for the year 189. Sworn to and subscribed before me, this, the B. Hout Source of County Source o

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 28th, 1886. I have heretofore as a resident of october 28th, 1886. I have heretofore as a resident of dollars, for the year 189 . Sworn to and subscribed before me, this, the 2 G day of 1896. Al An array G 1896. Norr-State fully the nature of wound or character of disease which causes the disability, and explain perficularly the extent of the disability, resoluting from the wound or disease. STATE OF GEORGIA, 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 2 G day of 1886. Als Array County County. Ordinary County County. Ordinary County County.	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. Sworn to and subscribed before me, this, the BH Sh Short Office October 26th, 1897. POST OFFICE October 26th, 1897. Ordinary 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 1897. Ordinary County blue County. Ordinary County blue October 26th, 1897. Post office and the pension of the disability, and explain particularly the extent of the disability and
POWER OF ATTORNEY. STATE OF GEORGIA, County. I, hereby authorize of to receive and receipt for the pension paid hereon and request that he remit same to by at IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1898. [L. S.] Executed in presence of	POWER OF ATTORNEY. STATE OF GEORGIA, County. L. hereby authorise of to receive and receipt for the pension paid hereon and request that he remit same to by at IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of
Solidite & S.	Solidity, B. F. Campbell Co- Constant Edited.) No. A. 4(4) INVALID Solidity PENSION. 1899. Name B. H. Marsh County Gentrabled Disability Whynyd Amount, \$ 200 20 Amo

SOLDIER'S PENSION. Name C. J. H. S. J. Name C. J. J. S. J. Amount, \$ S. C. Amount, \$ S. C. Amount, \$ J. L. Omnisiation of Protein. WARRANT HANDED TO OMN. J. The C. A. S. J. No. L. A. J. No. L. A. J. No. L. A. J. No. L. J. N	Camptell Co- Camptell Co- Camptell Co- Constant Balled.) No. F. LL. INVALID SOld DIER'S PENSION. 1889. Name & H. Lhoth County Lembeled. Disability Without Balled. Amount, \$.500 \$\frac{co}{c}\$ Amount, \$.500 \$\frac{c}{c}\$ Amount, \$.500 \$\frac{c}\$ Amount, \$.500 \$
for Applicant Her and Attacked Pensions and Attacked Pensions	
For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, Complete County. Dersonally appears B. J. Short of Land fide citizen and resident of said State, and has resided therein continuously ever since the 19 day of Light 18/14; that he enlisted in the military service of the Confederate States (or of the State of Lorge Allow) during the war between the States, and service as a lorn attended in company of 10/21 th Regiment of Lorge and Volunteers, & also Brigade; that whilst engaged in such military service in the State of Lorgensa , on the 1 day of Lift whilst engaged in such military service in the State of Lorgensa , on the 1 day of Lift whilst engaged in such military service in the State of Lorgensa , on the 1 day of Lift which the was wounded, injured or diseased as follows: The short himself the left and pass about the should the mapple to a me each first under the should be black for the method to the proform ordinary mound? I am about to perform ordinary mound? and unable to perform ordinary	For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, County. Dersonally appears B. H. Short of Campbell 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 13 day of Appliants 1844; that he enlisted in the military service of the Confederate States (or of the State of 10 during the war between the States, and served as a Densate in Company H. of 2 th Regiment of Appliants Volunteers, Dalo 's Brigade; that whilst engaged in such military service in the State of 12 day of Appliants 1864, he was wounded, injured or diseased as follows: In the battle of winches to I day of Appliants 1864, he was wounded, injured or diseased as follows: In the battle of winches to I day the battle entering the Shoulder when the left did the ball entering the Shoulder when the back bone and from the Afronton When the form the form the back bone and from the Applicants of Said Wound Sam Phaetly make to purpose the manual labor.
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of the county been allowed an invalid pension of Sworn to and subscribed before me, this, the Sworn to and subscribed before me, this, the 13 day of 1898. POST-OFFICE 1898. POST-OFFICE 1898. Norra-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.	Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1898. Sworn to and subscribed before me, this, the day of July 1899. POST OFFICE Janvium July 1899. POST OFFICE Janvium July Nore-State fully the fairne of wound or character of disease. STATE OF GEORGIA,
Leave fleet County. I. R. Berry County. I. R. Berry County. do certify that I am well acquainted with M. J. Short 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 2 3 day of 22 d	I. J. Stephens Ordinary of said County, do certify that I am well acquainted with B. A. Short 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 Hebruary 1899 All Stephens Ordinary County.

and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898: I have heretofore under said law as a resident of Law plus — county been allowed an invalid pension of Dollars, for the year 189 2.	Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1898.
Sworn to and subscribed before me, this, the 23 "day of Febry 1898, POST-OFFICE January Land,	Sworn to and subscribed before me, this, the By Liver of day of Hubruary 1899, POST OFFICE Fairburn Tya
Norm-State fully the nature of wound or character of disease which causes the disability, and applicas particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, County.	Note-State fully the fature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, County.
I. R. C. Brands Ordinary of said County, do certify that I am well acquainted with 13. J. L. 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 23.	I, J. S. County, do certify that I am well acquainted with B. Shost 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.
day of Febry 1898. A. l. Branns Ordinary County.	Given under my official signature and seal, this /5 day of Hebruary 1899 J. Merhuns Ordinary Campbell County.
	POWER OF COURT
POWER OF ATTORNEY.	
STATE OF GEORGIA, County.	State of Georgia & Chromally Offered hofor the under-
to receive and receipt for the pension paid hereon and request that he remit same to	Campbell County - argued Ronge I loamp, a regular froteening Physicians in said County
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Deponent desires to participate in the benefits of the Act, approved October 24th; 1887,



Hoplicants Heretofore Allowed Pensions

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, dampbell

STATE OF GEORGIA

personally appears B. J. Short of Champbell County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen County, State of Georgia, who being duly sworn, says on eath that he is a bona side citizen and resident of said State and County, and has resided therein continuously ever since the day of States and served as a Diwatt in Company of of 2 th Regiment of Gyllay and Volunteers, Day's Brigade; that willst engaged in such military service of the State of the Confederate States (or of the State of the Confederate States, and served as a Diwatt in Company of of 2 th Regiment of Gyllay service in the State of the confederate States and served as a College of the Confederate States of the Co

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J. Stephens= Osdinary Norz.—State fully the sature of wound or character of di-

STATE OF GEORGIA,

dampbell 1. J. Stephens B. J. Sthort do certify that am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this

day of March L. J. Stephens ordinary deamphell

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and that he resides in this County.	s temes same to		
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day of March 1900.			
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POWER OF ATTORNEY	Provide to the		
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B. F. Shart

approved Dec. 24, 1888 and Nov. 11, 1889, and the s	ame having been examined and allowed for	
He is entitled to receive the sum of	Dollars	
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The Treasures win pay the same and note his rec	eipt on this voucher and return same to	
Executive Department for warrant.	7/2 1 -22101 -	
P.1-0	M. J. numin	
By the Governor	7.	
MA Hamson	ECUTIVE DEPARTMENT.	
	DETAILED.	
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per above voucher, this	Cely1891.	
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WALE, Short, B P YEAR 1888 COUNTY Campbell		
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Year added to roll - 1888 WHEN AND WHENE SORIT Resident of Ga. since 13th day of Sept, 1844		Campbell
Year added to roll - 1888 WHEN AND WHENE SORI'S Resident of Ga. since 15th day of Sept.		Campbell Maimed Soldiers.
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Year added to roll - 1888 WHEN AND WHENE SORIT Resident of Ga. since 15th day of Sept, 1844 ENLISTED WHEN AND WHALF? RAIN. Private COMMANY AND RUBLEWET? Co A 21st Ga. Vols	COMPTROLLER-GENERAL	Maimed Soldiers. Voucher No. 2128 Amount & 50 Paid to Fibhest For Desabelet, June For Desabelet, June 1890 Included in warrant No. issued to Treasurer. 18. WARRANT CLERK.
Year added to roll - 1888 WHEN AND WHENE SORIT Resident of Ga. since 13th day of Sept, 1844 ENLISTED WHEN AND WHALS? RAIN. Private COMPANY AND RUBLECUT? Co A 21st Ga. Vols	COMPTROLLER-GENERAL	Maimed Soldiers. Voucher No. 2128 Amount \$ 50 Paid to Fishert. For Desabelets from bory more 18 go Included in tearrant No. issued to Treasurer. 18. W. J. Champbell, State Printer, Constitution Job Office.

Department for an allowance under the Act approved October 24, 1887, as amended by Acts

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NAME OF CAPTAIN ALT COLONELS				•
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ITNESSES. B F Jones, H R Hob	good, W J Campbell No data			-
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	STATE OF GEORGIA,	au	201	
	EXECUTIVE DEPARTMENT.	Illanta, Ga., III	ich /	090
	Mr. 8. 0.	Short		~
	of Campbell	C having filed his an	of the	
	Department for an allowance under the	Act approved October 24.	1887, as amended l	by Act,
	approved, Dec. 24, 1888, and the same	having been examined and	allowed for	
	He is entitled to receive the sum of	of the	recio!	
	for such disability, the same being the	llowance due for the year of	I	Oollars
	The Treasurer will pay the same a	nd to the receipt on this	voucher, and return	890
	to Executive Department for warrant.	PARI		/
	By the Governor,	OF GEORGIA	GOVE	RNOR.
	mot Ham			
	CLE	RE EXECUTIVE DEPARTME	NT.	
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	100	* ·		1

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Included in warrant No. issued to Treasurer.

applicant

18 WARRANT CLERK.

Guanta, Sa., IIVA EXECUTIVE DEPARTMENT. B. F. Short of the County of County of Lawrence of the Act approved October 24, 1887, as amended by Act, * approved, Dec. 24, 1888, and the same having been examined and allowed for

Dollars

for such disability, the same being the allowance due for the year ending October 24, 18 90.

The Treasurer will pay the same and top the receipt on this voucher, and return same to Executive Department for warrant. TE OF GEOTEST don. By the Governor,

CLERK EXECUTIVE DEPARTMENT. GOVERNOR. RECEIVED OF STATE TREASURER, R. U. HARDEMAN, of March 18 ger

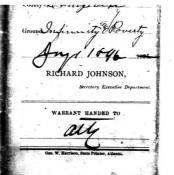
is nguing Imper, J. A. INDIGENT, PENSION Campbell & Fic Top The A Simper unty Campbell my 1046 RICHARD JOHNSON, WARRANT HANDED TO

POWER OF ATTORNEY.

STATE OF GEORGIA,

receipt for the pension allowed and request that he remit

Witness my hand and scal this



AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Personally came before me Malauch mad and
Personally came before me Alla Called Man and Charles Alla Man both known to me as reputable physicians
of said county, who being severally sworn, say on oath that they have examined carefully
J. O. Sunksan, applicant for pension under the Act of 1894, and after such personal examination, say that his precise physical condition is as follows:
Mr. Simpson suffered with Chrains
of measles contracted during the
wor. It als . Red Lumbers from the
nervaux prostration - Caustaint head
ache and is very greatly affected
Not has maliquent tumor of some
Kind - probably Courses un his
under lep and chin
-

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.

Sworm to and subscribed before me, this the 3rd day of May 1895. CA Dance of hills. É. E. Bravers

Tourned for taxation in his name in 1893. of property, and in 1894,

The Paup m. W. and C. /x. Dosenfort. are of trustworthy character and that their statements are entitled to full faith and credit.

STATE OF GEORGIA, County. 1, a.C. Bearers

The day of May 1895. Witness my hand and seal of office, this

R. G. BEavers

Campbell

ORDINARY'S CERTIFICATE.

fide resident of this State on the first day of January, 1894, and that the witnesses, viz . J. G. Mayfill

I further certify that before answering the foregoing quastions, the applicant and each witness took the eath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses

are answered, the Ordinary shall swear applicant and the witnesses in the following words: make to each of the questions asked of you, and the evidence you shall give will be the whole

Witness my hand and seal of office, this The day of May 1895.	ache and is very greatly affected
R. G. Brainers Ordinary	
Cample 20	with general debitity.
of teaching County.	He has maliquent times of some
NOTE. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words:	Hind- fortally course un his
Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true susren make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."	under lep and chin
	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 2nd day of May 1896. CA Dance of while
Continue of the second	E. E. Bravers Ordy.
Control of the Contro	
	in the state of th
QUESTIONS FOR WITNESS.	
() () () () () () () () () ()	
	10. What is the applicant's occupation and physical condition . Turning when
STATE OF GEORGIA,	the is able = Very feeble.
Haralyon County.	· · · · · · · · · · · · · · · · · · ·
A. Dimpson, of said State and County, having been presented	
No CHAS	
under the Act approved December 15th, 1894, 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? John Au derson Simpson	11. Is the applicant unable to support himself by labor of any sort, if so, why
I reside in Hapelson County Georgia	On account of disease.
2. Are you acquainted with Septha A. Simpson the applicant if so	U
how long have you known him? Live May 1862	
3. Where does he reside, and how long has he been a resident of this State? Le resider in	A
Campbell Court of During	
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you	12. How was he supported during the years 1893 and 1894 ? Principally by
know this? Confederate. I heloughed in	his wife.
the second	13. What portion of his support for these two years was derived from his own labor or income
in the same Cor regiment	I tale to do no talean of consequence and
5. When, where and in what company and regiment did he enlist? May 1862 In	had no income.
16 Co. L. 40th Georgia	
6. Were you a member of the same company and regiment?	14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension
7. How long did he perform regular military duty, and what de you know of his service as a Confed-	under the Act of December 15th, 1894. The suffers with some King
erate soldier, and the time and circumstances of his discharge from the service? About 2/2 years	I dong diesare. He alla has serve Hadade.
He was not discharged. He was to	borne rund of rhumation and has I very
full righed in Dela 1864 on account of	had cancer on his under lip and chin. I
	O a support of the su
dichuel and my Neve 1860 on account of	In account of these diseases he is
sickness and was nor more able to get back	In account of these diseases he is
sichured and was nor more able to get back to the Carronna and applicant? (Give your means of knowledge.)	On account of these diseases he is shiping ally unable to support himself.
8. What property, effects or income has the applicant? (Give your means of knowledge.)	In account of these diseases he is
sichured and was nor more able to get back to the Carronna and applicant? (Give your means of knowledge.)	In account of these diseases he is
8. What property, effects or income has the applicant? (Give your means of knowledge.) Leave august on further as I don't live close to take the company of	In account of these diseases he is
8. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition,	In account of these diseases he is
8. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? He Juffly A Jumpson And	In account of these diseases he is
8. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? He Juffly A Jumpson And	In acround of these diseases he is shipping ally unable to support himself.
8. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition,	on acround of these diseases he is shaped all in all in able to support himself. 16. What interest have you in the recovery of a pension by this applicant? Horse, Sworty to and subscribed before me, this
8. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? The Jupthy A Limpson did not have any froquely or any fundamental work have any froquely or any fundamental work have any froquely or any fundamental work.	In acround of these diseases he is shipping ally unable to support himself.

12. How was he supported during the years 1893 and 1894 . Principally by his wife.

13. What portlohof his support for these two years was derived from his own labor or income." in the same Cor required Table to do no taken of consequence any 5. When, where and in what company and regiment did he enlist? May 1862. In

6. Were you a member of the same company and regiment? 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? The suffer with some Kinds of Lung due are. He allo has sexue / Keadacke 7. How long did he perform regular military duty, and what deyou know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? About his years had cancer on his under lip and chin. He was not discharged. He was 4 full oughed in Dela 1864 on account of On account of these diseases he is shipically unable to support himself. to the Cardwer no, more able to get back 8. What property, effects or income has the applicant? (Give your means of knowledge.) I can answer no further as of don't live close to 9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? The Juptha A. Limpoon Aid not have any property of any king in said years = no income; 15. What interest have you in the recovery of a pension by this applicant? Horse, Sworp to and subscribed before me, this

The day of May 1886.

R & Beavers Order

Sworp to and subscribed before me, this

The day of May 1886. QUESTIONS FOR APPLICANT. STATE OF GEORGIA, County. State of Georgia Campball County J. A Sime from of said State and County, desiring halding bean gresented as a witness 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: in patpers it is the application of lefthe 1. What is your name and where do you reside? (give State, County and post office) I. A. Sumpson = Compber 60 Su = 00 Mount Ju approved de ex 15, 1894, as a after heing due 2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? Der or Mtrue answers to make to the foe. lowing generations, deposes ind answers as follows! Suntions to 1,200, 8 and 9,0 3. When and where were you born of Aug 30, 1838 i How well to Ju 4. Did you volunteer in the Confederate Army or in the Georgia Militia? Confederate Army or in the Georgia Militia and Confederate Army or in the Georgia Milit (19h) Am A. J. Victory - Court ball Os, etc. (2nd) " yea = about 18 years, (3nd) " Court ballo, of About 20/000 atomy mousely (8th) " I one Ao In some in 7. How long did you remain in that company and regiment? obout 31 le outles 8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer? (4 th) " Roe had a horse and male but They and hape since been sold for same. Learn 9. For how long a period did you discharge regular military duty ? Obout 31 Would him live thous any property at all, Survey be fore the fundered to the to return to State of Georgia & A. C. Beauers, Ordinay in Campbell Country and for said Country, hereby 12. How much can you earn per annum by your own exertions or labor? Very little A. J. Vicherythe withiss, is of trustworthy 13. What has been your occupation since 1865? Tarming characht , and that his statements is entil the of to full faith and credit, Witness my This Bith Lyg Bre. 1895. A. C. Bravers. Ondina Oudinary of Comphale Country.

(8th) " I one to In some in my mouth 7. How long did you remain in that company and regiment? Tout 3/ War access 8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer? (4 th) " To e had a horse and mule but They and have since been sold for himself him without any property at all. 9. For how long a period did you discharge regular military duty? Obout 31 Wouth 10. When, where and under what circumstances were you discharged from service? I come home for the forth of the footone of force the forth of the footone of force the forth of the footone of force of the footone of t State of Georgia & A. C. Beavers, Ordinay in Campbell County and for said County, hereby 12. How much can you earn per annum by your own exertions or labor? Very little A. J. Vicherythe withers, in of trustworthy characht , and that his statements is entil 13. What has been your occupation since 1865? Tarring the of to full faith and credit, Witness my This the stay of Be 1895. Ondina Oudinary of Complete Country. koor no in cour 20. In what County did you reside during those years and what property did you then return by taxation? 15. What is your present physical condition and how long have you been in such condition?

Have burn burn very fruble even

Since the Work of one goodin 1894, but some bilonged to my som 21. How were you supported during the years 1893 and 1894? Orien an field ully getting worde 22. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? Or o bubly oboil 175 20 = Wary level we look y book we we come 16. Upon which of the following grounds do you bese your application for pension, viz.: first, "age and poverty," second "infirmity and poverty" or third "blindness and poverty? 23. What was your employment during 1893 and 1894? What pay did you receive in each year? 17. 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, gives 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? I have
a serious lung humble coursed I think from principle Africalles and beauty brinds
from principle Africalles and a serious desired the hor, also Lumboy's & 24. Are you married and have you a family? If so, is your wife living and how many children have you?

Give age and sex of children and their means of support? If so, i If so, i I have

B children to with Jit 39, Boy 34; Fire 32;

Fire FJ; Boy 27; Goy 27; Goy 21; Gively =

Luffertief by Thing out Lobor. are aggrowted & troubles our 4 very paintie Fruit of Couly unvous frostation of general debility, Tharaby I am surdered 25. Are you receiving a pension under any law of this State, if so what amount and for what disability? 26. Are you receiving any aid from your County, and if so, how much? Did you ever apply for such aid?

**Receiving any aid from your County, and if so, how much? Did you ever apply for such aid?

**Receiving any aid from your County, and if so, how much? Did you ever apply for such aid?

**Receiving any aid from your County, and if so, how much? Did you ever apply for such aid?

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**Receiving any aid from your County, and if so, how much? Did you ever apply for such aid.

**Receiving any aid from your County, and if so, how much? Did you ever apply for such aid.

**Receiving any aid from your County, and if so, how much? Did you ever apply for such aid.

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**Receiving any aid from your County and aid.

**Receiving any aid from your County aid.

**Receiving any aid.

**Receiving any a physicolly anable to rome al sup port for myself 18. What property, effects or income do you possess? Mong 19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any did you make of same? Hour = Hours Sworn to and subscribed before me this the day of the party 1895. } R. C. Branes Ordinary

upon the third state whether you are totally blind and when and where you lost your sight? I for a surround lung through course of I him! howing the soles surle on my lungs of during through the way lungs of the during the man, also Lungs of the man of the during the man of the m 24. Are you married and have you a family? If so, is your wife living and how many children have you? are aggroouted of transles own of Tite 29; Day 27; Boy 24; Boy 21; Fire19 = ugue Fruit on Cover on my foir, Thus consing morono prostolion & general 25. Are you receiving a pension under any law of this State, if so what amount and for what disability? bility, tharaby I am sinding 26. Are you receiving any aid from your County, and if so, how much? Did you wer apply for such aid! thysicolly and ble to rome al 18. What property, effects or income do you possess? Money 19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any did you make of same? However — Movement R. b. Brains ording NAME, Simpson, Jeptha A. QUESTIONS FOR WITNESS WHEN AND WHERE BORN? August 30th. 1838 Mancock County Ga. STATE OF GEORGIA, ENLISTED ...HEN AND AMERE? May 14th. 1862 Harralson Co. Ga. Haralgan County. A. Dimpson COLPANY AND REGIMENT? Co. K, 40th. Ga. Regt. of said State and County, having been present as a witness in support of the application of Japtho Such son for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the NAME OF CAPTAIN AND COLOUEL? 1. What is your name and where do you reside? John Auduson Simpso WOUNDED? Contract d measles, causing lung trouble also lumbage from same cause, nervous prostration. I reside in Habelson County Scargin 2. Are you acquainted with Je ptha A. Simpson , the applicant, if so CAPTURED, MEN AND MERET how long have you known had. Shire May 1867.

3. Where does he reside, and how long has he been a resident of this State? Let seineles in RELEASED, sent home secember 1864 on sixty day furlough, never returbecause of sickness. Campbell County San During my acquainter WHEN AND MET SUITED RED? 4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? Canfederate. I helought in IF NOT PRESENT AT SUBMETIDER, SHORE SERE YOU? in the same Cor Required 5. When, where and in what company and regiment did he enlist? Many 1862 In DIED, WHEN AND WHERE? Co. K. 40th Georgia BURIED. 6. Were you a member of the same company and regiment? 7. How long did he perform regular military duty, and what de you know of WITNESSES, J. hn .A. Simpson. Lo date. De was not discharged. He was I COUNTY. campbell County. P.O. full rughed in Dele 1864 on account of to the Carminand more while to get back 8. What property, effects or income has the applicant? (Give your means of knowledge.) State of Georgia Thomas J. may field of Campbell Country I can immer no further as & don't live close to said State and Cadining Kani I been presented as q witness. support of the afflication of Little A limpson for lension under the act approved Dec. 15. 1845, and 9. What property, effects or income did the applicant po seess in 1893 and 1894, and what disposition, if any, did be make of same? The Juptha A Simpson did fler being duly oworn him answer to make to not have any froperty of any kinging the following questions deposes my answers as

followed lowis from quetion 9 to 15.

rt? It upon the second, give a full and complete history of the infirmity and its extent? If

IF NOT PRESENT AT SURRENDER, SHERE LAE DIED, WHEN AND WHERE? BURIED. WITNESSES, John .A. Simpson. No date. COUNTY. Campbell County. of duly swoon hive arravers to make to my greetions deposes my answers as from question 9 to 15. POWER OF ATTORNEY. POWER OF ATTORNEY. STATE OF GEORGIA, County. State of Georgia, to receive and receipt for the pension paid hereon and request that he remit same to of Campbell Co Lee to receive and receipt for the pension paid hereon and request that he remit same to by Travel IN WITNESS WHEREOF, I have hereunto set my hand and seal, this IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1897 mak myson [L. s.] Executed in presence of 1. S. M. La, ... d. C. Gravers, Ordy Soldier's Pension SOLDIER'S PENSI 1897. INDIGENT RICHARD JOHNSON, WARRANT ISSUED inharan 4, B. INDIGENT 3. ampluel

Suny Jesus J. N. Carny Meed G. No. 712 INDIGENT Soldier's Pension. LASDZ. Name, J. N. S. C. C. L. L. C. C. C. Codniy, Co. L. D. C. Codn	Solubiers & County Land Land Land Land Land Land Land Land	WARRANT ISSUED (16 1898. RECHARD JOHNSON, Ommissioner of Fraccion. WARRANT HANDED TO Office off Withermore, State Franciene.
	And the second s	· .

For Applicants Heretofore Allowed Pensions.	
STATE OF GEORGIA,	
Campbell County.	
Dersonally appears . A. Simprous Campbeac	
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 continously ever since	
the day of Aryunt 1838; that he is 5 8 years old and	
by occupation a factor A; that he enlisted in the military service of the Confed-	
erate States (or of the State of) during the war between the States,	
and served for the term of the Lord in Company 1, of 40th Regiment of	
that his physical condition is as	
and served for the term of the control of the Regiment of the things of the following the control of the Regiment of the following the character of the following the character of the following times the thing of the character of the following times the things of the following t	-
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that his property consists of the following items to from benty or had	1
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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 1897. I have heretofore as a resident of	
county been allowed a pension for the year 189 6	
	1
day of land 1897. St. Cordinary.	
Ordinary.	
STATE OF GEORGIA.	
Compbee County.	
R C. Revord	
Ordinary of said County,	
do certify that I am well acquainted with	

applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be

1897. A. C. Gravers Ordinary Can phell County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
Complete County.	
Personally appears J. A. Simpson of Campbell	
County State of County State of Carrie of Carrie	-
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide cities	ze
and resident of said County and State, and has resided in said State continuously en	ve
since the 30 day of August 1888; that he is 59 years old a	n
that he enlisted in the military and it is	٠.
during the man by	
and served for the term of bout 86 liles in Company	
July Victoria	
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my sings; on occount of some and	
that his property/consists of the following items	1
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of the value of Dollars, that by reason of his physical	al
condition and poverty he is unable to support himself by his own everting and the	d
that he receives no pension but the one herein applied for.	
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and the acts amendatory thereof, and makes application for the pension to which h	•,
is entitled for the year 1898. I have heretofore as a resident of Cour p beer	٠
county been allowed a pension for the year 189 7	-
Sworn to and subscribed before me, this, the	
5-the day of Jacey 1898. Mark myson	
a. C. Bravers mark	-
Ordinary,	
State of Georgia,	
Cace for beil County.	
I, R. C. Beavers	
Ordinary of said County,	
do certify that I am well acquainted with I. H. Juniperous	
applicant in the foregoing affidavit, and am well satisfied that the statements made by him	
in his said affidavit are true and I have to the	

Ordinary Campbell County.

Dergonally appears (1777)	
	Country appears year, oursepour of Carry occe
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen	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 continously ever since	and resident of said County and State, and has resided in said State
the 20 day of August 1838; that he is 5 8 years old and	since the do day of suguest 1808, that he is 19
by occupation a Laren A; that he enlisted in the military service of the Confed-	by occupation a forest that he enlisted in the military service of the Confed-
erate States (or of the State of) during the war between the States,	erate States (or of the State of) during the war between the States,
erate States (or or the State of	and served for the transfer of the States,
and served for the term of the Loy Lors in Company K, of 40th Regiment of	and served for the term of obout 80 lies in Company / , of 40 th Regiment of
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that his property consists of the following frems	I have no property of our
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	condition and poverty he is unable to support himself by his own exertion or labor, and
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.
that he receives no pension but the one herein applied for.	Deponent desires to participate in the back of
Deponent desires to participate in the benefits of the Act, approved December 15th,	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	1894, and the acts amendatory thereof, and makes application for the pension to which he
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Sword to and substitute detaile me, this, the	J-ta day of Jacey 1898. J Smpson
11 day of 1897.	day of Jacy 1898. Mary mark
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Ordinary.	Ordinafy.
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STATE OF GEORGIA,	State of Georgia,
Compbeel County.	Cace for been County.
D C C	I. C. Beavers
I, Ordinary of said County,	I, 1. C. Leavers Ordinary of said County
do certify that I am well acquainted with Secret to out the	do certify that I am well acquainted with J. A. Simpson the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him	applicant in the foregoing affidavit, and am well satisfied that the statements made by him
	in his said affident are true and I have a 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	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.	and that he resides in this County.
Given under my official signature and seal, this	Given under my official signature and seal, this
day of 200 cg 1897.	day of
50 6	
Anx anx and a de Gravers	All BEAUTY
beie	Ordinary Cacufe hell County.
Ordinary Can phell County.	Norm.—The blank spaces must be filled.
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Jeptha A. Simpson WIDOW'S AFFIDAVIT. STATE OF GEORGIA, Campbell County. Personally before me comes Mrs. Susan J. Simpson who, after being duly sworn, on oath says, that she is the widow of Jeputha A. Simpson to whom in the County of Carroll State of Ga. she was married on the 11th in Apr. 17, 1893 and that she has not since his death remarried. At the time of his deathsaid State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$ 60.00 in Campbell County for 1898 per annum, on account of being a soldier in Company Widow's Mrs. Susan J. Simpson property......None. Application the cash value (State fully.) Notes of value of \$400.00; Can \$15.00: Acres land Horses and Mules.... 8 -That she is now a bonafide resident citizen of said County of ... Campbell That she is now a nonance day of continuously resided since. day of Sworn to and subscribed before me, this the Jung Simpso so continuously resided since 10th M. S. M. dorne 1910. Ordinary. Affidavit of Witnesses to Prove Marriage and to Whom-Date of Death of Husband. STATE OF GEORGIA, ..County. Personally before me come of Nickery any T.A. Vickery and the known to be responsible and truthful persons, residing in said bounty, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. Surgery who made the foregoing affidavit, is the lawful widow of Nickers and the lawful widow of Nickers and the lawful widow of Nickers and that she has not since remarried. That she because the winter of has not since remarried. That she be and that she and he had resided together as man and wife continuously since.

— day of.— 18 7.6 and that the lift of Scurffer was the same man who was on the pension roll of said State. (12) from Counful County. Sworn to and subscribed before me, this the

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W. S. We Form 9 dinary. Thinkley

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County.

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10th 10 9 Aug. 1910.	
Mr. S. M. Laren Ordinary.	. 0200
of Campbell	County.
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Affidavit of Witnesses to Prove Marria	no and to W/L . D .
Death of Husbar	nd.
STATE OF GEORGIA.	
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County.	. TAN. V.
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STATE OF GEORGIA, County. Personally before me comes to Nicothary the	who after being sworn on one when we will be the seem of the following when the seem of the
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STATE OF GEORGIA, County. Personally before me comes It fichtry the York on the says, that they are freeholders of said County, and that they ke said County and knew her said husbands of the said county and knew her said husbands of the said they ke said County and knew her said husbands of the said county and knew her said husbands of the said county and knew her said husbands of the said of the	who after being sworn on own Joseph James John James J
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Personally before me comess to find you they the first ways, that they are freeholders of said County, and that they ke said County and knew her said husbandth for they have day of the value of the va	who after being sworn on own James of Sungapara of at his death on the 1/1. It is soin and control of the following the way of the way
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State of Georgia, Campbell County.

Before me this day personally came Mrs. W. E. Mis hof a witness in suport of the application of Mrs. Susan J. Simpson, herewith presented, for Pension, who, after being duly sworn, says that she became acquainted with the applicant, Susan J. Simpson, and her husband, Jeptha A. Simpson, during the year 1766, or that they lived together as husband and wife from said date, (/ / / 60) until the time of his death, which occurred April 17, 1898; and they were always recognized as man and wife; raised a family as such; that said relationship was hever questioned by any friends or acquaintances, so fam as I know or ever heard of; and I knew both Mr. Jeptha A. Simpson and Mrs. Susa A. Simpson well and intimanely ; but that for some reason, unknown to deponent, the record of ther their marriage seems not to be in existance.

Sworn to and subscribed before me, this Aug. 13th 1910.

U.S. U. Loren ordinary.

tion then

NOTES 1. Before any question You do solemnly

nt of for 1908 \$ 0. for 1909 \$

State of Georgia, Campbell County.

Before me this day personally came Mrs. U. E. Dis Los a witness in suport of the application of Mrs. Susan J. Simpson, herewith presented, for Pension, who, after being duly sworn, says that she became acquainted with the applicant, Susan J. Simpson, and her husband, Jeptha A. Simpson, during the year 1760, of that they lived together as husband and wife from said date, (/ / 60) until the time of his death, which occurred April 17, 1898; and they were always recognized as man and wife; raised a family as such; that said relationship was hever questioned by any friends or acquaintances, so fas as I know or ever heard of; and I knew both Mr. Jeptha A. Simpson and Mrs. Susa A. Simpson well and intimately; but that for some reason, unknown to deponent, the record of ther their marriage seems not to be in existance.

Sworn to and subscribed before me, this Aug. 13 mm 1910.

U.S. 14 Joren ordinary.

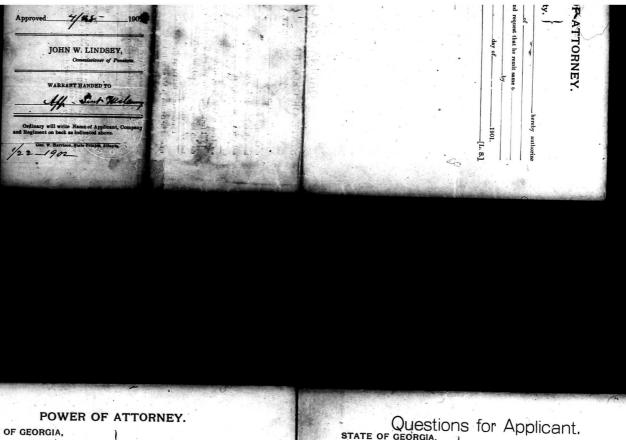
property at	his death to wit:	y ~	, and , / we was	e, moyou
of the value	of \$ 375 00	That she is now	in the use, possession a	nd control of the following
of the value	e of \$. 4/5 06	ore me, this the	ر منه ي	Ci. V
	" M. S. We Lo	Carry 1	dinary. A County	Meny
	ORL	DINÂRY'S CE	ERTIFICATE.	
STATE	OF GEORGIA,			
I,know Mrs.	W. S. W. Lo	County.		anty, do certify, that, I
Milon Parent		at she is a bona fide	continuing resident of sa	id County and was on the &. Dis Lop marriage and I also know
1. I Vie	Key + A. X Vie	who !	know to be a resident	marriage and I also know ree holder of said County idavits and that they are
truthful and	trustworthy and their s	tatements are entitle	d to full faith and credit	
That	the tax books of	g	s that	returned property to the

ached in Union - process of the control of the cont

Ordinary w		Co. "C"	/Name		Complete	illa	
WARRANT HANDED TO His Such Wilele. Ill write Name of Applicant, Companies to a Indicated above. Barrison, Such Princip Rilaya. 902.	JOHN W. LINDSEY, Commissioner of Pensions.	(2) 10 (10 cm 20 cm 40 cm 20	1902. A. Slato	GENT PENSION	No. 4024	ting Sills (m	
The second of th				,	at La Tale	26	
				A Alba	100 to 10		
0 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		0 × 1.					
[.s.7]			Executed in presence of	Exec		4.0000	

POWER OF ATTORNEY.

Executed in presence of	Witness my hand and seal, thisday of	to receive and receipt for the pension allowed, and request that he remit same to	of	I,County. ∫	STATE OF GEORGIA,
	19		nereby		
_[L. 8.]	1901.	1	nereby authorize		



Questions for Applicant. STATE OF GEORGIA, STATE OF GEORGIA,

Carribell County.

State and County, desiring to avail himself of the Pension Act (Section 1264, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office)

2. How long and since when have you been a resident of this State? 69 years week for the state of th County. hereby authorize to receive and receipt for the pension allowed, and request that he remit same to _by_ Witness my hand and sea!, this. day of____ _1901. _[L. S.] Executed in presence of How long did you remain in such company and regiment? Hearly 3 years

From May 1862 until the surrelder lepril 9, 1865 6. When and where was your company and regiment surrendered and discharged? The ware surrendered for the first of the firs How much can you earn (gross) per annum by your own exertions or labor? Northing 11. Upon which of the following grounds do you hase your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty," second, "infirmity and 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?

It was to be the second to the second whether you lost your sight?

It was to be the second whether you have to be the second whether you lost your sight?

It was to properly, real or personal, or income, do you possess, and its gross value?

It what property, real or personal, did/you possess in 1894, 1895, 1896, 1897, 1898, 1899 and 1900 and what disposition, if any, by sale or gift, have you made of same? and what disposition, if any, by sale on gift, have you made of same? I counted at armall farms which I true to sell to get a support 16. In what County did you reside during those years, and what property did you then return for taxation?

Campbell County - about \$600.00

16. How were you supported during the years 1899 and 1900? Trimble 5 rughts or 17. How much did your support cost for each of those years, and what portion did you contribute thereto 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? Advisor 500 - 71-11.

18. What was your employment during 1888 and 1899? What pay did you receive in each year?

71-11. Have you a family? If so, who composes such family? Give their means of support? Have they V W. LINDSEY, 20. Are you receiving any pension? If so, what amount and for what disability? I am not 21. Have you ever made an application for pension before? 4 saw.
22. How many applications have you ever made and under what class? 1sh - and Sworn to and subscribed before me this the for the flow tone of day of Joney 1902 more Applicant. Comp bine _County.

	Ω 11. Upon which of the following grounds do you base your application for pension viz: first, "age and
	poverty," second, "infirmity and poverty," or third, "blindness and poverty"? "age and 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 first, state whether you are totally him and above related to the infirmity, and its extent? If
	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?
1000	Ageneral debility - I have been almost totally bland to months
	13. What property real or personal or income de
	14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899 and 1900
	and what disposition, if any, by sale or gift, have you made of same?
	and what disposition, if any, by sale or gift, have you made of same? I second at annual of
and the same of th	15. In what County did you reside during those years, and what property did you then return for the county did you the county did you then return for the county did you the county did you then return for the county did you then return for the county did you the county did you then return for the county did you the county di
A CONTRACT OF THE CONTRACT OF	- compact country - about - \$600,00
	16. How were you supported during the years 1899 and 1900 ? Friends = rughters
A CONTRACTOR OF THE PARTY OF TH	17. How much did your support cost for each of those years, and what portion did you contribute thereto
to at earlier of his abidition day	by your own labor or income? Whoulk 5000 - Manual 18. What was your employment during 1898 and 1899? What was your employment during 1898 and 1899?
The state of the s	
The state of the s	19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?
N 2 5 66 1	a uvancacau (, , , , , , , , , , , , , , , , , ,
PENSION PENSIO	90 1
PENSIGNAL OF THE PENSIG	20. Are you receiving any pension? If so, what amount and for what disability? I amount
IENT PENT PENT PENT PENT PENT PENT PENT P	21. Have you ever made an application for pension before? Yes are
	22. How many applications have you ever made and under what class? 1sh = pmf-
NO. CO. S.	Swarp to and subscribed before me this start to these Of +
WARREN ON WARREN	Sworn to and subscribed before me this the I fine Shorton Applicant 1901 jeconts Applicant
	It lue form
	Ordinary,
	olCounty.
AFFIDAVIT OF PHYSICIANS.	QUESTIONS FOR WITNESS.
STATE OF GEORGIA.	
COUNTY.	STATE OF GEORGIA,
Personally game before me loff Hoyd M. D. and	Campbell COUNTY.
John game before me 10/1) July and specific and John with known to me as reputable physicians	2.11 6 5 0 1
of said County, who being severally sworn, say on oath that they have examined carefully.	as a witness in support of the application of TH Blaten for pension
J. M. Slaton, applicant for pension under Section 1254, Code, and after	under Section 1254, Code, and after being duly sworn true answers to make to the following questions,
such personal examination say that his precise physical condition is as follows:	
The applicant is 69 years of age	1. What is your name and where do you reside? Captil J. E. Steed Campbell Co. 2. Are you acquainted with J. R. Staton.
With the street blick of a to be	
He is practically viney from soil - Caused	
by Siphilus Holun and an hour a land	how long have you known him? 40 years. 3. Where does he reside, and how long and since when has he been a resident of this State?
He is practically blinds from dretis Coursed by Syphilus. He can not see how to perform any work, is in very debilited Condition, this age and befind	

auchor him gunghle to furform manual talors whenter he Curality for the trades a but they torther as no 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 My of Jany 1901. _Ordinary. ORDINARY'S CERTIFICATE. STATE OF GEORGIA. I, It, I we form Ordinary in and for said County, hereby certify that the applicant I, It, Slucton resides in said County, and has been a bona fide resident of this State since the ______ day of ______ 1890 and that the firstnesses, viz: ______ of f & State q and North 1890 are of trustworthy character, and that their statements are entitled to full faith and credit. I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness hefore same was signed.

I further certify that the tax digests of Cour for best . County show that applicant 20. returned for taxation in his name in 1899____ Dollars 1285-00 of property, and in 1900__ In my opinion the foregoing claim is___ made in good faith. Witness my hand and seal of office, this 1/1 and day of Joury

Witness my hand and seal of office, this 1/1 and day of Joury

Ordinary, 1902 of Comptee _County NOTE. Pefore any questions are answered, the Ordinary shall swear applicant and the witnesses in the following.

"For the above make to each of the questions asked of you, and the evidence you shall give will be the
Additional siderates may be attached if highly spaces are insufficient. may be attached if blank spaces are insufficient.
inary must certify to the character of the witness, and as to the execution of the proof

	•
	QUESTIONS FOR WITNESS.
	GOLOTIONS FOR WITNESS.
	ATE OF GEORGIA, Compbell COUNTY.
as a unde deno	witness in support of the application of The State and County, having been presented for pension for pension resection 1254, Code, and after being duly sworn true answers to make to the following questions, see and natures as follows: What is your name and where do you reside? Capt. J. E. State
2.	Are you acquainted with T. H. Staton (the applicant; if so,
how 3.	long have you known him? #0 yearny Where does he reside, and how long and sides when has he been a resident of this State? **Factorian Way Same 1883
4. / 8 5. 6.	When, where and in what company and regiment did be enlist, and how do you know? In May, or Tairburn, La Co C 2 3 3 th Regiment for Mountains of Were you a member of the same company and regiment? I was a Captain of the C How long did be perform regular military duty?
7.	When and where was his command surrendered? Appearmettry C. H. Va 9th lay}
8.	Were you present when it surrendered . I was
9.	Was applicant present? He was
0.	If he was not present, where was he?
N he By w	n did he leave his command?For what cause? hat authority he left?How do you know all of this?
11.	What property, effects or income has the applicant? (Give your means of knowledge.)
	What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899 and 1900, and disposition, if any, did he make of same? I do not know that the same is the same in the same is the same in the same in the same in the same is the same in the same is the same in the same in the same is the same in the same in the same is the same in the same is the same in the same is the same in the same in the same is the same in the same in the same is the same in the same in the same is the same in the same in the same is the same in the same in the same is the same in the same is the same in the same in the same is the same in the same in the same is the same in the same in the same is the same in the same in the same is the same in the same in the same is the same in the same in the same is the same in th
13.	Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?

Records when which he has none-14. What is the applicant's occupation and physical condition? Here no occupation-almost totally blend

15. Is the applicant unable to support himself by labor of any sort, if so, why? I sthewe

16. How was he supported during the years 1898, 1899 and 1900 . Friends - withers -

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

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?

2. Selection 1254, Code?

3. Selection 1254, Code?

4. Selection 1254, Code?

4. Selection 1254, Code?

5. Selection 1254, Code?

6. Selection 1254, Code?

6. Selection 1254, Code?

7. Selection 1254, Code?

8. Selection 1254, Code?

9. Selection 1254, Code?

19. Selection 1

What interest have you in the recovery of a pension by this applicant? Now Sworn to and subscribed before me, this day of the 1901. the 17 Ordinary.

ORDINARY'S CERTIFICATE.	By what authority he left? How do you know all of this?
STATE OF GEORGIA.	
Complete COUNTY.	11. What property, effects or income has the applicant? (Give your means of knowledge.)
1, 17. S' We Lorin Ordinary in and for said County, hereby certify	none -
that the applicant . A. Slactor resides in said County, and has	12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899 and 1900, and
been a hone fide resident of this State since the day of	what disposition, if any, did be make of same? I do not know
and that the witnesses, viz: Copt & E. Street and Dry	13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
C. B. Lleyd & J.F. Lougius	Records show that he has more -
are of trustworthy character, and that their statements are entitled to full faith and credit.	14. What is the applicant's occupation and physical condition? Her no occupation -
I further certify that before answering the foregoing questions the applicant and each witness took	almost totally blind
the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness	15. Is the applicant unable to support himself by labor of any sort, if so, why a bluing
before same was signed. I further certify that the tax digests of Cour p beet County show that applicant	he is on account of physical condition of bloodness-
returned for taxation in his name in 1899 100. Dollars	
of property, and in 1900 . \$ 7.84.00 Dollars of property.	16. How was he supported during the years 1898, 1899 and 1900? Friends 5 others
In my opinion the foregoing claim is made in good faith.	17. What portion of his support for these three years was derived from his own labor or income?
Witness my hand and seal of office, this 17 and day of Joury 1902	none that I know I -
M. S. We Lovie Ordinary,	18. Give a full and complete statement of the applicant's physical condition that article by
of Complete County	under Section 1264, Code: I believe the applicant as antituded to a person of age, blindness of pounds,
NOTE.	pension by reason of age, blindness o powerty -
1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following	19. What interest have you in the recovery of a pension by this applicant? Nour infrature
Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "Too shall are asswer make to each of the questions asked of you, and the evidence you shall give will be the whole truth." Additional affidives may be attached it 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 set out. The ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.	Sworn to and subscribed before me, this)
 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. 	the 17 day of Joney 1901. Witness.
	M. S. We form Ordinary.
The last the second sec	
DOMED OF AMEDIAN	
POWER OF ATTORNEY.	
STATE OF GEORGIA	POWER OF ATTORNEY.
STATE OF GEORGIA,	
STATE OF GEORGIA,	STATE OF GEORGIA,
STATE OF GEORGIA	STATE OF GEORGIA,
STATE OF GEORGIA, County) I, I. S. Slu Court hereby authorize M. S. We Lorn of Fair Lune Fu	STATE OF GEORGIA,
STATE OF GEORGIA, County. I, I. S. Lee County. hereby authorize H. S. We Lorning of Fair Lune Function allowed and request that he remit same to	STATE OF GEORGIA, COUNTY. J. J. Sla Low hereby authorize It Sim Jones
to receive and receipt for the pension allowed and request that he remit same to	STATE OF GEORGIA, Low Struct Country I, I A Sla Low bereby authorize It S he form of 2 mir burn y a
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to receive and receipt for the pension allowed and request that he remit same to	STATE OF GEORGIA, Lower Country. I, I flow the hereby authorize ft. S. har from grant for the pension allowed and request that he remit same to
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FOR APPLICANTS HERETO TO A SALICULED TIMENT STATE OF GEORGIA.

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	FOR APPLICATOR FLAFF
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS. STATE OF GEORGIA, County. Personally appears J. A. John Long of County bere County, State of Georgia, who, being duly sworn, says on oath that he is a bons fide citizen and resident of said County and State, and has resided in said State continuously ever since the 24 day of the said State continuously ever since the 24 day of the said State continuously ever since the 24 day of the said State continuously ever since the 24 day of the said State continuously ever since the 24 day of the said State continuously ever since the 24 day of the said State continuously ever since the 24 day of the said State continuously ever since the 24 day of the said State continuously ever since the said State said	FOR APPLICANTS HERETOFORE ALLOWED PENSIONS. STATE OF GEORGIA, County for County. Personally appears for John County for 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
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	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.

Given under my official signature and seal, this

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to be, and that he resides in this County.

day of__

Ordinary County.

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Note.—After after the county of the strength the fore Japuary 1st, 1904.

Given under my official signature and seal, this

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 1803. I have heretofore as a resident of County beau county been allowed a pension for the year 1903. Sworn to and subscribed before me, this the Savarday of 1803. Ordinary. STATE OF GEORGIA,	of the value of Dollars, that by reason of his physic condition and poverty had unable to support himself by his own exertion or labor, at that he receives no pension but the one herein applied for Deponent desires to participate in the benefits of the Act, approved December 15t 1894, and the Acts amendatory thereof, and makes application for the pension to which is entitled for the year 1904. I have heretofore as a resident of County been allowed a pension for the year 1 9 3 Sworn to and subscribed before me, this the day of 1904. STATE OF GEORGIA
County I. S. M. S. Ordinary of said County, do certify that I am well acquainted with S. S. Ordinary 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 Ama The blank spaces must be filled. Nora—The blank spaces must be filled. Nora—Affidavit should not be attented before January Int. 1908.	STATE OF GEORGIA, County I, M. S. Luc County do certify that I am well acquainted with I will satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himse to be, and that he resides in this County. Given under my official signature and seal, this day of 1904 ARE Ordinary County Norz.—The blank spaces must be filled. Norz.—The blank spaces must be filled. Norz.—The blank spaces must be filled.
POWER OF ATTORNEY. STATE OF GEORGIA, Campbell County It is hereby authorize of Jans burne ya to receive and receive for the pension allowed, and request that he remit same to by Chand WITNESS my hand and seal, this 17 " day of Jany 1905. A sigla tone [18]	POWER OF ATTORNEY. STATE OF GEORGIA. Company. Line Company. Line Company. A company to receive and receipt for the pension allowed, and request that he remit same to by the company to the pension allowed. The company to the pension allowed and request that he remit same to by the company to the pension allowed. WITHESE my hand and seal, this day of Jany 1908.
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DIER'S PEN JOHN W. LINDSEY, NDIGENT No/220 No. 1034 State of Georgia, TON APPLICANTS HERETOTORY ALLOWED PLANT FOR APPLICANTS HERETOFORE ALLOWED PENSIONS FOR APPLICANTS HERETOFORE ALLOWED PRUSIONS STATE OF GEORGIA. State of Georgia, Courphie county. County. Personally appears J. A. Slaton Personally appears J. A. Sla tou of Compbie County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen 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 and resident of said County and State, and has resided in said State continuously ever since the 24 day of 18³³; that he is 74 years old and since the Ly day of May 1855; that he is 72 years old and that he enlisted in the military service of the Conby occupation a day of that he enlisted in the military service of the Confederate States (or of the State of his company 6", of the Regiment of the Confederate States and served for the term of the by occupation a Louis States, and served for the term of way 41 to in Company "C", of J th Regiment of 4 a - N st - that his physical condition is a ; that his physical condition is as follows: I am thing in that his property consists of the following items: Us for per 4 that his property consists of the following items: lo pro perty of the value of___ Dollars. I am now earning of the value of -ceo Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or 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. 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, 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 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of County, been allowed a pension for the year 1905. Sworn to and subscribed before me, this the of the Sha Low Mr. 1906. County been allowed a pension for the year 1904. May of Lary 1905. Ordinary. State of Georgia, County. STATE OF GEORGIA, County. do certify that I am well acquainted with J. M. Slaw Love do certify that I am well acquainted with J. A. SL the applicant in the foregoing affidavit, and am well satisfied that the statements made 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 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. to be, and that he resides in this County. Given under my official signature and seal, this. Given under my official signature and seal, this. Affix your Seal here DOMES Oprdinary OBME County Affix your seal here

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	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.
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,	Deponent desires to participate in the benefits of the Act approved December 15th
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Sworn to and subscribed before me, this the)	19 day of Jany, 1806. Smark
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STATE OF GEORGIA, County.	State of Georgia, County.
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the appreciation the long-long amounts and and well successed that the statements made	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.	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 / / "	to be, and that he resides in this County. Given under my official signature and seal, this.
day of J. S. Cur Lorin	day of 1908. We Lovie
and County County County.	ordinary County.
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laton J. 11 amplet G	No. 20>>	SOLDIER'S PENSION	1907.	County County bell	WARRANT ISSUED 1907.	JOHN W. LINDSEY, Commissioner of Persions.	WARRANT HANDED TO	On. V. Ramon fretherm, Araft.	in doth
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ANT TEATLETHI

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS State of Georgia. Personally appears J. St. Sea tou of Compbell 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 24 day of 1823; that he is 78 years old and by occupation a Norman that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 1470 in Company 0", of 1 th Regiment of 40. of fa. Wolithat his physical condition is as
follows: I am obour tatary fluid that his property consists of the following items; to foro for E of the value of Ollars. 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 1907. I have heretofore, as a resident of County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the form of the tout day of the county 1907.

While form of the year 1907.

Ordinary. State of Georgia, Gampben county. do certify that I am well acquainted with T. S. S. Low Low 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. Dr. S. un For Ordinary Come of Lell County your seal here

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

	that his property consists of the following items: Us for fresh Eg
	of the value of Lon Dollars Lam non service
	by my labor, Dollars per month. That by reason of his physical condition and powerty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act approved December 15th,
	1894, and the Acts amendatory thereof, and makes application for the pension to which he
	is entitled for the year 1907. I have heretofore, as a resident of County been allowed a pension for the year 1906.
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	Mr. Luc form Ordinary.
-	State of Georgia,
	County S
	do certify that I am well acquainted with I.A. Show Your
	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.
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	fr, S, au Forin
	Ordinary County bell County.
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(Peorgia, Campbell County.
	Before the undersigned personally came Charles Slaton, who on
	eath, says that T. N. Slaton, (an Indigent Pensioner of said county) died on ot 22, 1907.
	Johnshu Olston
. 8	worn to and subscribed before me, this Dec 19, 1908.
	M.S. W. Lowing Ordy
	Complete & Ya
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T	. N. Slaton, (Indigent Pensioner of Campbell Co. Ga.) deceased,
	908. To Charles Slaton Dr.
De	ec 19 To amount paid in cash to Dr. L. M. Hobgood for medicine.
	and medical attention to said deceased in his last illness \$19.50
	To Coffin & Funeral Expenses for said deceased 84.50
	\$100.00
	\$104.00
Ge	orgia, Campbell County.
	Before the undersigned personally came Charles Slaton, who,
	oath, says the above and foregoing account against T. N. Slaton, deceased
is	Just, true, due and unpaid.
s	worn to and subscribed before me, this Dec 19, 1908.
	worn to and subscribed before me, this Dec 19, 1908. J. J. W. Josius, Ordy
Re	ceived of W. S. McLarin, Ordinary of Campbell county Ga., the sum of Fif-
te	en Dollars in part payment of the above account, the said amount being the
	the said amount being the
4tl	quarter of the sension coming to said deceased for the year 1908.
4tl	quarter of the ension coming to said deceased for the year 1908.

T. N. Slaton, (Indigent Pensioner of Campbell Co. Ga.) deceased, To Charles Slaton Dr. Dec 19. -- To amount paid in cash to Dr. L. M. Hobgood for medicine and medical attention to said deceased in his last illness \$19.50. To Coffin & Puneral Expenses for seid deceased 84.50 ***** \$104.00 Georgia, Campbell County. Before the undersigned personally came Charles Slaton, who, on oath, says the above and foregoing account against T. N. Slaton, deceased is just, true, due and unpaid. Charles Blaton Sworn to and subscribed before me, this Dec 19, 1908.

M.S. W. Lorice, Ordy Received of W. S. McLarin, Ordinary of Campbell county Ga., the sum of Fifteen Dollars in part payment of the above account, the said amount being the "4th quarter of the sension coming to said deceased for the year 1908. This Dec 19 ,1908. (Signed.) Charle Stator NAME Slaton, T. N. YEAR 1905 COUNTY & Campbell WHEN AND WHERE BORNY Resident of Georgia continuously since Aug.24,1833. ENLISTED WHEN AND THURE? RATE COMPANY AND REGIMENT? Co. C, 35th Regt. Georgia NAME OF CAPTAIN AND GOLDNEL? WO'INDED? CARCHAGO, WEST AND 'BITLE? RBUT. DEG. WHITH HAD LIFERY SUPRIMIDERED? IF NO THE ASS AT STREEDIN, MEET WERE YOU? DIAN. WIT AND UNERE? BURLID.

WITNESSES.

NAME Slaton, T. N. YEAR 1903 COUNTY , Campbell WHEN AND WHERE BORNS Resident of Georgia continuously since Aug.24,1855. - ENLISTED WHEN AND SHIRE? RAIK COMPANY AND REGIMENT? Co. C, 35th Regt. Georgia NAME OF CAPTAIN AND GOLOMEL? WO'INDED? Continued, Larly M. Prints. BBGT. 723. WHITE EACH LIVERY SUPREMERAD? IF UCO THE ASSENT AT AUTREMONE, MAINE WERE YOU? DILIN. ROTE LAND THERE? BUR LID. WITNLSSES. Additional data

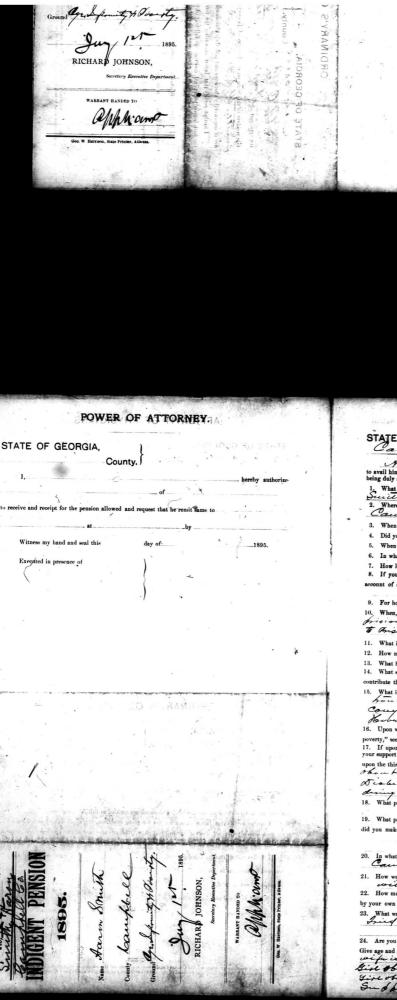
INDIGENT PENSION 1895.

RICHAR JOHNSON,

apphound

STATE OF GEORGIA,

POWER OF ATTORNEY.



QUESTIONS FOR APPLICANT.

STATE OF GEORGIA, Cam Shell County. S Aaron Smile

to avail himself of the Pension Act approved December 16th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: 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). It is a superior of the county of the county and post office). It is a superior of the county of th

- 9. For how long a period did you discharge regular military duty? Little work & yelow 10. When, where and under what circumstances were you discharged from service? When the comment of words to write the offer service? When the comment of which the words to the service to the comment of the comment of

- 11. What is your present occupation?

 12. How much can you earn per amium by your own exertions or labor?

 13. What has been your occupation since 1865?

 14. What sum would be necessary for your support for this pension year, and how much are you, able to contribute thereto either in labor or income?

 15. What is your present physical condition and how long have you been in such condition?

 16. 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" "At the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally bligd and when and where you lost your support?

 17. 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 bligd and when and where you lost your sight?

 18. What is your present physical condition or labor?

 19. What is your present physical condition or labor?

 19. What is your present physical condition and how the you lost your sight?

 19. What is your present physical condition or labor?

 19. What is your present physical condition or labor?

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upon the third state whether you are totally bligd and when and where you lost your sight? If the third state whether you are totally bligd and when and where you lost your sight? The way observe the third from the control of the total of the control of the con

19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? Hosting

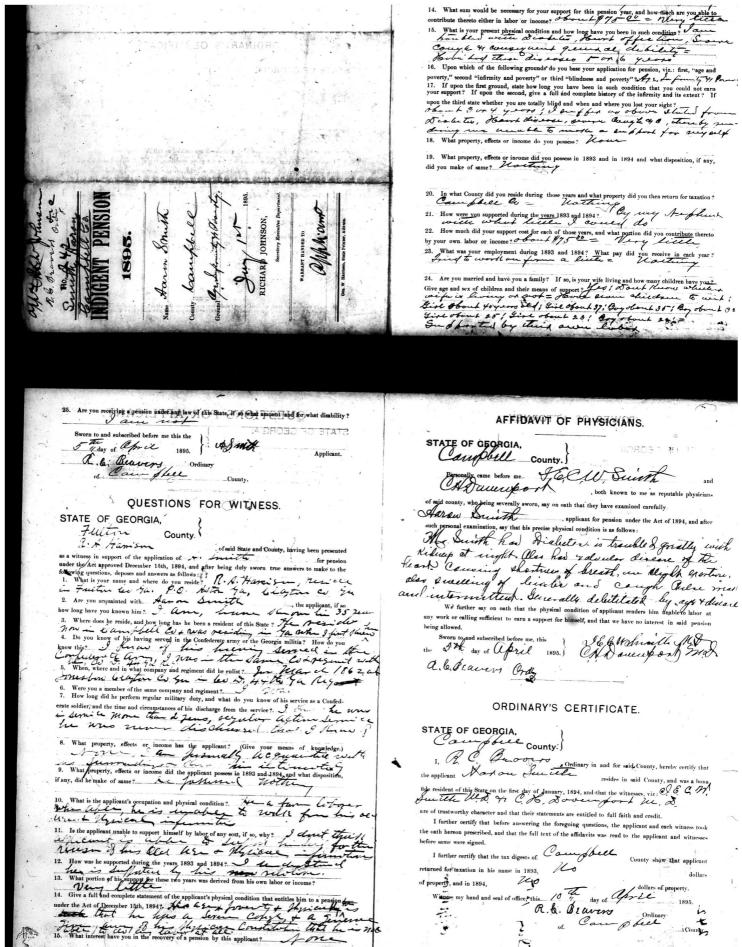
In what County did you reside during those years and what property did you then return for taxation?

21. How were you supported during the years 1893 and 1894: On my Arghund with what little I could do

22. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? The support of the supp 3. What was your employment during 1893 and 1894? What pay did you receive in each year?

24. Are you married and have you a family? If so, is your wife living and how many children have you?

Give age and sex of children and their means of support " first of out Knows which we can find the support of the sex ve age all the way of a good - stand seem chiedren to with ; it sbouch 40 years all , the obout 37; Boy obout 37; Boy obout 31; Boy obout 32; of other 20 / Sine stand 20 ! England 30 / Bay



P. A Harrison

the 9 the day of Amil 1895. The state of the

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

County

5. When, where and in what company and regiment did he enlist? In March 1862 at the staylor Co. You he was the year Regiment? a. le Placer Ords 6. Were you a member of the same company and regiment?
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service?

Service More than & Jeno, segular action demonstration of the way of the w ORDINARY'S CERTIFICATE. STATE OF GEORGIA. Complie County: 8. What property, effects or income has the applicant? (Give your means of knowledge.)

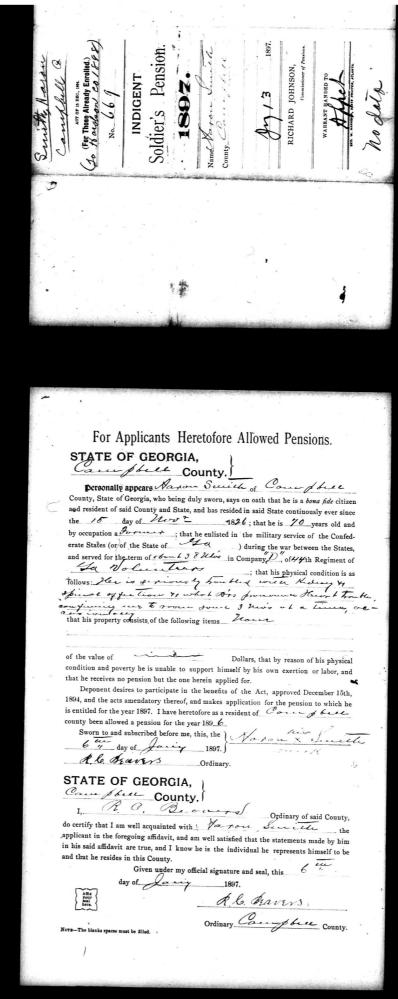
1. And the state of the special specia 1. Of the over ordinary in and for said County, hereby certify that the applicant Harrow Secretary the applicant Non our feet the resides in said County, and was a bona fige resident of this State on the first day of January, 1894, and that the witnesses, viz. 6 6 C M. Switch Hall Y. 6 5 Sovery for hu. 3 10. What is the applicant's occupation and physical condition? At a farm let of the second the second the second that the second the second that the second th are of trustworthy character and that their statements are entitled to full faith and credit. I further certify that before auswering the foregoing questions, the applicant and each wifness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses I further certify that the tax digests of. Campbell County show that applicant returned for taxation in his name in 1893, of property, and in 1894, this 10 th day of Aprile 1893
R. b. Bruwns Ordinary 14. Give a full and complete statement of the applicant's physical condition that entitles him to a pennight under the Act of December 15th, 1884? He have been copying to the him hope a Series Copying to a June 1884 of the him has a Series Copying to a June 1884 of the him has been consistent that him has been consistent to the consistent consistent that him has been consistent to the consistent consistent that him has been consistent to the consistent consistent that him has been consistent to the consistent consistent to the consistent consistent consistent to the consistent consi Winness my hand and seal of office, this of Complete Swora to and subscribed before me, this

the 9th day of Arm. 1895.]

Applicant.

Applicant. NOTE Before any questions are answered, the Ordinary shall awar 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." POWER OF ATTORNEY. STATE OF GEORGIA, _County. _hereby authorize_ _of_ to receive and receipt for the pension paid hereon and request that he remit same to __by_ IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of_ 1897 __ [L. S.] Executed in presence of Soldier's Pension JOHNSON, INDIGENT RICHARD

2



-	
a t	And the property consists of the following items Hour
	and the property consists of the following reme
ó	f the value of Dollars, that by reason of his physic
	ondition and poverty he is unable to support himself by his own exertion or labor, as
tl	nat he receives no pension but the one herein applied for.
	Deponent desires to participate in the benefits of the Act, approved December 15t
1	394, and the acts amendatory thereof, and makes application for the pension to which l
is	entitled for the year 1897. I have heretofore as a resident of Cour of beec
co	ounty been allowed a pension for the year 189_6_
	Sworn to and subscribed before me, this, the Valou X June
_	Sworn to and subscribed before me, this, the farm x fine for day of Jany 1897.
	A. le Seavers Ordinary.
5	TATE OF GEORGIA,
(County.
	, R.O. B. o.
1.	I, A. G. Ordinary of said County
do	certify that I am well acquainted with Varous Secrette
ap	plicant in the foregoing affidavit, and am well satisfied that the statements made by his
ın	his said amdavit are true, and I know he is the individual he represents himself to be
an	that he resides in this County.
-	2 Santar and Sent, this
	day of lawy 1897.
	Alle Journs & le Genvers
	Ordinary Complete County
Not	E-The blanks spaces must be filled.
	1
	NAME, Smith, Agron YEAR 1895 COUNTY Campbell
	NAME, Smith, Aaron YEAR 1895 COUNTY Campbell
	NAME, Smith, Aaron YEAR 1895 COUNTY Campbell WHEN AND WHERE BORK? Nov 14, 1826 - Walton Co.
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P A Harrison - No data

WHEN AND WHERE BORNS . Nov 14, 1826 - Walton Co.

ENLISTED WHEN AND WHERE? March 1, 1862 - Jonesboro, Ga.

RANK.

COMPANY AND REGIMENT? Co D 44th Regt. Ga. Vols

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Whe

CAPTURED, WHEN AND WHERE? Was taken prisoner about three weeks after Lee's surrender, carried to Newport News, detained about two months

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RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES.

P A Harrison - No data

Den Beenslow

Campbell Co., 186

Confederate

Soldier's Application

Dater Act 1910—As Amended by Act of 1919.

Company "C"

Regiment 19th Ga.— Int'y

Applyed

J. W. LINDSEY,
Commissioner of Pensions.

8-29-1919

Ordinary's Certificate

Bwom mater m. R. M. (8EAL)	service; that they ing affidavit and credit.	the applicant?	Coam
hand and official	are both residents	Q. Suit	bau
Ordinary County.	of said county au	L for pen	COUNTY.
2 7 day of	d were duly sworn	ordinary of street person is the person	
But us	n by me before signents are entitled	a he represents h	
*	gning the f	rtify that I	
	Broth ungfor my hand and official seal of office thin 2 Un. day of Muty way X	sgries; that they are both residents of said country and were duly sworn by me before signing the forego- ing affidavit and they are all truthful and trustworthy and their statements are entitled to full faths and credit. Shouth may my hand and official isla of office this 2 Th day of Ref. 19 19 The May of the Country of Country of Country of the	the applicant of the Country of said Country out if the person he represents himself to be and resides in said country. That I also know It of the transaction the witness sewaring to the agrice; that they are both residentic of said ofmury and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to fall faith and creeding. Best maybe may band and official real of office thin 2. The day of the truthful and creeding the foregoing affidavit and deficial real of office thin 2. The day of the truthful and creeding the foregoing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to fall faith and creeding the foregoing the

8-29-1919

paces are inquificient. y shall swear applicant and witnesses in the following words: wets make to each of the questions asked you and the evidence

Application for Soldier's Pension Under Act 1910 Amended by Act 1919

and were duly sworn by me before signing the foregopension is the person he represents himself to be and Ordinary of said County, certify that I know

Questions For Applicants to Answer
STATE OF GEORGIA,
Osme Stell COUNTY.
of said State and County, hereby applies
for the pension provided by Act of 1910, as amended by Act of 1919, 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 pame and where do you reside! (Give County and Post-office) A. Suille- w land ity, Complete 4, 12 - 10 - land & 4, 14
2. How long and since when have you been a continuous resident citizen of this State 1 /6 42010,
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from
4. When and where, and in what Company and Regiment did you enlist! (five the armand class of Service) June 18. 18. 1 m. Campbell Co. 12, u. C. 19. 19. Reg L 12. Wol
5. How long did you remain in the actual military service with said Company and Regiment! (Give date of discharge) 1. 14. 14. 14. 14. 14. 14. 14. 14. 14.
7. Were you actually present with your command when it was surrendered or discharged
8. If you were not actually present, state specifically and clearly where you were farmers.
a. Where was your command when you left it! Month left at all up well on 20 days fulling h
b. When did you leave the command on soul furthery & we Feby 1863
c. For what cause did you leave! A Carlied to re which Come fary
d. By whose authority did you leave! Require los of wor - of with the hop or
e. For how long was your leave granted! In what way! To Mays - as room Rlated
() The state of t
f. Why did you not return to your command after leave expired? And the later
g. In what way were you prevented! King wars to an lives
h. What effort did you make to return?
i Were you captured during the war! Us
i If so, when, and where! In what prison were you held and when were you released! Requiped
9. Are you drawing a pension of any amount from this State or the United States 1 20 5
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was
not allowed? Us Su

			nty.)	4	, ,
S: 1. Before an "You do : you give shall b 2. Additional 3. All affidav must be ce	y questions are solemnly swear the the whole truth affidavits may bits must be made rtified by such Or	inswered the Ordinat you will true at So help you Go e attached if bland before the Ordinadinary.	nary shall swear ap answers make to eac od." k spaces are insuffi- ary of the county	oplicant and witnesses in of the questions asked cient.	in the following words: ad you and the evidence or witness rekides and
v .			No table and a second	-	
te	y Act of 1919.		À		J. W. LINDSEY, nissioner of Pensions.
nfedera	As Amended b	Smith	n Ga Inf	et Office	J. W. LANDSEY, Commissioner of Pension Printing Co., State Printers, Atherit.
Co	Under Act 1910.	Name A. B.	legiment 19th		Byrd Printing
		ation	derate pplication maded by Act of 1919.	Confederate ier's Application 1810-44 Ammided by Act of 1819. Compbell . B. Smith . Co. 100'y	Confederate ier's Application 1810-4s Ammided by Act of 1810. B. Smith "C" 19th Ga Int'y

Ordinary's Certificate

STATE OF GEORGIA

00000 16.4. Upul 70,1860 7. Were you actually present with your command when it was surrendered or discharged for the state specifically and clearly where you were Where was your command when you left it! Mout left at all up up ton 20 Soldier's Application Under Act 1910-As Amended by Act of 1919. J. W. LINDSEY,
Commissioner of Pensions
Brd Printing Co., State Printers, Atlanta. days kurlany to b. When did you leave the command! One hand furthery the Floy 1863
c. For what cause did you leave! Augustus less gift or a County did you leave! Augustus less gift or a County of the for the for the form of th Confederate Smith, a.B. amplet to. OFFICE 0.8 Name A. B. Smith County Campbell f. Why did you not return to your command after leave expired! And se luque g. In what way were you prevented! Requires to an away Regiment 19th Company "C" If so, when, and where? In what prison were you held and when were you released? Ray water le aus wes 9. Are you drawing a pension of any amount from this State or the United States? 10. Have you ever applied for the Georgia Pension and had it refused and for what cause not allowed 1 Sworn to and subscribed before me, this the 2/6 the say of Lugues X 19/8 } of County bus County. (SEAL) Questions for Witness as to Service STATE OF GEORGIA, ess in support of the application of A. J. Success Act of 1910, as amended by the Act of 1919 in said State, and, after being st make to the questions propounded, answers as follows:

1. What is your name and where do you reside! Th. D. Fo turns one test County 1/2

2. How long and since when have you known A. S. Suttill

4. Survey of Survey 175-7 3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State, and how do you know! We have a large from the form of the 7. When and where was his command surrendered or discharged (give date and place). Attached the surrender of 9. If not, where were you and how came you there 1. Office. 10. Was the applicant personally present with his command at surrender! You Lind

11. If not where was he and how came him there! The lind of the leave his command! The lind of the leave his command that the leave his command when he left it flagues as the leave his command when he left it flagues as the leave his cause did he leave! Ruy many to ano cure How do you know? 14. What effort did he make to return to his command and how do you know? Ry was us aus win 15. Was applicant captured as a prisoner to in the so, when and where they was the own own In what prison was he held they wish up any own at le ono wes ---1/----1/-Sworn to and subscribed before me, this the

Yes day of Ray and 19/9

W. M. Form Ordinary) W D Talum or Com & bull (SEAL)

her county, 9a
2. How long and since when have you known A; 3. Success the applicant?
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State, and how do you know tee land a 42 man.
to my Knowledge be how carelinancely lived in 9 E orgi
4. When, where and in what Company and Regiment did & D Suite enlist during
war from 1861 to 1865! (Give date and place) free 1/1 Tolice Campber 6 1/4 in
ween hor of home to 4 to green and un time class of to or
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment (Give date) 55 4 4 7 Unoutles of from 4/1/6/14/1/20
7. When and where was his command surrendered or discharged (give date and place) Attitude Africa 26,1765 was shown borns M. C.
8. Were you personally present at the surrender! Yas San
9. If not, where were you and how came you there! There !
10. Was the applicant personally present with his command at surrender! You Con
11. If not where was he and how came him there!
12. When did he leave his command floors left at Where was his command
when he left it hy was us thes. For what cause did he leave they was to ano we
By whose authority did he leave
long was he granted leave!
all that you have stated to be true! If of your own knowledge, tell clearly and specifically fained the bours on and of flut and in June 1761 by them green anny wints him we the Third are further and of flut plot, 1871
13. In what way was he prevented from returning to his command? Requires une are une
14. What effort did he make to return to his command and how do you know! Rey was to
Lo Curo was
15. Was applicant captured as a prisoner to I so, when and where! Ry was
In what prison was he held flywing up anowed and
when released
Sworn to and subscribed before me, this the
2 7 11 day of New wo L 19/9
M.J. M. Loten Ordinary)
or Cour & bell County.
(SEAL)
wether that the color of the co

GUARDIAN'S BOND.

J. M. Lucille

GUARDIAN FOR

A. B. Lucille

Died July 22, 1924

A. B. Smith

Confederate Pensioner

So Wham it May County

of Whom it May County

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Molines my tound of since of fa.

CamphellCo

Man Smith, A. B.

YEAR 1920 COUNTY Campbell.

WHEN AND WHERE BORN? December 24th 1843- Georgies.

ENLISTED WHEN AND WHERE? June 11th, 1861, Campbell County, Georgia.

RANK:

COMPANY AND REGIMENT? Company C. 19th Regt. Georgia Vols. Inf.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED:

WHEN AND WHERE SURRENDERED? April 26th 1865, near Greensboro, N. C. Left command Feb. 1865 on 20 days furlough to recruit Co.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: W. D. Tatum, -- Same company, -- No data.

Longra- Campbell Camby

So Whom it May Can wan!

I. M. S. M. Join, Ordinary & soid Canuty, as hinty

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y and bound & Thomas M. Suetu, or Lura aian

y A.B. Smith

M. S. Mistoin, Connor,

M. S. Mistoin, Country,

Canophell Copy a.

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CUARDIAN'S BOND.

1. M. d. www.

1. S. Smith.

2. Smith.

1. Camp bell Common.

Georgia

CAPTURED, WHEN AND WHERE?

RELEASED:

WHEN AND WHERE SURREIDERED? Left command Feb. 1863 on 20 days furlough to recruit Co. IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: T. D. Tatum,

GUARDIAN'S BOND. J. M. Kuelle.

SUARDIAN'S BOND AND OATH. FORM No. 31	11	Poote & Davies Co., Atlanta, 27772
Georgia, 6	mejour	County.
	7	-m duit . 1 .
Know all Men by these Presents, Ti	at we, Marie	m. Juille, or frie -
21 " any runne	oudung	Company of lever
yorth, as surely,		
n 11. 10	acknowledge o	arselves jointly and severally bound unto
Br. S. M. Lonin, -		inary of said County, and his successors
and assigns, in the just and full sum of	Leventy Shau	saud (20,000) Dollars.
o the true payment of which, well and tru	uly to be made) we bit	nd ourselves, and the heirs and executors
f us and each of us, jointly and severally	by these presents.	
Sealed with our seals, and dated thi	18 2 ug	ay of Way, 1921, 191
The condition of the above Bond or		at if the above bound Thomas
maulle -		in ares
duardian of the personal property of s	A Q Lwille a	who was this day appointed
who has been negwortly .	tinked as le	
end in co do the of Enan.	aring his d	1. t
	7 -7 0	
phon childof		document, Lik acknowl-
iging the same by his acceptance of said	apposiment, and of	Letters of Guardianship of this date,
all well and truly maintain, clothe, and	adveste said emphan	Letters of Guardianship of this date, occurring to
reumstances, and shall take good and law	ful care of Lie	porcer and property, according
the laws of this State, and shall annual	ly make a just and t	
fings and doings herein unto the said O		
ands when said Guardianship shall legall	y terminate, then this	obligation to be void, else to remain in
ll force.	f Charles	congutation to be vota, case to remain in
IN WITNESS WHEREOF WE ha	we hereto	set hand 6 and seal S, the day and year
ove written.	_	
	M. Swell	(Seal.)
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of the true payment of which, well and truly to be made, we bind ourselves, and the heirs and executors for us and each of us, jointly and severally by these presents. Sealed with our seals, and dated this and day of Way, 1921. The condition of the above Bond or Obligation is such that if the above bound Thomas Mr. Account the work of the above Bond or Obligation is such that if the above bound Thomas Mr. Account the appointed the above bound of the above Bond or Obligation is such that if the above bound Thomas Mr. Account the appointed the account of the above Bond or Obligation is such that if the above bound Thomas Mr. Account the appointed the account of the account	not assigns, in the just and full sum of should, Mansaud (20,000). Dollars, on the true payment of which, well and truly to be madel we bind ourselves, and the heirs and executors for us and each of us, jointly and severally by these presents. 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Executed	in the presence of	-				•

JOHN W. LINDSEY, Commissions of Pra

SOLDIER'S PENSION,

1908.

me B. A. J. Smith

8400			Zanania i		Form No. 1.
FOR	USE	OF	APPLICANTS	WHO HAVE NOT HERETOFORE	DRIWN
		••		THE REL WELL REPUBLISHED	אווו מאע.

to receive and receipt for the pension allowed and

OF ATTORNEY.

Form No. 5.

Campbell		ounty.			
PERSONALLY	appears B. A	. J. Smith		of said_ Campbe	11
County, State of Ge	orgia, who being dul	y sworn, says on oat	h that he was born on	the 27th	day of
March 184			ona fide citizen and re-		
continuously since th		day of	areh 1843	,	d nas been he enlisted
in the military servi	ice of the Confedera	te States (or the S	ate of Georgi) on the
29th	day of Aug	ust 1861	, during	he war between the	States, and
erved in Company_	*C*of	35th			Volunteers.
Thomas '		Brigade, and was ho	norably discharged on t		day of
April 186			- Talva Steet		
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and from the after the consettled in labor of ar since the y tically, pe	my lungs, be my consequence war, and now ermanently ar	War, I was, ack and shou ce at all; so on account and essential	on account of liders, unable aid disease hof the same, ly unable to	f said disea to do any m as troubled I am rendere perform ordi	me eve d prac
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and from the after the control of articles and the since the strength of articles and the since the strength of the strength o	my lungs, by my consequence war, and now branently ar mr. At time processing the second	war, I was, ack and show on account on account and essential a. I am, on f Flour out g an application of account of accou	on account of the same, ly unable to account of same of my buggy, then I was a like the same of my buggy, the like to account of same of my buggy, the like to account of same of my buggy, the same of my buggy, the was a like was a	f said disease, to do any mass troubled I am rendere perform ordi id disease, My natural tion sooner	me eve d prac nary unable
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and from the after the control of articles	my lungs, by my consequence war, and now branently ar mr. At time processing the second	War, I was, ack and show on account on account and essential s, I am, on of Plour out g an applia	on account of the same, ly unable to account of same of my buggy, tion for pens. there, Require	f said disease, to do any mass troubled I am rendere perform ordi id disease, My natural tion sooner	me eve d prac nary unable
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NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the sterior of the disability. If claim is based on disease, give full and connected history of disease, tracing it directly to the NOTE.—Do not trouble to mention wounds which do not disable.

NOTE.—The Ordinary will see that all blank senses are filled when the affidactive are alonged.

SOLDIER'S PENSION,

No.

INVALID
SOLDIER'S PENSION,

1908.

No. "C" - "State

Consty Quertell

Co. "C" - "State

Consty Disease.

Amount, \$ 42 \]

JOHN W. LANDERY.

Commission of Pension

Ochimiy will with Name of Applicant, Company

Och The State

Och The Stat

WW ARG LIND APPIDAVIT FOR THREE WITNESSES. A RO 280 ARR

Campbell .	_County.		Hadonali -
PRISONALLY appears before	me, the undersigned Ordina	ry in and for said County_	T. N. Slator
reconally known to me to be trustw	methy siries and of how	and	The sea of the season
der oath, that they are personally	and the second s	B. A. J. Smith	

Applicant took a severe cold while in the Confed. servive in Aug 1862 in the State of Va., on account of same he was sent to the Hospital at Paraville Va.; said cold resulted in Paeumonia in Hospital; after getting better he returned to service in Dec 1862 and served with us in same Company until Jan'y 1865 to my knowledge (Iwas sent Home in

Jan'y 1865 on furlough). I never saw applicant again during war, but am satisfied that he served until the close of same. I was at home, on furlough at the time of the surrender.

From said disease which settled in his lungs he has suffered ever sime

From said disease which settled in his lungs he has suffered ever miss since the 2 war, and new on account of the said disease contracted in Confed. service he is presenently, practically and essentialy unfitted for ordinary manual labor.

Where was applicant's command surrendered?	Don't know positively. I was at hom	
furlough. Don't know.	Were all of you present? No Sir.	_

If not, where was he? Doubtless he was present.

STATE OF GEORGIA.

Where were you all? I was at Home on furlough at surrender, but I served with applicant from Spring of 1862 to Jan. 1865, at which latter time I came Home on furlough as stated.

I served in same Company as did applicant from Spring of 1862 to Jan. 1865

We personally know above stated facta. We were with him in the army and have known him ever since doubtless

He was honorably discharged or retired from the service on 9th day of

He was knoorcely discharged or retired from the service on day of day of the house of the house

Sworn to and subscribed before me, this

24th dry of Sept'r 1908.

W. S. W. Sorius

Ordinary.

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

2.—Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.

3.—All blain spaces swar be filled when signed.

marmal labor. At times, I am, on account of said disease, unable to lift a 5e lb. sack of Flour out of my buggy. My natural energy has kept me from making an application for pension sooner here we command surreduce? At Appoint to C. H. Va. Was applicant present? Yes Sir. If not, where was he? Present. How come there! Requires no enswer. And by whose authority? State fully: Requires no enswer. Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 190 B. Sworn to and subscribed before me, this the M. S. W. Farue Fairburn Ga. Post Office R. 2. Ordinary. NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the nt of the disability. If claim is based on disease, give full and connected history of disease, tracing it directly to the NOTE.—Do not trouble to mention wounds which do not disable.

NOTE.—The Ordinary will see that all blank spaces are filled when the affidavits are signed. PHYSICIANS' APPIDAVIT. STATE OF GEORGIA. County, Schenging MA., both known to being severally sworn, say on oath, that they have carefully Darrett MA B. A.Q. Smith. Cold while fush colf. of labor to the extent of maring a safe We have treated applicant professionally for____ wot arise from hereditary or o Sworn to and subscribed before me, this fully the physical condition and especially the extent of disability. If disability results from wound or ion, character and present condition. If from disease, give its nature and character, and its causes or norm z.—The physicians will be careful to fill every blank space in oath. County S. U. Lo Suulle ts made by him in his said affidavit are se represents himself to be, and that he rendes in this County and has been a bons fide resident since the I also gertify that the witnesses, to wit: ### / Pole of and I follow the credit and belief.

read to and understood by them before they signed the day of J. S. Use Loquin

Ordinary Carrybell

and fought in said battle from beginning to the end of the battle,
and from that time on to the end of the War. For about 15 years
after the close of the War, I was, on account of said disease, which
settled in my lungs, back and shoulders, unable to do any manual
labor of any consequence at all; said disease has troubled me ever
since the War, and now on account of the same, I am rendered practically, permanently and essentially unable to perform ordinary

多

From said disease which settled in his lungs he has suffered ever mine	
since the 2 way, and now on account of the said disease contracted in	We have treated applicant professionally for Eight years, and his condition, as above stated,
Confed. service he is premanently, practically and essentialy unfitted	we have treated applicant protessionally for years, and his condition, as above stated, does what arise from hereditary or congenital causes, or from yicious or intemperate habits.
for ordinary margal labor.	Sworn to and subscribed before me, this
are the property of the contract of the property of the proper	2 Ht 1 day of Sept 1908 Changing 300
. · · · · · · · · · · · · · · · · · · ·	Mr. S. Ul Form
Merlin, no. algantly and second	Ordinary. Norm 1—State fully the physical condition and especially the extent of disability. If disability results from wound or
Where was applicant's command surrendered? Don't know positively. I was at home on furlough.	Norm Cate fully the physical condition and especially the extent of disability. If disability results from wound or injury, tale tile locabile, character and present sondition. If from disease, give its nature and character, and its causes or origin, as understood by affinats. Norm a.—The physicians will be exertal to fill every blank space in eath.
Was he with it? DOR'T KNOW. Were all of you present? NO SIF.	
If not, where was he? Doubtless he was present.	STATE OF GEORGIA,
Where were you all? I was at Home on furlough at surrender, but I served with applicant from Spring of 1862 to Jan. 1865, at which latter time	County.)
I came Home on furlough as stated. How do you know the facts you state to be true! I served in same Company as did ap-	B d d d d d d d d d d d d d d d d d d d
plicant from Spring of 1862 to Jan. 1865	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
We personally know above stated facts. We were with him in the army and have known him ever since. doubtless April 1865.	applicant in the foregoing affidavit, and am well entitled 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
186 Applicant is permanently disabled as stated and has been so to our pertain knowledge ever gince 18 62.	resides in this County and has been a bona fide resident since the
We have no interest in the recovery of a pension by him.	I also gertify that the witnesses, to wit: 17. V. Poblas J. G. Dung
Sworn to and subscribed before me, this	credit and belief, and that the full text of the affidavit was read to and understood by them before they signed
M. S. U. Loria.	the same. Given under my official signature and seal, this the day of 190
Ordinary.	Mr. S. Ul Lorin
Nors: .—The Ordinary will see that the full text of the affidavit is understood by the witnesses, and that they are legally qualified to the same.	Ordinary Campbell County.
legally qualified to the same. —Witnesses are asked to make their statements full and explicit, tracing disability to its true cause. 3.—All blank spaces swar be filled when algoed. 4.—Three witnesses are required.	All amending proofs must be executed with the same formality as original proofs, and the ordinary must so certify.
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A ST WART OF THE PARTY OF THE P	VOLGO CONCENSOR WAY WAY AND
POWER OF ATTORNEY.	APPIDAVIT FOR THREE WITNESSES
STATE OF GEORGIA.	A1 35 09 1 17 17
County.	STATE OF GEORGIA,
	Campbell County.
hereby authorise	PERSONALLY appears before me, the undersigned Ordinary in and for said County W. G. Roberts
to receive and receipt for the pension allowed and	Capt. J. E. Steed personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say
at bolium	under oath, that they are personally and well acquainted with B. A. J. Smith
	whose application is herewith presented for a pension, that he has resided in this State continuously since the
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 190	day of B About 1858 18 , that he served in Company "C" of the
190	while in line of duty, was injured by the service as follows: (trine full statement, and tell in some or personal knowledge he,
Executed in the presence of	when, where, are hew the injury hoppened, or the disease was contracted, and to what extent applicant is dis- abled from work as a direct result thereof. If he does any labor or can do any, state what.)
	Mr. B. A. J. Smith, the applicant, was mustered into service in-
	Supply, man 1861, and served from that time until the surrender of
	Gen'l Lee in April 1865. :::;: J. E. Steed says that applicant
	took a cold while in Confed. service in Aug 1862, resulting in
	Pnsumonia at Hospital. After temporary recovery from said disease
	he rejoined his Company Dec 11, 1862 and remained with same until
	the surrender. From the effects of said disease he has suffered
	ever since, and now on account of same he make practically, per
Ver Law tracks and the contract of the contrac	manently and essentially unable to do ordinary manual labor.
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Seen to and absorbed before us, ins	
(Q)	
Therefore, which will be a first the first the first the second of	
North 1-State with the first and condition out to Account the state of	Where was applicant's command surrendered? At Appomattox C. H. Va. Apr 9, 1865.
return at a measurement of the contest to fill every black space in out.	Was be with it? Yes Sir. Were all of you present? Yes.
STATE OF GEORGIA,	If not, where was he? Present.
Condity.	Where were you all? XEE.Present
the state of the s	
	How do you know the facily ou state to be true? We served in same Company as did appli
	cant from Aug 1861 to April 1865.
3121-1111111111111111111111111111111111	We personally know above stated facts. We were with him in the army and have known him ever since.
J. 6 4342 18 8 8	He manhonorably discharged or retired from the service on 9th day of April 1865. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18 62.
15.6 \ \S\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	186 Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18 62. We have no interest in the recovery of a pension by him.
10000000000000000000000000000000000000	Sworn to and subscribed before me, this
30 1 2 2 3 3 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5 1 3 5	17th say of Sept'r 190 8.
THE SEXTENT OF THE LOSE	M.S.M. Force of Co" Situality's Ya. Vol.
	Note 1.—The Ordinary will see that the full text of the affidavit is understood by the witness of all the standards.

qualified to the same.

"Witnesses are salved to make their statements fall and explicit, tracing disability to the true cause
3 - All blank spaces must be filled when signed.

"Three witnesses are required.

the surrender. From the effects of said disease he has suffered ever since, and now on account of same he make practically, pe intly and essentially unable to do ordinary manual labor Where was applicant's command surrendered? At Appointtox C. H. Va. Apr 9, 1865. Was he with it? Yes Sir. Were all of you present? Yes. STATE OF GEORGIA, If not, where was he? Present. The state of the s were you all? YEE. Present How do you know the facty you state to be true . WE served in same Company as did app 15 cant from As 1861 to April 1865. We personally know above stated facts. We were with him in the army and have known him ever since. He was honorably discharged or retired from the service on He machonomabily discharged or retired from the service on 9th day of April 1865.

186. Applicant is permanently disabled as stated and has been so to our certain knowledge erer since 18 62

We have no interest in the recovery of a pension by him.

Sworm to and subscribed before me, this

17th tay of Sept'r

Ordinary.

Notal Te College with the state of the service of a pension by him. ry will see that the full text of the affi allified to the same.

2.—Witness-g are saked to make their statements full and explicit, tracing disability to its true cause.

3.—All blank spaces must be filled when signed.

4.—Three witnesses are recoiled. FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN. AND THE T PHYSICIANS' APPIDAVIT. STATE OF GEORGIA STATE OF GEORGIA,

PHYSIGIANS APPIDAVIT.

A.

County. Th. 3 Me Survey to Ordinary of said County,

me Class O. Pleating Mr. Ordinary of said County,

and did County, who, being severally sworn, say on oath, that liber have carefully

Burned and after such personal examination, say that the present

say the Constant of Const

NOTE 1.—State fully the physical condition and especially the extent of disability. If disability results from wound or injury, state its location, character and present sondition. If from disease, give its nature and character, and its causes or origin, as understood by affairs.

NOTE 2.—The physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA,

County Le County

, Ordinary of said County,

do certify that I am well acquainted with A. A. Science to policient in the foregoing affidavit, and am well suchsided 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 and has been a bone fide resident since the day of 1903 to 1800. It also certify that the witnesses, to wit: Ot. C. Lawy

also certify that the witnesses, to wit: Ot, CO. Racry

edit and ballef, and that the full text of the affidavit was read to and understood by them before they signe earns.

Given under my official signature and seal, this # day of forth 1900 and 1

Ordinary Country bells Country
All amending proofs must be executed with the same formality as original proofs, and the ordinary must so certify.

	Campbell County. 1
	PERSONALLY Appears J. A. Sewith of said County tell
_	County, State of Georgia, who being duly sworn, says on oath that he was born on the 27 day of
0	Morela 18 #3, that he is a conce fide citizen and resident of Georgia, and has been
P	continuously since the 27 day of Mortal 18 43 that he enlisted
ă	in the military service of the Confederate States (or the State of) on the
ő	day of Ruy cus 1 1864, during the war between the States, and
0	served in Company of the Regiment of Ta Volunteers,
Ω	Brigade, and was honorably discharged on the day of
ğ	186 ; that whilst engaged in such military service, and in line of duty in
g	the State of the day of Fall of 186/
À	be was disabled or wounded as follows: I cour tracked a service course
80	Low of good 1861; good cough willed on my
Ď	lungs rendering it was soon to send us to
Ä	How site at Richmond when I got been you turned
9	to Core fed, service and loter in fug up t 1862 Jumes
#	on occount, y soid court sent to How below
Ħ	at formiere, Va: ofterwood I ogoin got beeles +
t	again en tient bur pet service vice 10, 1862, and
8.	Inmound in soid again to Ofice 9, 1865. (1861)
*	Lond discour, so contracted has troubled were wont
Ŏ.	sucer the Hot; and on occount of some, I have,
9	mer July 9. 1910, he were to tally mobble for any
m	and of worth, our front well lie pless, and totally
ğ.	Where was command surrendered? At Appalen attay, C. H. Va.
ğ	Was applicant present? Yes let
3	How come there? War 4
H	And by whose authority? State fully: Key while life ours with
Ă,	and mother this order of the transfer for the
H'	Deponent desires to participate in the henefits of Section 1250 of the Code, and the Acts amendatory thereof,
d'	and makes application for the pension to which he is entitled for the year thereuser, anding October 26th, 190 Syorn to and subscribed before me, this the
H	14 m ing of Nort 100/0 Bayonite
E8 .53	

vice.

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

NOTE.—The Ordinary will see that all blank spaces are filled when the affidavits are algued.

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Spril	186 ; that whilst engaged in such military service, and in line of duty in
the State of Va	on the day of Jall of 186 !
he was disabled or wounded as fol	llows: I con troe ted a service cough
whele in Com	fro cover un blate of Va, in
Tour of groot 1	861; sord cough willed on my
lungo sunder	my it weresony to sing we to
Hos file at Ke	churoud where I got bellet + que luxur
to Compad server	is; and loter in Aug us t 1862, Levor,
occount,	I sond cough out to How pilor
	Va: ofterword I oyour got beeles +
your en least	Su pl service vec 10, 1862, and
bourour Jus	and around to Ofice 9, 1862. (186.
Long discour, to	contracted has troubled eur want
wer the Hot; a	ud on oceans & four, I hove,
mer July 9. 191.	, be some to tally wordle for any
end of worth, an	in frontively live pleas, and totally
Where was command surrendered?	At Appalmattox, C. H. Va.
Was applicant present? Yes	If not, where
ras be? Tresent	How come there?
and by whose authority? State for	ally: Requires ly our west
	young a disotled fursion of 500-
und mother this of	bleation for an in amose 4 \$ 100 -
Deponent desires to participate ad makes application for the pensio	te in the henefits of Section 1250 of the Code, and the Acts amendatory thereof, on to which he is entitled for the year thereunder, anding October 26th, 190
Sworn to and subscribed before	
14 cm mos for	190/0
It SIU Las	Post Office Policito, ya
	Ordinary.

extent of the disability. If claim is based on disease, give full and connected history of theseas, treating it dire Norze—Do not trouble to mention wounds which do not disable. Norze—The Ordinary will see that all blank spaces are allied when the affidavits are signed.

State of Georgia, Campbell County.

Before me, the undersigned, Ordinary of said county, personally appeared Dr. C. O. Rainey, a regular practicing physician of saddle county, known to me to be trustworthy and whose statements are entirely reliable and worky of credit, and on eath says that he has known B.A.J. Smith for about a year and a half and has treated him professionally for past year, and has examined omefully his condition; that he finds him suffering from a malignant condition of the shoulder and back, which he says was first consect by cold contracted in the confederate service and for which he is now drawing a pension from the State; that said condition has continued to grow worse until it affects his left arm and side from shoulder down to his hips; that his left arm is entirely helplogs and useless, and that said condition affects also his right arm; that he is frequently confined to his bed and often entirely unable to dress himself; that from said condition, which also affects and impairs seriously his geberal health, he has become and is now prectically and essentially helpless.

Coffaniey M. D

The above affidavit was personally subscribed and sworn to before me, this the 6 day of for 1911.

Ordinary Compbell County, Coorgie.

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The state of the s	horles
arm involving the some a	France
lim a Confirmed invalid,	2. 1
and that such condition is permanent. Said condition arises from the following facts	This dine
is due to exposure durin	n hit
army service The condete	on Thick
exists from lersi houtle	& golio-
fathie and yells to no me	chief bent
We have treated applicant professionally for town mito years, and h	is condition, as above stated,
does 7001 arise from hereditary or congenital causes, or from vicious	or intemperate habits.
Sworn to and subscribed before me, this Change O. (\circ
14 cm And 11	cerry M.
1900)	
It & all Form	
Ordinary.	
origin, as suiderstood by afficials. NOTE 2.—The physicians will be careful to fill every blank space in oath.	
STATE OF GEORGIA,	Form No. 4.
County,	
M. VIII Same	
I, Mom xare	, Ordinary of said County,
do certify that I am wall acquainted with O. A. I Serville	
do certify that I am well acquainted with J. A. J. Scicille applicant in the foregoing affidavit, and am well assisted that the statements made by	the
ortify that I am well sequented with A.A. A Secrettle applicant in the foregoing affidavit, and an well settled that, the seatements made by true, and he is disabled, as he claims, and I know he is the individual he represent	the him in his said affidavit are
applicant in the foregoing affidavit, and am well satisfied that the statements made by	the him in his said affidavit are
applicant in the foregoing affidavit, and am well satisfied that, the statements made by true, and he is disabled, as he claims, and I know he is the individual he represent	the him in his said affidavit are
applicant in the foregoing affidavit, and am well satisfied that the statements made by true, and he is disabled, as he claims, and I know he is the individual he represent resides in this County and has been a bona fide resident since the	the thin in his said affidavit are to himself to be, and that he
applicant in the foregoing affidavit, and an well satisfied that the statements made by true, and he 'is discabled, as he claims, and I know he is the individual he represent resides in this County and has been a bona fide resident since the day of. I also certify that the witnesses, to wit: OT, Lo O, Lo Luy, and are persons of respectability, that their and and another sport of the affidavit was read to and understood.	the him in his said affidavit are to himself to be, and that he
applicant in the foregoing affidavit, and an well satisfied that the statements made by true, and he is distributed, as he claims, and I know he is the individual he represent resides in this County and has been a bona fide resident since the day of I also certify that the witnesses, to wit: Dt. C. Lawy, and are persons of respeciability, that their sevential and belief, and that the full text of the affidavit was read to and understood the same.	the him in his said affidavit are to himself to be, and that he
applicant in the foregoing affidavit, and an well satisfied that the statements made by true, and he 'is disabled, as he claims, and I know he is the individual he represent resides in this County and has been a bona fide resident since the day of. I also certify that the witnesses, to wit: Dr. Lawy are persons of respectability, that their and are persons of respectability, that their and certain delicit and belief, and that the full text of the affidavit was read to and understook	the him in his said affidavit are to himself to be, and that he
applicant in the foregoing affidavit, and an well satisfied that the statement made is true, and he is detaboled, as he claims, and I know he is the individual he represent resides in this County and has been a bona fide resident since the day of I also certify that the witnesses, to wit: Ot, O. A. a	the thin in his said affidavit are to himself to be, and that he follows the himself to be, and that he to himself to be, and that he to himself to be, and that he himself to be a to himself to he had been before they signed to he had been before they signed to have the himself to have he had been before they signed to he had been before they signed to have he had been before they signed to have he had been been been been been been been bee
applicant in the foregoing affidavit, and an well satisfied that the statements made by true, and he is distributed, as he claims, and I know he is the individual he represent resides in this County and has been a bona fide resident since the day of I also certify that the witnesses, to wit: Dt. C. Lawy, and are persons of respeciability, that their sevential and belief, and that the full text of the affidavit was read to and understood the same.	the thin in his said affidavis are to himself to be, and that he for the himself to be, and that he for the himself to be, and that he for the himself to be the himself to be, and that he himself to be the himself to be

State of Seergia, Campbell County: Before me, the undersigned, Ordinary of said county, this day personally came Br.T.P.Bullard, a regular practicing physician of said county, known to me to be entirely trustworthy, and whose statements are entitled to full faitheand credit, says that he has been sequeinted with the applicant for an increase of pension, Mr.B. A. J. Smith, for about thirty years; has treated him professionally for years; that he is now on the invalid pension listfrom a condition caused, as claimed in his approved application by cold that settled on his lung, back and shoulder; said condition has grown worse until he is affected from his left shoulder down to his hips; that he is at times so helpless as to be en-tirely unable to dress himself, and is enten confined to his bed for days at a time, from send cause,; that his left arm has been entirely helpless and useless for more than a year, and thathe can use his right arm very lattle on account of the disease ht arm and shoulder-it also affecting his right arm; that from said omise his general health has become greatly impaired; that from said condition he is now practically and escentially helpless; that said applicant is thoroughly credible. entirely trustworthy and deseving.

9 O Breen md

The above affidevit was personally subscrabed and sworn to before me this the 1 and day of 1911.

Ordinary of Campbell County, Georgia.

tion of the shoulder and back, which he says was first on by cold contracted in the confederate service and for which he is now drawing a pension from the State; that said condition has ontinued to grow worse until it affects his left arm and side from shoulder down to his hips; that his left arm is entirely helpless and useless, and that said condition affects also his right arm; that he is frequently confined to his bed and often entirely unable to dress himself; that from said condition, which also affects and impairs seriously his geberal health, he has become and is now prectically and essentially helpless.

The above affideris was personally subscribed and sworn to before me, this the 6 and of for 1911.

ry Compbell County, Georgia.

tion ass grown worse until he is affected from his left shoulder down to his hips; that he is at times so helpless as to be en-tirely unable to dress himself, and is enten confined to his bed for days at a time, from sand omes,; that his left arm has been entirely helpless and useless for more than a year, and thathe can use his right arm very little on account of the disea at arm and shoulder-it also affecting his right arm; in his that from said omuse his general health has become greatly impaired; that from said condition he is now practically and essentially helpless; that said applicant is theroughly credible. entirely trustworthy and deseving.

9 O Bulland md

The above affidavit was personally subscrabed and sworn to before me this the 10 day or 1000 1911.

W. S. W. Lor

Ordinary of Campbell County, Georgia.

NAME Smith. B.A.J.

COUNTY Campbell

WHEN AND WHERE BORN? March 27,1843,- Georgia.

LISTED WHEN AND WHERE? August 1861,- Does not state where

RANK

Co.C. 35th. Ga. Regt. COMPANY AND REGIMENT? (Thomas' Brigade)

MAME OF CAPTAIN AND COLONEL?

WCUNDED? Fall of 1851, contracted a severe cough while in Confed. Service in State of Va., cough settled on lungs, rendering it necessary to send him to Hospital, Richmond, Va., Said diesease has troubled applicant since the war; affected from left shoulder down to his hips; at times helpless. Can use right arm but CAPTURED, WHEN AND WHERE? (very little on account of disease in left arm & (shoulder it also affecting his right arm. His (general health has become greatly impaired; that from said condition he is now practically and essentially helpless; that said applicant is (thoroughly credible.

WHEN AND WHERE SURRENDERED? April 9,1865,- Appointtox, Court House, Virginia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. No Service Witness.

State of Georgia, Camp bell Com

Before me, the undersigned Ordinary, this day personally came Dr. T. P. Bullard, a regular practicing Physician of said county, known to me to be be entirely truestworthy, and whose statements are entitled to full faith & credit, and who being duly sworn, says that he has been intimately acquaint ed with the applicant for pur increase of pension, Mr. B. A. J. Smith, for 30 years; has treated him professionaly for 10 years; that he has completely lost the use of his left arm; that said affected left arm was Acceptions caused by cold and consequent cough contracted while in the ser vice of the Confederate Army; that said applicant is affected from his left shoulder down to his hips; and that he is at times, helpless, and unable to even dress himself; that he suffers constantly from said disease, and probably always will suffer from same; that he is frequently confined to his bed from same for days at the time; that applicant has not been able to use his said left arm at all for over twelve months, and that he unable to use his right arm only a very little on account of disease in left arm- the said disease also affecting his right arm; that his general health is also badly impaired by this disease in his shoulder and arm; that on account of said disease, he is practically and essentially helpless; that applicant is thoroughly credible, entirely deserving and perfectly trustworthy.

		200	ullary	7774
Sworn to & subscribed	before me, this	I day of	uly	_1911.
	1/	8. Un Lor	· · · , or	dinary,-
	100	Campbell	county, Ga.	25

Georgia, Campbell County.

I, W. S. McLarin, Ordinary of said county, certify that the wit ness to application, herewith presented, for increase of pension of B. A. Saith, Dr. T. P. Bullard, was duly sworn, that he is trugbworthy, and his statements entitled to full faith and credit.

Witness my hand and seal of office, this July 26th 1911.

Ordinary,

Campbell county, Ga.

COMPANY AND REGIMENT? Co.C. 35th. Ga. Regt. (Thomas' Brigade)

NAME OF CAPTAIN AND COLONEL?

WCUNDED? Fall of 1861, contracted a severe cough while in Confed.Service in State of Va., cough settled on lungs, rendering it necessary to send him to Hospital, Richmond, Va., Said dissease has troubled applicant since the war; affected from left shoulder down to his hips; at times helpless. Can use right arm but CAPTURED, WHEN AND WHERE? (very little on account of disease in left arm & shoulder- it also affecting his right arm. His general health has become greatly impaired; that from said condition he is now practically and essentially helpless; that said applicant is thoroughly credible.

WHEN AND WHERE SURRENDERED? April 9,1865,- Appomattox, Court House, Virginia,

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. No Service Witness.

vice of the Confederate Army; that said applicant is affected from his left shoulder down to his hips; and that he is at times, helpless, and unable to even dress himself; that he suffers constantly from said disease, and probably always will suffer from seme; that he is frequently confined to his bed from same for days at the time; that applicant has not been able to use his said left arm at all for over twelve months, and that he unable to use his right arm only a very little on account of disease in left arm- the said disease also affecting his right arm; that his general health is also badly impaired by this disease in his shoulder and arm; that on account of said disease, he is practically and essentially helpless; that applicant is thoroughly credible, entirely deserving and perfectly trustworthy.

903 llary mx uly Sworn to a subscribed before me, this 26 Ordinary,-

Campbell county, Ga.

Georgia, Campbell County.

I. W. S. McLarin, Ordinary of said county, certify that the wires to application, herewith presented, for increase of pension of B. A Smith, Dr. T. P. Bulland, was chily sworn, that he is trugtworthy, and his tatements entitled to full faith and credit.

Witness my hand and seal of office, this July 26th 1911.

Ordinary

Campbell county, Ga.

NAME Smith, B. A. J.

YEAR 1909 COUNTY Campbell

WHEN AND WAFRE BORN? March/1843 - Resident of Georgia since date of

ENLISTED WHEN AND WHERE? August 29, 1861 - Georgia

RANK.

COMPANY AND RECIMENT? Company C, 35th Regt. Ga. Vols.

NAME OF CAPTAIN AND COLONEL? J. E. Steed - Captain

WOUNDED? August 1862 while in service in Virginia contracted a severe cold, and was sent to hospital at Farmville, Va., kept there 3 months - returned to command and on account of said disease settling in lungs, back and shoulders disabled him from doing any manual labor, and rendered him practically, permanently and sesentially unable to do any manual labor.

RELEASED.

WHEN AND WHERE SURRENDERED? April 9, 1865 - Appomattox Court House, Va.

IF. NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURTED.

WITNESSES. J. E. Steed, Captain; W. G. Roberts; T. N. Slaton - same lw command -- No data.

WHEN AND WAFRE BORN? March/1843 - Resident of Georgia since date of birth.

ENLISTED WHEN AND WHERE? August 29, 1861 - Georgia

RANK.

COMPANY AND REGIMENT? Company C, 35th Regt. Ga. Vols.

NAME OF CAPTAIN AND COLONEL? J. E. Steed - Captain

WOUNDED? August 1862 while in service in Virginia contracted a severe cold, and was sent to hoppital at Farmville, Va., kept there 3 months returned to command and on account of said disease settling in lumgs, back and shoulders disabled him from doing any manual labor, and rendered him practically permanently and sessitivity unable to do any manual labor.

RELEASED.

WHEN AND WHERE SURRENDERED? April 9, 1865 - Appomattox Court House, Va.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

· DIED, WHEN AND WHERE?

BURTED,

WITNESSES. J. E. Steed, Captain; W. G. Roberts; T. N. Slaton - same lw command -- No data.

- ✓ Form No. 5.	
OF ATTORNE	
POWER O	

SPATE OF GEORGIA,	Know all Men by these Presents, That I, Character Special	County, in said State, do hereby appoint of the said State of Barriell Street House	me and in my name, to receive and receipt for whatever amount of money I mack for to from the State of Georgia as a widow of a Confederate Soldier, as stared in the formation.	antiabut; hereby authorizing my said attorney to receipt in my name for any Warrant that may aforesiste by the Governor, or for any sum of money which may be coming to me for the reason

Smith, Elizated County, 1, 3, 1891. Mo. 1401

Widows' Pension

Oms Elizabeth Smith

Campbell COUNTY.

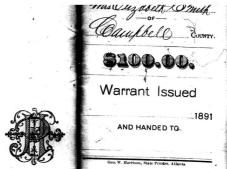
\$200.00.

Warrant Issued

AND HANDED TO.



Know all Men by those Presents, That I. STATE OF GEORGIA, me and in my name, to receive and receip to from the State of Georgia as a widow of affidavit; hereby authorizing my said attor be issued by the Governor, or for any sum in said State, do hereby appoint POWER WITNESS WHEREOF,



POWER OF ATTORNEY.

STATE OF GEORGIA,

Ca. phell county.

Know all Men by these Presents, That I, Gizabeth Smy, in said State, do hereby appoint

County, in said State, do hereby appoint

of Champfell State, do hereby appoint

of Champfell State of County State of County State of County 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 be issued by the Governor, or for any sum of money which may be coming to me for the reason

be issued by the core in the core in the second of the core in the Elizateth Smith

Executed in the presence of us:

R. C. Bravers Ordinary

If allowed, send amount by_

AND HANDED TO

Warrant Issued 210.1HO 89 STATE OF GEORGIA,

In person came before me, the undersigned Ordinary

County of Campbell in and for the County of Campbell in and for the County of Clizabeth Smelte , who being sworn according to law, says under

Affidavit to be Made by the Widow.

outh that she is the widow of John Sently Soulle who was a soldier in the service of the Confederate States, and served as a member of Company H , of the 30 Jal. Regiment of Story Wolunteers; that he enlisted in said service on or about the 13 day of February 1863, and was in the

Conferderate Army up to Mary 30 1864 That while in the

Conferderate Army up to May 30 1864 That while in the Army, he was on the 30 day of May 1864 (See Note No. 1)

Said John A Smith lied suld was expecting to ight in the distance and was expecting to ight in the morning and he had been seek from; he complained of not felling well the lay before, he was examined by surgeon, who saled trate and died and died surgeon, who saled trate and

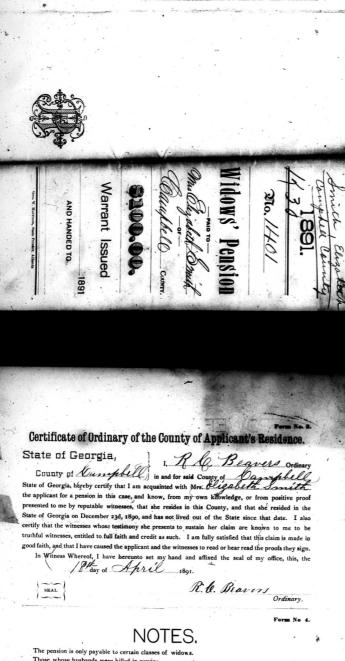
died sudden by and had not been she The blace where he died was for the being Sunger but Sunger builty Georgia luring John on's retreat room dollar Sato of the Atlanta.

Deponent further swears that she was the wife of said deceased soldier during his term of service in day of farmary 1854 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 worn to and subscribed before me, time, we for April 1891. S. R. C. Weavers Ordinary.

Elizabeth. Nor OFFICE Hairburn

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



, and oblige

Those whose husbands were killed in service.

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

Those whose husbands 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.

Those whose husbands 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, remarried.

The law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act.

The facts to establish a claim must be substantiated by the testimony of three witnesses

ho personally know of the enlistment of the husband and his death and the immediate cause

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

There is no need of employing a lawer or other agent to attend to these claims. The Department will furnish full 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 of their County and testify. The attestation of a Justice of the Peace or Notary will not

If proofs must be made out of the State, the witnesses must be sworn before a Judge of a Court of Record under seal, and the witnesses must be certified to as reliable, and that their signatures are genuine Fill out Power of Attorney authorizing some one who can call at Treasurer's office in Atla

receive the money, to receipt for same. Fill out the "directions" below Power of Attorney, so that your Agent will know where and how

W. H. HARRISON.

By order of the Governor.

Sec. Ex. Depart

the heave when he did was few & Church near Callar, Party George Surgeon who dated that a died suited was few & Church near Callar, Panding brinky George Survivey Johnson's retreat room dalton George to Atlanta.

Deponent further swears that she was the wife of said deceased soldier during his term of service in day of lancary 1864, and that she has resided in Georgia continuously since the 1862; that Georgia is her home, and was such 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 Low day of April 1891. Chigalists I will Rele. Bravers Ordinary. Mer OFFICE Hairtres 21

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

Affidavit for Three Witnesses.

State of Georgia,)
6	In person came before me, the undersigned Ordinary
@ County of Campbell	in and for said County, witnesses
George & Longino	John O Harrison
reliable and servet by	(each known to said Attesting Officer as truthful,
Mrs. Olizabeth Smith	y say under oath, that, from their own personal knowledge,
State of Georgia, is the widow of Loth	n of the County of Campbell,
Company So of the 30	Regiment of Storgia Volunteers.
I hat said soldier enlisted in the service of the	on Confedurate States (- 1) O
about the day of Mil	That while in said service on her
reason of said service in the Army, he lost h	is life as follows: He was in
the ditahes and	despecting to fight.
He had been	Porreplain of not feen
well had been	mullany of not feen
the naw veen	stepping and soon
a money a	s he herd some fireing
raised up and	fell back dead. He was
examined by	Apromised &
had not been	hit hat died . II .
The place who	e hydred was
Saw Nohe Chan	rch near Dallas
	inter sergia.
dd ' M.	my sengia.
Det Johns	retreat from
success to A	Canta on May 30
1864	

Our opportunity for knowing the facts stated in reference to death of applicant's husband were The west mombers of his Company and were in actual dervice when he died.

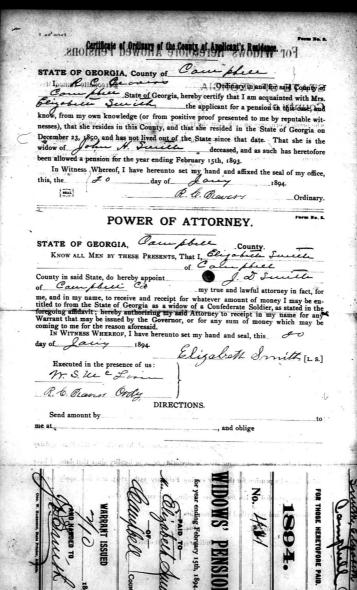
We further swear that Mrs. Assign below amount was the wife of positive during the service, and that she has not intermarried since his death, and that she resides in Assignment Country of the State of Georgia Assignment States were this the 1 We further swear that Mrs. Gliga beth Smith was the wife of sald

18th day of April 1891. R.G. Beavens

5 Le Harison Ordinary. David his Nataway

mark)
sees must not testify about things they may believe, but coufine their statements to such facts at they per-

INOIES! The pension is only payable to certain classes of widows. that but died suddenly nds were killed in service. Those whose husbands died in the army of wou ds or disease contracted in the service. where he died was no The Nope Church near Dallas Building County Georgia. Those whose husbands 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 Those whose husbands contracted disease in the service, and who after the war, died of the disease 's retreat from sed by the service. The disease directly causing the death. Valton to At Canta on May 30 th No widow is entitled unless she was the wife of the soldier during the war, and has never remarried. 1864 The law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act. Our opportunity for knowing the facts stated in reference to death of applicant's husband were The were manufers of his Company and were in actual Service when he The facts to establish a claim must be substantiated by the testimony of three witnesses o 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 lawer or other agent to attend to these claims. The artment will furnish f_{nll} and specific instructions, and give ample opportunity to every claimant. died. If witnesses live in another County from that wherein applicant resides, they must go before the Ordinary of their County and testify. The attestation of a Justice of the Peace or Notary will not We further swear that Mrs. Quiga beth Smith was the wife of sald soldier during the service, and that she has not intermarried since his death, and that she pessides in County of the State of Georgia Sworn to and subscribed before me, this, the If proofs must be made out of the State, the wit ses must be sworn before a Judge of a Court of Record under seal, and the witnesses must be certified to as reliable, and that their signatures are genuine. Fill out Power of Attorney authorizing some one who can call at Treasurer's office in Atlanta and Sworn to and subscribed before me, this, the 5 Le Harrison eive the money, to receipt for same. Fill out the "directions" below Power of Attorney, so that your Agent will know where and how R.G. Beavers _ David Natagas to send the money. Ordinary. By order of the Governor. W. H. HARRISON. mark their statements to such facts as they per-Sec. Ex. Departs Witnesses must not testify about things they may believe, but For sometimes a translight, to County of Applicant's Registeres. To I STATE OF GEORGIA, County of Campbee



of Campbell Co my true and lawful attorney in fact, for my true and iswill attorney in tact, 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 authorising 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 Jarry 1894. Elizabeth Smith [L. S.] Executed in the presence of us: R. C. Brans Ordy DIRECTIONS. Send amount by _, and oblige For Widows' Heretofore Allowed Pensions. STATE OF GEORGIA. Count STATE OF GEORGIA. Personally comes Mrs. Elizabete Switte County of Camptie who being sworn, says on oath, that she is a bona fide resident of said County of Care & feee State of Georgia, and that she has resided in said State continuously ever since Dec 2 * 1862 That she is the Widow of who was a Soldier in Company Regiment of Ga Volunteers, that he enlisted in said Regiment on or about the month of July 13 186 I and served in the Army up to the ay 10 186 1 That he lost his life on the 30 day of May 1864 (State here full particulars of the husband's death, when, where and from what cause.) (He dua Suddenly mor New Hope Church in Spoulding & Ja, while in service during the totale of new Hope Church from what was supposed to the her diseose. 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 1857; 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 Elizabeth Smith 30 day of Society 1894. R. C. Gravers, Ordinary. Post-office.

a Sponeding & Ja, while in serve our what was performed to be known 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 wife in the year 1854; that Georgia is her home and she resided in this State 23d day ecember, 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 nce provided by law for the year ending February 15th, 1894. Sworn to and subscribed before me, this Elizabeth Smith Jo day of Josep 1894. R. C. Bravers, Ordinary. Post-office Fair bur Certificate of Ordinary of the County of Applicant's Residence. Cartificate of Ordinary of the County of Applicant's Residence. STATE OF GEORGIA, County of Campbur

I, As Proof Ordinary in and for said County of Campburl

State of Georgia, hereby certify that I am acquainted with Mrs.

Elmaberth Struth

the applicant for a pension in this case and I, O STATE OF GEORGIA, County of Ordinary in and for said County of State of Georgia, hereby cartify that I am acquinited with Mrs.

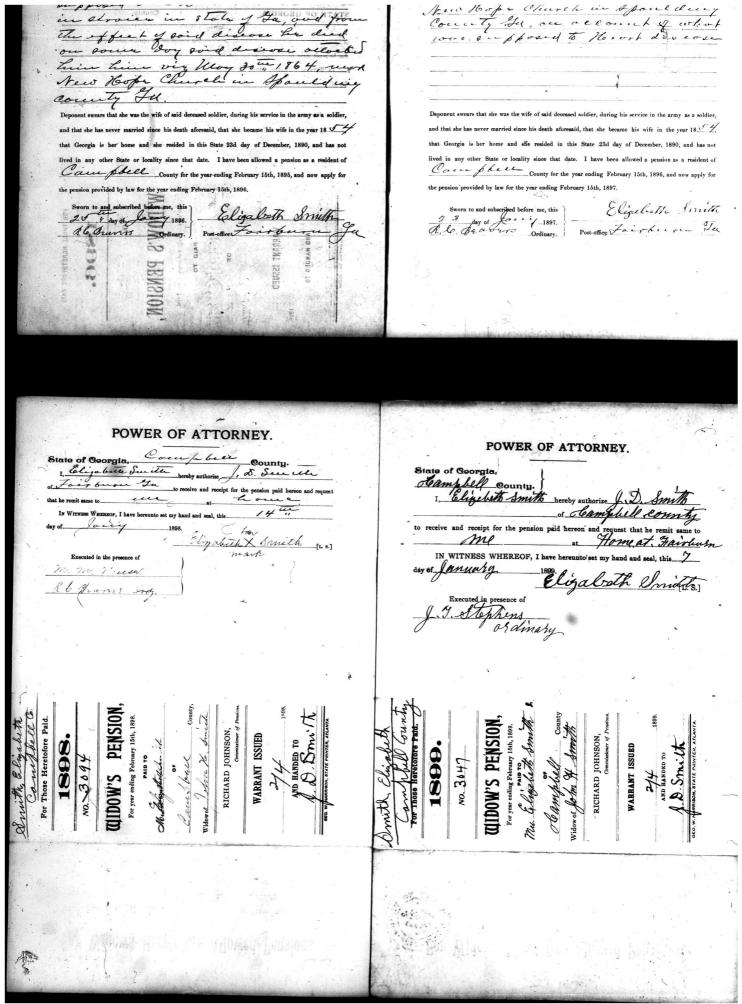
the applicant for a pension in this case, and the applicant for a pension in this case, and know, from my own knowledge, (or from positive proof presented to me by reputable witnesses), the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable with that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of John 1890, and has not livey. nesses), that she resides in this County, and that she resided in the State of Georgia on of John He. Sur Key deceased, and as such has heretofore been allowed a pension for the year ending February 15th 1892. low of a pension for the year ending February 15th, 1864. deceased, and as such has heretofore In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, the day of 1895. A le Beavers & le Beavers Ordinary. POWER OF ATTORNEY. POWER OF ATTORNEY. STATE OF GEORGIA, Cumpball of boulphule June D. Smith STATE OF GEORGIA, Com pheel KNOW ALL MEN BY THESE PRESENTS, That I, Elizabeth Vintle Know all Men by these Presents, That I, County in said State, do hereby appoint Juste d. Sur with County, in said State, do hereby appoint of Leamphell les Ga my true and lawful attorney in fact, for 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 sufficiently the Governor, or for any sum of money which may be coming to me for the reason In Witness Whereo, I have hereunto set my hand and seal, this my true and lawful attorney in fact, for ms, and in any 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 Withense Whereof, I have hereunto set my hand and seal, this day of Jamon _1893_ day of Jany Elizabett Smith [L. 8] _1895. Elizabeth Smith [. .] Gaorge Lachow n. P. Executed in the presence of us: R. B. Bravers Order Sinon R. C. Brwens Only DIRECTIONS. DIRECTIONS Send amount by , and oblige , and oblige

County, in said State, do hereby appoint of Lamphell les Sa 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. IN WITHERS WHEREOW, I have hereunto set my hand and seal, this Light Chiral of the reason of us: Light Chiral of	County in said State, do hereby appoint from the State of Sureth o
Smith, Elizabeth Cambrilla Cambrilla 1893. Widows' Pension Widows' Pension Widows' Pension For year ending February 15th, 1893. Ma. Elizabeth & mink Country Country Wairrant Issued Wairrant Issued Wairrant Issued Wairrant Issued	TOO HOSE HERETOFORE FAID. WIDOW'S PENSION, For year ending Peduary 15th, 1895. Separate State WARRANT ISSUED WARRANT ISSUED AND WARRENT TO
For Widows' Heretofore Allowed Pensions. STATE OF GEORGIA, County of Daupbul Ship abuth Smith who being sworn, says on oath, that she is a bona fide resident of said County of Campbull State of Georgia, and shat she has resided in said State continuously ever since die 1/2, Is 33 That she is the Widow of Who was a Soldier in Company of the 30 Regiment of Georgia, Wolumbeers, that he enlisted in said Regiment on or about the month of February Volumbeers, that he enlisted in said Regiment on or about the month of February 1863 and served in the Army up to Moy 1864 That he lost his life on the day of Moy 1864 (State here full particulars of the kusband's death, when, where and from what cause.) (He died) in or near New Hope Church in the Stote Of Georgia, Arbeny and benefy, while ithe Volutte of New Hope aburch wow bring from the day of Dote morely, supposed to bee heart disease	ROF WICHONS' Heretosore Allowed Pensions. STATE OF GEORGIA, County of Campbell State of Georgia, and that she has resided in said State continuously ever since And 2 me who was a Soldier in Company Who being sworn, says on oath, that she is a bonn side resident of said county of Campbell State of Georgia, and that she has resided in said State continuously ever since And 2 me who was a Soldier in Company Who of the 30 me Regiment of Volunteers, that he enlisted in said Regiment on or about the month of India 186 J and served in the Nationy up to May 30 186 H. That he lost his life on the 30 me day of Mey 186 H (State here full particulars of the husband's death, when, where and from what cause.) Now they are thought which in survive work New Hoope China she in SP and ding Co La Former what way his property to be a former what for the former what way his property to be a former what former when the way his property to be a former what way his property to be a former what former when the way his property to be a former what way his property to be a former when the way his property to be a former when the way his property to be a former when the way his property to be a former when the way his property to be a former when the way his property to be a former when the way his property to be a former when the way his property to be a former when the way his property to be a former when the way has been a former when the way his property to be a former when the way have been a former when
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 1854; 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, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893. Sworn to and subscribed before me, this 25, day of Journey, 1893. R.B. Deavert Ordinary. Post-office Taibbury Jal	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 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 day of Language 1895. Chipherth Smith Post-office Language 1844.

of Teorgin treng outberly while the	Hew Hope Church in Standding Co La
bottle of new Hope ahursh was being	from which was su placed to be front
fought, on the day & date nomed, supposed	
to be heat disease	distant, while sugared in soid
6 ou now disease	botter of New Hope church!
Date to the state of the state	
Deponent swears that she was the wife of said deceased soldier during his service in the army	Deponent swears that she was the wife of said deceased soldier, during his service in the
as a soldier, and that she has never married since his death aforesaid, that she became his wife	army as a soldier, and that she has never married since his death aforesaid, that she became
in the year 1854; that Georgia is her home and she resided in this State 23d day of December,	his wife in the year 18 24, that Georgia is her home and she resided in this State 23d day
1890, and has not lived in any other State or locality since that date. I have been allowed a.	of December, 1890, and has not lived in any other State or locality since that date. I have
pension for the year ending February 15th, 1892, and now apply for the allowance provided by	been allowed a pension for the year ending February 15th, 1894, and now apply for the
law for the year ending February 15th, 1893.	allowance provided by law for the year ending February 15th, 1895.
	Sworn to and subscribed before me, this 2 day of July 1895. Elizabeth Smith
23, day of Journay 1893. Elizabeth Smith R. B. Glavers Ordinary. Post-office Fairburn La	Q. C. Brury Ordinary. Post-office Sain have the
R. B. Beavers Ordinary Post offine Fairbrum La)	Ordinary. Post-office Tank the
Criminary.) Post-omice Service	
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Certificate of Ordinary of the County of Applicant's Residence.	
Manual Common Caracter of Common Caracter of Caracter	Form Xc, 1.
curdidut i naudita aminiata Chania, And a	Certificate of Ordinary of the County of Applicant's Residence.
STATE OF GEORGIA, County of Campbell	
I, a C Beauty of Ordinary in and for mid County of	STATE OF GEORGIA, County of Coure phece
State of Georgia, hereby certify that I am acquainted with Men	R. C. Deovero
Elizabeth Suite the applicant for a pension in this case, and	Ordinary in and for said County of
know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she	Eligabel Succele the spolicent for a persion in the case and
resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived	the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesse-,) that she
out of the State since that date. That she is the widow of Julian H. Junelle	resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not
deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.	lived out of the State since that date. That she is the widow of the State since that date.
In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this	deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.
theday of	In Witness Whereof, I have hereunto set my hard affixed the seal of my office, this
(d. b. harrs	the 2-2 day of Joseph 1897
(Granes Ordinary.	(=) A. lo. dravers
	SEAL A. No. OLAVERS Ordinary.
POWER OF ATTORNEY.	
- Swam Charles	Form No. 1.
STATE OF GEORGIA, Campbell County.	POWER OF ATTORNEY.
Elizabeth Switch person desse at friends	O htile
of Jacob To receive and receipt for the pension paid hereon and receipt	STATE OF GEORGIA County Sheet County.
that he remit same to use at Fair burn fee	of Leighber and receive and receive for the pension usid bereon and request
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	that he remit same to
day of Larry 1896.	IN WITNESS WHEREOP, I have hereunto set my hand and seal, this 22.
Edizabeth Smith [1.4]	
Executed in the presence of	day of 1897. Elizabeth Smith
M. S. We Loring	Executed in the presence of
	Dr. S. 11ce Lorden
J. G. Orling)	A. C. Bearing
and the state of t	Ordenary
County is a Character of County to the year county Louding State and the State of County State of County in the State of County is a county of County in the State of County in the Sta	Crai. cory
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STATE OF GEORGIA Come Sheet County Secret le grant de la fereix authorize f. D. Secret le ot de la fereix and receipt for the pension mid horson and secret for the pension mid horson a IN WITNESS WHEREOF, I have hereunto set my hand and seal this... Elizabeth Smith Edizabeth Smith [L.S.] Executed in the presence of MS We Lond Dr. S. ILL CLarie Q. C. Franco Ording A. C. Bearing Ordinory For Widows Heretofore Allowed Pensions. For Widows Heretofore Allowed Pensions. STATE OF GEORGIA, STATE OF GEORGIA, County of Compbute | Cliquoute Sunth County of Complete continuously ever since. Dee = State of Georgia, and that she has RESIDED in said State December 1862 That she is the Widow of John Ho. Swille who was a Soldier in Company Volunteers, that culisted in said regiment on or about the month of 186 Ind served in the Army up to May 30 the life on the 30 the day of May 186 7 and served in the Army up to May 30 day of Mory 18 6 4 (State here ticulars of the husband's death, when, where and from what cause.) (Here wor full particulars of the husband's death, when, where and from what cause.) Her die of And Hope Church in Spoulding supposed to be Heart Distor while in stroice in state of La out from Courty Set, are account of what The offert of soid disease he died on some Doy soid disease actocked New Hope Church in Spaulding Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, she has never married since his death aforesaid, that she became his wife in the year 18 5 4. that Georgia is her home and she resided in this State 23d day of December, 1890, and has not orgia is her home and she resided in this State 23d day of December, 1890, and has lived in any other State or locality since that date. I have been allowed a pension as a resident of Campbell County for the year ending February 15th, 1895, and now apply for Courty for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1896. the pension provided by law for the year ending February 15th, 1897. Elizabeth Smith Ale Braver Ordinary. Post-office Fairberre La



Those Heretofore Paid.

1898.

NO. 3694

MIDOW'S PENSION,
For year ending Rebrusty 16th, 1888.

And Edward Land.

RICHARD JOHNSON,
Commissioner of Pension.

RICHARD JOHNSON,
Commissioner of Pension.

WARRANT ISSUED

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AND HANDED TO

AND HANDED

Complete Curty Courty For Those Hereigions Paul.

1899.

Wo. 3847

WIDOW'S PENSION,

For year ending Pobrany 16th, 1899.

Thu. Glowy Left Sam M.

County Widow of John H. Sam M.

RICHARD JOHNSON,

RICHARD JOHNSON,

Omnowinger of Previous.

WARRANT ISSUED

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AND HANDED TO.

For Widows Heretofore Allowed Pensions

STATE OF GEORGIA,	Personally Comes Mrs.
County of Campi beer	Elizabeth Swith
Jounty of	
who, being sworn, say	ys on oath, that she is a bona fide resident of said county of
10	
1	State of Georgia, and that she has RESIDED in said State
continuously ever since 202 c ?	18 6 2 That she is the Widow of
John Ho Servich	10 2 I that she is the Widow of
John Sto. Such	who was a Soldier in Company
11K" 30 The	La .
of the	Regiment of .
Volunteers, that he enlisted in said regiment on or about	the month of JE by
a /	2
186 and served in the Army up to	y 36 4 That he lost his
life on the 30 th day of	Miny 1864 (State here
full particulars of the husband's death, when, where a	and from with course) How deed
y and particularly the measure at the many tenters, to the many	A
suddecity from	what was In poor 4
to be the intrans	ose while in 227
2 02 33 2077 X -0 C	
vice in State of	Georgia on May
20 th 1864 00 ole	
20 11 /067 00 000	ou stoled "
Entered to the control of the contro	
Deponent swears that she was the wife of said deceased sol-	dier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and that si	
I have been allowed a pension as a resident of	Course bell County for the year ending
February 15th, 1897, and now apply for the pension provi	
	f (
Sworn to and subscribed before me, this	E1: 1-11/1
day of Joury 1898. } -	Postoffice for burn ga
R. C. Branns Ordinary.	Jacobarn 1a
Ordinary.	Post-Office
State of Consider	2 2 2
State of Georgia,	. E. C. Beaver
County County	Ordinary of said County, certify that I am well acquainted
with Mrs. Elizabeth Sense	<i>7</i> .
with Mrs.	who made the above affidavit and am satis-
fied that the feets therein stated are two and I know she i	is the indictional above and the second second
fied that the facts therein stated are true, and I know she is	2 1- 9-20-
has continuously resided in this State since the	day of 18—
	man I di
Given under my official signature and seal this the	14 day of Joery 1898.
	a. b. Brans
-11-	_
Official)	of Course bell County.
Seal. Ordinary	of County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	Personally Comes Mrs.
County of Teamphell	Elizabeth Smith
Campbell	s, 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
continuously ever since De Cember	18 62 That she is the Widow of
Je John H. Sn	who was a soldier in Company Regiment of 59-lorgia
Volunteers, that he enlisted in said regiment on or	, 0
20	my the 80 1864 That he lost his
ife on the 30 day	of May 1864 (State here
suppose to be h	art Desease had been
near new hahe	for some time he died
County operais	Journa VI Spouraing
	*
reponent swears that she was the wife of said decea	sed soldier, during his service in the army as a soldier, and that
te has never married since his death aforesaid, and I have been allowed a pension as a resident	1 - 11.m
ebruary 15th, 1898, and now apply for the pension Sworn to and subscribed before me, this	a provided by law for the year ending February 15th, 1899.
day of January 1899.	Elgaven Smith
J. J. Stephens Ordinary.	Poet-Office Fairburn. Ja
State of Georgia,	1 J. Stephens
County.	distribution of the country country that I am well acquainted
	who made the above affidavit and am satis- w she is the individual she represents herself to be, and that she
s continuously resided in this State since the	day of December 1862
Given under my official signature and seal th	is the day of January 1899.
Official) Seal.	Ordinary of Champbell County.

A.

sica in State of Georgia on May	county ofering
To in 1864 or ober stoled 1	
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Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that	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 1854.
she has never married since his death aforesaid, and that she became his wife in the year 18 5 - 44.	I have been allowed a pension as a resident of Jeamfold County for the year ending
I have been allowed a pension as a resident of Courfe bell County for the year ending	February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1899.
February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898. Swora to and subscribed before me, this \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \	Sworn to and subscribed before me, this Elizabeth Smith
14 in day of Joing 1888, Chyabeth X Ameth	J. J. Stephens Ordinary. Post-Office Fairburn. Ja
Mb Brans Ordinary.) Post-Office Fair borne Ja	a walt
State of Georgia, P. P. P. Beauch	State of Georgia, I Stephens County Ordinary of said County, certify that I am well acquainted
State of Georgia, Ordinary of said County, certify that I am well acquainted	with Mrs. Clincheth Smith who made the above affidavit and am satis-
with Mrs. Elizabette Sewelle who made the above affidavit 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
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 day of December 1862
	Given under my official signature and seal this the day of farmary 1809.
Given under my official signature and seal this the 14 th day of Joseph 1898. Ab Brans	(Official) Ordinary of Teampbell County.
Official Soil Ordinary of Course bell County.	Seal. County.
Seal. County.	
POWER OF ATTO	
POWER OF ATTOR	RNEY,
STATE OF GEORGIA,	potins.
1. Elizabeth Smith hereby author	
	rise & D Smith
of Ga	irlusm oga
to receive and receipt for the pension paid hereon an	d request that he remit same to
	Home with the state of the stat
IN WITNESS WHEREOF, I have hereunto set	my hand and seal, this 8
day of January 1800. Police	beth Smithius
Executed in presence of	Cavi VII VNAM[L. S.]
A Market Market	
- Niel aprilles	
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	# 8 W
WSION, 16th, 1800. County,	
Sind Sind Sind Sind Sind Sind Sind Sind	BY,
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MIDOW'S PENSION For year ending February 18th, 1900. Thu, Elegaloff Smith Commission of John Helbert	JNO. W. LINDSBY, Commissions of Comm
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For Widows Heretofore Allowed Pensions.

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For Widows Heretofore Allowed Pensions.

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STATE OF G	PORCIA		ersonally Co	
	CONTRACTOR OF THE PARTY OF THE			
County of GGA	mphel!		gabeth 1	milh
,		ys on oath, that she	is a bona fide resid	ent of said county of
- Tamps		_State of Georgia,	and that she has	RESIDED in said State
	Hamith	4 centry	18.33 . The	t she is the Widow of
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olunteers, that he enlisted i	PERMIT STATES	Out the month of	13 days	L Februara
man for all	Army up to ma		1864	That he lost his
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articulars of the husband's				on the
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he died with	. / / '	deceased	ne and	near
new hope	church in	spoules	ng com	Myqu
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Sworn to and subscrib	death aforesaid, and that ension as a resident of	she became his wife Camples a provided by law for	County the year ending I	of the year ending Sebruary 15th, 1900.
J. J. Steph	Ordinary.	Post Office_	J. Step	moga him
tate of Georgia	County.	Ordinary of said Co	1	am well acquainted
science of a O	Mb Smil			fidavit and am satis-
that the facts therein stated	the second second	4	represents hersel	
continuously resided in this		day of	cimh	5 18 8 3
Given under my official	mgnature and seal, this	f 4	day of Jan	1900.
Official Seal.	1200	13.	suppe	ng
THE SECOND	Ordi	nary of FGW	movel	County.

POWER OF ATTORNEY

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bruary 15th, 189 4, and now apply for the pension provided by law for the year ending February 15th, 1900. Sworn to and subscribed before me, this Sure of Georgia, Ordinary. Ordinary. Ordinary of said County, certify that I am well acquainted the Mrs. County. Ordinary of said County, certify that I am well acquainted the the facts therein stated are true, and I know she is the individual she represents herself to be, and that she continuously resided in this State since the day of Al Century 1883. Given under my official signature and seal, this the day of Al Century 1900. Ordinary of Tolumbull County.
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tate of Georgia, County. Ordinary Ordinary Ordinary Ordinary Ordinary of mid County, certify that I am well acquainted to but the above affidavit and am autisticated are true, and I know she is the individual she represents herself to be, and that she continuously resided in this State since the 2 day of Alember 18.33 Given under my official signature and seal, this the 8 day of January 1900. Ordinary of Tolumbull County.
tate of Georgia, J.
tate of Georgia, Ordinary of said County, certify that I am well sequainted to Mrs. County. Ordinary of said County, certify that I am well sequainted to Mrs. Ordinary of said County, certify that I am well sequainted that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she continuously resided in this State since the
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that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she continuously resided in this State since the 2 day of Alember 18.3.3. Given under my official signature and seal, this the 8 day of January 1900. Michael Seal. Ordinary of Tolumbury County.
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Given under my official signature and seal, this the 8 day of January 1900. July 1900 Gounty Go
Ordinary of Theampbell County.
Ordinary of Humpbell County.
FOWAR OF ATTORNEY
· * ·

POWER OF ATTORNEY FORM NO. 1.	STATE OF GEORGIA, Const.	Know all Men by these Presents, That I, G. N. Shrifts	Garuf State, do hereby appoint W. A. Christ	nd in my name, to receive and receipt for whatever amount of money I may be entitled with Educ of Money I may be an under the foregoing with the Money I may now may be a supported by the Money I may now to the money of the Money I may now the support the s	sued by the Governor, or for any sum of money which may be coming to me for the reason said.	IN WITNESS WHEREOF, I have hereunto set my hand and seal, this is the day of the city of the city is the city of t

If allowed, send amount by______, and oblige______, and oblige_______,



	done	th 1	Eliza	Lech
	Co	189	ell C	aunt
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-7	~**	0.17	/	

Widows' Pension

Mus Elizabeth a Mith County.

\$100.00.

Warrant Issued

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta

me and in my name, to receive and receipt for wh to from the State of Georgia as a widow of a Con affidavit; hereby authorizing my said attorney to re POWER OF be issued by the Governor, or for any sum of Know all Men by these Presents, That I STATE OF GEORGIA, County, in said State, do hereby appoint of Gaung Bell County & WITNESS WHEREOF,

Elizabeth a Smith \$100.00. Warrant Issued



AND HANDED TO

Affidavit	to	he	Made	hv	the	Widow
AIIIuuiib	w	nc	Mauc	UV	ын	WILLIAM.

<i>g</i>
STATE OF GEORGIA,
County of Compbell in and for the County of Co
, who being sworn according to law, says under
path that she is the widow of John Fr Smith , who was a soldier in
the service of the Confederate States, and served as a member of Company B , of the
day of while 1864 and was in the
Army up to about 1200 1861 That while in the
We Unitracted by provid Premionis by your of said
and while in the service and was taken to the medicinonwille Hospital, since orgin, and there and the
disease so Contracted in said service

Deponent further swears that she was the wife of said deceased soldier during his term of service in day of July 18 444, and that she has resided in Georgia continuously since the day of December 18.24; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. on the 230 day of December, 1e90, and since said date sine 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 tender in proof of her right to receive the allowance granted by said Act.

	subscribed before me, this, th	& a. smi	
R. C	Beavers Ordinary.	PORT-OFFICE	

6. A. Smith & Smith of 2. County, in said State, do hereby appoint_ of County in said State, do hereby appoint of County furnished 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 IN WITNESS WHEREOF, I have set my hand and seal, this 18th day of April 189/ & a Smith Executed in the presence of us:

E. M. Read.

R. C. Brancors Ordinary If allowed, send amount by

POWER OF ATTORNEY.

STATE OF GEORGIA,



Warrant Issued AND HANDED TO



Warrant Issued

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 _ & th day of July 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 tenderical proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the day of Recomber 1891.

R. B. Blavia.

Ordinary.

Notz 1. State in blank above the date of the death of the husband, and how, and when, and where he died. And in in the 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,

1, R. C. Beavers Enunty of Campbell in and for said County of Campbell State of Georgia, hereby certify that I am acquainted with Mrs. Elizabeth A. Smith

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 sead the proofs they sign.

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

18th day of April.

A. C. Beavers Ordinary.

Form No 4.

NOTES.

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 husbands 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

Those whose husbands 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 remarried.

The law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act. The facts 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

Widows who have married since the service of their husbands in the army are not entitled. There is no need of employing a lawer or other agent to attend to these claims. The Department will furnish full 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 of their County and testify. The attestation of a Justice of the Peace or Notary will not

If proofs must be made out of the State, the witnesses must be sworn before a Judge of a Court of Record under seal, and the witnesses must be certified to as reliable, and that their signatures are genuine. Fill out Power of Attorney authorizing some one who can call at Treasurer's office in Atlanta and receive the money, to receipt for same.

Fill out the "directions" 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 in and for said County, witnesses

County of Campbell W. J. Smith, and A. J. Dennis E. W. Reeves

(each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge,
Mrs. Flezobeth A. Bruith, of the County of Coampbell

Mrs. Hizabeth A Smith of the County of Coampleell
State of Georgia, is the widow of John & Smith who was a soldier in
Company B. of the 4 Regiment of Georgia Medichorth Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the day of That while in said service, or by reason of said service in the Army, he lost his life as follows: He Contrated

By phoid Breamonia by reason of said dervice and while in Jaid dervice, and was taken to the Andersonville Hospital in Seorgia, and on stre 21st day of February 1865 he died from Said desease to Contracted in Laid dervice

Our opportunity for knowing the facts stated in reference to death of applicant's husband were we nen in service with said deceased, and saw him dig when he died at place aforesaid

We further swear that Mrs. Elizatheth A. Smith was the wife of sald er during the service, and that she has not intermarried since his death, and that she resides in Campbell County of the State of Georgia Sworn to and subscribed before me, this, the

m to and subscribed before me, this, the R.G. Beavers Ordinary.

Those whose husbands were killed in service. Those whose husbands died in the army of wounds or disease contracted in the service. Those whose husbands 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. Those whose husbands contracted disease in the service, and who after the war, died of the disease sed 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 narried. The law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act. The facts to establish a claim must be substantiated by the testimony of three witnesses Our opportunity for knowing the facts stated in reference to death of applicant's husband were to personally know of the enlistment of the husband and his death and the immediate cause we nen in service with said deceased, and saw of the death. Widows who have married since the service of their husbands in the army are not entitled. him dig when he died at place aforesaid There is no need of employing a lawer or other agent to attend to these claims. The Department will furnish full 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 of their County and testify. The attestation of a Justice of the Peace or Notary will not We further swear that Mrs. Elizabeth A. Smith was the wife of sald If proofs must be made out of the State, the witnesses must be sworn before a Judge of a Court Record under seal, and the witnesses must be certified to as reliable, and that their signatures are genuin soldier during the service, and that she has not intermarried since his death, and that she resides in esses must be sworn before a Judge of a Court of Campbell County of the State of Georgia Fill out Power of Attorney authorizing some one who can call at Treasurer's office in Atlanta and Sworn to and subscribed before me, this, the receive the money, to receipt for same. Fill out the "directions" below Power of Attorney, so that your Agent will know where and how 18th day of April Smill R. l. Beavers Ordinary. By order of the Governor W. H. HARRISON. Sec. Ex. Department. FOR Supplied Attending of the Courts of Landing of Supplied of Supplied Ones. STATE OF GEORGIA, County of Cam phen Troubs Ginterra STATE OF THE COMMING HALL Compliant State of Georgia, hereby certify that I am acquainted with Mrs. Stripe here N. Junior the applicant for a pension in this case, and know, from my own knowledge (or, from positive proof presented to me by reputable with nesses), 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 deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1893. deceased, and as such has heretofore In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, s, the 2 2 day of 1894. 1 R.b. Beavers POWER OF ATTORNEY STATE OF GEORGIA, Complete County. KNOW ALL MEN BY THESE PRESENTS, That I Start South A Security of Complete to Fr County in said State, do hereby appoint of County here to Gu of County in said State, do hereby appoint of M. O. Cocho au of County here to Gu me, and in my new constants. my true and lawful attorney in fact, for my true and nawnul attorney in fact, for me, and in my name, to receive lend 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 Marrant 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 Jany elizabeth & Smith [L.S.] Executed in the presence of us: M. 3. m. Lan R. C. Beavers Ordy DIRECTIONS. me at _, and oblige that Georgia is home and she resided in this State and day

INUTIO.

The pension is only payable to certain classes of widows.

FOR THOOMS' HEREOTORE Allowed Pensions. STATE OF GEORGIA, Beauty Order, and continued and content of money which may be continued to from the State of Georgia as a widow of a Confederate Soldier, as stated in the presence of us: IN WITHINGS WIREROW, I have because of my hand and seal, this Executed in the presence of us: IN S. M. of a state of Georgia and the state of the st	C	County in said	d State, do	hereby app	oint o	g. m	. U. C.	oekr.	au .	
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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 1844; 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 shapeth & bmith R. B. Reverse; Ordinary. Post-office One of the

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at she resides in this County, and that she resided in the State of Geography December 1	the applicant for a pension in this case, and
to and has not lived out of the State since that date. That she is the widow of deceased, and as such has heretofore been allowed a	nesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 2800, and has not lived out of the State since that date. That she is the
ision for the year ending February 15th 1802.	widow of decement, and as such has beretofore been allowed a pension for the year ending February 15th, 1894.
In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 27, day of James 1893 R & Bravery Ordinary.	In Witness Whereof, I have hereunto set my hand and affixed the seal of my office,
R & Bearing Ordinary.	this, the day of Lawrent 1895.
POWER OF ATTORNEY.	Offinally.
	POWER OF ATTORNEY
KNOW ALL MEN BY THESE PRESENTS, That I, Elizabeth & Smeth	STATE OF GEORGIA, Com Still County.
inty, in said State, do hereby appoint John F. Smith	KNOW ALL MEN BY THESE PRESENTS, That I, Elegania It) will
and in my name to receive and resist for he	County in said State, do hereby appoint Luc. A. Common of the State of my true and lawful attorney in fact, for
it: hereby authorizing my said A do a Confederate Soldier, as stated in the foregoing affi-	my true and lawful attorney in fact, for
ed by the Governor, or for any sum of money which may be coming to me for the reason liv Witness Whereof, I have hereunto set my hand and seal, this	me, and in my name, to receive and receipt for whatever amount of sincey I may be en- titled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby antimerising 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.
of James 1893	IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
6 9 1 : +1	day of 1895 elizabeth & mith [L. s.]
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County, in said State, do hereby appoint of County in my true and lawful attorney in fact, for me and in my name, to receive said receipt for whatever amount of money I may be entitled to from the State of Georgia as a wider of a Confederate Soldier, as stated in the foregoing affi- 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 aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this Office of the reason is a stated in the presence of us: Security of the presence of us: Security of the presence of us: Office of the presence of us: Of	County in said State, do hereby appoint of County in said State, do hereby appoint my frue and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be en- titled 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 WIXERS WHEREOF, I have hereunto set my hand and seal, this day of 1895. elizabeth & mith [L. S.] Executed in the presence of us: M. S. M. Lorando R. L. Orandor Bruing Schid amount by
Smith, Elizabetata Campbell 3. FOR THOSE HERETOFORE FAID. 1893. WIDOWS Pension, for year ending February 15th, 1893. FAID TO— FAID TO— OF— County Select A British Warrant Issued 1893 AND MANDED TO FAID TO 1893	THE THOSE RERETOFORE PAID. 1895. NO. 1141 WIDDLY'S PENSION, for year enging Pebnary 15th, 1895. AND TO ALLE COMMENT WARRANT ISSUED 2 the Town 1895. AND HAMBER TO AND HAMBER TO AND HAMBER TO
For Widows' Heretofore Allowed Pensions. STATE OF GEORGIA, County of Laupbure Clarobuth A. British who being sworn, says on oath, that she is a bona fide resident of said County of Baurphuse State of Georgia, and that she has resided in said State continuously ever since Alexander 4 1825 That she is, the Widow of John F. Smith who was a Soldier in Company B. of the 4. Regiment of Longin Volunteers, that he enlisted in said Regiment on or about the month of Afril 1864 and served in the Army up to Fibrusom 1865 (State here full particulars of the husband's death, when, where and from what cause.) I he woo token with premionic ath Rubinoville Ga, while in acid pervice two siest with preumonica for about how weeks of our de 21, day Februsom 18637 from the special of audiesouble Ga he did	FOR WIGONS. Heretolore Allowed Pensions. STATE OF GEORGIA. State of Georgia, and that she has resided in said State continuously ever sing. State of Georgia, and that she is the Widow of who was a Soldier in Company B of the Regiment of Regiment on or about the month of Army up to 1860 That he lost his life on the day of The husband's death, when, where and from what cause.) Be a hare a day of the husband's death, when, where and from what cause.) State of Georgia, and that she has resided in said State on the most of the husband's death, when, where and from what cause.) State of Georgia, and that she has resided in Said State on the most of the husband's death, when, where and from what cause.) State of Georgia, and that she has resided in Said State on the most of the Middle of
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 1844; that Georgia is her home and she resided in this State 23d day of December, 1850, 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, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893 Sworn to and subscribed before me, this Absolution 1893. Post-office Fairburn Lo	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 1854, 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 day of 1895. Ordinary. Post-office

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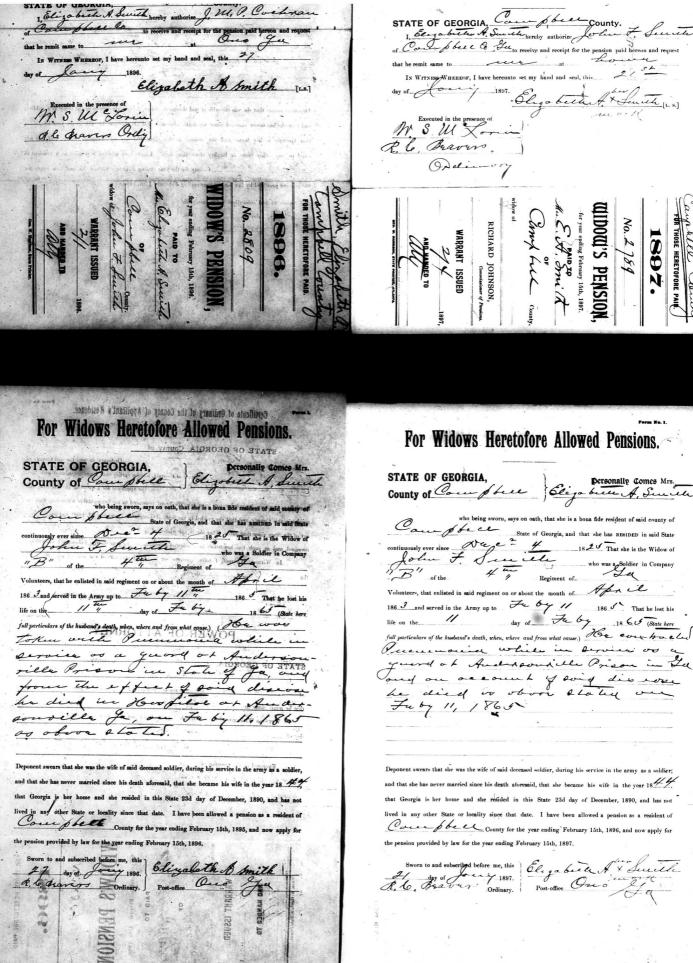
in soid servial swas siast with preumonia service as guard of fuly sommelle Prison in 8 tate of de for about two weeds of ou the 21 day & eburony and from the effect of 1865; from the effect good discore or consease he dies as story state brooked in the service at audusouville to he Deponent swears that she was the wife of said deceased soldier during his service in the army 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 as a soldier, and that she has never married since his death aforesaid, that she became his wife his wife in the year 18/4, that Georgia is her home and she resided in this State 23d day in the year 1844; that Georgia is her home and she resided in this State 23d day of December, of December, 1890, and has not lived in any other State or locality since that date. I have 1890, and has not lived in any other State or locality since that date. I have been allowed a been allowed a pension for the year ending February 15th, 1894, and now apply for the pension for the year ending February 15th, 1892, and now apply for the allowance provided by allowance provided by law for the year ending February 15th, 1895. law for the year ending February 15th, 1893 Sworn to and subscribed before me, this

B. day of 1895.

R. D. Henry Ordinary.

Post-office Ordinary. Sworn to and subscribed before me, this 27 day of January 1893. R. le. Bearers Ordinary. Post-office Fairbrun Lo Certificate of Ordinary of the County of Applicant's Reidows Heretotore Allowed Pensions. Certificate of Ordinary of the County of Applicant's Residence. STATE OF GEORGIA, County of Come poure Sute of Georgia, hereby certify that I am acquainted with Mrs. om my own knowledge (or from positive proof presented to me by reputable witne resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that dale. That she is the widow of for the State since that dale. That she is the widow of for the year ending February 15th, 1895. 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, 1890, and has not lived out of the State since that date. That she is the widow of the State since that date. 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. C. Gravero Ordina A. C. Gravers SEAL) Ordinary. POWER OF ATTORNEY. Form No. 8. POWER OF ATTORNEY. STATE OF GEORGIA. Complete County.

I. See so bette A. Sunth hereby authorize John J. Sunth
hereby authorize John J. Sunth
hereby authorize John J. Sunth
hereby authorize John J. Sunth WITNESS WHEREOF, I have hereunto set my hand and seal, this IN WITNESS WHEREOF, I have hereunto set my hand and seal, this ____ Elizabeth & Smith [1.8] Executed in the presence of Al graves Ordy R. l. Bravers Ordin-ory



rilla Prisone in State of Ja ecount of soing diese Le died vo obook as obvor atate ent swears that she was the wife of said deceased soldier, during his service in the army as a soldier 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 1844. and that she has never married since his death aforesaid, that she became his wife in the year 18 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not 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 lived in any other State or locality since that date. I have been allowed a pension as a resident of coup feet County for the year ending February 15th, 1895, and now apply for Court been County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897. the pension provided by law for the year ending February 15th, 1896. Sworn to and subscripted before me, this bligabete A & Similary.

A. C. Braver Ordinary.

Post-office day of Joseph Dordinary. Post-office Occo Jes POWER OF ATTORNEY. POWER OF ATTORNEY. Compbece State of Georgia, C. Kur & A. Swith State of Georgia, Compbeel Co. La demphill County. E.A. Smith hereby authorize John . H. of Campbell cleanty E. A. X Swith Mr. S. Ill Loria IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 26 day of January R. C. Bravers Ordy Executed in presence of I Staphens Orthonory Vidow of John A. Smith RICHARD JOHNSON,
Commissioner of Pension WIDOW'S PENSION,
For year ending February 16th, 1889.
Thue E Od. Ameth Mr. E. A. Suelle For year ending February 15th, 1898. RICHARD JOHNSON, 1898. WARRANT ISSUED 2/5-AND HANDED TO 1899. NO. 3 440 WARRANT ISSUED NO. 3/34

Enrith, C. A. COWE,

Canuffiele G.

1808.

NO. 3/34

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1808.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally Comes Mrs.
County of Compler & A. Suite
who, being sworn, says on eath, that she is a bona fide resident of said county of State of Georgia, and that she has RESEDED in said State
continuously ever since & ec 4 18 25 That she is the Widow of
John J. Suicell who was a Soldier in Company
Volunteers, that he enlisted in said regiment on or about the month of
186 3 and served in the Army up to Fe by 11 to 1865 That be jost his life on the 11 to day of Fe by 18 65 (State here
full particulars of the husband's death, when, where and from what cause.)
How contracted the Pucumana
while in service or a guard
at Audersonville Prison un
state of Get, and an account of said chies on Jeby
sould descore, he died on the by
11th 1865 vo obove stated.
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 44. I have been allowed a pension as a resident of Courfe beel County for the year ending
February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898.
Sworn to and subscribed before me, this 2 4 A. X See ill A. X See ill A. L. S
a. le Bravers Ordinary. Post-Office Ou o Ju
State of Georgia, R. C. Be our po
4 8
with Mrswho made the above affidavit 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
Given under my official signature and seal this the 24 day of Jay 1898.

For Widows Heretofore Allowed Pensions.

	F GEORGIA	Δ)	Person	ally Comes Mrs.
	Campbell	· - ,	E.M.	Smith
	1.	,	7 (07)	
	who, being sv	vorn, says on oath	, that she is a bona	fide resident of said county of
	Campbell	State o	Georgia, and that	she has RESIDED in said Sta
ontinuously ever sine	4 day of	Decemi	182	That she is the Widow
,	11.10 M	Smith		ho was a soldier in Compan
B	0 11			Georgia
<i>a</i> .	,		Regiment of	bril
	nlisted in said regiment on	. /	//	r ig
86.3 and served i	a the Army up to	evruar	3 //-	1865 That he lost h
fe on the	//d	ay of Fel	ruary	18.65 (State her
ill particulars of th	e husband's death, when,	where and from	what cause.)	As contracted
In news	nonia while	in su	rujes as a	quard at
Ander	sonwill, mar	Mich. Dr	isness in	The state ox
du lo	in effect at	, 1//	seased his	died in
the li	La de la de la	/	W. K	und of
May 11 4	ayof news	nary /	545 as a	won state
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eponent swears that	she was the wife of said d	eceased soldier, d	uring his service in	the army as a soldier; and th
e has never married	since his death aforesaid, s	and that she becar	ne his wife in the ye	ar 18 44.
e has never married I have been al	since his death aforesaid, a owed a pension as a reside	and that she becar	ne his wife in the ye	car 18 44. County for the year ending
I have been all ebruary 15th, 1898,	since his death aforesaid, a owed a pension as a reside and now apply for the per	ent of Gum est of provided by	ne his wife in the ye	ar 18 44.
I have been all bruary 15th, 1898, Sworn to	since his death aforesaid, a owed a pension as a reside and now apply for the per and subscribed before me,	ent of Juni	he his wife in the year full law for the year er	car 18 44. County for the year ending
I have been all bruary 15th, 1898, Sworn to	since his death aforesaid, a lowed a pension as a reside and now apply for the per and subscribed before me, of January, 18	and that she became the of Jumps of Jum	ne his wife in the year for the year er of the year	County for the year endiding February 15th, 1899.
I have been all bruary 15th, 1898, Sworn to	since his death aforesaid, a owed a pension as a reside and now apply for the per and subscribed before me,	and that she became the of Jumps of Jum	ne his wife in the year for the year er of the year	car 18 44. County for the year ending
I have been all thrushy 15th, 1898, Sworn to 26 day	since his death aforesaid, a owed a pension as a reside and now apply for the per and subscribed before me, of January, 18	and that she became the of Jumps of Jum	ne his wife in the year state of the year er	County for the year ending february 15th, 1899. Mary Mary Mary 15th, 1899. Mary Mary Mary Mary Mary Mary Mary Mary
I have been all bebruary 15th, 1898, Sworn to 26 day	since his death aforesaid, a owed a pension as a reside and now apply for the per and subscribed before me, of January, 18	and that she became the of Jumps of Jum	ne his wife in the year for the year er of the year	County for the year endiding February 15th, 1899.
I have been all bebruary 15th, 1898, Sworn to 25 day	since his death aforesaid, a owed a pension as a reside and now apply for the per and subscribed before me, of January, 18	and that she becar on to full full full full full full full ful	iaw for the year er	ar 18 44. County for the year endiding February 15th, 1899. Low Smuth Sy Superior Sy Superior Sy Superior Sy Superior
I have been all thrushy 15th, 1898, Sworn to 26 day	since his death aforesaid, a owed a pension as a reside and now apply for the per and subscribed before me, of January, 18	and that she becare the of Jumps assion provided by this 1999. I Ordinar Ordinar	no his wife in the year ere in	ar 18 44. County for the year endiding February 15th, 1899. Land Smuth Sylvan Supering Supe
I have been all I have been all bruary 15th, 1898, Sworn to Aby Any Any Any Any Any Any Any Any Any An	since his death aforesaid, a cowed a pension as a reside and now apply for the per and subscribed before me, of January, 18 Ja	and that she becare the of Jumps of Jum	an his wife in the year et law for the year et	ar 18 44. County for the year endiding February 15th, 1899. Land Markett State of
I have been all barve been all barve been all barve been all beruary 15th, 1898, Sworn to day the barve been all barve been al	since his death aforesaid, a owed a pension as a reside and now apply for the per and subscribed before me, of January, 18 Thurs Ordine Corpia, Coup. A. J. M. J. Thurs Ordine Corpia, Coup. A. J. M. J. Thurs Ordine Coup. Cou	and that she becare the of Jumps of Jum	an his wife in the year et al. A.	ar 18 44. County for the year ending February 15th, 1899. Left Marth 1899. Styling
I have been all the been all th	since his death aforesaid, a cowed a pension as a reside and now apply for the per and subscribed before me, of January, 18 Ja	and that she becare the formula of July 200 asion provided by this 200 ary. I Ordinar L. Know she is the in July 200 ary.	an his wife in the year end of	ar 18 44. County for the year ending February 15th, 1899. Land Markett State
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I have been all brush 1898. Sworn to Sworn to Aday Have been all the brush 1898. Sworn to Aday Have been all the brush 1898. State of Grand Have been all the facts the target on the continuously resident as continuously resident.	since his death aforesaid, a cowed a pension as a reside and now apply for the per and subscribed before me, of January, 18 Ja	and that she becare the formula of July 200 asion provided by this 200 ary. I Ordinar L. Know she is the in July 200 ary.	an his wife in the year end of	County for the year ending February 15th, 1899. Market Ma
I have been all the been all th	since his death aforesaid, a cowed a pension as a reside and now apply for the per and subscribed before me, of January, 18 Ja	and that she becare the formula of July 200 asion provided by this 200 ary. I Ordinar L. Know she is the in July 200 ary.	an his wife in the year end of	ar 18 44. County for the year ending February 15th, 1899. Left Mark 1899. Stephens ortify that I am well acquainto e above affidavis and am sate multiple for be, and that all the stephens 1826 January 1826

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	The Irday of February 1845 as above stated
state of Fa, and on account of said chiecose, he died out faby	
	Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that
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 44. I have been allowed a pension as a resident of	she has never married since his death aforesaid, and that she became his wife in the year 18 444. I have been allowed a pension as a resident of Jelling Well County for the year ending
February 15th 1897 and now apply for the pension provided by law for the year ending February 15th, 1898.	February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1899. Sworn to and subscribed before me, this 35 August January 1899. 11 August January 1899.
Sworn to and subscribed before me, this 1 4 day of 1898. A. L. Branzerr Ordinary. Post-Office One of a	State of Georgia, I. J. Stephens
State of Georgia, County. Ordinary of said County, certify that I am well acquainted with Mr. E. A. Surville who made the above affidavit and any action who made the above affidavit and any action	with Mrs. 6. A Smith
with Mrs	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
has continuously resided in this State since-the day of 18 Given under my official signature and seal this the 24 day of 2 1898.	Given under my official signature and seal this the 25 day, of Hannuh 1899.
Official Seal. Ordinary of Compbell County.	(Official) (Ordinary of Thampbell County
The second control of the Action of the Acti	1 Location Carlot 1
POWER OF ATTORNEY.	POWER OF ATTORNEY.
STATE OF GEORGIA,	POWER OF ATTORNEY.
STATE OF GEORGIA, Sumphell County. I. 6. A. Smith hereby authorize f. H.	STATE OF GEORGIA,
STATE OF GEORGIA, Sumphel County. I. 6 A Smith hereby authorize J. H. Smith of Lamphell County to receive and receipt for the pension paid hereon and request that he remit same to	STATE OF GEORGIA, County County. I, Elizabile of John J. Suntherize of John J. Suntherize to receive and receipt for the pension paid hereon and request that he remit same to
STATE OF GEORGIA, Sumphell County. I. & A. Smith hereby authorize I. H. Smith of Lamphell County to receive and receipt for the pension paid hereon and request that he remit same to MG IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22	STATE OF GEORGIA. County. I, Elizabeth J. June hereby authorize of John J. Sundle to receive and receipt for the pension paid hereon and request that he remit same to at IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2/
STATE OF GEORGIA, Sumphell County. I. & A. Smith hereby authorize I. H. Smith of temphell county to receive and receipt for the pension paid hereon and request that he remit same to Might hand IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22 day of fannary 1900. MIS & A. Smith [L. S.]	STATE OF GEORGIA. Complete County. I, Elizabeth of John J. Sundle of John J. Sundle controlle to receive and receipt for the pension paid hereon and request that he remit same to at IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1901. Elizabeth Y. Januar [L. S.]
STATE OF GEORGIA, Sumphell County. I. & A. Smith hereby authorize I. H. Smith of Lamphell County to receive and receipt for the pension paid hereon and request that he remit same to MG IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22	STATE OF GEORGIA. Complete County. I, Elizabeth of Louisle hereby authorize of Louisle Complete Com
STATE OF GEORGIA, Junt B. County. I. A. Smith hereby authorize f. H. Smith of Lampbell county to receive and receipt for the pension paid hereon and request that he remit same to NO at Home by hand IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22 day of January 1900. MY E. A. Smith [L. S.] Executed in presence of	STATE OF GEORGIA. Complete County. I, Elizabeth of John J. Sundle of John J. Sundle controlle to receive and receipt for the pension paid hereon and request that he remit same to at IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1901. Elizabeth Y. Januar [L. S.]
STATE OF GEORGIA, Junt B. County. I. A. Smith hereby authorize f. H. Smith of Lampbell county to receive and receipt for the pension paid hereon and request that he remit same to NO at Home by hand IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22 day of January 1900. MY E. A. Smith [L. S.] Executed in presence of	STATE OF GEORGIA. Complete County. I, Elizabeth of John J. Sundle of John J. Sundle controlle to receive and receipt for the pension paid hereon and request that he remit same to at IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1901. Elizabeth Y. Januar [L. S.]
STATE OF GEORGIA, Sumphell County. I. & A. Smith hereby authorize I. H. Smith of Lamphell County to receive and receipt for the pension paid hereon and request that he remit same to NOG at Home by hand IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22 day of Lanuary 1900. Mrs & A. Smith [L. S.] Executed in presence of A. Staphens = Minimary	STATE OF GEORGIA. Completic County. I. Elizabile of Lower I. hereby authorize of Lower I. hereby authorize to receive and receipt for the pension paid hereon and request that he remit same to at IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 21 Any of 1901. Elizabile X. January Opensy Opensy
STATE OF GEORGIA, Sumphell County. I. & A. Smith hereby authorize I. H. Smith of Lamphell County to receive and receipt for the pension paid hereon and request that he remit same to NOG at Home by hand IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22 day of Lanuary 1900. Mrs & A. Smith [L. S.] Executed in presence of A. Staphens = Minimary	STATE OF GEORGIA. Lower form County. I, Elizabeth A. Junible hereby authorize of John J. Sundle Completion of to receive and receipt for the pension paid hereon and request that he remit same to at IN WITNESS WHEREOF, I have hereunto set my hand and seal, this Jay of Journ 1901. Elizabeth Manual Elizabeth Condy Executed in presence of M. Shur John Ordy
STATE OF GEORGIA, Sumphell County. I. & A. Smith hereby authorize I. H. Smith of Lamphell County to receive and receipt for the pension paid hereon and request that he remit same to NOG at Home by hand IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22 day of Lanuary 1900. Mrs & A. Smith [L. S.] Executed in presence of A. Staphens = Minimary	STATE OF GEORGIA. Lower form County. I, Elizabeth A. Junible hereby authorize of John J. Sundle Completion of to receive and receipt for the pension paid hereon and request that he remit same to at IN WITNESS WHEREOF, I have hereunto set my hand and seal, this Jay of Journ 1901. Elizabeth Manual Elizabeth Condy Executed in presence of M. Shur John Ordy
STATE OF GEORGIA, Sumphell County. I. & A. Smith hereby authorize I. H. Smith of Lamphell County to receive and receipt for the pension paid hereon and request that he remit same to NOG at Home by hand IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22 day of Lanuary 1900. Mrs & A. Smith [L. S.] Executed in presence of A. Staphens = Minimary	STATE OF GEORGIA. Lower phinocounty. I, Elizabeth A. Junible hereby authorize of John J. Sundle Completion of to receive and receipt for the pension paid hereon and request that he remit same to at IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 7/ day of John J. Sejonard. Monday Elizabeth Manual [L. S.] Executed in presence of M. Shur John Ordy
STATE OF GEORGIA, Sumphill County. I. S.A. Sinits hereby authorize f. H. Simits of Temphill County to receive and receipt for the pension paid hereon and request that he remit same to NG at Home by hund IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22 day of January 1900. Mrs. E. A. Smits [L. S.] Executed in presence of A. Staphens - Manary The Mark of the pension paid hereon and request that he remit same to NG at Home by hund Mark of the pension paid hereon and request that he remit same to NG at Home by hund Mark of the pension paid hereon and request that he remit same to NG at Home by hund Mark of the pension paid hereon and request that he remit same to NG at Home by hund Mark of the pension paid hereon and request that he remit same to NG at Home by hund Mark of the pension paid hereon and request that he remit same to NG at Home by hund Mark of the pension paid hereon and request that he remit same to NG at Home by hund Mark of the pension paid hereon and request that he remit same to NG at Home by hund Mark of the pension paid hereon and request that he remit same to NG at Home by hund Mark of the pension paid hereon and request that he remit same to NG at Home by hund Mark of the pension paid hereon and request that he remit same to NG at Home by hund Mark of the pension paid hereon and request that he remit same to NG at Home by hund Mark of the pension paid hereon and request that he remit same to NG at Home by hund Mark of the pension paid hereon and request that he remit same to NG at Home by hund Mark of the pension paid hereon and request that he remit same to NG at Home by hund Mark of the pension paid hereon and request that he remit same to NG at Home by hund Mark of the pension paid hereon and request that he remit same to NG at Home by hund Mark of the pension paid hereon and request that he remit same to NG at Home by hund Mark of the pension paid hereon and request that he remit same to NG at Home by hund Mark of the pensio	STATE OF GEORGIA. I, Elizable of Lower L. Securities of Lower L. Securities to receive and receipt for the pension paid hereon and request that he remit same to at IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2/ Any of Joseph Decree of Decry Segment L. S.] Executed in presence of Decry Of Segment L. S.] Executed in presence of Decry Of Segment L. S.]

For Widows Heretofore Allowed Pensions.

To Those Heretofore Paid

To Those Heretofore Paid

TO Those Heretofore Paid

No. 2444

For year ending February 18th, 1900.

Thus. & Ann Th

JNO. W. LINDSEY,

JNO. W. LINDSEY,

Cominginary of Pentina.

WARRANT ISSUED

AND HARDED TO

WIDOW'S PENSION,
To Those Heretofore Paid.

1901.

No.3387

No.3387

No.3387

No.3387

Widow of Marker 18th, 1901.

Widow of Marker of Present
JOHN W. LINDSEY,

Same of Marker of Present
Strain Hardred To Street

A Amarker of Amarker

One Wildow of Marker of Present

WARRANT ISSUED

3 7 — 1901,

A from of Amarker

One Wildow, and Wildow, and Present Amarker

One Wildow, and Amarker

One Wildow, and Wildow, and Wildow, and Wildow, and Amarker

One Wildow, and Amarker

One Wildow, and Wildow, and Wildow, and Wildow, and Amarker

One Wildow, and William, a

For Widows Horatofore allowed Pension

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Hampbell	Personally Comes Mrs.
continuously ever side D& comber 4 form & smits B of the 4	oath, that she is a bona fide resident of said county of te of Georgia, and that she has REMIDED in said State 18 25 That she is the Widow of who was a soldier in Company Regiment of THINGLA
Volunteers, that he enlisted in said regiment on or about the 1863 and served in the Army up to HUMAL life on the 1864 and served in the Army up to HUMAL life on the 1864 and served in the Army up to HUMAL life on the 1864 and 1	the 1865 That be lost his the 1865 (State here what causes He Taken The write as a ground at the Aboth Me and
Deponent swears that she was the wife of said deceased soldier	
the has never married since his death aforessid, and that she be I have been allowed a pension as a resident of The February 15th, 1894, and now apply for the pension prov Sworn to and subscribed before me, this 23 day of January 1900. J. J. Julyhan Ordinary.	County for the year ending ided by law for the year ending February 15th, 1900. M. F. A. L. Smith Post Office County for the year ending february 15th, 1900.
State of Georgia, Humfall County. Ordin rith Mrs. & A. Smith ied that the facts therein stated are true, and I know she is the	any of said County, certify that I am well acquainted who made the above affidavit and am satia-
has continuously resided in this State since the 56 Given under my official signature and seal, this the Official 1 Seal.	day of Al Cember 18 25 - 22 day of Jamury 1900.

Pon Widows Honotofone III. I D	
For Widows Heretofore Allowed Pensions.	7
STATE OF GEORGIA, Personally Comes Mrs.	•
County of Complete Egobeth & Sur	1
who, being sworn, says on oath, that she is a bona side resident of said County of	
State of Georgia, and that she has RESIDED in said State	
continuously ever since 4 1825 That she is the Widow of	
B of the few Regiment of Ja	
Volunteers, that he enlisted in said regiment on or about the month of April	
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particulars of the husband's death, when, where and from what cause Han level	
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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	
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February 15th, 1 900, and now apply for the pension provided by law for the year ending February 15th, 1901.	
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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 aforesnid, and that she became his wife in the year 18 44. I have been allowed a pension as a resident of Thamphulf County for the year ending February 15th, 189 g., and now apply for the pension provided by law for the year ending February 15th, 1900. Sworn to and subscribed before me, this 23 day of famulary 1900. J. J. Japan D. J.	Deponent swears that she was the wife of said deceased soldier, during his service in the army at 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 County for the year 18 I have been allowed a pension as a resident of County for the year ending February 15th, 1901. Sworn to and subscribed before me, this day of County for the year ending February 1901. Post Office County for the year ending February 15th, 1901. State of Georgia, Ordinary of said County, certify that I am well acquaintee with Mrs. County for the year ending February 15th, 1901. Ordinary of said County, certify that I am well acquaintee that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she
Given under my official signature and seal, this the 22 day of flamely 1825 Given under my official signature and seal, this the 22 day of flamely 1900. Official Seal. Ordinary of Thumfabell County.	has continuously resided in this State since the day of 1870 Given under my official signature and seal, this the day of day of Society 1901. Official Seal. Ordinary of County.
POWER OF ATTORNEY. STATE OF GEORGIA, Correpbere County. Elizabeth A. Sewith , hereby authorize M. Shee Larin of Larin bear than to receive and receipt for the pension paid hereon, and request that he remit same to at Found bearin the In Witness Whereof, I have hereunto set my hand and seed, this 15 day of Lary 1902 Executed in presence of M. Shee Larin Gray	STATE OF GEORGIA, Some force County. I. Chi y about for the pension paid hereon, and request that he remit same to receive and receipt for the pension paid hereon, and and seal, this 22 In Witness Whereof, I have hereunto set my hand and seal, this 22 day of 1908. Chiyabata Saural [L. s.] Executed in presence of M. Sur Loring, Order
WIDOW'S PENSION, For year ending Dec. 31, 1802. Thu. Eley obter Africa. Co., J. Regiment 4 JOHN W. LINDSEY, Commissioner of Pension. WARRANT ISSUED WARRANT ISSUED WARRANT ISSUED TO 1902 WARRANT ISSUED TO 1902 WARRANT ISSUED TO 1902 WARRANT ISSUED TO 1902	WIDOW'S PENSION, For year ending Dec. 31, 1803. Mu. Gel. Palet. S. L. L. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co

For Widows Heretolore Allowed Pe

STATE OF THE STATE OF

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For Wadows districted of Allowed Pensions

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For Widows Heretofore Allowed Pensions

STATE OF GEORGIA	PERSONALLY COMES MRS.
County of Compber	il Elijabita A. Smith
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who, being sworn, say	s on oath, that she is a bona fide resident of said County of
Campbeel	_State of Georgia, and that she has RESIDED in said State
continuously ever since.	2 4, 1825 That she is the Widow of
John 7 8	14.74
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olunteers, that he enlisted in said regime	cent on or about the month of Africa
86 \mathcal{J} , and served in the Army up to_	Fr by 11 the 186 That he lost his
fe on the // the	day of Fe by 18657 (State here
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The come to the husband's death, when, whe	ere and from what cause)
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eponent swears that she was the wife of	said deceased soldier, during his service in the Army as a
e year 18 44.	since his death aforesaid, and that she became his wife in
ear ending December 31, 1901, and now a	apply for the pension provided by law for the year ending
ecember 81, 1902.	provided by law for the year ending
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Sworn to and subscribed before n	ne. 60. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
is day of Joury 19	6 Elizabeth & Secrete
is 16 th day of Joring 19	ry. Post-Office Occo - ga
	In Suit orin
tate of Georgia, .	
Compten Coun	tv. Ordinary of said County cortify that I am will
Compten Coun	tv. Ordinary of said County cortify that I am well
Complete Coun quainted with Mrs. Eliza beth	ty. Ordinary of said County, certify that I am well
Cour pless Counquainted with Mrs. Elizabeth satisfied that the facts therein stated	ty. Ordinary of said County, certify that I am well M. Secretary, who made the above affidavit and are true, and I know she is the individual she represents
Coun pless Coun quainted with Mrs. Eliga been a satisfied that the facts therein stated	ty. Ordinary of said County, certify that I am well A. L. who made the above affidavit and are true, and I know she is the individual she represents
Quainted with Mrs. Eliga butter as assisted that the facts therein stated a reself to be, and that she has continuous of	ty) Ordinary of said County, certify that I am well who made the above affidavit and are true, and I know she is the individual she represents sly resided in this State since the
Quainted with Mrs. Eliga butter as assisted that the facts therein stated a reself to be, and that she has continuous of	ty) Ordinary of said County, certify that I am well who made the above affidavit and are true, and I know she is the individual she represents sly resided in this State since the
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us satisfied that the facts therein stated a reself to be, and that she has continuous of the satisfied to be and that she has continuous of the satisfied to be and that she has continuous of the satisfied that the satisfi	ty. Ordinary of said County, certify that I am well of the shore affidavit and are true, and I know she is the individual she represents sly resided in this State since the

For Widows Haratafore Allowed Danci

Tot middie Helewiole Andwed Pensions,
STATE OF GEORGIA,) PERSONALLY COMES MARS
County of County beec Clip been Suich
who, being sworn says on oath, that she is a bona fide resident of said County
State of Georgia, and that she has RESIDED in said Sta
continuously ever since See 2 4, 1814. That she is the Widow
That she is the Widow who was a soldier in Compar
volunteers, that he enlisted in said regiment on or about the month of
186 3, and served in the Army up to Fee by 11 186 . That he lost h
life on the day of Je by 1865 (State he
particulars of the husband's death, when where and from what cause.)
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on account of said drawing he died
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Deponent swears that she was the wife of said deceased soldier, during his service in the Army as
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 18 47
I have been paid a pension as a resident of Court of beer County to sel

Sworn to and subscribed before me, I	E 4
this 2 2 day of 1908	Colo, obeth y Succele
A (1, e 7 . (1908.)	of marie
1. O. ale Force, Ordinary.	Post-Office I wind begins I'm
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State of Georgia,	1.)	M.S. We	Los	in
State of Georgia, Composite State of Georgia, Governor State of Georgia, Governor Ge	County. Ordina	ry of said County,	certifiy that	I am well
am satisfied that the facts therein s	stated are true, and I kn	ow she is the indiv	he above affi	davit and opresents
herself to be, and that she has conti	inuously resided in this	State since the	22	
Given under my official signat	80	22 .	Li	

soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18 44. I have been paid a pension as a resident of Court bett County for the year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902. Sworn to and subscribed before me. this 15 vay of 1902 Post-Office Occo Gav State of Georgia, Court better County, Ordinary of said County, certify that I am well acquainted with Mrs. Eligabeth Security who made the above affidavit and am satisfied 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	Deponent swears that she was the wife of said deceased soldier, during his service in the Army as soldier, and that she has never married since his death aforesaid, and that she became his wife the year 18 I have been paid a pension as a resident of County for the year ending December 31, 1902, and now apply for the pension provided by law for the year ending December 31, 1903. Sworn to and subscribed before me, this 2 day of 1003. By day of 1003. Post Office I am Now Land County. State of Georgia, County. Ordinary of said County, certify that I am we acquainted with Mrs. Elizabette Succeeding who made the above affidavif an am satisfied that the facts therein stated are true, and I know she is the individual she represent herself to be, and that she has continuously resided in this State since the 2
Given under my official signature and seal, this the 15th day of January 1902. M. M. We L. Option 1902. Ordinary of Court power County. NOTE.—All blank spaces must be filled. Voucher and affidavit must bear date after January 1st, 1902.	day of 18 70 Given under my official signature and seal, this the 2 day of 1903 [Official] Seal. NOTE.—All blank speech must be sliced. Vencher and Alldaylt must bear date after January 1st, 1903.
STATE OF GEORGIA, Country Learn bure of fourth hereby authorise A sud Courty of Joint burner to to receive and receipt for the pension paid hereon, and request that he remit same to	STATE OF GEORGIA. Gaugher County. I, Cu, July of Jam hereby authority of Jam burn you to receive and receipt for the pension paid hereon, and request that he remit same
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this / 5 day of 1994 Clip observe A y Service [L. 8] Executed in presence of A Sur Sorre Ordy	In Witness Whereof, I have hereunto set my hand and seal, this // day of 1905. Executed in presence of M. M. Land Cooking Coo

For Widows Heretofore Allowed Person

WIDOW'S PENSION

TO THOSE HERETOFORE PAID.

TO THOSE HERETOFORE PAID.

No. 438

WIDOW'S PENSION

FAID TO PAID TO BELLE A. 1894.

WHOW Of John P. LANDEN, LOLLIE,

Co. 100 Regiment. 4 Co.

JOHN W. LINDSEN,

JOHN

H.	ИL	1			13	613	, se	1906.	.1	
hith	Paid			PENSION Dec. 31, 1906.	Lee	Coun	3Y,	2	B	ATLANTA
line	Lege Of	00	680	I'S PENSIO ending Dec. 31, 1905	the f	34 4	JOHN W. LINDSEY,	WARRANT ISSUED	Note To	PUBLISHING CO., ATLANTA
3	Ace He	0	No. 6	N'S ending	J Sauce	Segment.	N W.	ARRANT	AND HANDED	N PRINTING AND P.
nit	To Th	-	N	WIDOW'S	Mu Ger	300	HOf	2	G	Date Present
1,3	(10)				N	Widow Co.				

FOR Widows Hemiofore Allow-

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

	LAND WREAMEN LEVOIANO.
STATE OF GEORGIA,	PERSONALLY COMES Mrs.
County of Come of bece	Elizabeta A. Suice
who, being sworn says on oath.	that she is a bona fide resident of said County o
Com place State	of Georgia, and that she has RESIDED in said State
continuously ever since die e 4	
John & Lucille	. That she is the Widow o
O. 10 " of the 4 ==	Regiment of
Volunteers, that he enlisted in said regiment on	
186 J, and served in the Army up to F	to 11 in 10
life on the // day of	Fe by I hat he lost his
particulars of the husband's death, when, where and	18 6 5 + (State here
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to com have his h	a died Fr h 11 m
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Deponent swears that she was the wife of said de	eceased soldier, during his service in the Army as a
oldier, and that she has never married since h	his death aforesaid, and that she became his wife in
he year 18 4 4	and that she became his wife in
I have been paid a pension as a resident of	County for the
	for the pension provided by law for the year ending
ecember 31, 1904.	provided by law for the year ending
Sworn to and subscribed before me,	had a
is / A day of Jones 1904	Elizabeth A. X Suite
n /	1 - marting
1. S. My Loren Ordinary.	Post Office. Land Lune La
tate of Georgia,	1. M. S. m Lorin
Complete County.	Ordinary of said County, certify that I am well
quainted with Mrs. Elizobeth S. Se	who made the above affidavit and
satisfied that the force thoroin state	, who made the above affidavit and
reelf to be and the day	e, and I know she is the individual she represents
rself to be, and that she has continuously reside	ed in this State since the
y of18_ 8 0	. 6 1 :
Given under my official signature and seal, to	1904
-	A. S. me Lorin
Beal }	
	Ordinary of Come & bell

	Calabitation .	5.4.	Copt.
STATE OF G	EORGIA.	PERSON	LLY COMES, MRS.
0	EORGIA,	1 61:17	11
County of	7	-) anyone	a vi que un
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who	, being sworn says on oat	h, that she is a bone f	de resident of said County o
Camp!	4		de resident of said County of
-	- State (of Georgia, and that si	ne has resided in said State
continuously once since	MEC X	182.4	. That she is the Widow of
Continuously ever since	7	, 020	. That she is the Widow of
John J.	Luice		
	. =	who	was a soldier in Company
"B" of the	4 4	Regiment of	Ta
Volunteers, that he enli	sted in said regiment on o	r about the month of	Apr
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100, and served in	the Army up to	7 " "	186 That he lost his
life on the //	lu-	Z L	18 6 5 - (State here
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erse he d	ins Faction 11.	1865 00 06	The aLT.
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Denonent sweets that sh	a was the wife of said da-		
Deponent sweats that sh	e was the wife of said dec	eased soldier, during	his service in the Army as a

For Widows Heretofore Allowed Pensions.

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.

I have been paid a pension as a resident of To auch the County for the year ending December 31, 1904, and now apply for the pension provided by law for the year ending December 31, 1905.

Sworn to and subscribed before me, this /7 day of Jany 1905. M. J. U. Loriu, Ordinary.	Eugobie A X Lewill		
, Ordinary.	Post-Office-Face Face		

State of Georgia,	1	1, the Sur Lonin
		Ordinary of said County, certify that I am we
am satisfied that the facts therein	stated are true	e, and I know she is the individual she represent
herself to be, and that she has con	ntinuously resid	led in this State since the
day of	18 80	

Given under my official signature and seal, this the 17 day of 1905

{Official }

Ordinary of Com of bull o

Voucher and Affidavit must bear date after January 1st, 190

OTE.-All blank spaces must be

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soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18 4 4 I have been paid a pension as a resident of the form the form of the year ending December 31, 1904. Sworn to and subscribed before me, this I day of form ordinary. State of Georgia County ordinary. State of Georgia County ordinary of said County, certify that I am well acquainted with Mrs. Cuy of 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 day of form of the county. Ordinary of County of County of County. NOTE. All blank spaces must be filled. Youcher and Affidavit must Dear date after January 181, 1904.	soldier, and that she has never married since his death aforesaid, and that she became his wife the year 18 ## I have been paid a pension as a resident of and but County for the year ending December 31, 1904, and now apply for the pension provided by law for the year ending December 31, 1905. Sworn to and subscribed before me, this day of day of form, Ordinary. State of Georgia, County, Ordinary. State of Georgia, County, Ordinary of said County, certify that I am we acquainted with Mrs. County day of the fact therein stated are true, and I know she is the individual she represent herself to be, and that she has continuously resided in this State since the day of 18 8 0 Given under my official signature and seal, this the day of day of form ordinary of local of the day of th
STATE OF GEORGIA County bell County. I, liero Chi, obtain I, Securith hereby authorize M. A. Une Charry of Luncher you to receive and receipt for the pension paid hereon, and request that he remit same to In Witness Whereof, I have herenuto set my hand and seal, this 17 th day of Jany 1906. Elizabeth for Security [L. S.] Executed in presence of W. Sur Lorin, Ordy	STATE OF GEORGIA, County I. Chi i white of June hereby anthorize To an a county of Jan bank ya to receive and receipt for the pension paid hereon, and request that he remit same to Lin Witness Whereof, I have hereunto set my hand and sood, this day of 1907. Chystria of June 1 Executed in presence of M. Sure John, Broy Executed in presence of
To Those Heretolore Paid To Those Heretolore Paid Thought of the state of the sta	To Those Herelofore Pald. 1802. No. 1209 No. 1209 No. 1209 Per Vear ending Dec. 31, 1807. Pald To Plant of Line. Co. 23. Regiment 4 44, 16 70. JOHN W. LINDSER. Co. 25. Regiment 4 44, 16 70. JOHN W. LINDSER. MARRANT 1854170 Marra
For Widows Herefofore Allowed Pensions. STATE OF GEORGIA. Proposition of the County	FOR WINGS Heretofore Allowed Pensions. STATE OF GEORGIA. County

WIDOW'S PENSION

For year ending Dec. 31, 1906.

Thu. St. 1, of Lill.

Co. B. Regiment 4 To La.

JOHN W. LINDSEY,

Commissioner of Prasion.

WARD AND HANDEY OF TAKEN.

To Those Heretofore Paid.

To Those Heretofore Paid.

IBOZ.

No. 1209

With St. 1900.

No. 1209

Per Year ending Dec. 31, 1800.

No. 61, 1900.

No. 61, 1900.

No. 1100gyy,

Commissioner of Partern,

JOHN W. LINDGYY,

Commissioner of Partern,

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INTA OF GEORGIA

For Widows Heretofore Allowed Pensions

S For Widows Heretofore Allowed Pensions.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA) I	PERSONALLY COMES MRS.
County of Caucip bell	_ 6li,00	bech a Swith
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		a fide resident of said County of
Campbell State	e of Georgia, and the	at she has RESIDED in said State
continuously ever since Te e 4,	1825	That she is the Widow of
John F. Swith		who was a soldier in Company
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Volunteers, that he enlisted in said regiment or	M	
	by 11 un	4
11 the	1. 1	186 . That he lost his
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particulars of the husband's death, when, where a	and from what cause.)	He con trocted
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las room of Later		,
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soldier, and that she has never married since h	is death aforesaid as	nd that she become his -is- i-
the year 18 44 4		and the cocume his wife in
I have been paid a pension as a resider	Par.	11.11
i nave been paid a pension as a resider	at of Court	County, for the
year ending December 31, 1905, and now apply	for the pension prov	ided by law for the year ending
December 81; 1906.		
Sworn to and subscribed before me	.	11.0
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this 17 m day of Larry 1908		
Ordinary.	Post Office	air burne 9a
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State of Georgia,	1,2	2. ue Love
County out County	0.31	County, certify that I am well
	Ordinary of said	County, certify that I am well
acquainted with Mrs. Ear obser A. Se		
am satisfied that the facts therein stated are tru		
herself to be, and that she has continuously resid	ded in this State siz	nce the
day of		
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Orren under my omeial signature and seal,		
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Ron	Widowe	Heretofore	Allowed	Danaiana
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STATE OF GEORGIA. PERSONALLY COMES MRS.
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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
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who was a soldier in Company
Volounteers, that he enlisted in said regiment on or about the month of
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AND THE PROPERTY OF THE PROPER
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##
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ear ending December 31, 1906, and now apply for the pension provided by law for the year ending
December 31, 1907.
Sworn to and subscribed before me
his 16 day of Lawy 1907. Olythick It, & Secult
M. S. Wil Form, Ordinary. Post Office of and burne ya
, ordinary.) Postomce / / /
State of Georgia.
Pour Struck
Quantited with Mrs. Slightfull, Sumull, who made the above affidavit, and
n satisfied that the facts herein stated are true, and I know she is the individual she represents
erself to be, and that she has continuously resided in this State since the
y of
Given under my official signature and seal, this the 6 day of 1907.
n luck
Official Seal
Ordinary of County.
NOTE.—All blanks must be filled.

NOTE.—All blanks must be filled.

Vouchers and Affiderite must beer date offer Tenness be 1900

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Widow's	Pension
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	CountyCampbell
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the stream receives the content of	a use present sear represents herest to be and she is a boan fide continuing resident citizen of said County and was on the 4th November 1908; that I also know She 1.8 a resident of said county,	that I know Mrs. Frances F. Smith, the applicant for pension. She	S. McLari	STATE OF GEORGIA, Campbell Corner
が予防報酬量が開始が、 BNR 18 Phe 18 the 18	resident citizen of said County,	the applicant for pension. She	linary of said County do sartify	

Sworn under my hand and official seal of office this 31.64, day pt. October, (SEAL) Campbell

--- Ordinary,

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STATE OF GEORGIA, Ordinary's Certificate

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following the and the and ca	Ordin		ruthfu	n1d	of sai	nensi
County ag words: erideage rtified by general	ary	1	F #	00	0.1	2
	Littleten any questions are natured the Ordinary shall swear applicant and the witness in the following peak that you still not offer you make to each of the questions shad you and the profits that truth, So also you God," make to each of the questions shad you and the great shad the truth. So also you God," make to the peak of the pe	ALI) Osting be 1. Refers any specificas are asserted the Ordinary shall erear applicant and the witness to the second research that you will true asserts made to each of the questions and you will be asserted us to each of the questions and you have a present the territh. So have been so insufficient. You shall green the fact that the present on the second of the questions and you will be a second to each of the questions and you will be a second to the present to be second to desire. You will be the second to be second to destand the H and, prove marriage, by some preparation.	ALL) All perfect the property of the perfect that the and credit. Campbe 11. Index and planted BC and the recover had been of relative to and that the recovery against the foregoing affidavits and that the recovery and the statements are entitled to full faith and credit. Fra under my hand and official seal of office this 31.85 day at	as on the 4th November 1906; that I also know the act of the third act of third act of the third act of the third act of the third act of	person she represents herself to be and she is a bona fide continuing resident citizen of an as on the 4th November 1908; that I sho know she is a resident of said time said and statements are signing the foregoing affidavits and that they check ware truthful to full faith and credit. From under my hand and official seal of office this 115 day of 0.000 gr., and they my hand and official seal of office this 115 day of 0.000 gr., and they my hand and official seal of office this 115 day of 0.000 gr., and they my hand and official seal of office this 115 day of 0.000 gr., and they my hand and official seal of office this 115 day of 0.000 gr., and they my hand and official seal of office this 115 day of 0.000 gr., and they ware the seal of the possible seal	

TATE OF GEORGIA,	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ampbell .	COUNTY.	
I, W. S. McLarin,	Ordinana	said County, do certify
The state of the s	Smith, the appli	
the person she represents herself to be a	and she is a bons fide continuing resident	citizen of said County
nd was on the 4th November 1908; that I	I also know she is a resident	of said county
8.8	She 1. foregoing affidavits and that they shot of the faith and credit.	
Sworn under my hand and official seal	of office this 31st day of Octobe	or, 10 ¹⁰ .
(SEAL)	Mr. al Jose	Ordinary,
	Campbell	County.
		•

Mrs. Prances E. Smith

Cempbell

Ordinary of said County, do certify

	STATE OF GEORGIA, Campbell OOUNTY. I. W. S. McLarin, Ordinary of said County, do sertify that I know Mrs. Frances E. Smith; the applicant for pension. She	
	is the person she represents herself to be and she is a bons fide continuing resident citizen of said County and was on the 4th November 1908; that I also know. She is a resident of said county, the water section is a section in the said county, the water section is a section in the said county, the water section is a section in the said county, and said in the said county was section in the said county and said in the said county was section in the said county and said county and said county and said county and said county, and said statements are entitled to full faith and credit. Sworn under my hand and official seal of office this said county and said county and said county. (SEAL)	
39	NOTES: 1. Before any questions are enserved the Ordinary shall event applicant and the witness in the following words: "You do solemnly swear that you will true naivers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God." 2. Additional affective may be attached it blank spaces are leagnificient. 3. Additional affective may be attached it blank spaces are leagnificient. 4. All affectives must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary. 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputables.	
Smil F. C. YELL	Widow's Pension Their for 1910-a famined by Act of 1910 Country Occupated E. Smith This of Those A. Smith Company A. Cary X. Regions: St. Cary X. Regions: S	
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Questions for	Witnesses	as to Service of	Husbar	d bee be	i.

STATE OF GEORGIA,
Fulten COUNTY.
Personally before me comes John H. Pennington
being duly sworn, true answers to make to the following questions, answers as follows:
1. What is your name and where do you reside! John H. Pennington. 68 walton : Atlanta
2. How long and since when have you known
3. How long and since when has she continuously resided in this State? (Give date.)
4. When and to whom was she married ! How do you know!
5. How long and since when did you know Thomas J. Smith her
husbandt All my life
husbandt All my life
6. When and where did
the husband of applicant, dietCampbell Co., Ga.
7. Were the applicant and her husband living together as husband and wife at the date of his death
8. If not, how long did they live apart before his death?
Vere they divorced!
9. When, where and in what Company and Regiment did
10. Were you a member of the same Company t Yes
 How long within your personal knowledge did he perform actual military service with his Company nd Regiment! From enlistment to surrender
12. When and where did his Command surrender, and was discharged?
Augusta Ga., April 1865
13. Were you personally present when it was surrendered! Yes If not, where ere you
14. Was the husband of applicant personally present at surrender! Xes if not
here was he! Never left command until after shrrenderwhen, where and for what
use did he leave Command (Give date.)By whose
thority did he leave his Command !
g was he granted leave! I was sember of same company and saw him constantly in service until after surrender
 For what cause, if you know of your own knowledge, was he prevented from returning to his Com- and?
16. What effort did he make to return to his Command and how do you know this? Of your own
owledge or how!
Sworm to and submirithed before the test of the AAR /

Cuttur R malut ordinary

As Amended by Act of 1915

Questions for Applicant

STATE OF GEORGIA,
_Campbell COUNTY. }
Personally before me comes_Mrs. Frances E. Smithof said State and County.
and, after being duly sworn, says that she desires to apply for a pension allowed under the Act
of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to
the following questions to-wit:
 What is your name, and where do you reside! Frances E. Smith- In Pairburn, Campbell County, Ga. How long and since when have you been a continuing resident of the State of Georgia! 55 Years.
since my birth, to with July 4, 1853;
3. When, where and to whom were you married! Dec. 23, 1877 in Campbell Co. Ga to Thomas J. Smith.
a. Have you married since the death of first and soldier husband! No Sir.
4. When, where and in what Company and Begiment did your husband enlist as a soldier in Con-
federate Army or Georgia Militia (State the arms and class of Service.) July 22, 1864 in Atlan-
ta, Ge., in Co. "A"- 9th Ge. Reg't. Infantry.
 When and where did the commands of your husband surrender or discharge from the army! In April, 1865 at Augusta, Ga.
6. Was your husband personally present at the time of the surrender or discharge of this command ! Yes Sir.
7. If he was not present state clearly where he wast. Present.
8. Where was his command when he left! Never left it.
a. For what cause did he leave his command ? Requires no answer.
b. By whose authority did he leave his command f
c. For how long was he granted leave of absence f
c. What was his physical condition when he left his command Requires no answer.
f. What effort did he make to return to his command?
g. In what way was he prevented from going back to Command
h. Was he captured by the enemy at any time 1
i If so, when and where captured and where held as a prisoner, and when and for what cause released? Requires no answer.
j. When and where did your first husband diet Oct. 22, 1909, in Campbell Co. Ga.
k. Were you residing together when he died? Yes Sir.
l If not, how long had you resided apart? Requires ne answer.
m. Are you now a widow t Yes Sir.
9. Have you or your husband heretofore been paid a pension by the State! _No Sir.
If so, when and for what cause were you or your husband placed on the roll? Requires no Ans.
Sworn to and subscribed before me this the
31st a day of October, 19 19 Translet
Wille Lopice Ordinary)
of Campbell County.
(SEAL)