

Ordinary's Certificate

STATE OF GEORGIA.

COUNTY }

I, Willie L. C. Williams Ordinary of said County, certify that I know

the applicant Robert de la Salle for pension is the person he represents himself to be and

resides in said county. That I also know the witness swearing to the

service that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and

credit.

Sworn under my hand and official seal of office this 25 day of June 1917

Willie L. C. Williams Ordinary

of Cobb County }

(SEAL.)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words:

"You, as an ordinary, swear that you will true answers make to each of the questions asked you and the evidence you give in answer to the same shall be true and correct."

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

3. All affidavits must be sworn before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Laurence Robert de la Salle

Cobb County

No. G. H. Jan 1920

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County Cobb

Name W. H. J. Lawrence

Company 13th Georgia Cavalry

Regiment 25th B. C.

Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

15 Dec 1919

QUESTIONS FOR WITNESS AS TO SERVICE
 STATE OF Georgia ^{North Carolina}
Richmond County.
Washington A. Clark
 as a witness in support of the application of Charles T. Lawrence for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded answers as follows:

1. What is your name and where do you reside? Washington A. Clark
Columbus, South Carolina
2. How long and since when have you known Charles T. Lawrence the applicant?
Since January 1860. For 24 years.
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this ^{the} State, and how do you know? At Charlotte, S.C. all his life. He
was College Professor in 1860-61. Has recently visited his
home and is in good health.
4. When, where and in what Company and Regiment did Charles T. Lawrence enlist during war from 1861 to 1865? (Give date and place) Co. B, 25th Regt. S.C.
Sept. 1861. (1) Signal Corps 1862-1865.
5. How did you obtain your information of this Service? From my personal
acquaintance and personal service with him.
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) April 26, 1861. When we
surrendered at Petersburg, Va. under Gen. Joseph E. Johnston.
At Petersburg, Va. April 26, 1865.
7. When and where was his Command surrendered or discharged (give date and place)?
8. Were you personally present at the Surrender? Yes. Was left for our
regiment to be sent in each other's company.
9. If not, where were you and how came you there?
10. Was the applicant personally present with his Command at surrender? He was.
11. If not where was he and how came him there?
12. When did he leave his Command? At the Surrender. Where was his Command
when he left it? Petersburg, Va., for what cause did he leave? After Gen. Sherman's
Surrender. By whose authority did he leave? By the terms of Surrender and how
long was he granted leave? for all time. How do you know
all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) From
my own knowledge and personal acquaintance.
13. In what way was he prevented from returning to his Command?
 How do you know? X X X
14. What effort did he make to return to his Command and how do you know? X X X
15. Was applicant captured as a prisoner? No. If so, when and where? X X
 In what prison was he held? X X and when released?

Sworn to and subscribed before me, this the
28 day of March, 1917.

James D. Beck Ordinary,
Notary Public of Richmond County.
86

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,

County.

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

1. What is your name and where do you reside? (Give County and Post-office).
Arthur De. Lawrence, Lawrence, Cobb Co. Georgia
2. How long and since when have you been a continuous resident citizen of this State? *Since 1849, except at College, Denmark, Western State, and at West End, Rock Road, Chatham Co.*
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? *In Army of the Confederate States*
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service). *At the College, Chatham Co. Georgia, in the 1st Regt. of the 1st Div. of the 1st Army Corps, Confederate States Army.*
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge). *At Savannah, Georgia, on the 10th of March, 1862, after the battle of Savannah, the 1st Army Corps, Confederate States Army.*
6. When and where was your Company and Regiment surrendered or discharged from the Service? *At Savannah, Georgia, on the 10th of March, 1862, after the battle of Savannah, the 1st Army Corps, Confederate States Army.*
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.
In the retreat from Savannah, Georgia, to the North.
- a. Where was your Command when you left it?
In the retreat from Savannah, Georgia, to the North.
- b. When did you leave the Command?
- c. For what cause did you leave?
- d. By whose authority did you leave?
- e. For how long was your leave granted? In what way?
For 30 days, at the request of the commanding officer, for the purpose of attending to family affairs.
- f. Why did you not return to your Command after your leave expired?
- g. In what way were you prevented?
By the fact that the commanding officer had been killed, and the command was in the hands of a new officer.
- h. What effort did you make to return?
I made every effort to return, but was unable to do so.
- i. Were you captured during the war?
No.
- j. If so, when, and where? In what prison were you held and when were you released?
9. What property of every description was owned, in the use, possession and control of yourself and its cash value on the 4 Nov. 1908? (Make list by items and value).
Valued at over \$5000
10. What property of any kind have you disposed of and for what purpose since 4 Nov. 1908. To whom and for what price?
None.
11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and its cash value? (Make itemized list).
12. What annual or monthly income or earnings of yourself and the source derived have you?
13. Are you drawing a pension of any amount from this State or the United States? *No.*
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
No.

Sworn to and subscribed before me, this the

3 day of April 1917

Ordinary

of

County.

NAME Lawrence, Robert DeTreville YEAR 1920 COUNTY Cobb

WHERE AND WHEN BORN? A resident of Georgia since 1848 except during the war, at college ~~and~~

ENLISTED WHEN AND WHERE? Enlisted at Charleston, S. C., in Co. B, 25th S.C. ^{Inf.}

RANK?

COMPANY AND REGIMENT? Company B, 25th South Carolina Infantry,
at James Island
Transferred to ----- Signal Corps (Previously served in College Cadets) S.C.
NAME OF CAPTAIN AND COLONEL?

WOUNDED? Was slightly wounded while in service - (no details stated)

CAPTURED, WHEN AND WHERE?

RELEASED?

WHEN AND WHERE SURRENDERED? April 26, 1865 - at Greensboro, North Carolina.

IF NOT PRESENT AT SURRENDER? WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED?

WITNESSES? Washington A. Clark - served with applicant. -- No data.

SB

POWER OF ATTORNEY.

STATE OF GEORGIA,

John Lawrence
County

John Lawrence
of the County of *Wilkes*
do hereby authorize

to receive and receipt for the pension allowed and request that he forthwith

at

Witness my hand and seal this *18* day of *April* 1896.

Executed in presence of
John Lawrence

approv'd
Rich Johnson
No. 387
~~*James Lawrence*~~
INDIGENT PENSION
1895.

Name *John Lawrence*
County *Wilkes*
Dated *July 1 1896* 1896.
RICHARD JOHNSON,

WARDEN HANDED TO
John Lawrence

Rec'd Dept. 14 May 1895
Proof as to six mos.
service is not made
out - See question
to witness - 7 -
Rich Johnson
Sec

Portman requested
as to length of
time applicant
was in service
Jul Stone
Pres

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County

I, *Thomas Lawrence* hereby authorize

John Stone of *Monetta Ga.*

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

at *me* by *John Stone*

Witness my hand and seal this *15th* day of *April* 1895.

Executed in presence of *Thomas Lawrence*

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Cobb County.

Thomas Lawrence of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office) *Thomas Lawrence, Fresh Water, Marietta Ga.*
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? *DeKalb Co. 8 1/2 years in Marietta Ga. 2 1/2 years in Fresh Water Ga.*
3. When and where were you born? *Spanishburg, S.C. 1844*
4. Did you volunteer in the Confederate Army or in the Georgia Militia? *Confederate Army*
5. When and where did you enlist? *at London, Tennessee*
6. In what company and regiment did you enlist? *Co. H, Smith's Georgia Infantry*
7. How long did you remain in that company and regiment? *seven months*
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? *Was detailed by General Sherman to Marietta Ga. to work in the Ordnance Department*
9. For how long a period did you discharge regular military duty? *seven months*
10. When, where and under what circumstances were you discharged from service? *Under arms discharged from the service and returned after the surrender at Appomattox*
11. What is your present occupation? *farmer*
12. How much can you earn per annum by your own exertions or labor? *\$1,000 per annum*
13. What has been your occupation since 1865? *farmer*
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? *with labor and a small amount in cash, \$100*
15. What is your present physical condition and how long have you been in such condition? *Have been disabled from about 1865 - half my time disabled by service in the service*
16. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second "infirmary and poverty" or third "blindness and poverty"? *Infirmary and poverty*
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 blind and when and where you lost your sight? *While in the service and working at night in the salt ash works in Marietta Ga. was blinded with sand which settled on the lungs and followed me to this time*
18. What property, effects or income do you possess? *215 property in all*
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? *And more in 1894 than in 1893*

20. In what County did you reside during those years and what property did you then return for taxation? *Lived in Cobb made no return and nothing*
21. How were you supported during the years 1893 and 1894? *by the help of my wife*
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? *contributed a small amount in cash, \$10*
23. What was your employment during 1893 and 1894? What pay did you receive in each year? *worked for a farmer, got my meat and made it*
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? *Am married, wife living, 7 children 2 girls & 5 boys my work on a plantation when my son got the work to do they help me all my own*

Rec'd 10/14 Mar 1895
Proven to be true
Service is not made
and see question
to mind - 17 -
Rich Johnson

Portus Regueta
as to legal of
Tim Applicant
was in service
in June 1894
in Prison

Applicant
Rich Johnson
see
RC. 381
Lawrence
INDIGENT PENSION
1895.

Thomas Lawrence
Cobb
John
July 1, 1896
RICHARD JOHNSON,
Notary, Marietta, Georgia

WARRANT FOR THE
John Stone
Geo. W. Harrison, State Printer, Atlanta

25. Are you receiving a pension under any law of this State, if so what amount and for what disability?

I am receiving no pension
Sworn to and subscribed before me this the
18th day of April 1895, } Thomas Lawrence
J. M. Stone Ordinary Applicant.
of Cobb County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb County

I, J. B. Watkins, of said State and County, having been presented as a witness in support of the application of Thomas Lawrence for pension under the Act approved December 15th, 1891, 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? J. B. Watkins
2. Are you acquainted with Thomas Lawrence, the applicant, if so how long have you known him? Since 1874
3. Where does he reside, and how long has he been a resident of this State? He resides in Cobb County, Georgia, and has been a resident of this State since 1874.
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know that? I know he served in the Confederate army from 1862 to 1865.
5. When, where and in what company and regiment did he enlist? He enlisted in the 1st Georgia Cavalry, 1862.
6. Were you a member of the same company and regiment? Yes, I was.
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? He served from 1862 to 1865, and was discharged in 1865.
8. What property, effects or income has the applicant? (Give your means of knowledge.) He has no property, effects or income.
9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? He had no property, effects or income.
10. What is the applicant's occupation and physical condition? He is a farmer and is unable to perform any manual labor.
11. Is the applicant unable to support himself by labor of any sort, if so, why? Yes, he is unable to support himself by labor of any sort.
12. How was he supported during the years 1893 and 1894? He was supported by his family.
13. What portion of his support for these two years was derived from his own labor or income? None.
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, 1891. I am not a doctor and only know him as a farmer and is unable to work.
15. What interest have you in the recovery of a pension by this applicant? None.

Sworn to and subscribed before me, this
the 18th day of April 1895, } J. B. Watkins
J. M. Stone Ordinary Applicant.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA

Cobb County.

Personally came before me
W. D. Wright M.D. and
W. M. Kemp M.D., both known to me as reputable physicians
of said County, who being severally sworn, say on oath that they have examined carefully
Thos. Lawrence applicant for pension under the Act of 1894, and after
such personal examination, say that his precise physical condition is as follows:

He is afflicted with a chronic
Bronchitis and is unable to

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 18th day of April 1895, } W. D. Wright M.D.
J. M. Stone Ordinary W. M. Kemp M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

I, J. M. Stone, Ordinary in and for said County, hereby certify that
the applicant Thos. Lawrence resides in said County, and was a bona
fide resident of this State on the 1st day of January, 1894, and that the witnesses, viz
W. D. Wright M.D. and W. M. Kemp M.D.

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 witnesses before same were signed.

I further certify that the tax digests of Cobb County show that applicant
returned for taxation in his name in 1893

Nothing dollars
of property, and in 1894,
Nothing dollars of property.

Witness my hand and seal of office, this
18th day of April 1895,
J. M. Stone Ordinary
of Cobb County.

NOTE.

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

Writing required to be made before me as to length of time applicant performed service in the Army, July 24th 1874 to 1875. J. M. Stone Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA.

I, Thos. Lawrence of DeKalb County, } hereby authorize J. M. Stone of DeKalb County, }
to receive and receipt for the pension paid hereon and request that he remit same to me by him

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9th day of Aug 1897. Thomas Lawrence

Executed in presence of

M. J. Lawrence

(For Those Already Enrolled)

No. 459

INDIGENT

Soldier's Pension.

1897.

Name Thos. Lawrence
County DeKalb

1897.

RICHARD JOHNSON,

Commissioner of Pensions

WARRANT HANDLED TO

Stone

REC'D - PENSION, STATE PRINTER, ATLANTA.

No data

Lawrence, Henry
Cobb Co

W.H. No. 1901

INDIGENT PENSION,

1900.

Name Thos Lawrence
County Cobb

Approved 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

JOHN W. LINDSEY, STATE PRINTER, ATLANTA.

90-1401

Power of Attorney.

STATE OF GEORGIA.

Thos. Lawrence County, } hereby authorize M. E. Talley of DeKalb County, }
to receive and receipt for the pension allowed, and request that he remit same to me at Atlanta, Ga by head or mail
Witness my hand and seal, this 3 day of Sept, 1900. Thomas Lawrence [L. S.]

Executed in presence of

John Shutey
Atlanta,

of COCA County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Cobb COUNTY)

I B. M. Walker, of said State and County, having been presented as a witness in support of the application of Thomas Lawrence for pension under Section 1254, Code, and after being duly sworn true answers to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? I B. Walker, Marietta Cobb Co. Ga.
2. Are you acquainted with Thomas Lawrence, the applicant; if so, how long have you known him? Yes I have known him for forty years.
3. Where does he reside, and how long and since what has he been a resident of this State? He lives upon Marietta Cobb Co. Ga. He has been a resident of this State since 1840.
4. When, where and in what company and regiment did he enlist, and how do you know? In January 1862 he enlisted in the 10th Georgia Volunteer Infantry. I was present when he enlisted.
5. Were you a member of the same company and regiment? I was not in the same Co. I was a soldier while he was in the company.
6. How long did he perform regular military duty? From Jan 1862 to Aug. 1864 some special duty.
7. When and where was his command surrendered? In Cherokee Co. Ga.
8. Were you present when it surrendered?
9. Was applicant present?
10. If he was not present, where was he? He was detailed as stated above.
When did he leave his command? Aug. 1863 For what cause? Was detailed as stated above.
By what authority he left? How do you know all of this?
We were neighbors & friends and were in constant communication with each other after.
11. What property, effects or income has the applicant? (Give your means of knowledge.) None. I am and have been for several years a non member of applicant.
12. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? None.
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? Not of my knowledge. Had no property.
14. What is the applicant's occupation and physical condition? Farming & old & infirm.
15. Is the applicant unable to support himself by labor of any sort, if so, why? Yes. Old & infirm. Has long trouble.
16. How was he supported during the years 1896 and 1899? By what little work he could do assisted by his wife & neighbors.
17. What portion of his support for these two years was derived from his own labor or income? About one fifth.
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He is old and infirm, unable to do any work.
19. What interest have you in the recovery of a pension by this applicant? None.
(Sworn to and subscribed before me, this) 10th day of Sept, 1900, at Marietta, Georgia.
J. B. Walker Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Cobb COUNTY.)

Personally came before me John L. Simpson M.D. and J. E. Malone M.D., both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Thomas Lawrence applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Is old & feeble. Has chronic bronchitis. Has well repeated attacks of gravel & is unfit for manual labor.

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

Sworn to and subscribed before me, this 10th day of Sept, 1900, at Marietta, Georgia.
John L. Simpson M.D.
J. E. Malone M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Cobb COUNTY.)

I, John Arthur Ordinary in and for said County, hereby certify that the applicant Thomas Lawrence resides in said County, and has been a bona fide resident of this State since the day of Jan, 1894, and that the witnesses, viz J. B. Walker, John Arthur and J. E. Malone 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 herein prescribed, and that the full text of the affidavit was read to the applicant and witness before same was signed.

I further certify that the tax digests of Cobb County show that applicant returned for taxation in his name in 1896 \$0 Dollars of property, and in 1899 \$0 Dollars of property.

In my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this 10th day of Sept, 1900, at Marietta, Georgia.
John Arthur Ordinary.

NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

hereby authorize

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

by

Witness my hand and seal, this day of 1902.

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

hereby authorize

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

by

Witness my hand and seal, this day of 1907.

Executed in presence of

(FOR THOSE ALREADY ENROLLED.)

No. 114

INDIGENT

SOLDIER'S PENSION

1902.

Name Thomas Lawrence

County Cobb

Co. H

Regiment

Fourth Louisiana

WARRANT ISSUED

1902.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

JOHN W. HARRIS, State Printer, Atlanta.

no later

Lawrence Thomas

Cobb Co.

(FOR THOSE ALREADY ENROLLED)

No. 616

INDIGENT

SOLDIER'S PENSION

1907.

Name Thomas Lawrence

County Cobb

Co. H

WARRANT ISSUED

JAN 21 1907.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

JOHN W. HARRIS, STATE PRINTER, ATLANTA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.)

Personally appears *Thos Lawrence* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of *Jan* 1872; that he is *69* years old and by occupation a *farmer* that he enlisted in the military service of the Confederate States for or of the State of *Georgia* during the war between the States, and served for the term of *7 months* in Company *A* of the *1st* Regiment of *Georgia* Vols; that his physical condition is as follows: *Owing to age poverty & infirmity Deponent is unable to support himself*

that his property consists of the following items:

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 by the year 1902. I have heretofore as a resident of *Cobb* County been allowed a pension for the year 1901.

Sworn to and subscribed before me, this *1st* day of *Jan* 1902.

Thomas Lawrence Ordinary.

STATE OF GEORGIA,

Cobb County.)

I, *John Clutney* Ordinary of said County, do certify that I am well acquainted with *Thos Lawrence* 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 *4*

day of *Jan* 1902.

John Clutney Ordinary *Cobb* County.

* 1000 The blank spaces must be filled.
* 1001 Affidavit should not be attested before January 1st, 1902.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.)

Personally appears *Thomas Lawrence* of *Cobb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of *Jan* 1872; that he is *69* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *7 months* in Company *A* of the *1st* Regiment of *Georgia* Vols; that his physical condition is as follows: *Infirmary & poverty*

that his property consists of the following items:

of the value of _____ Dollars. I am now earning by my labor, _____ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore, as a resident of *Cobb* County, been allowed a pension for the year 1901.

Sworn to and subscribed before me, this *1st* day of *Jan* 1902.

Thomas Lawrence Ordinary.

State of Georgia,

Cobb County.)

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

Given under my official signature and seal this *2nd*

day of *Jan* 1902.

John Clutney Ordinary *Cobb* County.

* 1000 The blank spaces must be filled.
* 1001 Affidavit should not be attested before January 1st, 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, Thomas Lawrence hereby authorize
John Lindsey of Marion, Ga.
to receive and receipt for the pension allowed and request that he remit same to
him at his office

Witness my hand and seal, this 3rd day of January 1903.

Executed in presence of

Thomas Lawrence

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, Thomas Lawrence hereby authorize
John Lindsey of
to receive and receipt for the pension allowed and request that he remit same to

Witness my hand and seal, this 3rd day of January 1904.

Executed in presence of

Thomas Lawrence

CODE SECTION 1254
(FOR THOSE ALREADY ENROLLED.)

No. 129

INDIGENT

SOLDIER'S PENSION
1903.

Name Thos. Lawrence

County Cobb

C. W. Lindsey to rec.

WARRANT ISSUED

129 1903

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

C. W. Lindsey

See Return, Sub. Form No. 1, 1903.

no date

Lawrence, Thomas

Cobb Co

CODE SECTION 1254
(FOR THOSE ALREADY ENROLLED.)

No. 128

INDIGENT

SOLDIER'S PENSION
1904.

Name Thos. Lawrence

County Cobb

Co. 1st Regiment

WARRANT ISSUED

128 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

C. W. Lindsey

See Return, Sub. Form No. 1, 1904.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *Thomas Lawrence* of *Cobb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of *1832*; that he is *70* years old and by occupation a *farmer*, that he enlisted in the military service of the Con-

federate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 yrs* in Company *H*, of *Smith's Legion*, that his physical condition is as follows: *very infirm, unable to support himself*

that his property consists of the following items:

Nothing

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 1903. I have heretofore as a resident of *Cobb* county been allowed a pension for the year 1902.

Sworn to and subscribed before me, this the *2* day of *January*, 1903, *John Austin* Ordinary.

STATE OF GEORGIA,

Cobb County.

I, *John Austin* Ordinary of said County, do certify that I am well acquainted with *Thomas Lawrence* 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 *3rd* day of *Jan*, 1903.

John Austin Ordinary *Cobb* County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *Thomas Lawrence* of *Cobb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of *18*; that he is *71* years old and by occupation a *farmer*, that he enlisted in the military service of the Con-

federate States (or of the State of *Georgia*) during the war between the States, and served for the term of *87 months* in Company *H*, of *Smith's Legion*, that his physical condition is as follows: *very infirm, unable to support himself*

that his property consists of the following items:

of the value of _____ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of *Cobb* County been allowed a pension for the year 1903.

Sworn to and subscribed before me, this the *1* day of *Jan*, 1904, *John Austin* Ordinary.

STATE OF GEORGIA,

Cobb County.

I, *John Austin* Ordinary of said County, do certify that I am well acquainted with *Thomas Lawrence* 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 *1* day of *Jan*, 1904.

John Austin Ordinary *Cobb* County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1904.

POWER OF ATTORNEY.

STATE OF GEORGIA,

604 } COUNTY.

I, Thomas Lawrence hereby authorize
John H. Coffey of
to receive and receipt for the pension allowed, and request that he remit same to
at

WITNESS my hand and seal, this 4th day of January 1905,

Thomas Lawrence [L. S.]

Executed in the presence of

William

POWER OF ATTORNEY.

STATE OF GEORGIA,

604 } COUNTY.

I, Thomas Lawrence hereby authorize
John H. Coffey of
to receive and receipt for the pension allowed, and request that he remit same to
at

WITNESS my hand and seal, this 4th day of January 1905,

Executed in the presence of Thomas Lawrence
William [L. S.]

(FOR THOSE ALREADY ENROLLED.)

No. 126

INDIGENT
SOLDIER'S PENSION
1905.

Name Thomas Lawrence
County Chatham
Co. H. Regiment 10th

WARRANT ISSUED

JAN 23 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT RETURNED TO

THE ATTORNEY GENERAL, ATLANTA.

no date

Lawrence of 10th Regt.
Chatham

(FOR THOSE ALREADY ENROLLED.)

No. 686

INDIGENT
SOLDIER'S PENSION
1906.

Name Thomas Lawrence
County Chatham
Co. H. Regiment 10th

WARRANT ISSUED

JAN 22 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT RETURNED TO

Coffey

THE ATTORNEY GENERAL, ATLANTA.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears *Thomas Lawrence* of *Cobb*

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1862; that he is 72 years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *2 1/2 years* in Company *H*, of *Smith's Legion* in Regiment *of 1st Div*; that his physical condition is as follows: *Infirmit and poor*

that his property consists of the following items:

nothing

of the value of *nothing* Dollars. I am now earning, by my labor, *nothing* Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1891, 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 *Cobb* County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the *Thomas Lawrence* day of *January* 1905.

Ordinary.

STATE OF GEORGIA,

County.

I,

Ordinary of said County,

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

Given under my official signature and seal, this day of *January* 1905.

Ordinary

County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

County.

Personally appears *Thomas Lawrence* of *Cobb*

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1862; that he is *72* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *2 1/2 years* in Company *H*, of *Smith's Legion* in Regiment *of 1st Div*; that his physical condition is as follows: *Infirmit and poor*

that his property consists of the following items:

of the value of *nothing* Dollars. I am now earning by my labor, *nothing* Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1891, 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 *Cobb* County, been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the *Thomas Lawrence* day of *January* 1905.

Ordinary.

State of Georgia,

County.

I,

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

Given under my official signature and seal, this day of *January* 1905.

Ordinary

County.

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



A. C. CONN. ORDINARY

CANTON, GA.

190

Georgia Cherokee County

Personally came before me
W. S. Harmon. known to me to be
a man of trustworthy character
and whose statements are entitled
to full credit and he said he
saw the deceased Thomas Lawrence
and was with him on May 2

1865 in the Spring of the year
at Kingsport Ga. and saw
him discharged from the
service of the Confederate
Army.

Subscribed W. S. Harmon
before me this 30th day of 1901

A. C. Conn. Ordinary

NAME Lawrence, Thomas

YEAR 1901 COUNTY Cobb

WHEN AND WHERE BORN? 1832 - Spartanburg, S C

ENLISTED WHEN AND WHERE? January, 1863 -

RACE.

COMPANY AND REGIMENT? Co H Smith's Legion Tenn. Vols., and in
Aug., 1863, was detailed to fortify Loden's Bridge, (Tenn.),
later detailed to potash mines in Cherokee Co., Ga., where
he served until the invasion of the enemy into Ga., then went
to Dawson Co. and enlisted in Col. Jos. Goss' command.

WOUNDED? Contracted Bronchitis and gravel, affected lungs and kidneys.

CAPTURED, WHEN AND WHERE?

RELEASED.

Applicant received his discharge at
Kingston, Ga. in the spring of 1865.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES.

T B Watkins - States he served in the same Legion,
~~but~~ in Cavalry

mh

No date

1000-769X

STATE OF GEORGIA.

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Cum gratia, I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the above-named matter, and in reply to inform you that the same has been forwarded to the proper authorities for their consideration. I am, Sir, very respectfully,
Your obedient servant,
J. M. Smith, Esq.

LA HUTCHES HUBBERT. I have brought out my hand and oval, this day of 1894.

Executed in the presence of

24.2 Payer
18.0 Payer

DIRECTIONS.

If allowed, send amount by

me: at

[illegible]

Returned to the
 J. P. M. for his
 signature to the
 affidavit by the three
 M. & W. witnesses
 (Ed. H. Harrison
 & J. P. M. & J. P. M.)
 May 1848

Larson Mary
Cobb County
1891.

No. 571

Widows' Pension

PAID TO

Millers' Bureau
OF
COTTON

\$100.00.

Warrant Issued

1891

AND HANDED TO

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA.

Know all Men by these Presents, That I,

County of *DeKalb* State of *Georgia*, do hereby appoint

of *DeKalb* County, *Mary Lawson* my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit: hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *14th* day of *May* 1891.

Executed in the presence of us:

W. H. P. Jones
W. H. P. Jones
DIRECTIONS.

If allowed, send amount by

me at

and oblige,

to



Testament to the fact of death of the deceased for the signature to the affidavit by the true and lawful attorney of the State of Georgia.

Widows' Pension

PAID TO

Mary Lawson

DeKalb

COUNTY.

\$200.00.

Warrant Issued

AND HANDED TO

1891

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

County of *DeKalb*

In person came before me, the undersigned Ordinary in and for the County of *DeKalb*

Mrs. *Mary Lawson*, who being sworn according to law, says under oath that she is the widow of *Robert Lawson*, who was a soldier in the service of the Confederate States, and served as a member of Company *A*, of the Regiment of *Georgia* Volunteers; that he enlisted in said

service on or about the day of *10th* *December* 1862, and was in the Army up to *14th* *September* 1863. That while in the

Army, he was on the *14th* day of *September* 1863, (See Note No. 1) *Wounded by a shell at the battle of Chickamauga on Sept. 18th 1863, he was moved to the hospital at Marietta Ga. on account of his wounds and died in said hospital from said wound on the 4th day of October 1863.*

Dependent 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 *14th* day of *September* 1860, and that she has resided in Georgia continuously since the *14th* day of *September* 1860, 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. Dependent, 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

14th day of *May* 1891. *Mary Lawson*
Will Stone
Ordinary.

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

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA.

In person came before me, the undersigned Ordinary
County of Waller
Morton and Shaw and Walt
and
teach known to said Attesting Officer as truthful,
reliable and reputable citizens, who severally say under oath, that, from their own personal knowledge,
Mrs. Mary Lawson, of the County of Walt
State of Georgia, is the widow of Hezekiah Lawson, who was a soldier in
Company Co of the 8th Regiment of Georgia Volunteers.
That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or
about the 1st day of Nov 1862. That while in said service, or by
reason of said service in the Army, he lost his life as follows: from a wound received

in battle of Chickamauga in the State of
Georgia, on the 19th day of September, 1864.
Said wound being made by a shell from
which he fell on the 11th October, 1863
at the battle of
Mr. Mortimer
was a prisoner to the above facts, he being
wounded at the same battle and brought to the
Hospital at Marietta with Mr. Lawson
Mr. Webb and Mr. Shaw person to the above
facts & Capt they did not see Mr. Lawson
or know where he was during his being
wounded from the service of the Company.
He knew he never returned home after
the war, the war all in the same Company.

We further swear that Mrs. Mary Lawson was the wife of said
soldier during the service, and that she has not intermarried since his death, and that she resides in
County of Walt State of Georgia.

Sworn to and subscribed before me, this, the 1st
day of May 1891.
P. P. McChesney
Ordinary.

Lucia Mortimer
Thomas Webb
R B Shaw

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

Form No. 3.

STATE OF GEORGIA.

County of Walt

I, Wm. H. Harrison Ordinary
in and for said County of Walt

State of Georgia, hereby certify that I am acquainted with Mrs. Mary Lawson
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, 1860, and has not lived out of the State since that date. I also
know that the witnesses whose testimony she presents to sustain her claim are known to me to be
truthful witnesses, entitled to full faith and credit as such. I am fully satisfied that this claim is made in
good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

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

day of May 1891.

(SEAL)

Wm. H. Harrison
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 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, 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 of the death.

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

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

Form No. 2.

STATE OF GEORGIA, County of Cobb

I, J. M. Stone, Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. Mary Lawson, the applicant for a pension in this case, and know, from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Reuben Lawson, deceased, and as such has heretofore been allowed a pension for the year ending February 15th 1892.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, 30th day of February, 1893.

Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mary Lawson, of Cobb County, in said State, do hereby appoint J. M. Stone, my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st day of February, 1892.

Executed in the presence of us: J. M. Stone, [S]

Executed in the presence of us:

DIRECTIONS.

Send amount by me at and oblige to

Warrant Issued

AND HANDLED TO

1893

Widow's Pension,

for year ending February 15th, 1893.

PAID TO

OF

COUNTY.

1893.

FOR THOSE HERETOFORE PAID.

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

Form No. 2.

STATE OF GEORGIA, County of Cobb

I, J. M. Stone, Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. Mary Lawson, the applicant for a pension in this case, and know, from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Reuben Lawson, deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, 30th day of February, 1894.

Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mary Lawson, of Cobb County, in said State, do hereby appoint J. M. Stone, my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 30th day of February, 1894.

Executed in the presence of us: Mary X Lawson, [S]

Executed in the presence of us:

DIRECTIONS.

Send amount by me at and oblige to

WIDOWS' PENSION,

for year ending February 15th, 1894.

PAID TO

OF

COUNTY.

1894.

FOR THOSE HERETOFORE PAID.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally comes Mrs.

Mary Lawson

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

continuously ever since

18⁵⁸ That she is the Widow of

Ruben Lawson

who was a Soldier in Company

H of the

Regiment of Georgia

Volunteers, that he enlisted in said Regiment on or about the month of August

18⁶² and served in the Army up to18⁶³ That he lost hislife on the 12th

day of October,

18⁶³ (State here

full particulars of the husband's death, when, where and from what cause.)

He died on October 12th 1863, in the
 service of the Confederate States Army,
 while engaged in the battle of
 Chickamauga, Georgia. He was
 wounded during the battle and
 died of his wounds at Marietta, Ga.

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 18⁵² 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

13 day of January, 1893.

Ordinary.

Post-office

Lawson, Ga.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally comes Mrs.

Mary Lawson

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

continuously ever since

18⁵⁸ That she is the Widow of

Ruben Lawson

who was a Soldier in Company

H of the

Regiment of Ga.

Volunteers, that he enlisted in said Regiment on or about the month of August

18⁶² and served in the Army up to18⁶³ That he lost hislife on the 12th

day of October

18⁶³ (State here

full particulars of the husband's death, when, where and from what cause.)

That while in the Confederate
 Army at the battle of Chickamauga
 Tenn. he was wounded and
 brought to Marietta Ga to the
 hospital, and from said wound
 he died at Marietta Ga on
 Oct. 13th 1863.

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 18⁵² 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

30 day of January, 1894.

Ordinary.

Post-office

Lawson, Ga.

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

Form No. 2.

STATE OF GEORGIA, County of *Cobb*
Ordinary in and for said County of
State of Georgia, hereby certify that I am acquainted with Mrs.
Mary Lawson the applicant for a pension in this case, and
know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on
December 23, 1890, and has not lived out of the State since that date. That she is the
widow of *Ruben Lawson* deceased, and as such has heretofore
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 *23rd* day of *January*, 1895.

Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, *Cobb* County.

KNOW ALL MEN BY THESE PRESENTS, That I, *Mary Lawson*

County in and State, do hereby appoint
of *Herbette G. Stone* 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 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 WITNESS WHEREOF, I have hereunto set my hand and seal, this *23rd*
day of *January*, 1895.

Executed in the presence of us:

DIRECTIONS

Send amount by
me at _____, and oblige _____ to

FOR THOSE HERETOFORE PAID.
1895.
No. *465*
WIDOW'S PENSION,
For year ending February 15th, 1895.
PAID TO—
Mary Lawson
widow of *Ruben Lawson*
County.
WARRANT ISSUED
24
AND HANDLED TO
W.H.
1895.

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

Form No. 2.

STATE OF GEORGIA, County of *Cobb*
Ordinary in and for said County of
State of Georgia, hereby certify that I am acquainted with Mrs.
Mary Lawson the applicant for a pension in this case, and
know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she
resides in this County, and that she resided in the State of Georgia on December 23, 1890 and has not lived
out of the State since that date. That she is the widow of *Ruben Lawson*
deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this
the *29th* day of *January*, 1896.

Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, *Cobb* County.

I, *Mary Lawson* hereby authorize *Herbette G. Stone*
of *Herbette G. Stone* to receive and receipt for the pension paid heron and request
that he remit same to *Me by check*

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

Executed in the presence of

W.H. Fleming

FOR THOSE HERETOFORE PAID.
1896.
No. *3538*
WIDOW'S PENSION,
For year ending February 15th, 1896.
PAID TO—
Mary Lawson
widow of *Ruben Lawson*
County.
WARRANT ISSUED
24
AND HANDLED TO
W.H.
1896.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs.

Mary Lawson

who being sworn, says on oath, that she is a bona fide resident of said county of

Cobb State of Georgia, and that she has resided in said State continuously ever since 1825

That she is the Widow of Reuben Lawson who was a Soldier in Company H of the 5th Regiment of Ga

Volunteers, that he enlisted in said Regiment on or about the month of August

1867 and served in the Army up to October 1863 That he lost his life on the 13th day of Oct. 1863 State here

full particulars of the husband's death, when, where and from what cause.)

That while engaged at the battle of Chickamauga he received a wound and was sent to the hospital at Marietta Ga. and died from said wound on the 13th day of October 1863.

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 1850 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

23rd day of Jan - 1895.

J. A. Low Ordinary.

Post-office

Lawson Ga.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs.

Mary Lawson

who being sworn, says on oath, that she is a bona fide resident of said county of Cobb State of Georgia, and that she has resided in said State continuously ever since 1825

That she is the Widow of Reuben Lawson who was a Soldier in Company H of the 5th Regiment of Ga

Volunteers, that he enlisted in said Regiment on or about the month of August

1867 and served in the Army up to October 1863 That he lost his life on the 13th day of October 1863 State here

full particulars of the husband's death, when, where and from what cause.)

That he was wounded at the battle of Chickamauga and taken to the Hospital at Marietta Ga. and died from said wound on the 13th day of October 1863.

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 1850 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 Cobb County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this

23rd day of Jan 1896.

J. A. Low Ordinary.

Mary Lawson X
Post office Marietta Ga.

State of Georgia,)
 Milton County,)
 I, J. M. Stone,)
 Clerk of said County, do hereby certify that the witnesses who have testified that Mrs. Mary Lawson presents to said County her claim are known to me to be faithful witnesses, entitled to full faith and credit as such, and that I have caused them to read or hear read the foregoing they signed.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this first day of May 1897.
 J. M. Stone, Clerk.
 1897.

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

Form No. 2.

STATE OF GEORGIA, County of Cobb
 I, J. M. Stone, Clerk of said County, do hereby certify that I am acquainted with Mrs. Mary Lawson, the applicant for a pension in this case, and know from my own knowledge, not 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 February 23, 1860, and has not lived out of the State since that date. That she is the widow of Andrew Lawson, deceased, and as such has hereunto been entitled a pension for the year ending February 15th, 1897.
 In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this day of February 1897.
 J. M. Stone, Clerk.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.
 I, Mary Lawson, do hereby authorize J. M. Stone, my friend, to receive and accept for the pension paid hereto, and request that he sign the same.
 In Witness Whereof, I have hereunto set my hand and seal, this day of February 1897.
 Mary Lawson.
 J. M. Stone, Clerk.

WARRANT ISSUED
 AND HANDED TO
 1897.
 RICHARD JOHNSON,
 Commissioner of Pensions.
 WIDOW OF
 Mary Lawson
 PAID TO
 Andrew Lawson
 FOR THOSE HERETOFORE PAID.
 1897.
 No. 2658
 WIDOW'S PENSION,
 for year ending February 15th, 1897.
 J. M. Stone, Clerk.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of

Coble

Personally Sees Mrs.

Mary Lawson

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

continuously ever since

18²⁵ That she is the Widow of

Reuben Lawson

who was a Soldier in Company

of the

5th

Regiment of

Ga.

Volunteers, that enlisted in said regiment on or about the month of

186⁷ and served in the Army up to

Oct.

186⁸ what he lost his

life on the

13th

day of

Oct.

186⁸ (State here)

tell particulars of the husband's death, when, where, and from what cause.)

That from and on account
of a wound received, he
was sent to the Hospital at
Marietta Ga where he died
from said wound

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 18⁵⁰

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

Coble

County for the year ending February 15th, 1896, and now apply forthe pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this

3rd

day of July

1897

Ordinary

Mary Lawson

Post office

NOTES.

To file to avoid unnecessary delay in applications, and to enable all parties interested to understand the law-making situation, I enclosed soldiers as well as the rules adopted by the Governor limiting the power of the Legislature. The application is for a warrant of the Governor to the effect that the soldier be discharged from the service, and followed by a plain statement of facts showing the *ground of the discharge*. The application should be given, showing the disability by positive parole to the service. The law making allowance for an arm or a leg must be given by the soldier *substantially* and *correctly*. It will not answer to say that an arm is "substantially" useless for ordinary purposes of life, or "There is no qualification in the clause of the Act as to the nature of the arm or leg, but the limb must be all purposes be "substantially and essentially" useless."

4. If the application is for a wounded leg, it would seem to be a fair restriction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, there shall be no discharge.

5. If papers are returned for a restriction of discharge, an officer, any of the officials, the applicant must be made *under oath* before an officer and the papers must show that the restrictions have been duly sworn to.

6. Every application must be certified by the testimony of the testimony of the restriction of the applicant. The certificate of any other will not be received in any case.

7. The application for a warrant of discharge is a *substantially* and *correctly* requested to call the attention of the Legislature and applicants to these points.

Ledbetter, Richard
Cobb Co

N. 414

APPLICATION FOR ALLOWANCE.

Right Leg. Discharged
Applicant, Right Leg. Discharged

County

Amount

Date of Warrant Dec, 12

Entered on record

Feb 12 1889

75 H H
SECRETARY EXECUTIVE DEPARTMENT

applicant

and $\text{sp}_{\text{p}}(\text{matrix}) = \text{col}(\text{matrix})$ respectively requested to call the attention of the physicians

11/11/1981

applicant,

STATE OF GEORGIA,
Cobb County }

PERSONALLY came

citizens of county, in said State,

being duly sworn, say that they are acquainted with
Richard L. Lott and know that he received the wounds (or contracted the
disease) in the military service, as stated by him in the foregoing affidavit, that said wounds
(or disease) permanently disables applicant, as stated by him; that said applicant is a bona
fide citizen of this State, and resides in Cobb county, and we
are well satisfied, that all the statements in his affidavit are true

Sworn to and subscribed before me, this
day of 188

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

STATE OF GEORGIA,
Cobb County }

PERSONALLY comes before me J. M. Storn Ordinary of said county,
and E. J. Setzer, both known to
me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined Richard L. Lott, and after such
examination say that the applicant has been injured as follows:

By a gunshot
wound in the front of right leg, entering both
bones & is now a permanent portion of one bone, from
the effect of which the wound has never
healed & is still sore & running, thereby
rendering the leg weak, infirm, & essentially
useless.

Sworn to and subscribed before me, this
11th day of July, 1889
J. M. Storn
ORDINARY.

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

STATE OF GEORGIA,
Cobb County }

I, J. M. Storn Ordinary of said county,
do certify that I am well acquainted with Richard L. Lott 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. I also certify that the foregoing witnesses are persons
of respectability, and that their statements are worthy of full credit and belief.

I further certify that before
whom the foregoing affidavits were made and power of attorney was signed, is a
citizen of said county, and the said affidavits and signa-
tures thereto are genuine.

Given under my official signature and seal, this 11th day of July, 1889
J. M. Storn
Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County }

Know all Men by these Presents, That I,
of

county, in said State, do hereby appoint

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

In witness whereof I have hereunto set my hand and seal, this
day of 188

Executed in the presence of us:

(L. S.)

STATE OF GEORGIA,

I, *W. H. Stone* Ordinary of said county, do certify that I am well acquainted with *Richard Ledbetter* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

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

Given under my official signature and seal, this *10th* day of *Feb'y*, 189*0*
W. H. Stone Ordinary *Colt* County

STATE OF GEORGIA,

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

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

Given under my official signature and seal, this *10th* day of *Feb'y*, 189*0*
W. H. Stone Ordinary *Colt* County

1890.

No. 877

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1889.

Leg. Atty.
Applicant, Richard Ledbetter

County.

Amount.

Date of Warrant.

Feb'y 11

Entered on record

Feb'y 11

1890

Colt

WARRANT HANDLED TO

Applicant

1891.

Leg. Atty.
Applicant, Richard Ledbetter

Colt Co.

No. 878

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1890.

Leg. Atty.
Applicant, Richard Ledbetter

County.

Amount.

Date of Warrant.

Feb'y 11

Entered on record

Feb'y 11

1891

Colt

WARRANT HANDLED TO

Applicant

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Calhoun County.

PERSONALLY appears *Richard Ledbetter* *Leahy* county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the *15th* day of *October* 18*44* that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *Private* in Company *K*, of *18th* Regiment of *Volunteers* *Maffey*'s Brigade; that whilst engaged in such military service, at the battle of *Chadron Run* in the State of *Va.* on the *19th* day of *October* 186*4*, he was

wounded as follows: *By missile ball striking right leg between ankle & knee, splitting & fracturing the bone, causing pieces of bones to work out now at times the leg inflames every four weeks & runs down of & causes working out rock him - for several dependent practically incapable to perform the Ordinary Manual work.*

Dependent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of *Twenty* dollars.

Sworn to and subscribed before me, this *10th* day of *July* 189*0* *Richard Ledbetter* *mark*

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

county, in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *10th* day of *July* 189*0*

Executed in the presence of us:

[L. S.]

DIRECTION.
Send money to me as follows, by

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Calhoun County.

PERSONALLY appears *Richard Ledbetter* *Leahy* 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 *October* 184*4*; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *Private* in Company *K*, of *18th* Regiment of *Volunteers* *Maffey*'s Brigade; that whilst engaged in such military service at the battle of *Chadron Run* in the State of *Va.* on the *19th* day of *October* 186*4*, he was

wounded as follows: *By missile ball striking right leg between ankle & knee, splitting & fracturing the bone, causing pieces of bones to work out now at times the leg inflames every four weeks & runs down of & causes working out rock him - for several dependent practically incapable to perform the Ordinary Manual work.*

Dependent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of *Twenty* dollars.

Sworn to and subscribed before me, this *10th* day of *July* 189*1* *Richard Ledbetter* *mark*

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *10th* day of *July* 189*1*

[L. S.]

Executed in the presence of us:

DIRECTION.
Send money to me as follows, by

to

County, Georgia.

P. O.

STATE OF GEORGIA.

I, Robert H. Harrison County, Richmond Ordinary of said county, do certify that I am well acquainted with Richard D. Harrison the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

Given under my official signature and seal, this 10th day of June, 1893.

Ordinary

County

POWER OF ATTORNEY.
STATE OF GEORGIA.

Know all Men by these Presents, That I, Richard D. Harrison County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10th day of June, 1893.

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by:

to Richmond County, Georgia.

P. O.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING 30th JUNE, 1892.

Name Richard D. Harrison
County Richmond
Disability Richmond
Amount \$ 100
Entered on record June 11 1892.
W. H. HARRISON,
Secretary of Pension (to be signed)
AGENT.
applicant
Geo. W. Harrison, State Printer, Albany, Ga.

1893.

Application for Allowance

No. 575
For the Year Ending October 31, 1893.
Applicant Richard D. Harrison
County Richmond
Amount, 50
Date of Warrant, June 10
Entered on record, June 11 1893.
WARRANT HARRISON
Geo. W. Harrison, State Printer, Albany, Ga.

FOR APPLICANTS HERETOFORE ALLOWED PENSION

For Applicants Heretofore Allowed Pensions,
STATE OF GEORGIA,)

County, }
PERSONALLY appears, } *Richard Ledbetter*
of }
County, State of Georgia, who, being duly sworn, says
on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously
since the } day of *October* 18 *41*, that he enlisted
in the military service of the Confederate States (or of the State of
during the war between the States) and served as a *Private* in Company *A*
of the *1st* th Regiment of *Volunteers* offered to
Brigade that whilst engaged in such military service at the battle of *Gettysburg*
in the State of *Pennsylvania* on the } day of
October 1864, he was wounded as follows:

1864, he was wounded as follows:

The bullet striking the right
side just below the knee, passing
between the bones, crushing the bone
of the femur, fracturing the bone of
the tibia, and right leg, and out of the
wound, a piece of bone was driven out.

Dependent desires to participate in the benefits of the Act, approved October 24, 1862, and
the acts amendatory thereof, and makes application for the allowance to which he is entitled for
the year ending October 26, 1862. I have heretofore been allowed a pension of

Sworn to and subscribed before me this the 10th day of April 1892 }
 J. H. [Signature] Ordinary

POWER OF ATTORNEY

STATE OF GEORGIA,)
County of)

Know all Men by these Presents, That I, _____ of _____

County in said State do hereby appoint

of _____ my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States or of this State, as stated in the foregoing affidavit, hereby authorizing my said attorney to receive 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 _____ 1892.

Executed in the presence of us

DIRECTION

Send money to me as follows, by

to

County, Georgia

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

PERSONALLY appears *A Fed better*

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 _____ 15
day of *Oct.* 1864 that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Private* in Company *C*, of the _____ 16
th _____ *Volunteers* _____ *Battalion* _____ *Brigade*; that whilst engaged in such military service at the battle of *Gettysburg* in the State of *Pa.* _____, on the _____ day of *Oct.* 1864 he was wounded as follows: *By gunshot striking the*

right leg and the knee bracing
the same bone and joining down
toward the ankle taking the leg
to pieces - thereby rendering deponent
practically incompetent to performing
the ordinary manners business of life

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

Sworn to and subscribed before me, this, the 16th day of March 1893.

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

STATE OF GEORGIA.

I, John H. Starn Ordinary of said County,
do certify that I am well acquainted with R. Ledbetter the

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

I further certify that

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

Given under my official signature and seal, this 16 day of March 1893

Ordinary *Leobh* County

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 1891.

Executed in the presence of us _____

DIRECTIONS.

Send money to me as follows, by _____ to _____ P. O. _____ County, Georgia.

Soldier's Pension.

1894.

Name *Richard L. Cobb*

County *Cobb*

Disability *W. D. L. G.*

Amount, \$ *50*

1891.

W. H. HARRISON.

Secretary Executive Department.

WARRANT HANDLED TO *Apple*

Geo. W. Harrison, State Printer, Atlanta.

Audited

Feb. 12

1889

Wm. A. M. G. H.
COMPTROLLER GENERAL

Maimed Soldiers.

Voucher No. *100*

Amount *\$50*

Paid to *Richard L. Cobb*

For *W. D. L. G.*

W. D. L. G.

Feb. 12

1889

Included in Warrant No _____

issued to Treasurer

1889

WARRANT CHECK

W. J. Campbell, State Printer, Constitution Job Office.

Apple

Richard L. Cobb

Feb. 12

(For These Already Enrolled.)

Do Enroll in 1894

W. D. L. G.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Cobb County, PERSONALLY appear *Richard Ledbetter* *Cobb* 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 15th day of *Oct.* 1864, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *K*, of *8th* Regiment of *Georgia* Volunteers, *Wagon*'s Brigade; that whilst engaged in such military service at the battle of *Cedar Run* in the State of *Georgia*, on the day of *Oct.* 1864, he was

wounded as follows: *By gunshot striking the right leg between the knee and ankle, bursting the bones and driving the musclet, so that on account of said wound dependent is rendered practically incompetent to perform any ordinary manual avocations of life.* Dependent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of *35* dollars, for the year 1890.

Sworn to and subscribed before me, this, *10th* day of *Mar.* 1894.

J. M. Starn *Richard Ledbetter*

Not a State fails the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA.

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

Given under my official signature and seal, this *10th*

day of *Mar.* 1894.

J. M. Starn Ordinary *Cobb* County.

No. *1111*

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Monte G. Hobbs 12 1889

Mr. *Richard Ledbetter* of the County of *Cobb*, having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act

Dec. 24, 1888, and the same having been allowed for

Eighty four

He is entitled to receive the sum of *Eighty four* Dollars for such disability, the same being the allowance due for the year ending October 24, 1889.

The Treasurer will pay the same and hold his receipt on this voucher, and return same to Executive Department for warrant.

By the Governor

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. C. HARDEMAN,

Eighty four

per above voucher, this *Twelfth* day of *Feb.* 1889.

James O. Whitworth *Richard Ledbetter*

Ordinary Cobb County.

Audited

1891.

COMPTROLLER GENERAL

1891.

Maimed Soldiers.

Voucher No. 538

Amount \$ 50

And to Rich^d Ledbetter
for Leg dis.

Feb 11.

1891.

Included in warrant No.

issued to Treasurer.

1891

WARRANT CLERK

Geo. W. Harrison State Printer, Atlanta.

Applicant

Audited

18

COMPTROLLER GENERAL

Cobb

Maimed Soldiers.

Voucher No 877

Amount \$ 50

Paid to Rich^d Ledbetter
For Leg disabled

Feb 11

1891

Included in warrant No.

issued to Treasurer

18

WARRANT CLERK

W. J. Campbell State Printer, Constitution, No. 100.

Applicant

1891.

No. 528

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feb 11 1891.

Mr. Richard Ledbetter of the County of Cobb having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for \$50.00.

He is entitled to receive the sum of Fifty 00/100 Dollars for such disability, the same being the allowance due for the year ending October 24, 1891.

The Treasurer will pay the same and hold his receipt on this voucher, and return same to Executive Department for warrant.

By the Governor,

W. H. Harrison

SECRETARY, EXECUTIVE DEPARTMENT

\$50

Received of R. U. HARDEMAN, Treasurer of the State of Georgia

Fifty 00/100

Dollars,

per above voucher, this

11 of Feb.

1891.

Richard Ledbetter

No. 877

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Atlanta, Ga., Feb. 11 1890

Mr. Richard Ledbetter of the County of Cobb having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act,

approved, Dec. 24, 1888, and the same having been examined and allowed for

Leg disabled

He is entitled to receive the sum of Fifty 00/100 Dollars for such disability, the same being the allowance due for the year ending October 24, 1890

The Treasurer will pay the same and hold his receipt on this voucher, and return same to Executive Department for warrant.

By the Governor,

W. H. Harrison

CLERK, EXECUTIVE DEPARTMENT.

\$50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 00/100

Dollars,

per above voucher, this

11 of Feb.

1890

Richard Ledbetter

NOTES.

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

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the *extent of the disability*.

2. If applicant claims disability from disease contracted in the service, call out carefully stated history. The law makes no allowance for a crippled hand, nor for a crippled foot, nor for an arm or leg, unless the arm or leg has been rendered *substantially and essentially useless*.

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

4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to substantially and essentially useless, to require the constant use of crutch or stick, and the leg to be substantially and essentially useless.

5. It is more difficult to say when an arm is substantially and essentially useless. The words are strong ones, however, and the injury must be very severe, and the arm in a badly damaged condition, to entitle one to the allowance mentioned in the Act. The Legislature intended to limit these payments to such as were *most seriously wounded and disabled*. In the future they will doubtless provide for all who were badly injured, but the present law does not reach many worthy, needy cases. It was inaugurated as an experiment; if abused, it will naturally become unpopular and be repealed. If properly administered, it will be popular.

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

7. The Ordinaries know the condition of applicants better than the Governor or his Secretaries, and they are earnestly requested to discourage any man from making application unless he is entitled under the law. Hundreds of applicants have been received and refused, because they were not disabled.

8. As to the payment of money to those who are entitled to put parties to expense and trouble, and in the end cause better disappointment and mortification.

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

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

Sgt. Henry J.
Gibson

No. 713

Application for Allowance

FOR

Applicant *Edw. J. Gibson*

County *Calhoun*

Amount *500*

Date of Warrant *Sept 11*

Entered on Record,

Sept 14 188*2*

SECRETARY OF THE GOVERNMENT

H. Gibson

NOTES.

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

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

2. The law makes no allowance for a crippled hand, nor for a crippled foot, nor for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.

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

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

5. It is more difficult to say when an arm is "substantially and essentially useless." The words are strong ones, however, and the injury must be very severe, and the arm in a badly damaged condition, to entitle one to the allowance mentioned in the Act. The Legislature intended to limit these payments to such as were most seriously disabled and disabled. In the future they will doubtless provide for all who were badly injured, but the present law does not reach many worthy, needy cases. It was inaugurated as an experiment, if abused, it will naturally become unpopular and be repealed. If properly administered, will do great good.

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

7. The Ordinaries know the condition of applicants better than the Governor or his Secretaries, and they are earnestly requested to discourage any man from making application unless he is entitled under the law. Hundreds of applications have been received and all allowed because they were not disclosed so as to entitle them under the law. This entails much unnecessary work upon this office, causes delays in making payments to those who are entitled, it puts parties to expense and trouble, and in the end causes better disappointment and mortification.

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

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

STATE OF GEORGIA.

Fulton County.

PERSONALLY appears

Henry J. Lee of Cobb County,

State of Georgia, who, being duly sworn, says that he is a bona fide citizen and resident of said State, and has been such since the 4 day of May 1840; that he

enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company I, of 42d Regiment of Georgia Volunteers, Bartlett's Brigade; that

whilst engaged in such military service, at the battle of He contracted Rheumatism the State of Georgia, on the 14 day of July 1863, he was

in the left side and leg, the side and leg are largely paralyzed, and have been since 1863, he is not able to perform manual labor, this Rheumatism was contracted

by exposure in the military service of the Confederate States, and he desires to participate in the benefits of the Act, approved October 24, 1887, and makes

application for the allowance to which he is entitled thereunder.

Sworn to and subscribed before me, this 19th day of January 1891, at Fulton County, Georgia.

Notary Public in and for the State of Georgia.

Notary Public in and for the State of Georgia.

Notary Public in and for the State of Georgia.

Commissioned Officer's Affidavit.

STATE OF GEORGIA.

Fulton County.

PERSONALLY came before me

William L. Wilson of the county

of Fulton State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company I, of 42nd Regiment of Georgia

Volunteers, and that he deponent knows Henry J. Lee and that he received the wounds

(or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds

(or disease) permanently disables the said Henry J. Lee, as stated by him in said affidavit. Deponent further states that said Henry J. Lee is a bona fide

citizen of this State and resides in Cobb County.

Notary Public in and for the State of Georgia.

Notary Public in and for the State of Georgia.

Notary Public in and for the State of Georgia.

Notary Public in and for the State of Georgia.

Notary Public in and for the State of Georgia.

STATE OF GEORGIA,
Cobb County.

PERSONALLY came

citizens of county, in said State,
who, being duly sworn, say that they are acquainted with

and know that he received the wounds (or contracted the disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or disease) permanently disables applicant, as stated by him; that said applicant is a bona fide citizen of this State, and resides in county, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this
day of 1889

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

STATE OF GEORGIA,
Cobb County.

PERSONALLY comes before me J. M. Stone Ordinary of said county
Dr. E. T. Hobbs and E. J. Setze both known to

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

and after such examination say that the applicant has been injured as follows: He contracted the Rheumatism many years ago in the left side and leg, both are rapidly perishing away - the leg is more than two inches shorter than the other leg - he is permanently and severely injured and has been for many years - this Rheumatism was contracted by him in military service - he is almost helpless and badly crippled.

Sworn to and subscribed before me, this

24 day of June 1889
J. M. Stone
ORDINARY.

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

STATE OF GEORGIA,
Cobb County.

I, J. M. Stone

Ordinary of said county,

do certify that I am well acquainted with H. J. Lee 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. I also certify that the foregoing witnesses are persons of respectability, and that their statements are worthy of full credit and belief.

I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a

Given under my official signature and seal, this 13th day of July 1889
J. M. Stone
Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

Know all men by these presents, That I H. J. Lee
of Cobb Co.

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

In witness whereof I have hereunto set my hand and seal, this 24th day of May 1889

Executed in the presence of us:

J. M. Stone
only

1889
H. J. Lee
(L. S.)

STATE OF GEORGIA,

County.

I, J. M. Stone Ordinary of said county, do certify that I am well acquainted with A. J. Lee the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

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

Given under my official signature and seal, this 11 day of July 1891

Ordinary

County.

STATE OF GEORGIA,

County.

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

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

Given under my official signature and seal, this 11 day of July 1891

Ordinary

County.

1890.

No. 416

APPLICATION FOR ALLOWANCE

FOR THE YEAR ENDING OCTOBER 31, 1891.

This is by Allegare

Applicant,

County,

Amount,

Date of warrant,

Entered on record

Sub. to

1890

W. W. Harrison

NOTARY, EXPIRES JAN. 1, 1892.

WARRANT HANDED TO

R. C. Irvine

1891

Lee, A. J.

Col. Co.

No. 88

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

Five

Leg. day

Applicant,

County,

Amount,

Date of Warrant,

Entered on record

1891

W. W. Harrison

NOTARY, EXPIRES JAN. 1, 1892.

WARRANT HANDED TO

R. C. Irvine

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County,

PERSONALLY appears *A. J. Lee* of *Cobb* county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the *7* day of *May* 18*64*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *D*, of *42*th Regiment of *Volunteers* *Stovalls*'s Brigade; that whilst engaged in such military service, at the battle of *Vicksburg* in the State of *Mississippi*, on the *22* day of *July* 18*64*, he was wounded as follows: *that during the siege of Vicksburg he sustained a contusion of the left hip and leg, which rendered him practically incompetent to perform the ordinary manual occupations of war.*

Dependent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year, ending October 26, 1890. I have heretofore been allowed a pension of *20* dollars.

Sworn to and subscribed before me, this *16* day of *May* 18*91*, *H. J. Lee*

H. J. Lee
day of *May* 18*91*

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

POWER OF ATTORNEY.

STATE OF GEORGIA

Cobb County,

KNOW ALL MEN BY THESE PRESENTS, That I,

of

county, in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *16* day of *May* 18*91*

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County,

PERSONALLY appears *A. J. Lee* of *Cobb* 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 *7* day of *May* 18*64*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *D*, of *42*th Regiment of *Volunteers* *Stovalls*'s Brigade; that whilst engaged in such military service at the battle of *Vicksburg* in the State of *Mississippi*, on the *22* day of *July* 18*64*, he was wounded as follows: *that during the siege of Vicksburg he sustained a contusion of the left hip and leg, which rendered him practically incompetent to perform the ordinary manual occupations of war.*

Dependent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year, ending October 26, 1891. I have heretofore been allowed a pension of *20* dollars, for

Sworn to and subscribed before me, this *16* day of *May* 18*91*, *H. J. Lee*

H. J. Lee
day of *May* 18*91*

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County,

Know all Men by these Presents, That I,

of

County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *16* day of *May* 18*91*.

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

STATE OF GEORGIA.

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

Given under my official signature and seal, this 9th day of March 1892

Ordinary

County.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING ON DECEMBER 31, 1892

Name W. J. Lee
County W. J. Lee
Disability Disability
Amount \$ 100
Entered on record March 3 1892.
W. H. HARRISON, AGENT.
W. J. Lee
Applicant

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

POWER OF ATTORNEY.
STATE OF GEORGIA, }

County. }

Know all Men by these Presents, That I

of W. J. Lee County, State of Georgia, do hereby appoint

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

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

9th day of March 1892

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

W. J. Lee to W. J. Lee P. O. W. J. Lee County, Georgia.

W. J. Lee
Applicant
1893.

No. 600
Application for Advance
For the Year Ending October 31, 1892.
Discharge
Applicant W. J. Lee
County W. J. Lee
Amount 100
Date of Warrant March 3
Entered on record March 3 1892.
W. H. HARRISON, AGENT.
W. J. Lee
Applicant

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County, } *H. J. Lee*
 PERSONALLY appears *Cobb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously since the *7th* day of *May*, 18*48*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *4th* of *44th* th Regiment of *Volunteers* *Stovall*'s Brigade; that whilst engaged in such military service at the battle of *Mississippi*, on the *18th* day of *May*, 186*3*, he was wounded as follows:

that during the battle in said Army he was attacked with rheumatism in the left leg, thigh and hip, which disease has continued up to the present time. Said left leg is now disabled essentially and substantially useless.

Dependent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of

\$30. Dollars for *Said disability*
 Sworn to and subscribed before me this the *17th* day of *May*, 1892 } *H. J. Lee*
John Stearns Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Know all Men by these Presents, That I, *Cobb* County, }
 of *Cobb* County, in said State, do hereby appoint

my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receive 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 *17th* day of *May*, 1892.

Executed in the presence of us,

[L. S.]

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County, } *H. J. Lee* of *Cobb*
 PERSONALLY appears *Cobb* 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 *7th* day of *May*, 18*48*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *4th* of *44th* th Regiment of *Volunteers* *Stovall*'s Brigade; that whilst engaged in such military service at the battle of *Mississippi*, on the *18th* day of *May*, 186*3*, he was

wounded as follows: *that while in said Service at Vicksburg, Miss. in 1863 he was attacked with rheumatism in the left hip—on account of which, said dependent is rendered incapable of earning any money by his own labor.*
 Dependent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of

\$30. dollars, for *Said disability*
 Sworn to and subscribed before me, this, the *17th* day of *May*, 1893 } *H. J. Lee*
John Stearns Ordinary.

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

STATE OF GEORGIA,

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

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

Given under my official signature and seal, this *17th* day of *May*, 1893.

H. J. Lee Ordinary *Cobb* County.

STATE OF GEORGIA,

POWER OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA, }

COUNTY. }

Know all Men by these Presents, That I,

of

County, State of Georgia, do hereby appoint

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

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

Executed in the presence of us

[U. S.]

DIRECTIONS.

Send money to me as follows, by

to

County, Georgia.

P. O.

(For Those Already Enrolled.)

Soldier's Pension.

1894.

Name *W. H. Harrison*
County *Wilkes*
Disability *Disability*

Amount \$

50

1894.

W. H. HARRISON.

Secretary Executive Department.

WARRANT HANDLED TO

Application

Gen. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA, }

County. }

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1895.

Executed in presence of us

[U. S.]

DIRECTIONS.

Send money to me as follows, by

to

County, Georgia.

P. O.

(For Those Already Enrolled.)

SOLDIER'S PENSION.

1895.

Name *W. H. Harrison*
County *Wilkes*
Disability *Disability*

Amount \$

50

1895.

RICHARD JOHNSON.

Secretary Executive Department.

WARRANT HANDLED TO

W. H. Harrison

Gen. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County, }
Personally appears *H. Lee* of *Cobb* 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 *May* 1864 that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *D*, of *44th* Regiment of *Volunteers*, *Thos*'s Brigade; that whilst engaged in such military service at *Wicksburg Miss* in the State of *Miss* on the day of *1863* he was

wounded as follows: *He contracted Rheumatism in his left side & hip - said disease has continued ever since Jan 1863. On account of which said Dependent is rendered practically incapable of performing the ordinary manual*

Dependent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of *\$30* dollars, for the year 189 *3*

Sworn to and subscribed before me, this, the *15th* day of *March* 1894, *H. J. Lee*

J. M. Stone
Notary Public, the nature of and character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County, }
I, *J. M. Stone* Ordinary of said County, do certify that I am well acquainted with *H. Lee* 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 *9th* day of *March* 1894.



J. M. Stone
Ordinary, *Cobb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County, }
Personally appears *H. Lee* of *Cobb* 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 *May* 1864 that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *D*, of *44th* Regiment of *Volunteers*, *Thos*'s Brigade; that whilst engaged in such military service at the battle of *Wicksburg Miss* in the State of *Miss* on the day of *1863* he was

wounded as follows: *He contracted Rheumatism in his left side & hip - said disease has continued ever since Jan 1863. On account of which said Dependent is rendered practically incapable of performing the ordinary manual*

Dependent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of *\$30* dollars, for the year 189 *4*

Sworn to and subscribed before me, this, the *15th* day of *March* 1895, *H. J. Lee*

J. M. Stone
Notary Public, the nature of and character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

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

Given under my official signature and seal, this *11th* day of *March* 1895.



J. M. Stone
Ordinary, *Cobb* County.

Ordinary

County.

Ordinary

County.

Audited Feb. 20 1889

Wm J. mgla
(Scribble)

Coff

Claimed Soldiers.

Voucher No. 700.

Amount \$ 50.

Paid Humphreys
For Dis by Disease

July 19 1889

Included in Warrant No.
issued to Treasurer

1889

WARRANT CLERK

W. J. Campbell, State Printer, Constitution Job Office

R. C. Brown

Audited

18

(Scribble)

Gable

Claimed Soldiers.

Voucher No. 416

Amount \$ 50

Paid to H. J. Lee
For Dis by Disease

July 6 1890

Included in Warrant No.
issued to Treasurer

18

WARRANT CLERK

W. J. Campbell, State Printer, Constitution Job Office

R. C. Brown

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT

No. 713

Atlanta, Ga. Feb'y 17 1889

Mr. *Henry J. Lee* of the County
of *Cobb* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

Dec. 24, 1888, and the same having been allowed for

General disability disease

He is entitled to receive the sum of *Fifty \$ 00* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

The Treasurer will pay the same and hold his receipt on this voucher, and return same to
Executive Department for warrant

By the Governor

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT

RECEIVED OF STATE TREASURER R. U. HARDEMAN,

Fifty \$ 00

Dollars,

per above voucher, this

17

of

Feb'y Henry J. Lee

1889

Det R. C. Irvine

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 416

Atlanta, Ga. Feb'y 16 1890

Mr. *H. J. Lee* of the County
of *Cobb* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

approved, Dec. 24, 1888, and the same having been examined and allowed for

Disabled by Disease

He is entitled to receive the sum of *Fifty \$ 00* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

The Treasurer will pay the same and hold his receipt on this voucher, and return same
to Executive Department for warrant

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

\$ 50

RECEIVED OF STATE TREASURER R. U. HARDEMAN,

Fifty \$ 00

Dollars,

per above voucher, this

6

of

Feb'y R. C. Irvine

1890

Audited Feb. 4 1891.

Wm. H. Wright
COMPTROLLER GENERAL

Dec. 21, 90
1891.

Maimed Soldiers.

Voucher No. 88

Amount \$ 30

Paid to H. J. Lee

for Reg. Co.

Dec. 11 1891

Included in warrant No.

issued to Treasurer.

1891

WARRANT CLERK

Wm. H. Wright, Major General, Virginia.
W. H. Wright for
Application

1891.

No. 88

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feby 4 1891.

Mr.

H. J. Lee
Hoob

of the County

of

having filed his application in the Executive

Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

Leg. disabilities

He is entitled to receive the sum of

Twenty

Dollars

for such disability, the same being the allowance due for the year ending October 24, 1891.

The Treasurer will pay the same and hold the receipt on this voucher and return same to Executive Department for warrant

H. J. McIntosh
GOVERNOR.

By the Governor

W. M. Harrison

Sec'y. EXECUTIVE DEPARTMENT.

\$50.00

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

Twenty

Dollars.

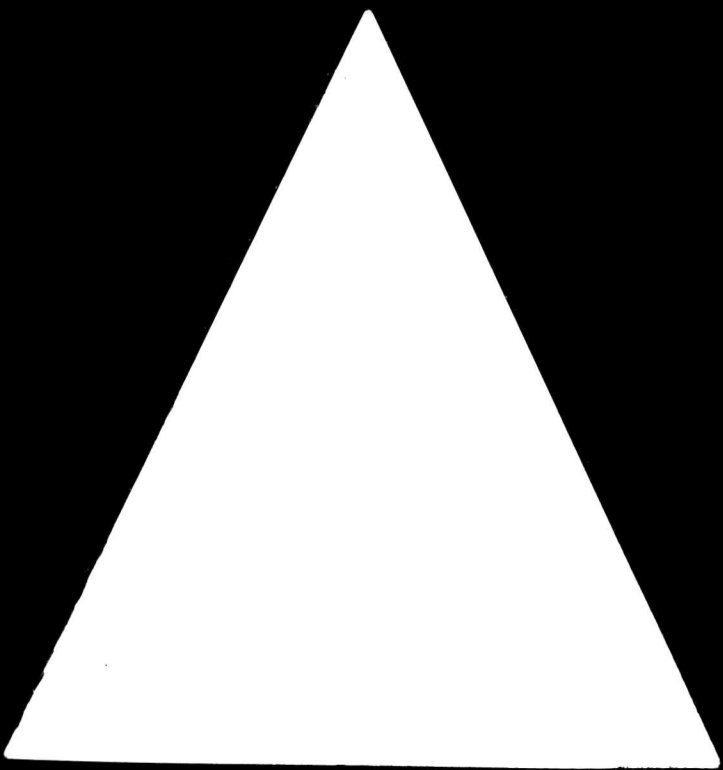
per above voucher, this

11 of *Feby*

1891.

H. J. Lee

1872



POWER OF ATTORNEY.

STATE OF GEORGIA

County

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

day of

1902

Executed in presence of

John Lindsey [L. S.]

Old State
of Georgia
State Bonds
To Those Heretofore Paid
in Georgia Pension Bonds
1902.

No. *298*

**INDIGENT
WIDOW'S PENSION,**

For year ending Dec. 31, 1902

Lucinda Lee
1586 County,
Widow of *Henry*
Co. Regiment

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT ISSUED

11/6 1902
AND HANDS TO
Only

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colt County,

I, *Lucinda Lee*
John Henry

, 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

day of *Jan* 1902

Lucinda Lee [L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colt County,

I, *Lucinda Lee*

, hereby authorize

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

day of *Jan* 1903

Lucinda Lee [L. S.]

Executed in the presence of

John W. Lindsey

To Those Herebefore Paid

1902.

No. *138*

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1902

Lucinda Lee

Colt County,

Widow of *John* Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1902

138

AND HANDLED TO

only

SEE W. LINDSEY'S REPORT, PAGE 10

To Those Herebefore Paid.

1903.

No. *214*

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Lucinda Lee

Colt County,

Widow of *John* Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1903

AND HANDLED TO

only

SEE W. LINDSEY'S REPORT, PAGE 10

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.

PERSONALLY COMES MRS.

Cobb

Lucinda Lee

Cobb

Berry Lee

66

Regiment of 66

August

July

December

1890

Owing to age infirmity and
prolonged illness is unable to support
herself

33

Enrolled

Gulton

John Lee

Lucinda Lee
Hutcheon

State of Georgia

Cobb

Lucinda Lee

Given under my official signature and seal this 4th day of Jan 1901

John Antrey
Cobb

Ordinary of

County

NOTE: All blanks must be filled.

Vouchers and affidavits must bear date after January 1st, 1902.

Form No. 1.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

PERSONALLY COMES MRS.

County of

Cobb

Lucinda Lee

who being sworn, says on oath, that she is a bona fide resident of said County of

Cobb

State of Georgia, and that she has resided in said State

continuously ever since all her life That she is the Widow of

Berry Lee

who was a soldier in Company

of the

66

Regiment of

40th

Volunteers, that he enlisted in said regiment on or about the month of

August

1862, and served in the Army up to

July

1864

on the

4

day of

December 1870

That he died

of Old age Contracted
in the service

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 1858

I have been allowed an Indigent pension as a resident of

Cobb

County, under Act 1880, for the year 1900, and now apply for the pension provided by law for the year ending December 31, 1900

Sworn to and subscribed before me,

this

4th day of Jan

1901

Ordinary.

Post Office

Lucinda Lee
Hutcheon

State of Georgia,

Cobb

County.

John Antrey

Ordinary of said County, certify that I am well

acquainted with Mrs

and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of

18

Given under my official signature and seal, this the

7th day of Jan

1901.

Official Seal.

John Antrey
Cobb

Ordinary of

County.

NOTE: All blanks must be filled.

Vouchers and affidavits must bear date after January 1st, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Colt COUNTY.

E. Lucinda Lee
John Henry

hereby authorize

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

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

day of January 1904

Executed in presence of

22nd
Lucinda Lee
John Henry

[L. S.]

TO THOSE HERETOFORE PAID.

1904.

WIDOW'S PENSION

FOR
YEAR ENDING DECEMBER 31, 1904

PAID TO

Lucinda Lee

County.

Widow of
John Henry Lee
Colt County

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT ISSUED

1904.

AND HANDS TO

Lucinda Lee

Colt County

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colt COUNTY.

I, Lucinda Lee
John Henry

hereby authorize

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

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

day of January 1905.

Executed in presence of

Lucinda Lee
John Henry

[L. S.]

TO THOSE HERETOFORE PAID.

1905.

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

Lucinda Lee

OF

County,

Widow of

Colt

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT ISSUED

1905.

AND HANDS TO

Lucinda Lee

Colt County

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Lucinda Lee

who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has resided in said State

continuously ever since 1866 her life. That she is the Widow of Benny Lee who was a soldier in Company 66 Regiment of 1st Vol

Volunteers, that he enlisted in said regiment on or about the month of August 1862, and served in the Army up to July 1864. That he lost his life on the day of December 1890. (State here

particulars of the husband's death, when, where and from what cause.)

He died Dec 14 1890
from disease contracted in the service
his death being very sudden

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 1866.

I have been paid a pension as a resident of Cobb County for the year ending December 31, 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me,

this 22nd day of May 1904

Ordinary

Post Office

John H. Harty
John H. Harty

State of Georgia,

County of Cobb

1. John H. Harty

Ordinary of said County, certify that I am well

acquainted with Mrs. Lucinda Lee, who made the above affidavit and

am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of Several years

Given under my official signature and seal, this 22nd day of May 1904

Official Seal

Ordinary of

County

NOTE. All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1904.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Lucinda Lee

who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has resided in said State

continuously ever since 1866 her life. That she is the Widow of Benny Lee who was a soldier in Company 66 Regiment of 1st Vol

Volunteers, that he enlisted in said regiment on or about the month of August 1862, and served in the Army up to July 1864. That he lost his life on the day of December 1890. (State here

particulars of the husband's death, when, where and from what cause.)

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 1866.

I have been paid a pension as a resident of Cobb County for the year ending December 31, 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me,

this 18th day of May 1905

Ordinary

Post Office

John H. Harty
John H. Harty

State of Georgia,

County of Cobb

1. John H. Harty

Ordinary of said County, certify that I am well

acquainted with Mrs. Lucinda Lee, who made the above affidavit and

am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of 18

Given under my official signature and seal, this 18th day of May 1905

Official Seal

Ordinary of

County

NOTE. All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }
Cobb

I, Lucinda Lee hereby authorize
John Lindsey 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 _____
day of January 1906. Lucinda Lee [L. S.]
Mark

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }
Cobb

I, Lucinda Lee hereby authorize
John Lindsey 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 _____
day of January 1907. Lucinda Lee [L. S.]
Mark

Executed in presence of

To Those Heretofore Paid

1906.

No. 179

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO Lucinda Lee

County, Cobb

Widow of Berry Lee
Co. E. 66th Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

11 27 1906

AND HANDLED TO

Lucy

Printed in Pensions and Publications Office, State of Georgia, Wash.

See Lucinda
Cobb County
To Those Heretofore Paid.

1907.

No. 178

WIDOW'S PENSION

For year ending Dec. 31, 1907.

PAID TO

Lucinda Lee

County, Cobb

Widow of Berry Lee
Co. E. 66th Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

11 27 1907.

AND HANDLED TO

Lucy

Printed in Pensions and Publications Office, State of Georgia, Wash.

STATE OF GEORGIA

PAID TO WIDOWS AND PENSIONS

1907

For Widows Heretofore Allowed Pensions.

Form No. 1

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES Mrs.

Lucinda Lee

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
continuously ever since.

That she is the Widow of

who was a soldier in Company

Berry Lee

of the 26th Inf

Regiment of

Volunteers, that he enlisted in said regiment on or about the month of

1863 and served in the Army up to

1863

That he lost his

life on the

day of

1863

(State here

particulars of the husband's death, when, where and from what cause.)

Age 32 years, formerly

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 1863

I have been paid a pension as a resident of Cobb County, for the
year ending December 31, 1905, and now apply for the pension provided by law for the year ending
December 31, 1906

Sworn to and subscribed before me

this 24 day of May 1906

Ordinary

Post Office

Lucinda Lee
John A. Wiley

State of Georgia,

County of Cobb

Ordinary of said County, certify that I am well

acquainted with Mrs. Lucinda Lee, who made the above affidavit, and

am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the

day of May 1863

Given under my official signature and seal, this 24 day of May 1906

Official
Seal

Ordinary of

County

NOTE.—All blank spaces must be filled.
Voucher and Affidavits must bear date after January 1st, 1906.

For Widows Heretofore Allowed Pensions.

Form No. 1

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES Mrs.

Lucinda Lee

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

continuously ever since

That she is the Widow of

who was a soldier in Company

Berry Lee

of the 26th

Inf

Regiment of

26th

Volunteers, that he enlisted in said regiment on or about the month of August

1863 and served in the Army up to

1863

That he lost his

life on the

day of May

1863

(State here

particulars of the husband's death, when, where and from what cause.)

Spied of disease contracted in service
Killed Butlers

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 before the war

I have been paid a pension as a resident of Cobb County, for the
year ending December 31, 1905, and now apply for the pension provided by law for the year ending
December 31, 1907

Sworn to and subscribed before me

this 24 day of May 1907

Ordinary

Post Office

Lucinda Lee
John A. Wiley

State of Georgia,

County of Cobb

Ordinary of said County, certify that I am well

acquainted with Mrs. Lucinda Lee, who made the above affidavit, and

am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the

day of May 1863

Given under my official signature and seal, this 24 day of May 1907

Official
Seal

Ordinary of

County

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1907.

am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the _____ day of _____ 18____

Given under my official signature and seal, this the _____ day of _____ 1906

Official
Seal

Ordinary of _____ County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavits must bear date after January 1st, 1906.

am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the _____ day of _____ 18____

Given under my official signature and seal, this the _____ day of _____ 1907.

Official
Seal

Ordinary of _____ County

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1907.

COBB COURT OF ORDINARY.

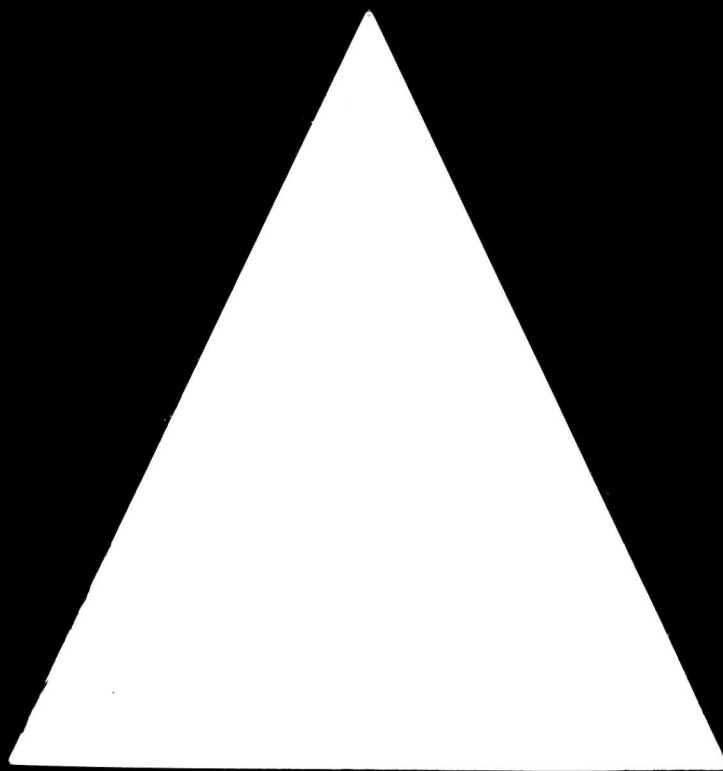
JOHN AWTREY, ORDINARY.

Marilla Ga. July 15 1907

Judge Lindsey:

You will please pay Lucinda Lee's pension to the bearer, Mr. J. M. Gamm, Hoboken -

Respectfully Yours,
John Awtrey.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County, 1

I, _____, hereby authorize _____
 of _____ to receive and receipt for the pension allowed and
 request that he remit same to _____ by _____
 at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
 day of _____ 190____

Executed in the presence of

[L.S.]

Lee, Nathan
Cobb Co.,

Code Section 1250.

No.

17 April 1914

INVALID

SOLDIER'S PENSION,
190Name, Nathan LeeCounty, CobbCo., 4

Regt.

Disability

Amount, \$ 50

190

JOHN W. LINDSEY,
 Commissioner of Pensions

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta

7/5/14

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

I hereby authorize

to receive and receipt for the pension allowed and

request that he remit same to

at

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

day of

190

Executed in the presence of

[L. 8]

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

STATE OF GEORGIA,

County.

PERSONALLY appears

of said

County, State of Georgia, who being duly sworn, says on oath that he was born on the

day of

continuously since the day of

in the military service of the Confederate States (or the State of

day of

regiment in Company

Brigade, and was honorably discharged on the day of

186, that whilst engaged in such military service, and in line of duty in

the State of

he was disabled or wounded as follows,

Notes must be observed.

1864 in December, I was wounded in the foot above the ankle

inflicting the bone by a piece of Shrapnell that had been shot into

my shell. This wound has now healed, at intervals, the leg swells at

times and grows very sore and has been continually

swelling and causing constant pain for 10 years, preventing me

of height, and with increasing age, the leg has grown more

and for past 3 years I have been unable to perform at all

and it seems to me that I have had to give up many worth of my

time, and I am unable to use said leg to walk any distance,

condition said leg practically useless for any purpose

my health being good except the leg with this wound

that I am not able to work at any business, I am every

my Command to sleep in Hospital with this wound and continue

Where was command surrendered? High Point N.C.

Was applicant present? Yes

If not, where

was he? I was present How come there?

And by whose authority? State fully:

The Instructions as per

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, 1902.

Sworn to and subscribed before me, this the

day of August 1902

15th

Ordinary

Post Office Mahtion Cobb County

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

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.

Code Section 1250

No.

INVALID

SOLDIER'S PENSION,

190

Name

County

Co.

Disability

Amount, \$

190

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta.

1910
24

Form No. 2.

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA,

Fulton County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County W. L. Wilson

and personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say under oath, that they are personally and well acquainted with Nathan Lee whose application is herewith presented for a pension; that he has resided in this State continuously since the

day of 42nd 1874, that he served in Company I of the La Regiment of La Brigade, and from our personal knowledge he, while in line of duty, was injured by the service as follows: Give full statement, and tell in your own language when, where, and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor or can do any, state what.

at the Battle of New Hope he was shot in the leg about 1864 & the wound never healed, his leg substantially useless

Where was applicant's command surrendered? Hightower AC

Was he with it? yes Were all of you present? yes

If not, where was he? He was present

Where were you all? present

How do you know the facts you state to be true? I was there

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 at Augusta day of August 1860.

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

Sworn to and subscribed before me, this 16 day of Aug 1910.

W. L. Wilson Ordinary.

W. L. Wilson Ordinary.

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

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

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

4.—Three witnesses are required.

PHYSICIANS' AFFIDAVIT.

Form No. 2.

STATE OF GEORGIA,

Cobb County.

PERSONALLY comes before me J. M. Sam Ordinary of said County,

J. M. Sam and J. D. Malone, both known to me as reputable physicians of said County, who, being severally sworn, say on oath, that they have carefully examined Nathan Lee

and after such personal examination, say that the present condition of applicant is as follows: Has a scar on left leg between ankle and knee joint, extending from side of scar that at some time received a severe injury. He never quite recovered from twenty years to my knowledge. He never injured and unable to do any manual labor. He was wounded up to 1864 but little service to him since then. Pain more or less at all times.

and that such condition is permanent. Said condition arises from the following facts: that his condition is on account of injury to leg as stated above

We have treated applicant professionally for twenty years years, and his condition, as above stated, does not arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this 16 day of Aug 1910.

J. M. Sam Ordinary.

J. D. Malone Ordinary.

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 condition. If from disease, give its nature and character, and its causes or origin, as understood by affidants.

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

STATE OF GEORGIA,

Cobb County.

1. J. M. Sam Ordinary of said County,

do certify that I am well acquainted with Nathan Lee the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he resides in this County and has been a bona fide resident since the 40 years to my knowledge day of Aug 1860.

I also certify that the witnesses, to wit: J. M. Sam and J. D. Malone

are persons of respectability, that their statements are worthy of full credit and belief, and that the full text of the affidavit was read to and understood by them before they signed the same.

Given under my official signature and seal, this 16 day of Aug 1910.

J. M. Sam Ordinary.

Cobb County.

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

Jno. W. Lindsey,
Commissioner of Penitentiaries,
Atlanta, Ga.

Judge J. W. Lindsey
Dear Judge:

This applicant Nathan Lee I wish
to say that I have known this man
for 35 years and to my knowledge during
at least 20 years of this time he has
suffered more or less from these old
wounds, at times unable to walk. His
friends often insisting that he should apply
he was very industrious, raised a
family of boys all of whom have now
married off, and old man is unable to
work. But in the meantime has saved
some property and is not a pauper
by any means. he has one of the best
records as a Soldier, that I ever witness & is
given by his Comrades, as he is now very
old, I don't like to say I would be very much
pleased if you will put him outside of
his record as a Soldier he is one of the best men
I ever met

Yours Truly J. M. Gault

AFFIDAVIT FOR THREE WITNESSES.

Form No. 2.

STATE OF GEORGIA,

Cobb County.

Personally appeared before me, the undersigned Ordinary in and for said County,
J. H. Wood and N. J. Lee
personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say
under oath, that they are personally and well acquainted with Nathan Lee
whose application is herewith presented for a pension, that he has resided in this State continuously since the
day of 1861, that he served in Company I
of the

42 Regiment of Cavalry Brigade, and from our personal knowledge he,
while in line of duty, was injured by the service as follows: (Give full statement, and tell in your own language
when, where, and how the injury happened, or the disease was contracted, and to what extent applicant is
disabled from work as a direct result thereof. If he does any labor or can do any, state what.)

At the Battle of Resaca, Ga. in June 1864, that
said Nathan Lee was badly wounded in the left
leg and passing through the thigh that he has
never recovered fully from said wound. The pain
has increased gradually from time and on account
of said wound is now much of the time
unable to walk.

If said Court answer be that he has been captured and was in prison,
J. H. Lee he was in Hospital

Where was applicant's command surrendered? _____
Was he with it? _____ Were all of you present? _____
If not, where was he? _____
Where were you all? _____

How do you know the facts you state to be true? Because we were present
on said Court of Regiment

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 _____ day of _____
186 ____ Applicant is permanently disabled as stated and has been so, so our certain knowledge ever since 18 ____
We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this _____ day of September 1882
J. M. Gault
Ordinary.

NOTE:—The Ordinary will see that the full text of the affidavit is understood by the witnesses, and that they are
legally qualified to the same.
1.—Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.
2.—All blank spaces must be filled when signed.
3.—Three witnesses are required.

6 day of September 1960 } J. H. Wood
J. M. Gamm }
Ordinary.

NOTE 1.—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 blank spaces must be filled when signed.

4.—Three witnesses are required.

Depts
Circuit March 7/88

Lee, W. J.
Lee, W. J.
Calk Co

No. 789

Application for Allowance

For

Right arm disabled

Applicant W. J. Lee

County Calk

Amount \$5

Date of Warrant March 7/88

Entered on Record,

March 7 1888
W. H. H.

Secretary Executive Department

STATE OF GEORGIA, 1

Coosb County

PERSONALLY appears

W. Lee

Coosb

county.

State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such since the 10th day of Dec 1864; that he

enlisted in the military service of the Confederate States in of the State of during the war between the States, and served as a *private* in Company "E", of 42nd Regiment of Georgia Volunteers *Storall*'s Brigade; that

whilst engaged in such military service, at the battle of *Kinston* in the State of *N. C.* on the 9th day of March 1865, he was wounded as follows: He was shot through the arm, the ball going

clear through the arm, the ulna, a musketry ball, the arm was cut, all five of the fingers are drawn to the hand and on stiff, the arm is stiff and has been since the injury. The hand and arm by reason of the wound have been rendered substantially and essentially useless. The wound being on the right arm, applicant by reason of the wound is unable to perform manual labor with his hands, and is permanently disabled.

Deponent desires to participate in the benefits of the Act, approved October 21, 1887, and makes application for the allowance to which he is entitled thereunder.

Sworn to and subscribed before me, this the

17th day of May 1888

W. J. Lee

V. B. Bennett Ordry

Not a State full of signs of wound or character of disease which causes the disability, and explain facts which the extent of the disability.

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA.

Coosb County.

PERSONALLY came before me

H. A. Guley

of the county

of *Fullon*

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

a commissioned officer in Company "E", of 42nd Regiment of Georgia

Volunteers, and that deponent knows *H. J. Lee*, and that he received the wounds

on *contracted the disease* in the military service, as stated in his foregoing affidavit, and that wounds

(or *disease*) permanently disables the said *H. J. Lee*, as stated by him in said

affidavit. Deponent further states that said *H. J. Lee* is a *bona fide*

citizen of this State, and resides in *Coosb* county.

Sworn to and subscribed before me, this

17th day of January 1888.

C. F. Baker (N. P.)

Fullon Co. Ga.

W. J. Lee

The foregoing affidavit, charged to suit the facts, should be made by a commissioned officer of the Company or Regiment. If the affidavit of such an officer is not obtainable, the following affidavit of three responsible officers should be furnished.

Application for Allowance

No. 189

W. J. Lee

Right Arm Amputated

Applicant W. J. Lee

County Coosb

Amount \$0

Date of Warrant March 1/88

Entered on Record

March 7 1888

11/1/88

Notary Public for Georgia

STATE OF GEORGIA,

County

PERSONALLY came

citizens of

county, in said State,

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

and know that he received the wounds (or contracted the disease) in the military service, as stated by him in the foregoing affidavit, that said wounds (or disease) permanently disables applicant, as stated by him; that said applicant is a *bona fide* citizen of this State, and resides in County, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this

day of

1888

STATE OF GEORGIA,

County

PERSONALLY comes before me

H. M. Hammett

Ordinary of said county,

Dr. A. K. Hobbs

and *Dr. E. J. Schae*

both known to

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

artfully examined *H. J. Lee*

and after such examination say that the

applicant has been injured as follows: *He was shot through the right arm,*

the ball going clear through the arm, the fingers were severed

almost double, the arm is stiff, the hand and the arm

are rendered practically & essentially useless by

reason of the wound, he is permanently disabled and

and practically unable to perform manual labor.

Sworn to and subscribed before me, this

17th day of

January

1888

R. M. Hammett

ORDINARY

NOTE: The ordinary of this County, for the year 1888, is *H. M. Hammett*.

STATE OF GEORGIA,

County

County

I, *H. M. Hammett*

Ordinary of said county,

do certify that I am well acquainted with

H. J. Lee

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. I also certify that the foregoing witnesses are persons of respectability, and that their statements are worthy of full credit and belief.

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

Given under my official signature and seal, this 17th day of January 1888

R. M. Hammett

Ordinary

County

POWER OF ATTORNEY

STATE OF GEORGIA

County

County

Know all men by these presents, That I

H. J. Lee

of *Leadb County*

county, in said State, do hereby appoint

A. S. Selay

of

Leadb County

my true and lawful attorney in fact, for

me and in my name to receive and accept for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States ~~of the State~~, as stated in the foregoing affidavit. Hereby authorizing my said attorney to receive 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 17th

day of

January

1888

H. J. Lee

L. S.

Executed in the presence of us:

R. M. Hammett

Ordinary

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 31, 1889

Wright Army Sp
Applicant, W. J. Lee.
County, Cobb

Amount, \$50.
Date of Warrant, July 11, 1889

Entered on record
July 11, 1889
W. H. H.

SECRETARY, EXECUTIVE DEPARTMENT

W. J. Lee
D. C. Stone

STATE OF GEORGIA,

Cobb County,

PERSONALLY appears W. J. Lee of Cobb county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the 3rd day of May 1868; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company "E", of 42nd Regiment of Georgia Volunteers, Stovall's Brigade; that whilst engaged in such military service, at the battle of Kinston in the State of North Carolina, on the 9th day of March 1865, he was wounded as follows: He was shot through the right arm below the elbow and wrist, the ball cutting through the bone and destroying the muscles and tendons, rendering the arm and hand perfectly useless, and he has been since the injury substantially and essentially unable to perform his ordinary duties.

Dependent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved December 24, 1888, and makes application for the allowance to which he is entitled for the year ending October 31, 1889.

Sworn to and subscribed before me, this 14th day of July 1889, John M. Stone, Notary Public for the State of Georgia.

STATE OF GEORGIA,

Cobb County,

PERSONALLY comes before me John M. Stone, Ordinary of said county, Dr. C. J. Stone and J. D. Malone, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined W. J. Lee and after such examination say that the applicant has been injured as follows: He was shot through the right arm below the elbow and wrist, the ball cutting through the bone, destroying the muscles and tendons, rendering the arm and hand completely stiff, the fingers cannot be opened, the arm and hand are essentially and substantially useless, and he has been since the injury substantially and essentially unable to perform his ordinary duties.

Sworn to and subscribed before me, this 14th day of July 1889, John M. Stone, Notary Public for the State of Georgia.

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

STATE OF GEORGIA,

Cobb County

I, *John M. Stone*

Ordinary of said county,

do certify that I am well acquainted with *H. J. Lee* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that *he is disabled to the extent he claims*, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit

are persons of respectability, and that their statements are worthy of full credit and belief.

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

Given under my official signature and seal this *14* day of *July* 188*8*

John M. Stone
Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County

Know all Men by these Presents, That I,

H. J. Lee

of

Cobb County

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

In witness whereof I have hereunto set my hand and seal, this *14* day of *July* 188*8*

H. J. Lee
Ordinary

Executed in the presence of us

W. F. Rusk
John M. Stone
Ordinary

DIRECTION:

Send money to me as follows, by

to
County, Georgia.

P. O.

NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."
5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.
7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

STATE OF GEORGIA,

County.

I, *P. C. Stone* Ordinary of said county, do certify that I am well acquainted with *W. J. Lee* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

I further certify that *W. J. Lee* before whom the foregoing affidavits were made and power of attorney was signed, is a *Notary Public* of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *7th* day of *July* 189*0*

Ordinary

County

STATE OF GEORGIA,

County.

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

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

Given under my official signature and seal, this *7th* day of *July* 189*1*

Ordinary

County

1890.

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1890.

Left arm disabled

Applicant, *W. J. Lee*

County, *Cherokee*

Amount, *50*

Date of warrant, *July 6*

Entered on record *July 6 1890*

W. J. Lee

WARRANT EXECUTED BY

WARRANT HANDLED TO
P. C. Stone

1891.

Lee, W. J.

W. J. Lee

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

Left arm disabled

Applicant, *W. J. Lee*

County, *Cherokee*

Amount, *50*

Date of Warrant, *July 6*

Entered on record *July 6 1891*

W. J. Lee

WARRANT EXECUTED BY

WARRANT HANDLED TO
P. C. Stone

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears *Wm. Lee* of *Lee* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the *7* day of *May* 1830; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *A*, of *47*th Regiment of *Georgia* Volunteers *Spaulds*'s Brigade; that whilst engaged in such military service, at the battle of *Newton* in the State of *Georgia*, on the *9* day of *March* 1864, he was wounded as follows:

By *receiving a ball passing the right arm below the elbow which caused all the bones of the arm to be driven down and the hand was rendered almost totally useless.*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October, 26, 1890. I have heretofore been allowed a pension of *10* dollars.

Sworn to and subscribed before me, this *10* day of *July* 1890.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

KNOW ALL MEN BY THESE PRESENTS, That I, *Wm. Lee* of *Lee* County, in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *10* day of *July* 1890.

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears *Wm. Lee* of *Lee* 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 *3* day of *May* 1839; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *A*, of *47*th Regiment of *Georgia* Volunteers *Spaulds*'s Brigade; that whilst engaged in such military service at the battle of *Newton* in the State of *Georgia*, on the *9* day of *March* 1864, he was wounded as follows:

By *receiving a ball passing the right arm below the elbow which caused all the bones of the arm to be driven down and the hand was rendered almost totally useless.*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of *10* dollars, for

Sworn to and subscribed before me, this *10* day of *July* 1891.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

KNOW ALL MEN BY THESE PRESENTS, That I, *Wm. Lee* of *Lee* County, in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *10* day of *July* 1891.

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

STATE OF GEORGIA.

County.

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

Given under my official signature and seal, this *25* day of *March* 189*7*

Ordinary

County.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING ON TOBIE'S DAY

Name

County

Disability

Amount, \$

Entered on record

March 13

1892.

W. H. HARRISON.

Secretary of Pension Department

AGENT.

applicant

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

POWER OF ATTORNEY.
STATE OF GEORGIA.

County.

Know all Men by these Presents, That I, *Wm. Stone* of *Chatham* County, State of Georgia, do hereby appoint

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

WHEREOF, I have hereunto set my hand and seal, this *25* day of *March* 189*7*

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by _____

to _____
County, Georgia.

P. O.

Col. R. C.

1893.

Dec. 14

599

No. *600*

Application for Allowance

For the Year Ending October 31, 1893.

Wm. Stone

Applicant

County

Amount, \$ 50

Date of Warrant, 3/18

Entered on record, March 14

Warrant Handed W

Applicant

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

STATE OF GEORGIA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

PERSONALLY appears, *W. P. Lee* of *Cobb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously since the *3rd* day of *May* 18*36*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States and served as a *Private* in Company *C* of *117th* Regiment of *Volunteers* *Stewart's* Brigade; that whilst engaged in such military service at the battle of *Antietam* in the State of *Md.* on the *17th* day of *Sept* 1862, he was wounded as follows:

By gunshot through the right arm and shoulder joint and chest, killing the bone, shattering the blade of the sword, and the chest bone is shattered, the shoulder joint is shattered.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of

2.00 Dollars for *1892*.

Sworn to and subscribed before me this the *17th* day of *May* 1892.

W. P. Lee Ordinary.
Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

Know all Men by these Presents, That I, *W. P. Lee* of

County, in said State, do hereby appoint

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

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

17th day of *May* 1892.

Executed in the presence of us:

[1-5]

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

PERSONALLY appears, *W. P. Lee* of *Cobb* 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 *May* 18*36* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *C* of *117th* Regiment of *Volunteers* *Stewart's* Brigade; that whilst engaged in such military service at the battle of *Antietam* in the State of *Md.* on the *17th* day of *Sept* 1862, he was wounded as follows:

By gunshot through the right arm and shoulder joint and chest, killing the bone, shattering the blade of the sword, and the chest bone is shattered, the shoulder joint is shattered.

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

2.00 dollars, for *1893*.

Sworn to and subscribed before me this, the *17th* day of *May* 1893.

W. P. Lee Ordinary.
Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA.

Cobb County.

I, *W. P. Lee* Ordinary of said County,

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

I further certify that

before whom the foregoing affidavits were made and power of attorney was signed, is a *Justice of the Peace* of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *17th* day of *May* 1893.

W. P. Lee Ordinary *Cobb* County.

BOOK OF RECORDS

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY,

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

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

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

Executed in the presence of us

DIRECTIONS.

Send money to me as follows, by

to County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County,

KNOW ALL MEN BY THESE PRESENTS, That I,

County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1895

Executed in presence of us

DIRECTIONS.

Send money to me as follows, by

to County, Georgia.

(For Those Already Enrolled.)

Soldier's Pension.

1894.

Name *W. B. Lee*
County *Richmond*
Disability *Richmond*
Amount, \$ *3.14*

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Macon.

(For Those Already Enrolled.)

SOLDIER'S PENSION.

1895.

Name *W. B. Lee*
County *Richmond*
Disability *Richmond*
Amount, \$ *50*

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Macon.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb 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 *May* 1830, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a *Private* in Company *D*, of the *4th* Regiment of Georgia Volunteers, *Steele*'s Brigade; that whilst engaged in such military service at the battle of *Peinstown* in the State of *Georgia*, on the *13th* day of *March* 1865, he was wounded as follows:

Right arm between the elbow and wrist, to enable the arm cutting the muscled to break the bones - Causing deformity to be produced in consequence of the wound, and the arm is incompetent to perform the duties of the arm, and the arm is incompetent to perform the duties of the arm, and the arm is incompetent to perform the duties of the arm.

Dependent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 25, 1894. I have heretofore been allowed a pension of *50* dollars, for the year 1893.

Sworn to and subscribed before me, this, *15th* day of *March* 1894, *W. B. Lee* Justice.

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

STATE OF GEORGIA,

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

Given under my official signature and seal, this *11th* day of *March* 1894.



John Stone Ordinary *Cobb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb 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 *May* 1830, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a *Private* in Company *D*, of the *4th* Regiment of Georgia Volunteers, *Steele*'s Brigade; that whilst engaged in such military service at the battle of *Peinstown* in the State of *Georgia*, on the *13th* day of *March* 1865, he was wounded as follows:

Right hand and arm from the elbow to the wrist, the bones of the arm are broken, so that the arm is incompetent to perform the duties of the arm, and the arm is incompetent to perform the duties of the arm.

Dependent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of *50* dollars, for the year 1894.

Sworn to and subscribed before me, this, *15th* day of *March* 1895, *W. B. Lee* Justice.

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

STATE OF GEORGIA,

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

Given under my official signature and seal, this *11th* day of *March* 1895.



John Stone Ordinary *Cobb* County.

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 _____, 1896.

Executed in presence of us _____

[L. S.]

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 _____, 1897.

Executed in presence of _____

[L. S.]

SOLDIER'S PENSION.

1896.

Name *H. D. Lee*
County *Cherokee*
Disability *Right Arm*
Amount, \$ *3/4*

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT RENDERED TO

at

no data

**INVALID
SOLDIER'S PENSION.**

1897.

Name *W. D. Lee*
County *Cherokee*
Disability *Right Arm*
Amount, \$ *3/4*

1897.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT RENDERED TO

at

no data

W. D. JOHNSON, STATE PRINTER, AT 1874

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *W. B. Lee* of *Cobb* 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 *1834* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *D*, of the *4th* Regiment of *Volunteers*, *Storrell*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *1st* day of *March* 1865, he was wounded, injured or diseased as follows:

By a bullet striking the right arm between the elbow & wrist during the Battle of Peach Creek, Georgia, and flesh & bone is damaged proportionately in proportion to the ordinary Manual Exercise of life

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 20th, 1890. I have heretofore as a resident of *Cobb* county been allowed a pension of *\$50* dollars, for the year 1889.

Sworn to and subscribed before me, this, the *3rd* day of *March* 1890, by *W. B. Lee* and *W. B. Stone*.

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

STATE OF GEORGIA,

Cobb County.

I, *W. B. Stone* Ordinary of said County, do certify that I am well acquainted with *W. B. Lee* 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 *3rd* day of *March* 1890.



Ordinary

Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *W. B. Lee* of *Cobb* 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 *1834* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *D*, of the *4th* Regiment of *Volunteers*, *Storrell*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *1st* day of *March* 1865, he was wounded, injured or diseased as follows:

By a bullet striking the right arm between the elbow & wrist during the Battle of Peach Creek, Georgia, and flesh & bone is damaged proportionately in proportion to the ordinary Manual Exercise of life

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 20th, 1890. I have heretofore under said law as a resident of *Cobb* county been allowed an invalid pension of *\$50* Dollars, for the year 1889.

Sworn to and subscribed before me, this, the *3rd* day of *March* 1890, by *W. B. Lee* and *W. B. Stone*.

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

STATE OF GEORGIA,

Cobb County.

I, *W. B. Stone* Ordinary of said County, do certify that I am well acquainted with *W. B. Lee* 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 *3rd* day of *March* 1890.



Ordinary

Cobb County.

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, }

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 _____, 1899.

[L. S.]

Executed in presence of _____

(For Those Already Enrolled.)

INVALID

SOLDIER'S PENSION.

1898.

Name

County

Disability

Amount, \$

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

W. H. HARRISON, STATE PRINTER, ATLANTA.

100 data

ONE SECTION 126

(For Those Already Enrolled.)

INVALID

SOLDIER'S PENSION.

1899.

Name

County

Disability

Amount, \$

1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

W. H. HARRISON, STATE PRINTER, ATLANTA.

100 data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.
Personally appears *H. J. Lee* of *Cobb* 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 *1830*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *I*, of *42nd* Regiment of *Georgia* Volunteers, *Stovall*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *9th* day of *March*, 1865, he was wounded, injured or diseased as follows:

By wound in right arm and hand by which applicant is rendered practically incompetent to perform the ordinary manual avocations of life.

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 *Cobb* county been allowed an invalid pension of *\$50* Dollars, for the year 1898.

Sworn to and subscribed before me, this, *15th* day of *March*, 1898. POST-OFFICE *Decatur Ga*
W. J. Lee
M. Stone Only

Not State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.
I, *M. Stone* Ordinary of said County, do certify that I am well acquainted with *H. J. Lee* 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 *1st* day of *March*, 1898.

Ordinary *M. Stone* *Cobb* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.
Personally appears *H. J. Lee* of *Cobb* 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 *May*, 1830; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *I*, of *42nd* Regiment of *Georgia* Volunteers, *Stovall*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *9th* day of *March*, 1865, he was wounded, injured or diseased as follows:

By gun-shot striking right arm between wrist and elbow and fracturing bone thereby rendering applicant practically incompetent to perform the ordinary manual avocations of life.

Deponent 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 *Cobb* County been allowed an invalid pension of *\$50* Dollars, for the year 1898.

Sworn to and subscribed before me, this, *15th* day of *March*, 1898. POST-OFFICE *Silchester, Ga.*
H. J. Lee
M. Stone Only

Not State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Cobb County.
I, *J. W. Stone* Ordinary of said County, do certify that I am well acquainted with *H. J. Lee* 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 *15th* day of *March*, 1898.

Ordinary *J. W. Stone* *Cobb* County.



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 _____ 1900.

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

by _____

at _____

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

day of _____ 1901.

[L. S.]

Executed in presence of _____

See M.G.

Copied

CODE SECTION 150

(For Those Already Enrolled.)

No. 908

INVALID

SOLDIER'S PENSION.

1900.

Name W. L. Lee

County Cobb

Disability Armed

Amount, \$ 50.

Warrant issued July 6 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. L. Lee

Geo. W. Harrison, State Printer, Atlanta.

W. L. Lee

See M.G.
Copied

CODE SECTION 150

(For Those Already Enrolled.)

No. 408

DISABLED

SOLDIER'S PENSION.

1901.

Name W. L. Lee

County Cobb

Disability Armed

Amount, \$ 50.

July 3, 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. L. Lee

Geo. W. Harrison, State Printer, Atlanta.

W. L. Lee

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *W. J. Lee* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the *3rd* day of *May* 1830; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *10*, of *42nd* Regiment of *Georgia* Volunteers, *Hogall*'s Brigade; that whilst engaged in such military service in the State of *W. G.*, on the *9th* day of *March* 1865, he was wounded, injured or diseased as follows:

By gunshot striking right arm between wrist and elbow and fracturing bone thereby rendering applicant practically incompetent to perform the ordinary manual avocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1901. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of *\$50.*

Dollars, for the year 1900. Sworn to and subscribed before me, this *1st* day of *March*, 1900. *W. J. Lee* POST OFFICE *W. J. Lee*

Mr. Stonemy

STATE OF GEORGIA,

Cobb County.

I, *J. M. Stone* Ordinary of said County, do certify that I am well acquainted with *W. J. Lee* 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 *1st* day of *March*, 1900. *J. M. Stone* Ordinary *Cobb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *W. J. Lee* of *Cobb* 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 *3rd* day of *May* 1830; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *10*, of *42nd* Regiment of *Georgia* Volunteers, *Hogall*'s Brigade; that whilst engaged in such military service in the State of *W. G.*, on the *9th* day of *March* 1865, he was wounded, injured or diseased as follows:

By gun shot striking right arm between wrist and elbow and fracturing bone thereby rendering applicant practically incompetent to perform the ordinary manual avocations of life

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of *\$50.*

Dollars, for the year 1900. Sworn to and subscribed before me, this *1st* day of *March*, 1901. *W. J. Lee* POST OFFICE *W. J. Lee*

Mr. Stonemy

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this *21st* day of *January*, 1901. *John Anthony* Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

hereby authorize

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 1902.

Executed in presence of

[L. S.]

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 1903.

[L. S.]

Executed in presence of

FOR THOSE ALREADY ENROLLED.

No.

DISABLED

SOLDIER'S PENSION

1902.

Name

Country

Co.

Regiment

Disability

Amount, \$

JOHN W. LINDSEY.

WARRANT HANDLED TO

Only

JOHN W. LINDSEY, State Printer, Atlanta.

no data

(FOR THOSE ALREADY ENROLLED.)

No.

DISABLED

SOLDIER'S PENSION

1903.

Name

Country

Co.

Regiment

Disability

Amount, \$

JOHN W. LINDSEY.

WARRANT HANDLED TO

Only

JOHN W. LINDSEY, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County,

Personally appears *W. J. Lee*

of *Cobb*

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 *May* 1830, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *I*, of *44th* Regiment of *GA* Volunteers, *Swatts* Brigade; that whilst engaged in such military service in the State of *GA*, on the *7th* day of *March* 1860, he was wounded, injured or diseased as follows:

By your statement showing right arm being severed from joint elbow, and foot being amputated, rendering applicant practically incompetent to perform the ordinary manual avocations of life.

Deponent makes application for the pension to which he is entitled for the year ending October 29th, 1902. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$50* Dollars, for the year 1901.

Sworn to and subscribed before me, this *11th* day of *March* 1902. Post-office *Atlanta*.

STATE OF GEORGIA,

Cobb County,

I, *John W. Lee*, 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 *9th* day of *Jan* 1902.

Ordinary.

Cobb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County,

Personally appears *W. J. Lee*

of *Cobb*

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 *May* 1830; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *I*, of *44th* Regiment of *GA* Volunteers, *Swatts* Brigade; that whilst engaged in such military service in the State of *GA*, on the *7th* day of *March* 1860, he was wounded, injured or diseased as follows:

By your statement showing right arm being severed from joint elbow, and foot being amputated, rendering applicant practically incompetent to perform the ordinary manual avocations of life.

Deponent makes application for the pension to which he is entitled for the year ending October 29th, 1903. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$50* Dollars, for the year 1902.

Sworn to and subscribed before me, this *11th* day of *January* 1903. Post-office *Atlanta*.

STATE OF GEORGIA,

Cobb County,

I, *John W. Lee*, 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 *10th* day of *Jan* 1903.

Ordinary.

Cobb County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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 1904

Executed in presence of

[L. S.]

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 1905.

Executed in the presence of

[L. S.]

Gee, W. F. Cobb Co

(FOR THOSE ALREADY ENROLLED.)

DISABLED SOLDIER'S PENSION 1904.

Name *W. F. Gee*
County *W. F. Cobb*
Co. *2* Regiment *72*
Disability *100%*
Amount, \$ *30.00*

1904.

JOHN W. LINDSEY

Commissioner of Pensions

WARRANT HANDLED TO

JOHN W. LINDSEY, Secretary of War

no data

See Office
W. F. Cobb Co
(FOR THOSE ALREADY ENROLLED.)

No.

DISABLED SOLDIER'S PENSION 1905.

Name *W. F. Gee*
County *W. F. Cobb*
Co. *2* Regiment *72*
Disability
Amount, \$ *10*

1905.

JOHN W. LINDSEY

Commissioner of Pensions

WARRANT HANDLED TO

JOHN W. LINDSEY, Secretary of War

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.

Wash County.

Personally appears, *12-12-12*

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 3rd day of *May* 1860, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the

States, and served as a *Sergeant*, in Company *A* of *12th* Regiment of *Col.* Volunteers *1862-63* Brigade, that whilst engaged in such military service in the State of *Cal.* on the *29th* day of *June 1864*, 1864, he was wounded, injured or diseased as follows:
By a shot from a Rebel, great injury to the chest about 4 inches from the sternum, causing a compound fracture, and necessitating the amputation of the right arm.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1904. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of \$6.00 Dollars, for the year 1903.

Sworn to and subscribed before me, this the
5 day of Jan 1904.

Post office

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

STATE OF GEORGIA.

County

Ordinary of said County.

do certify that I am well acquainted with Blaine
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 June 1904

Ordinary

County.

NOTE: Fill all blanks and of Company and Regiment.

NOTE.—All vouchers and affidavits must bear date after January 1, 1934.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.

Cobb COUNTY.

Personally appears *H. Lee*

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 May 1860; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the

States, and served as a *Private* in Company *2*, of *42d* Regt
of *W* Volunteers *Swail*'s Brigade; that whilst engaged
in such military service in the State of *W. Va.*, on the *9th* day
of *March* 186*2*, he was wounded, injured or diseased as follows:
By Gun Shot Slavery right Arm -
between wrist and elbow and fracture
bone rendering applicant incapable
to perform his military avocations &c
all

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1905. I have heretofore, under said law, as a resident of _____ County, been allowed an invalid pension of _____ Dollars, for the year 1904.

Sworn to and subscribed before me, this the

Postoffice

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

STATE OF GEORGIA.

COUNTY

I, John H. Harg Ordinary of said County,
certify that I am well acquainted with H. H. Harg
applicant in the foregoing affidavit, and am well satisfied that the statements made
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 *January* 1905.

Ordinary

County

NOTE - Fill all blanks and of Company and Regiment

NOTE - All vouchers and affidavits must bear date after January 1, 1900.

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 _____ 1906.

[L. S.]

Executed in the presence of _____

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 _____ 1907.

[L. S.]

Executed in presence of _____

Form Section 1250

FOR THOSE ALREADY ENROLLED.

No. 11

DISABLED
SOLDIER'S PENSION
1906.

Name

County

Co. 4th Regiment

Disability

Amount, \$50

122 1906.

JOHN W. LINDSEY.

Commissioner of Pensions.

WARRANT HANDED TO

W. J. H.

The President of the United States, District of Columbia, D.C.

See Vol. 9
Cobb Co.

Form Section 1250
FOR THOSE ALREADY ENROLLED

No. 264

DISABLED
SOLDIER'S PENSION
1907.

Name

County

Co. I Regiment 42d

Disability

Amount, \$58

121 1907.

JOHN W. LINDSEY.

Commissioner of Pensions.

WARRANT HANDED TO

W. J. H.

The President of the United States, District of Columbia, D.C.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears W. J. Lee of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18; that he enlisted in the military service of the Confederate States, (or of the State of Georgia) during the war between the States, and served as a Private in Company A, of 42 5th Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of Georgia, on the 18 day of 186, he was wounded, injured or diseased as follows:

Right arm and hand

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1907. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 3.0 Dollars, for the year 1906.

Sworn to and subscribed before me, this the

19 day of July, 1907.

Post Office

John A. Wray

State of Georgia,

Cobb County.

I, John A. Wray Ordinary of said County, do certify that I am well acquainted with W. J. Lee 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 July, 1907.

Ordinary Cobb County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears W. J. Lee of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company A, of 42 5th Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of Georgia, on the 18 day of 186, he was wounded, injured or diseased as follows:

Right arm and hand

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1907. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 3.0 Dollars, for the year 1906.

Sworn to and subscribed before me, this the

19 day of July, 1907.

Post Office

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

State of Georgia,

Cobb County.

I, John A. Wray Ordinary of said County, do certify that I am well acquainted with W. J. Lee 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 July, 1907.

Ordinary Cobb County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

ALL
your
work
here

Ordinary Cobb County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1st, 1906

YOUR
work
here

Ordinary Cobb County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1st, 1907.

Audited Feb. 15 - 1889

Wm. Amigh
COMPTROLLER

Cobb

Wounded Soldiers.

Voucher No 5110

Amount \$ 51.

Paid to W. J. Lee
For Right Arm Disabled

Feb. 14 1889

Included in Warrant No.
issued to Treasurer

1889

WARRANT CLERK

W. J. Campbell, State Printer, Constitution Job Office

W. J. Campbell

Voucher No 2117

Amount \$ 50

Paid to W. J. Lee
For Left arm

disabled
Feb. 6th 1890

Included in warrant No.
issued to Treasurer

1890

WARRANT CLERK

W. J. Campbell, State Printer, Constitution Job Office

W. J. Campbell

No. 540

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT

Atlanta, Ga. Feb'y 14 1889

Mr. *W. J. Lee* of the County
of *W. J. Lee* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

Dec. 24, 1888, and the same having been allowed for

Right Arm Disabled
He is entitled to receive the sum of *Fifty 1000* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

The Treasurer will pay the same and hold his receipt on this voucher, and return same to
Executive Department for warrant.

By the Governor,

W. H. Harrison
CLERK EXECUTIVE DEPARTMENT

RECEIVED OF STATE TREASURER R. U. HARDEMAN,

Fifty 1000

Dollars,

per above voucher, this

14

of

Feb'y
W. J. Lee
Make

1889.

Yech
R. C. Irvine

No. 417

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feb'y 16 1889

Mr. *W. J. Lee* of the County
of *W. J. Lee* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

approved, Dec. 24, 1888, and the same having been examined and allowed for

Left arm disabled
He is entitled to receive the sum of *Fifty 1000* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

The Treasurer will pay the same and hold his receipt on this voucher, and return same
to Executive Department for warrant.

By the Governor,

W. H. Harrison
CLERK EXECUTIVE DEPARTMENT

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 1000

Dollars,

per above voucher, this

6

of

Feb'y
R. C. Irvine

1889.

Audited Feb. 4 1891.
W. B. M. G. H.
COMPTROLLER GENERAL

1891.

Maimed Soldiers.

Voucher No. 87

Amount \$ 90

Paid to W. J. Lee -
For Arrears

Feb 11 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta.

R. P. Davis

1891.

No. 87

STATE OF GEORGIA.
EXECUTIVE DEPARTMENT. }

Atlanta, Ga. July 11 1891.

Mr. *W. J. Lee* of the County
of *Cobb* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Acts
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

Armed
He is entitled to receive the sum of *Eight* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

The Treasurer will pay the same and hold this receipt on this voucher and return same to
Executive Department for warrant.

H. J. Withers
GOVERNOR.

By the Governor

W. H. Harrison
SECY EXECUTIVE DEPARTMENT

\$150.00

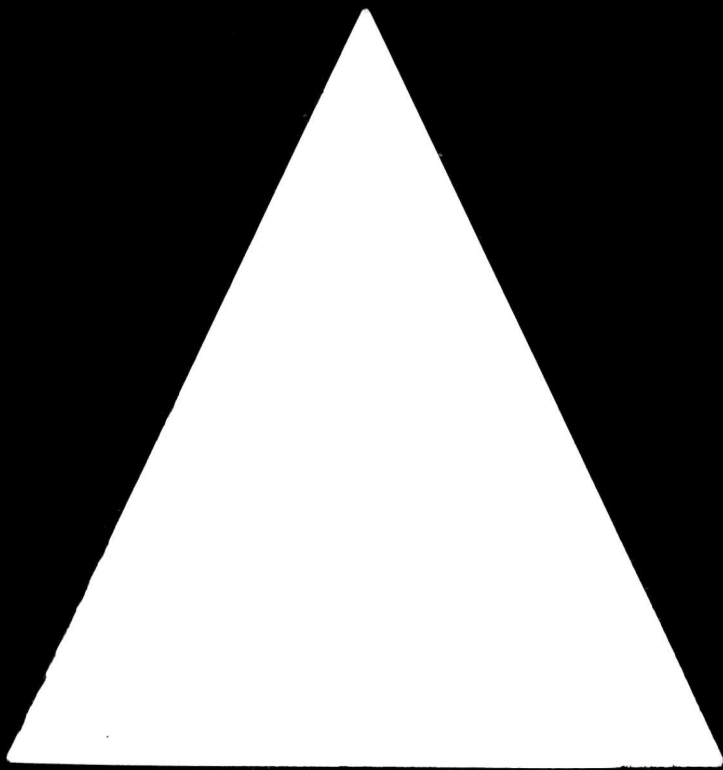
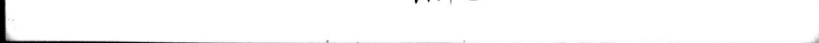
RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia

Eight
per above voucher, this

Dollars,

1891.

Attest
W. J. Lee
W. J. Lee



Ordinary's Certificate

STATE OF GEORGIA,

Cobb COUNTY

I, J. M. Gunn Ordinary of said County, do certify

that I know Mrs J. E. Legg the applicant for pension. She

is the person she represents herself to be and she is a bona fide continuing resident citizen of said County

and was on the 4th November 1908 that I also know J. E. Legg

the witness who swears to the service of husband; that both of them are now residents of said County and

were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trust-

worthy, and their statements are entitled to full faith and credit

Sworn under my hand and official seal of office this 10 day of Oct 1919

SEAL: J. M. Gunn Ordinary,

Cobb County

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:
"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Affidavit affidavits may be attested if blank spaces are indicated.
3. Only widows who married prior to January 1st, 1861, are entitled.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by work Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Widow's Pension

Under Act 1910—as Amended by Act of 1919

Country

Name

Widow of

Company

Regiment

Approved

J. W. LINDSEY

Commissioner of Pensions.

Bird Printing Co., State Printer, Atlanta.

Application for Pension by a Widow Under Act of 1910 As Amended by Act of 1919

Questions for Applicant

STATE OF GEORGIA,

Cobb COUNTY

Personally before me comes Mrs J. E. Legg of 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:

1. What is your name, and where do you reside? Mrs J. E. Legg, Smyrna.

2. How long and since when have you been a continuing resident of the State of Georgia? All my life 67 years

3. When, where and to whom were you married? Dec. 9 1872, Cobb Co.

4. Have you married since the death of first and soldier husband? No

5. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-

federate Army of Georgia Militia? (State the arms and class of Service) April 4, 1862, Atlanta Co.

Co. A 9th Ga. Battalion, Reynolds Artillery

6. When and where did the commands of your husband surrender or discharge from the army?

Appomattox Va. April 1865

7. Was your husband personally present at the time of the surrender or discharge of this command?

No

8. If he was not present state clearly where he was? He was Captured at Cumberland Gap

Sept 1863

9. Where was his command when he left? Cumberland Gap

a. For what cause did he leave his command? Captured

b. By whose authority did he leave his command?

c. For how long was he granted leave of absence?

d. What was his physical condition when he left his command?

e. What effort did he make to return to his command?

f. In what way was he prevented from going back to Command?

g. Was he captured by the enemy at any time? Yes

h. If so, when and where captured and where held as a prisoner, and when and for what cause released?

No or Dec 1863 at Cumberland Gap, Tenn. Camp Douglas Ill.

i. When and where did your first husband die? May 14 1911, Smyrna Cobb Co.

k. Were you residing together when he died? Yes

l. If not, how long had you resided apart? Never living together

m. Are you now a widow? Yes

n. Have you or your husband heretofore been paid a pension by the State? No

o. If so, when and for what cause were you or your husband placed on the roll? Not on roll

Sworn to and subscribed before me this the

10 day of Sept 1919 Mrs J. E. Legg

J. M. Gunn Ordinary

Cobb County.

(SEAL)

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,

Cobb

COUNTY

Personally before me comes *J. D. Fagan* who, after being duly sworn, true answers to make to the following questions, answers as follows:

1. What is your name and where do you reside? *J. D. Fagan, United Sta*
2. How long and since when have you known *Mrs. J. Eph. Legg* applicant? *past 20 years or more*
3. How long and since when has she continuously resided in this State? (Give date.) *less than 1. knew her*
4. When and to whom was she married? *Don't know* How do you know?
5. How long and since when did you know *Eph. Legg* her husband?
6. When and where did *Eph. Legg* the husband of applicant, die? *May, 1911, Ga.*
7. Were the applicant and her husband living together as husband and wife at the date of his death? *Yes*
8. If not, how long did they live apart before his death? *no* Were they divorced? *no*
9. When, where and in what Company and Regiment did *Eph. Legg* enlist? *April 14, 1862, Atlanta, Co. H, 9th Ga. Volunteer Artillery*
10. Were you a member of the same Company? *yes*
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? *until he was captured at Cumberland Gap, Tenn. in the fall of April 9, 1863; afterwards Court House*
12. When and where did his Command surrender, and was discharged?
13. Were you personally present when it was surrendered? *yes* If not, where were you? *was present* and how came you there?
14. Was the husband of applicant personally present at surrender? *no* If not where was he? *he was in prison* When, where and for what cause did he leave Command? (Give date) By whose authority did he leave his Command? And how long was he granted leave? How do you know all this?
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? *He was in prison in Camp Douglas, Ill.*
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?

Sworn to and subscribed before me this the

5 day of *Sept* 191*9*

1919

J. D. Fagan

J. M. Fagan Ordinary of *Cobb* County

(SEAL)

State of Georgia Cobb County
I J. V. Gann Ordinary of said County
hereby certify that the within is a true copy
of Marriage as appears of record in my office.
J. V. Gann Ordinary.

MARRIAGE LICENSE

OF

AND

Issued

191

and recorded on page

Book

of Marriage Licenses.

Ordinary

MARRIAGE LICENSE

OF

AND

Issued

191

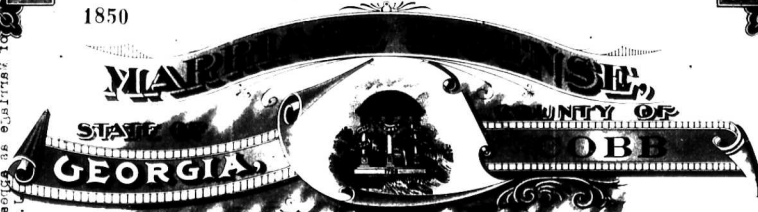
and recorded on page

Book

of Marriage Licenses.

(Ordinary)

1850



TO ANY JUDGE, JUSTICE OF THE PEACE, OR MINISTER OF THE GOSPEL.

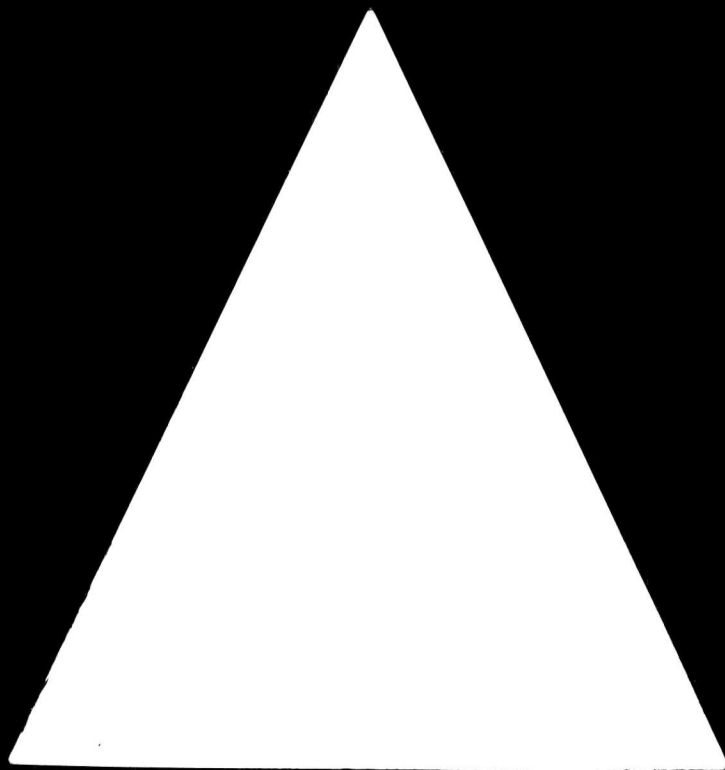
S. C. Legg You are hereby authorized to join
and *Arranda* a *Widow*
in the Holy State of Matrimony according to the Constitution and
Laws of this State and for so doing this shall be your License.
And you are hereby required to return this License to me with your
Certificate hereon of the fact and date of the Marriage.

Given under my hand and seal this *7* day of
Dec 1872 *40* *C. J. Shepard* (LS)
Ordinary

STATE OF GEORGIA CERTIFICATE COBB COUNTY

I Certify that *J. E. Legg* and *Arranda* *Gardner*
were joined in Matrimony by me this *10* day of *Dec* 1872. *Twenty* Hundred

and
Recorded Jan 23 1872 *40* *C. J. Shepard* Ordinary



POWER OF ATTORNEY.

STATE OF GEORGIA,

1886

County

I, Thomas Lemaster, hereby authorize

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

at _____

by _____ day of _____ 1807.

Witness my hand and seal, this _____ day of _____ 1807.

Executed in presence of

Thomas Lemaster [L.S.]

Lemaster, Thomas

Colb County

(FOR THOSE ALREADY ENROLLED)

Enrolled 6th Co 1906

INDIGENT
SOLDIER'S PENSION
1907.

Name Thomas Lemaster

County Colb

Co. 6th Regiment 50th

WARRANT ISSUED

JAN 21 1807.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. HARRISON, STATE PALMER, ATLANTA.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb

COUNTY.

I, *Thomas Lemaster*

, hereby authorize

John W. Lindsey

of

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

at

by

WITNESS my hand and seal, this *5* day of *January*, 1907.

Executed in presence of

Thomas Lemaster

[L. S.]

Lemaster, Thomas

Cobb County

(FOR THOSE ALREADY ENROLLED)

51 Cobb County, Ga. 1906

INDIGENT

SOLDIER'S PENSION

1907.

Name *Thomas Lemaster*

County *Cobb*

Co. *2nd Infantry*

WARRANT ISSUED

JAN 21 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

JOHN W. LINDSEY, STATE CAPITAL, ATLANTA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears Thomas Lemaster of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____,

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 _____ in Company M, of Phillips' Georgia Regiment of La; that his physical condition is as follows: _____

that his property consists of the following items: _____

of the value of _____ Dollars. I am now earning by my labor, _____ Dollars per month. That by reason of his physical condition and ~~poverty~~ he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 16th, 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 Cherokee County, been allowed a pension for the year 1906.

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

Thomas Lemaster

John H. Hickey

Ordinary.

State of Georgia,

Cobb County.

I, John H. Hickey Ordinary of said County,

do certify that I am well acquainted with Thomas Lemaster 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.

John H. Hickey

Ordinary Cobb County.

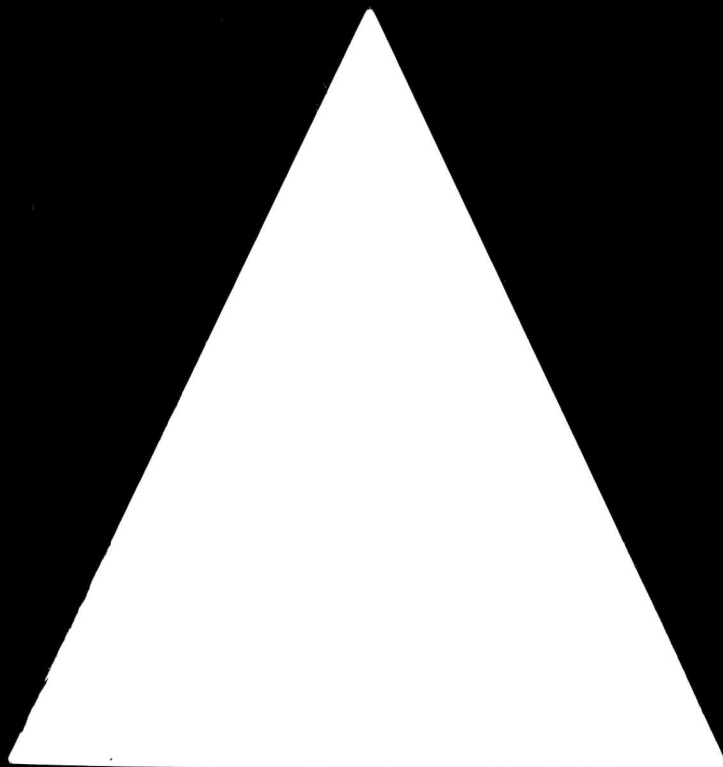


Form - Check blank space on back of Affidavit. Note - Affidavit should not be attested before January 1st, 1907.

ADA
2007
FPA
here

Ordinary Cash County.

~~Note.—The blank space must be filled.~~
Note.—Affidavit should not be attested before January 1st, 1907.



Lester, Geo. N.
112
C. B. Co.

No. 146

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCT. 30, 1889.

FOR

Loss Right Arm
Applicant G. N. Lester

County Cobb

Amount 100.

Date of Warrant Feb. 7/89

Entered on Record.

Feb 7 1889
M. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

V. B. Brown

No additional data

See file, Jan. 11, 1889

No. 146

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCT. 26, 1889.

Loss Right Arm
Applicant *Geo. N. Lester*
County *Colt*

Amount *100.*
Date of Warrant *July 9/89*
Entered on Record.

July 11 1889
M. H. H.

SECRETARY EXCISE DEPARTMENT

J. B. Lester
No additional fee

STATE OF GEORGIA.

Colt County

PERSONALLY appears *Geo. N. Lester* of *Colt* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continuously since the *first* day of *October* 1820, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *Captain* in Company *B*, of *41st* Regiment of *Georgia* Volunteers *Maury's* Brigade, that whilst engaged in such military service, at the battle of *Perryville* in the State of *Kentucky* on the *8th* day of *October* 1862, he was wounded as follows: *he was shot in the fore arm and elbow, the bones of the arm and elbow being broken and shattered to such extent that rendered amputation of his right arm necessary; he also his right arm was amputated above the elbow, leaving him a one armed man.*

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

Sworn to and subscribed before me, this *2nd* day of *February* 1889, *Geo. N. Lester*
J. B. Lester

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

STATE OF GEORGIA.

County

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

Sworn to and subscribed before me, this _____ day of _____ 188 _____

ORDINARY.

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

STATE OF GEORGIA.

Bobl County.

I, John M. Stone, Ordinary of said county, do certify that I am well acquainted with George R. Lester, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit:

are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 12 day of February 1889

John M. Stone
Ordinary of Bobl County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

KNOW ALL MEN BY THESE PRESENTS, That I

of

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

In witness whereof I have hereunto set my hand and seal, this day of 188

(L. S.)

Executed in the presence of us:

)
)

DIRECTION:

Send money to me as follows, by to
County, Georgia.

P. O.

NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of fact showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."
5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.
7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

STATE OF GEORGIA,

Cobb

County.

I, *John M Stone*

Ordinary of said county,

do certify that I am well acquainted with *George M Lester* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

I further certify that *John M Stone* before whom the foregoing affidavit were made and power of attorney was signed, is the Ordinary of said county, and the said affidavit and signatures thereto are genuine.

Given under my official signature and seal this *8th* day of *February* 1890

J. M. Stone
Ordinary of said

County.

STATE OF GEORGIA,

Cobb County.

I,

Ordinary of said County,

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

I further certify that *John M. Lester* before whom the foregoing affidavits were made and power of attorney was signed, is a Clerk of Supr Court of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *10th* day of *February* 1890

J. M. Stone
Ordinary

County.

1890.

APPLICATION FOR ALLOWANCE

FOR THE YEAR ENDING OCTOBER 31, 1891.

Loss of Limb
Applicant *George M. Lester*

County *Cobb*

Amount *100*

Date of Warrant *July 8*

Entered on record *July 1*

1890

John M. Stone

WARRANT DATED TO

applicant

1891.

Lester, George M.
RAW 1891

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

Loss of Arm
Applicant *George M. Lester*

County *Cobb*

Amount *100*

Date of Warrant *Oct 11*

Entered on record *Oct 11*

1891

John M. Stone

WARRANT DATED TO

R. C. Levine

SECRETARY EXECUTIVE DEPARTMENT.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

6088 County.

PERSONALLY appears *George N. Lester of Cobb* county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the *first* day of *January* 1829; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Captain* in Company *B*, of *41st* Regiment of *Georgia* Volunteers *Marney*'s Brigade; that whilst engaged in such military service, at the battle of *Perryville* in the State of *Kentucky*, on the *eight* day of *October* 1862 he was wounded as follows: *he was shot in the right elbow which so crushed the joint of his elbow as to necessitate the amputation of his right arm above the elbow, which was done and which deprived Deponent of his said arm*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of *one hundred* dollars.

Sworn to and subscribed before me, this *8th* day of *February* 1890.

Geo. N. Lester

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

POWER OF ATTORNEY.

STATE OF GEORGIA

County.

KNOW ALL MEN BY THESE PRESENTS, That I, *Geo. N. Lester* of *Cobb* county, in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *10th* day of *February* 1890.

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by *to*

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

6088 County.

PERSONALLY appears *Geo. N. Lester* of *Cobb* 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 *1st* day of *January* 1829; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Captain* in Company *B*, of *41st* Regiment of *Georgia* Volunteers *Marney*'s Brigade; that whilst engaged in such military service at the battle of *Perryville* in the State of *Kentucky*, on the *eight* day of *October* 1862, he was wounded as follows: *he was shot in the right elbow which so crushed the joint of his elbow as to necessitate the amputation of his right arm above the elbow, which was done and which deprived Deponent of his said arm*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of *one hundred* dollars, for

Sworn to and subscribed before me, this *10th* day of *February* 1891.

Geo. N. Lester

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I, *Geo. N. Lester* of *Cobb* County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *10th* day of *February* 1891.

Executed in the presence of us:

[L. S.]

Geo. N. Lester

Robert H. Drumm

DIRECTION.

Send money to me as follows, by *to*

County, Georgia.

County, Georgia.

P. O.

STATE OF GEORGIA,

Cobb County,

I, *J. M. Stone* Ordinary of said county,

do certify that I am well acquainted with *Geo. A. Lester* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

Given under my official signature and seal, this *2* day of *March* 189*2*.

J. M. Stone
Ordinary *Cobb* County.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892

Name *Geo. A. Lester*

County *Cobb*

Disability *Loss Right Arm*

Amount, \$ *100.*

Entered on record *McK*

1892.

W. H. HARRISON.

W. H. Harrison
Register of the State Department

AGENT.

R. C. Brown

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

Claimed Soldiers.

Audited *Feb. 9* 1889

Wm. R. Mighan
COMPTROLLER GENERAL

Voucher No. *146*

Amount, \$ *100*

Paid to *Geo. A. Lester*

For Loss of

Right Arm

Feb. 7 1889

Included in Warrant No

issued to Treasurer

WARRANT CLERK

W. C. Campbell, State Printer, Constitution Pub. Office

R. C. Brown

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County.

PERSONALLY appears

of *Cobb* County, State of Georgia who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously since the day of *1827*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Soldier* in Company *D*, of *1st* Regiment of *Georgia* Volunteers *Greeneville*'s Brigade; that whilst engaged in such military service at the battle of *Pepperidge* in the State of *Georgia*, on the *Eighth* day of *October*, 1862, he was wounded as follows: *shot in right arm by musket ball which penetrated into the bone necessitating amputation of the arm & below the elbow*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of *one*

Dollars for *which*

Sworn to and subscribed before me this *2nd* day of *March*, 1892, by *Geo. M. Lester*

Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I, *Geo. M. Lester*

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *2nd* day of *March*, 1892.

Executed in the presence of us,

Geo. M. Lester
W. M. Montgomery

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

No. 146

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT

Mr. *George A. Lester*

of the County

of *Cobb* having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act,

Dec. 24, 1888, and the same having been allowed for

Loss of Right Arm

He is entitled to receive the sum of *One Hundred and* Dollars

for such disability, the same being the amount due for the year ending October 24, 1889

The Treasurer will pay the same and hold his receipt on this voucher, and return same to Executive Department for warrant

GOVERNOR

By the Governor

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT

\$100

RECEIVED OF STATE TREASURER R. C. HARDEMAN,

One Hundred and

Dollars,

per above voucher, this *7* of *July*, 1889.

R. C. Hardean

Audited

18

COMPTROLLER GENERAL

100 \$100

Maimed Soldiers.

Voucher No. 384

Amount \$ 100⁰⁰

Paid to Geo. N. Lester

For Loss of an Arm

July - 8 1890

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK

W. J. Campbell, State Printer, Constitution Job Office

Applicant

Audited

1891.

COMPTROLLER GENERAL

Colb

1891.

Maimed Soldiers.

Voucher No. 475

Amount \$ 100.

Paid to Geo. N. Lester

For Loss of arm

July 11 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK

Geo. W. Harrison State Printer, Alabama.

Applicant

STATE OF GEORGIA.
EXECUTIVE DEPARTMENT

No. 584

Atlanta, Ga. Feby 8 1890

Mr. Geo. A. Lester
of Cobb having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

approved, Dec. 24, 1888, and the same having been examined and allowed for

Loss of arm
He is entitled to receive the sum of One Hundred Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890

The Treasurer will pay the same and show his receipt on this voucher, and return same
to Executive Department for warrant.

By the Governor,

W. W. Harrison

CLERK EXECUTIVE DEPARTMENT.

\$ 100

RECEIVED OF STATE TREASURER, K. U. HARDEMAN.

One Hundred & 00/100

per above voucher, this

8

of

Feby
Geo. A. Lester

Dollars,

1890

STATE OF GEORGIA.
EXECUTIVE DEPARTMENT.

1891.

No. 1175

Atlanta, Ga. Feby 11 1891.

Mr. Geo. A. Lester
of Cobb having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Acts

approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

Loss of arm
He is entitled to receive the sum of One Hundred Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890

The Treasurer will pay the same and show his receipt on this voucher and return same to
Executive Department for warrant.

By the Governor,

W. W. Harrison

SECY EXECUTIVE DEPARTMENT.

\$ 100⁰⁰

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

One Hundred & 00/100 Dollars,
per above voucher, this 11 of Feby 1891.

R. C. Irwin
for Geo. A. Lester

Official Seal of the U.S. District Court
No. W. Hammond
Drawing

Letter, George N.
No. 678 =

Lester, Rev. N.

Information re

Wash. Co.

Information re

Information re

County of Wash.

Information re

Information re

Information re

Information re

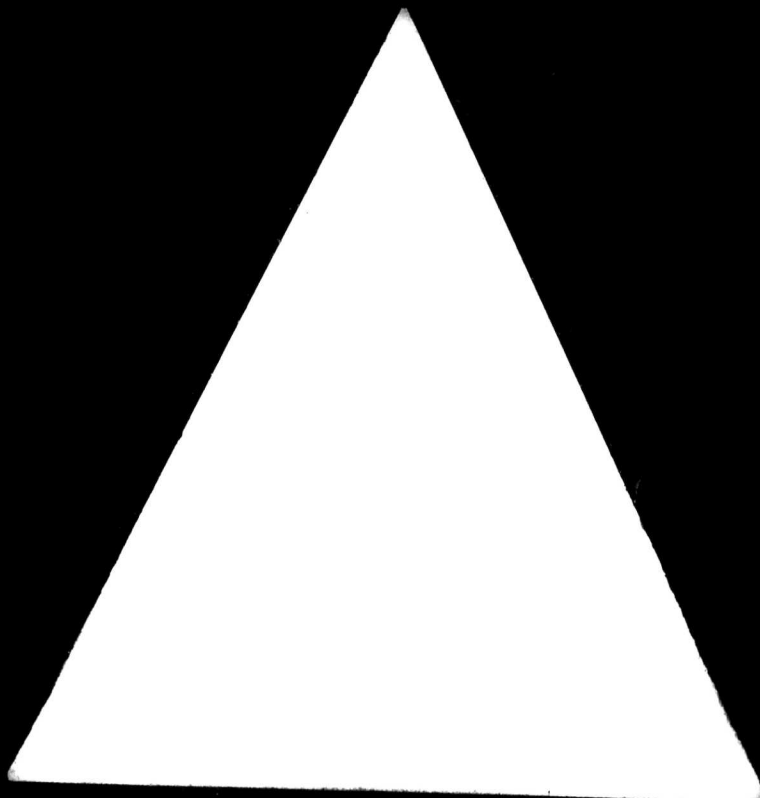
Information re

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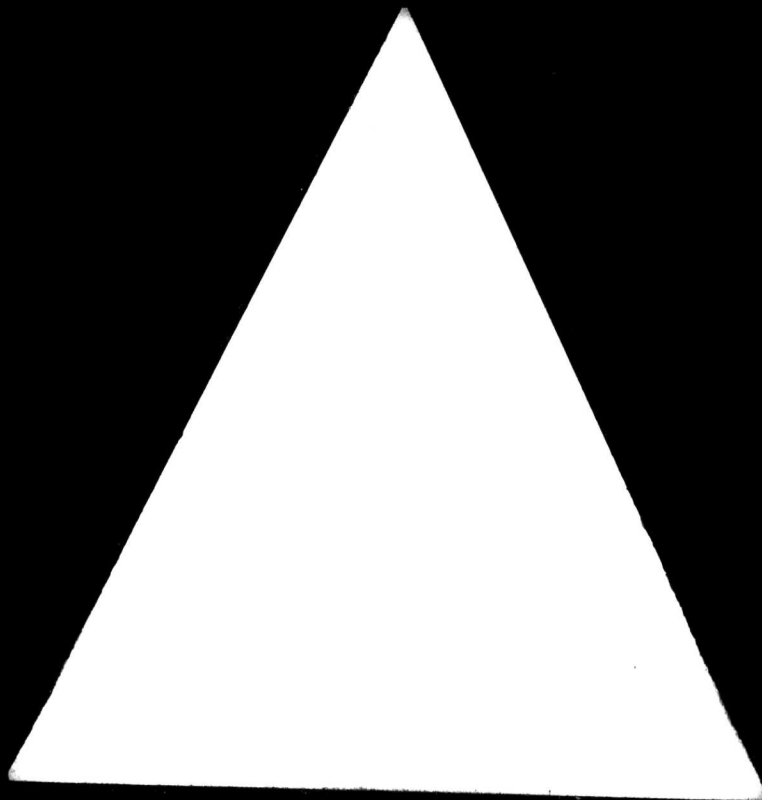
Information re

Information re

COBB



COBB



COUNTY

COUNTY

THE END
MICROFILMED FOR

GA. DEPT. OF
ARCHIVES AND HISTORY

(PENSION APPLICATIONS OF CONFEDERATE SOLDIERS AND WIDOWS WHO APPLIED FROM GEORGIA)

Title HOLLINSHED, P.V. THRU LESTER, GEORGE N.

COBB COUNTY

COBB COUNTY

Volume
GCP-94

Number
2886139-2886139-94

I CERTIFY I WAS THE OPERATOR WHO
PHOTOGRAPHED THIS FILM IN ATLANTA,
GEORGIA, August 31, 1962.

J. P. [Signature]
Operator

15 X V

DATE

1114

MANN FILM LABORATORIES

END

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

County of Blaston
R. H. Jones, W. R. Mountcastle Jr
 and *Thomas Johnson* (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. *Martha A. Johnson*, of the County of Cobb, State of Georgia, is the widow of *W. G. Johnson*, who was a soldier in Company G, of the 32nd Regiment of Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the 30 day of August 1861. That while in said service, or by reason of said service in the Army, he lost his life as follows: *He was mortally wounded in the second battle of Manassas on the 30th day of August in the State of Virginia; that he was placed in the hospital at Richmond where he died from said wound. Col. R. H. Jones was Colonel in command of the 32nd Regiment and was in this battle. The said W. G. Johnson was second lieutenant and serving at his post when he was shot.*

W. R. Mountcastle was a private in the same Company, G, 32nd Regiment, with W. G. Johnson that he voted for the said W. G. Johnson when he was elected 2nd. Lieutenant in said company.

Thomas Johnson did not see W. G. Johnson wounded but knows that he was reported as being mortally wounded and was some afterwards reported dead (authoritatively).

We further swear that Mrs. *Martha A. Johnson* was the wife of said soldier during the service and that she has not intermarried since his death, and that she resides in County of the State of Georgia, Cobb.

Said to and subscribed before me, this, the 28th day of April 1891,
R. H. Jones Col. U. S. A. ret.
W. R. Mountcastle Jr
Thomas Johnson
 Ordinary.

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

Form No. 3.

STATE OF GEORGIA,

County of Cobb

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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 24th day of April 1891.



J. M. Stom
As to Martha A. Johnson 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 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, 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 of the death.
- Widows who have married since the service of their husbands in the army are not entitled.
- There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish 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 and testify. The attestation of a Justice of the Peace or Notary will not answer.
- Fill out Power of Attorney authorizing some one who can call at Treasurer's office in Atlanta and 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.

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

Form No. 8.

STATE OF GEORGIA, County of Cobb

Ordinary in and for said County of

I, John M. Stone State of Georgia, hereby certify that I am acquainted with Mrs. Martha A. Johnson the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not moved out of the State since that date. That she is the widow of Wm. E. Johnson 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 7th day of July 1897.

POWER OF ATTORNEY.

STATE OF GEORGIA, County of Cobb

I, Martha A. Johnson hereby authorize F. M. Hembree of Cobb County to receive and receipt for the pension paid hereon and request that he remit same to me at by him

In Witness Whereof I have hereunto set my hand and seal, this 1st day of August 1897.

Executed in the presence of

W. E. Carter

POWER OF ATTORNEY.

State of Georgia,

Cobb County.

I, Martha A. Johnson hereby authorize F. M. Hembree of Marshall Cobb County Ga to receive and receipt for the pension paid hereon and request that he remit same to Martha A. Johnson at Marshall Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 27 day of January 1898.

Martha A. Johnson [L. S.]
Executed in presence of F. M. Hembree

For Those Heretofore Paid.

1898.

NO. 2061

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO
Mrs. Martha A. Johnson
OF
Cobb County
Widow of Wm. E. Johnson

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

1898.

AND HANDLED TO

SEC. W. HARRISON, STATE PRINTER, ATLANTA.

WIDOW'S PENSION,

for year ending February 15th, 1897.

No. 2429

1897

FOR THOSE HERETOFORE PAID.

Johnson, Martha A.
Cobb County
Marshall 1896

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

AND HANDLED TO

1897.

SEC. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Martha A. Johnson

who being sworn, says on oath, that she is a bona fide resident of said county of

Cobb

State of Georgia, and that she has resided in said State

continuously ever since

August

1852 That she is the Widow of

William G. Johnson

who was a Soldier in Company

G of the

22nd

Regiment of

Ga

Volunteers, that enlisted in said regiment on or about the month of

September

1861 and served in the Army up to

July

1862

That he lost his

life on the

13th

day of

July

1862

(State here

full particulars of the husband's death, when, where, and from what cause.)

killed in the Army, died on the 13th of July 1862,

at Snicklen Hospital of Dysentery

near the City of Va

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 1852

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

Milton

County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

Subscribed and subscribed before me, this

day of

July

1897.

Martha A. Johnson

Post-office

Rome

2

J. M. Stone

Ordinary.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Martha A. Johnson

who, being sworn, says on oath, that she is a bona fide resident of said county of

Cobb

State of Georgia, and that she has resided in said State

continuously ever since

August 1852

1852 That she is the Widow of

William G. Johnson

who was a Soldier in Company

G

of the

22nd

Regiment of

Georgia

Volunteers, that he enlisted in said regiment on or about the month of

June

1861

and served in the Army up to

July 13th

1862

That he lost his

life on the

13th

day of

July

1862

(State here

full particulars of the husband's death, when, where and from what cause.)

While in the

Army, died at Snicklen Hospital on

the 13th day of July 1862

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1852

I have been allowed a pension as a resident of Cobb County for the year ending February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898.

Subscribed and subscribed before me, this

day of

July

1898.

Martha A. Johnson

Ordinary.

Post-office

Rome

State of Georgia,

County.

Ordinary of said County, certify that I am well acquainted

with Mrs.

Martha A. Johnson

who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since

August 1852

1852

Given under my official signature and seal this the

day of

July

1898.

Official Seal.

Ordinary of

Cobb County.

POWER OF ATTORNEY.

State of Georgia,

Cobb County, }
I, Martha A. Johnson hereby authorize J. M. Nembse
of Roswell Ga.

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

me by him

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15

day of

Febry.

1899.

Martha A. Johnson [L. S.]

Executed in presence of

J. M. Nembse

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County, }
I, Martha A. Johnson hereby authorize J. M. Nembse
of Roswell Ga.

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

me by him

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22

day of

Febry.

1900.

Martha A. Johnson [L. S.]

Executed in presence of

Martha A. Johnson

Martha A. Johnson
Cobb County
For Those Hereofore Paid

1899.

NO. 2632

WIDOW'S PENSION,

For year ending February 15th, 1899.
PAID TO
Mrs. Martha A. Johnson

Cobb County
Widow of Mr. E. Johnson

RICHARD JOHNSON,

Commissioner of Pensions

WARRANT ISSUED

1899.

2/2

AND HANDED TO

J. M. Nembse

U. S. DEPARTMENT OF THE INTERIOR, BUREAU OF LANDS, ALABAMA

Martha A. Johnson
Cobb County
To Those Hereofore Paid

1900.

NO. 443

WIDOW'S PENSION,

For year ending February 15th, 1900.
PAID TO
Mrs. Martha A. Johnson

Cobb County
Widow of Mr. E. Johnson

JNO. W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

1900.

Feb 13

AND HANDED TO

J. M. Nembse

U. S. DEPARTMENT OF THE INTERIOR, BUREAU OF LANDS, ALABAMA

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *Cobb*

Personally Comes Mrs.

Martha A. Johnson

Cobb 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
continuously ever since *August 1837* That she is the Widow of
Wm. S. Johnson who was a soldier in Company
of the *22nd* Regiment of *Georgia*
Volunteers, that he enlisted in said regiment on or about the month of *June*
1861 and served in the Army up to *July 13th 1862* That he lost his
life on the *13th* day of *July* 1862 (State here

particulars of the husband's death, when, where and from what cause)
That while in the *Confederate Army* in the State of *Virginia* was attacked with
fever and died at *Richmond, Virginia*
July 13th 1862

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and that she became his wife in the year 1837.

I have been allowed a pension as a resident of *Cobb* County for the year ending
February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this *2nd* day of *July* 1900.
J. M. Stone Ordinary. Post-Office *Martha A. Johnson*
Martha A. Johnson *James H. Stone*

State of Georgia,
County of *Cobb* Ordinary of said County, certify that I am well acquainted
with Mrs. *Martha A. Johnson* 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
has continuously resided in this State since the day of *August 1837*

Given under my official signature, and seal this the *2nd* day of *July* 1900.

(Official Seal)

Ordinary of *Cobb* County

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *Cobb*

Personally Comes Mrs.

Martha A. Johnson

Cobb 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
continuously ever since *August 1837* That she is the Widow of
Wm. S. Johnson who was a soldier in Company
of the *22nd* Regiment of *Georgia*
Volunteers, that he enlisted in said regiment on or about the month of *June*
1861 and served in the Army up to *July 13th 1862* That he lost his
life on the *13th* day of *July* 1862 (State here

particulars of the husband's death, when, where and from what cause)
That while in the *Confederate Army* in the State of *Virginia* he was
attacked with fever, was taken to
hospital at *Richmond Va.* and died
with said disease on *13th of July 1862*

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and that she became his wife in the year 1837.

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

Sworn to and subscribed before me, this *2nd* day of *July* 1900.
J. M. Stone Ordinary. Post-Office *Martha A. Johnson*
Martha A. Johnson *James H. Stone*

State of Georgia,
County of *Cobb* Ordinary of said County, certify that I am well acquainted
with Mrs. *Martha A. Johnson* 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
has continuously resided in this State since the day of *August 1837*

Given under my official signature and seal, this the *2nd* day of *July* 1900.

(Official Seal)

Ordinary of *Cobb* County

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }

I, Martha A Johnson hereby authorize

F M Kemble of Kennell

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

me at Kennell

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 12

day of January 1901.

Martha A Johnson [L. S.]

Executed in presence of

W M St John

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }

I, Martha A Johnson, hereby authorize

F M Kemble of Kennell

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

Martha A Johnson at Kennell

In Witness Whereof, I have hereunto set my hand and seal, this 7

day of January 1902.

J. J. Tully

Executed in presence of

Martha A Johnson [L. S.]

Johnson, Martha A.
Cobb Co

To Those Heretofore Paid.

1901.

No. 64

WIDOW'S PENSION,

For year ending February 15th, 1901.

Martha A Johnson

or
William G Johnson

Widow of William G Johnson

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Jan 15 1901,

AND HANDED TO

W M St John

Geo. W. HARRISON, STATE PRINTER, ALBANY, GA.

Johnson, Martha A.
Cobb County

To Those Heretofore Paid.

1902.

No. 179

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs Martha A Johnson

or
Cobb

Widow of Wm G Johnson

Co. G Regiment 22 Pa

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Jan 16 1902

AND HANDED TO

Geo. W. HARRISON, STATE PRINTER, ALBANY, GA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Martha A Johnson

who, being sworn, says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since August 1834. That she is the Widow of William B Johnson who was a soldier in Company G of the 22 Regiment of Pa

Volunteers, that he enlisted in said regiment on or about the month of June 1861, and served in the Army up to July 13 1862. That he lost his life on the 13th day of July 1862. (State here

particulars of the husband's death, when, where and from what cause) That while in the Confederate army in the State of Virginia he was attacked with fever was taken to hospital at Richmond Va and died with said disease on 13th day of July 1862

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1852

I have been allowed a pension as a resident of Cobb County for the year ending February 15th, 1900, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this 7th day of January 1901. Martha A Johnson mark
John Aubrey Ordinary. Post Office

State of Georgia,

County,

I, John Aubrey Ordinary of said County, certify that I am well acquainted

with Mrs. Martha A Johnson, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 18 day of July 1862.

Given under my official signature and seal, this 7th day of January 1901.

Official Seal.

Ordinary of Cobb County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Martha A Johnson

who, being sworn, says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since 1837. That she is the Widow of Wm B Johnson who was a soldier in Company G of the 22nd Regiment of Pa

Volunteers, that he enlisted in said regiment on or about the month of June 1861, and served in the Army up to July 13 1862. That he lost his life on the 13th day of July 1862. (State here

particulars of the husband's death, when, where and from what cause) That while in the Confederate Army in the State of Va he was attacked with fever was taken to hospital at Richmond Va and died with said disease on 13th day of July 1862

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1852

I have been paid a pension as a resident of Cobb 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 6th day of January 1902. Martha A Johnson mark
John Aubrey Ordinary. Post-Office Roswell Ga

State of Georgia,

County,

I, John Aubrey Ordinary of said County, certify that I am well acquainted with Mrs. Martha A Johnson, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 18 day of July 1862.

Given under my official signature and seal, this 6th day of January 1902.

Official Seal.

Ordinary of Cobb County.

NOTE.—All blank spaces must be filled.
Voucher and affidavit must bear date after January 1st, 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Leitch County. }

I, Martha A. Johnson, hereby authorize

J. A. Hemmick of Roswell

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

Me at Roswell

In Witness Whereof, I have hereunto set my hand and seal, this__ 7

day of January 1903.

Martha C. Johnson [L.S.]

Executed in the presence of

L. E. Hembree.

Johnson, Martha H.
Cobb, George
To Those Heretofore Paid.

To Those Heretofore Paid.

1903.

No. 238

**INDIGENT
WIDOW'S PENSION,**

For year ending Dec. 31, 1903.

PAID 10

2

McMURDO

of

County,

Widow of _____

Co. _____ Regiment _____

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1123 1000

11-1961

AND HANDED TO
L. M.

17emsa

CEO is walter@jma.org gary@jma.org Atlanta, GA

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY KNOWN Mrs.

who, being sworn, says on oath, that she is a bona fide resident of said County of

Cobb

State of Georgia, and that she has RESIDED in said State

continuously ever since August 1837 That she is the Widow ofJohn H. Johnson

who was a soldier in Company

of the 22ndRegiment of 84Volunteers, that he enlisted in said Regiment on or about the month of June1862, and served in the Army up to July 1862 That he diedon the 13 day of July 1862While in the Confederate Army
He was taken with fever in a hospital
and died

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 1852

I have been allowed an Indigent pension as a resident of Cobb
County, under Act 1903, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1903

Sworn to and subscribed before me,

this 5 day of July 1903John H. Johnson OrdinaryJohn H. JohnsonPost Office Wassell

State of Georgia,

Cobb

County.

John H. Johnson

Ordinary of said County, certify that I am well

acquainted with Mrs. John H. Johnson, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since theday of 18Given under my official signature and seal, this the 5 day of July 1903.John H. JohnsonOrdinary of Cobb County.NOTE.—All blanks must be filled.
Vouchers and affidavits must bear date after January 1st, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Martha A. Johnson hereby authorize

F M Hembree of Roswell

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

me at Roswell

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2

day of January, 1904.

Executed in presence of

E. G. Hembree

Martha A. Johnson [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Martha A. Johnson hereby authorize

F M Hembree of Roswell

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

me at Roswell

In Witness Whereof, I have hereunto set my hand and seal, this 3

day of January, 1905.

Executed in presence of

E. G. Hembree

Martha A. Johnson [L. S.]

Johnson Martha A.
Cobb County

TO THOSE HERETOFORE PAID.

1904.

No. 7-24

WIDOW'S PENSION

FOR
YEAR ENDING DECEMBER 31, 1904

Martha A. Johnson

Capt W. G. Johnson County,

Widow of W. G. Johnson

Co. Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

AND HANDLED TO

125 1904.

W. G. Johnson

JOHN W. LINDSEY, COMMISSIONER OF PENSIONS.

Johnson Martha A.
Cobb County

To Those Heretofore Paid.

1905.

No. 3-25

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

Martha A. Johnson

Capt W. G. Johnson County,

Widow of W. G. Johnson

Co. Regiment 22 Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

AND HANDLED TO

123 1905.

W. G. Johnson

JOHN W. LINDSEY, COMMISSIONER OF PENSIONS.

JOHN W. LINDSEY, COMMISSIONER OF PENSIONS.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Martha A. Johnson

who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since 1837.

That she is the Widow of

John S. Johnson who was a soldier in Company B of the 22 Regiment of Co.

Volunteers, that he enlisted in said regiment on or about the month of

1861, and served in the Army up to July 1862. That he lost his life on the July day of 1862. (State here

particulars of the husband's death, when, where and from what cause.)

That while in the medical
service in his own hand
injured to the hospital and died
July 13/1862

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1852.

I have been paid a pension as a resident of Cobb County for the year ending December 31, 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me,
this 1 day of Jan 1904. Martha A. Johnson
John S. Johnson Ordinary. Post Office Richville

State of Georgia,

Cobb County.I, John A. AustinOrdinary of said County, certify that I am well acquainted with Mrs. Martha A. Johnson

who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1st

day of January 1844.
Given under my official signature and seal, this 1st day of Jan 1904.

Official Seal

Ordinary of Cobb County

NOTE.—All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1904.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Martha A. Johnson

who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since August 1837.

That she is the Widow of

John S. Johnson who was a soldier in Company B of the 22nd Regiment of Co.

Volunteers, that he enlisted in said regiment on or about the month of June

1861, and served in the Army up to July 13th 1862. That he lost his life on the 13 day of July 1862. (State here

particulars of the husband's death, when, where and from what cause.)

While in the Army in Va. he was attacked
with fever and died in the hospital at Richmond
July 13th 1862

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1852.

I have been paid a pension as a resident of Cobb 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 1 day of Jan 1905. Martha A. Johnson
John S. Johnson Ordinary. Post Office Richville

State of Georgia,

Cobb County.I, John A. AustinOrdinary of said County, certify that I am well acquainted with Mrs. Martha A. Johnson

Who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of 18.
Given under my official signature and seal, this 2 day of Jan 1905.

Official Seal

Ordinary of Cobb County

NOTE.—All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Martha A Johnson hereby authorize
F M Hembree of Roswell

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

In Witness Whereof, I have hereunto set my hand and seal, this 2
day of January, 1904.

Martha A Johnson [L. S.]
M. A.

Executed in presence of

L. E. Hembree

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Martha A Johnson hereby authorize
F M Hembree of Roswell

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

In Witness Whereof, I have hereunto set my hand and seal, this 3
day of January, 1905.

Martha A Johnson [L. S.]
M. A.

Executed in presence of

L. E. Hembree

Johnson Martha A
Cobb County

TO THOSE HERETOFORE PAID.

1904.

No. 2-24

WIDOW'S PENSION

FOR
YEAR ENDING DECEMBER 31, 1904

PAID TO
Martha A Johnson

Cobb County,
Widow of F M Hembree

Co.,
Regiment
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/25 1904,
AND HANDED TO
H. M. H.

(G. W. HARTMAN, State Printer, ATLANTA)

Johnson Martha A
Cobb County

To Those Heretofore Paid.

1905.

No. 335

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO
Martha A Johnson

Cobb County,
Widow of F M Hembree
Co. G Regiment 22 Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/23 1905,
AND HANDED TO
M. A. H.

(G. W. HARTMAN, State Printer, ATLANTA)

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, Martha A. Johnson, hereby authorize

F. M. Hunter of Knox
to receive and receipt for the pension paid hereon, and request that he remit same to
me at Knox

In Witness Whereof, I have hereunto set my hand and seal, this 15
day of January, 1906.

Martha A. Johnson [L. S.]
make

Executed in presence of

J. H. Hays

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, M. A. Johnson, hereby authorize

F. M. Hunter of Knox
to receive and receipt for the pension paid hereon, and request that he remit same to
me at Knox

In Witness Whereof, I have hereunto set my hand and seal, this 8
day of January, 1907.

M. A. Johnson [L. S.]
mark

Executed in presence of

V. E. Sherman

Johnson, Martha A.
Cath. Co.

To Those Heretofore Paid.

1906.

No. 162

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO

Martha A. Johnson

OF

Cath. Co. County,

Widow of John A. Johnson

Co. Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1/22 1906,

AND HANDED TO

Hunter

The Pensioner's Personal and Possession of, See W. Harrison, Act.

Johnson, Martha A.
Cath. Co.
To Those Heretofore Paid.

1907.

No. 177

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO

Mrs. M. A. Johnson

OF

Cath. Co. County,

Widow of

Co. Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1/21 1907,

AND HANDED TO

Coffey

The Pensioner's Personal and Possession of, See W. Harrison, Act.

STATE OF GEORGIA



WIDOWS HERETOFORE AWARDED PENSIONS.

1907

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

PERSONALLY COMES Mrs.

Martha A. Johnson

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

continuously ever since

That she is the Widow of

who was a soldier in Company

of the 22nd Regt Regiment of

Volunteers, that he enlisted in said regiment on or about the month of

1868 and served in the Army up to

1868

That he lost his

life on the

day of

1868

(State here

particulars of the husband's death, when, where and from what cause.)

Died of wounds 2 months

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 Cobb County, for the year ending December 31, 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me

this 10 day of Jan 1906.

Ordinary.

Post Office

State of Georgia,

County

Ordinary of said County, certify that I am well

acquainted with Mrs. Martha A. Johnson, who made the above affidavit, and

am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of 18

Given under my official signature and seal, this 10 day of Jan 1906.

Official
Seal

Ordinary of

County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavits must bear date after January 1st, 1906.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

PERSONALLY COMES Mrs.

M. A. Johnson

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

continuously ever since

That she is the Widow of

who was a soldier in Company

of the 22nd Regt Regiment of

Volunteers, that he enlisted in said regiment on or about the month of

1868 and served in the Army up to

1868

That he lost his

life on the

day of

1868

(State here

particulars of the husband's death, when, where and from what cause.)

Died of wounds 2 months

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 Cobb County, for the year 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

this 10 day of Jan 1907.

Ordinary.

Post Office

State of Georgia,

County

Ordinary of said County, certify that I am well

acquainted with Mrs. M. A. Johnson, who made the above affidavit, and

am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of 18

Given under my official signature and seal, this 10 day of Jan 1907.

Official
Seal

Ordinary of

County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1907.

Johnson, M. E. (Mrs)

For Cover County

1929

**Application for Pension
Due Deceased Pensioner**

(UNDER ACT 1819)

(To pay expenses of last illness and funeral)

J. M. Gann Ordinary

Xt Mrs. M. E. Johnson

Date of Death June 22 1929

Amount 108.00

Approved and ordered paid OK

Oct. 10, 1929
JOHN W. CLARK,
Commissioner of Pensions.

Paid

Ordinary: Fill out above in full and send this blank to Pension Department for approval. Do not pay out the money until the approved blank is in your hands giving you authority to do so. Send back to the Pension Department with your receipted payrolls to be permanently filed with them. Do not keep this application in your office.

Georgia, Cobb County.
Received of J. M. GANN, Ordinary, Cobb County, One Hundred Dollars,
in payment of funeral expense of Mrs. M. E. Johnson.
Exec. 18, 1930

John G. Gann
John D. M. Gann

Application for Pension Due to a Deceased Pensioner

(To Be Paid to the Ordinary for Expenses of Funeral and Last Illness)

(Under Act Approved August 15, 1904)

GEORGIA.

Coker

County.

Personally before me, the Ordinary of said County, comes R. H. Johnson

of said County, who, after being sworn, on oath

says that he knew Mrs. M. E. Johnson of said County, and that said Pensioner

was on the Pension Roll of said County at the time of death, which occurred in Coker

County, in this State, on the 20 day of June 1929

and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$100.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

J. M. Kamm, Ordinary

County

(Seal of Ordinary)

R. H. Johnson

Died R. H. Johnson who acts for the money from the asset.

CERTIFICATE OF ORDINARY

GEORGIA.

Coker

County.

I, J. M. Kamm, Ordinary of said County, do certify

that I personally know R. H. Johnson, who is a resident

citizen of said County, and that said person is of truthful and trustworthy character, entitled to full

faith and credit; that I also knew Mrs. M. E. Johnson while in life and that this was

the same person whose name appears on the Pension Roll of Coker County, and

was paid a Pension of Two Hundred (\$200.00) Dollars

in said County for 1928, and I now believe said pensioner to be dead; and that the instructions at the

foot of this voucher have been carefully observed in making up this voucher and the bills which are at-

tached hereto.

Given under my hand and official seal, this 28 day of June, 1929

(Seal of Ordinary) J. M. Kamm, Ordinary

County

INSTRUCTIONS:

1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.

2nd. Each account must be sworn to before the Ordinary, and in the following form. (Do not use the terms: "Just, true, due, unpaid," etc.)

"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of Mrs. M. E. Johnson, who died without owning sufficient property to pay this bill.

3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.

4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.

5th. Return this application, and attached bills, with your final settlement, to the Pension Department.

6th. Ordinary should see that the back of this blank, when folded, is filled out.

MARIETTA, GA., June 28,

Mrs. M. E. Johnson, Estate.

Marietta, Ga.

IN ACCOUNT WITH

John S. Dobbins & Sons
Funeral Directors—Embalmers

LADY ASSISTANT

100 CHEROKEE STREET

MOTOR EQUIPMENT

DAY PHONE 437 AND 472

AMBULANCE SERVICE

NIGHT PHON

June

28,

To Casket and Hearse, Mrs. M. E. Johnson,

\$100 00

The above and foregoing account is rendered for funeral expenses of Mrs. M. E. Johnson, who died without owning sufficient property to pay this bill.

John S. Dobbins & Sons

Sworn to and subscribed before me, this 28, day of June 1929.

J. M. Kamm
Ordinary, Cobb County, Ga.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County,

L Susan Johnson hereby authorize John W. Lindsey
of Cobb County, to receive and receipt for the pension allowed and that he
remitt the same to me at Winder, Georgia Ga. by his check or registered mail.

Witness my hand this _____ day of _____ 1901.

Executed in presence of

Ordinary,
County } L Susan Johnson
John W. Lindsey
W. H. Johnson
W. H. Johnson
W. H. Johnson

{
SAL.
}

Johnson, Susan
Cobb Co.
C. K.

No. _____

WIDOW'S
Indigent Pension.
1901.

Name L Susan Johnson
County Cobb
Widow of John Johnson
Co. B 1st Ga Reg
Approved _____ 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____

1901.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, Susan A. Johnson hereby authorize John Austrey of Cobb County, to receive and receipt for the pension allowed and that he remit the same to me at Winder Springs Ga by his check or registered mail.

Witness my hand this _____ day of _____ 190

Executed in presence of

Ordinary,

County

Susan A. Johnson L. S. ma 44

{
REAL
}

Questions for Applicant.

STATE OF GEORGIA,

Cobb County.

Susan A. Johnson of said State and County, desiring to avail herself of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly, passed 1890, hereby submits her proof, 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.*)
Susan A. Johnson Winder Springs Cobb County Ga
2. How long and since when have you been a resident of this State? 74 years
3. When and where were you born? In Cobb County Ga in 1826
4. When and where was your husband born—state his full name, and when were you and he married?
he was born in South Carolina in 1827 we was married in 1848 his name was John S. Johnson
5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States? in 1st Regiment Ga volunteers Co H
6. How long did your husband serve in said Company and Regiment? about 3 years
7. When and where did your husband's Company and Regiment surrender and was discharged?
in North Carolina in 1865
8. Was your husband present at the time and place when his Company and Regiment surrendered?
he was
9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authority?
10. When and where did your husband die? in Cobb Co Ga in 1889
11. Which of the following grounds do you base your application for Pension, viz: First—Age and Poverty; Second—Infirmary and Poverty, or Third—Blindness and Poverty?
Age & Poverty
12. If upon the first ground, state how long you have been in such a condition that you cannot 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?
at least 10 years
13. What has been your occupation since your husband's death? I have tried to work all I could but I am not able to work now
14. How much can you earn gross, by your own exertion or labor? nothing
15. What property, real or personal, or income do you have or possess, and its gross value?
none
16. What property, real or personal, did you possess at death of husband or he left you, and of the year 1899-1900, and what disposition, if any, by sale or gift, have you made of the same? none
17. In what counties did you reside in 1899 and 1900, and what property did you return for taxation?
in Cobb Co Ga no property
18. How have you been supported since death of husband, and especially for 1899 and 1900?
by my children
19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income? don't know I did not contribute anything
20. What was your employment during 1899 and 1900—how much did you receive for each year?
Nothing
21. Have you a family? If so, who composes such family? Give their means of support? Have they any lands or other property? I have one invalid child - no property
22. Have you ever made an application for pension before? not under the last act
23. How many applications have you made for a Pension, and under what class?

Sworn to and subscribed before me this 4th

day of April 1901
John Austrey Ordinary,
of Cobb County.

Susan A. Johnson ma 44

WIDOW'S

Indigent Pension.

1901.

Name Susan A. Johnson

County Cobb

Widow of John S. Johnson

Cobb Co Ga Reg

Approved

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

1901

John W. Lindsey, State Printer, Atlanta, Ga.

44-1901

Questions for Witnesses.

STATE OF GEORGIA,

Cobb County.

Benjamin Rice of said State and County, having been presented as a witness in support of the Application of Mrs. Susan A. Johnson for a Pension under the Act of 1900, and after having been 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? Benjamin Rice, I reside in Cobb County.

2. Are you acquainted with the applicant, Mrs. Susan A. Johnson? Yes, since before the war.

3. Where does she reside, and how long and since when has she been a resident of this State? She resides at Powder Springs, Ga. Has lived in this State ever since before the war to my knowledge.

4. Were you ever acquainted with her husband? Yes, I do not know.

5. Where did he reside in 1861? John S. Johnson, I do not know.

6. When and to whom was he married? To the applicant, before the war.

7. When and where was he born? Do not know.

8. How long have you known him? Ever since before the war.

9. When and where did John S. Johnson enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? He enlisted at Powder Springs, Ga., Co. F, 1st Regt. Confederate Cavalry, in the Spring of 1862.

10. Were you a member of the same Company and Regiment? Yes.

11. How long did he perform regular military duty? About three years.

12. When and where was his Company and Regiment surrendered and discharged from service? Near Anderson, S.C. April 26th, 1865.

13. Were you with the command when it surrendered? Yes.

14. Was John S. Johnson the husband of applicant present? Yes.

15. If not present, where was he? He was present.

16. When and where did he leave his Command? At Anderson, S.C. at Surrender.

17. By what cause? Surrendered.

18. How do you know all this? (State fully and clearly.) I was present, and in the same Co. & Regt. with him.

19. When and where did John S. Johnson die? He died in Cobb County several years ago.

20. Where did he reside at his death, and how long had he been a resident of Georgia at his death? In Cobb County - then known as resident of Cobb County before the war.

21. Do you of your own knowledge know that applicant is the lawful widow of John S. Johnson? Yes, I know they lived together as man and wife for many years - both before the war and since.

22. Has she remained unmarried since her soldier husband's death, and is now his widow? Yes.

23. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? None - I am acquainted with her circumstances.

24. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? If she had any at all I did not know of it.

25. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom? None.

26. What is applicant's physical condition and her chances and ability to earn a support? She is helpless by old, has nothing, and has an invalid daughter who is helpless and cannot move.

26. Is applicant able to earn a support or labor of any sort, if not why? No, on account of age and infirmity.

27. How was she supported for 1899 and 1900? By help of other people.

28. How much did applicant contribute to her support for last two years? Do not know.

29. Give a full and complete statement of applicant's physical condition? She is old and not able to work - she is dependent on others.

30. What interest have you in the recovery of this pension by the applicant? None.

Sworn to and subscribed before me this 4th day of April 1901.

John A. Dwyer, Ordinary, Cobb County. Benjamin Rice Witnesses.

Affidavits of Physicians.

STATE OF GEORGIA,

Cobb County.

Personally before me came R. R. Manning and J. H. Shuster, both known to me to be reputable

physicians of said county, who, being severally sworn, say on oath that they have examined carefully Mrs. Susan A. Johnson applicant for a Pension under Act of 1900, and after

personal examination say that her physical condition is this that she is entirely unable to support herself. She is old and can do no work and is perfectly dependent on others.

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 4th day of April 1901.

John A. Dwyer, Ordinary, Cobb County. R. R. Manning J. H. Shuster

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

I, John A. Dwyer, Ordinary in and for said county, hereby certify that the applicant, Mrs. Susan A. Johnson resides in said

county, and has been a bona fide resident of this State since the 1st day of June 1900, and that the witnesses, Mr. Benjamin Rice and John A. Dwyer are of trustworthy character, and that their statements

are entitled to full faith and credit.

I do further certify that before answering the foregoing questions, the applicant and said witnesses took the oath herein prescribed, and the full text of the affidavits was read to the applicant and witnesses before the same was signed and subscribed.

I further certify that the tax digest of Nothing county shows that applicant returned for taxation in her own name in 1899 Nothing dollars worth of property, and in 1900 Nothing dollars worth of property.

Witness my hand and official seal, this 9th day of May 1901.

John A. Dwyer, Ordinary, Cobb County.

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

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

3. All affidavits must be made before Ordinary.

4. Only widows who were the wives of the dead husbands while they were soldiers need apply-and are now widows. Those married since 26th April, 1865, not entitled.

5. Witnesses and two Physicians are necessary to make out claims.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

I, Susan Johnson, hereby authorize
John Lindsey 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 13th
day of Jan 1902

Susan Johnson [L. S.]

Executed in presence of

J. M. Gamm

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

I, Susan Johnson, hereby authorize
John Lindsey 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 22nd
day of January 1902

Mrs. S. Johnson [L. S.]

Executed in presence of

Susan Johnson
John Lindsey
To Those Heretofore Paid

1902.

No. 145

INDIGENT
WIDOW'S PENSION,
For year ending Dec. 31, 1902.

Mrs. Susan Johnson

Cobb County.

Widow of _____
Co. _____

Regiment _____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1902

AND HANDS TO

John Lindsey

OFFICE OF THE COMMISSIONER OF PENSIONS, ATLANTA, GA.

Johnson S. A. (Mrs)
Cobb County

To Those Heretofore Paid

1902.

No. 145

INDIGENT
WIDOW'S PENSION,
For year ending Dec. 31, 1902.

Mrs. S. Johnson

Cobb County.

Widow of _____
Co. _____

Regiment _____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1902

AND HANDS TO

John Lindsey

OFFICE OF THE COMMISSIONER OF PENSIONS, ATLANTA, GA.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.

County of Cobb

PERSONALLY COMES MRS.

Susan Johnson

Cobb

1877

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 continuously ever since

That she is the Widow of _____ who was a soldier in Company _____

4 of the 1st Confederate Regiment of Georgia

Volunteers, that he enlisted in said regiment on or about the month of May

1862, and served in the Army up to the 1st of November, 1865. That he died on the 13th day of May, 1865.

Dying in age Infancy and Poverty Dependent as unable to Support herself

Dependent swears that she is 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 1841.

Dependent swears that she is a bona fide resident of said County of Georgia, and that she has resided in said County continuously ever since December 31, 1900.

Sworn to and subscribed before me, this 13th day of June, 1902, at _____

State of Georgia, County of Cobb

Ordinary of said County, certify that I am well acquainted with Mrs. Susan Johnson, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1st day of _____

Given under my official signature and seal, this 13th day of June, 1902.

Official Seal of _____ Ordinary of Cobb County.

NOTE.—All blanks must be filled.

Vouchers and affidavits must bear date after January 1st, 1902.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

S. A. Johnson

Cobb

1827

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 continuously ever since

That she is the Widow of _____ who was a soldier in Company _____

7 of the 1st Confederate Regiment of _____

Volunteers, that he enlisted in said regiment on or about the month of May

1862, and served in the Army up to the 1st of August, 1865. That he died on the 19th day of August, 1869.

From age & poverty she is unable to Support herself

Dependent 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 1848.

I have been allowed an Indigent pension as a resident of said County, under Act 1900, for the year 1900, and now apply for the pension provided by law for the year ending December 31, 1900.

Sworn to and subscribed before me, this 22nd day of June, 1902, at _____

State of Georgia, County of Cobb

Ordinary of said County, certify that I am well acquainted with Mrs. S. A. Johnson, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1st day of _____

Given under my official signature and seal, this 22nd day of June, 1902.

Official Seal of _____ Ordinary of Cobb County.

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY.

I, *Susan A. Johnson* hereby authorize
John A. Johnson 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 *22*
 day of *Jan* 1904

Susan A. Johnson [L. S.]

Executed in presence of

J. P. Kamm

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY.

I, *Susan A. Johnson* hereby authorize
John A. Johnson of *Cobb Co.*
 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 *28th*
 day of *January* 1905.

Executed in presence of

John A. Johnson

Johnson, Susan A.
Cobb County

TO THOSE HERETOFORE PAID.

1904.

No. *206*

INDIGENT
 WIDOW'S PENSION
 FOR YEAR ENDING DECEMBER 31, 1904

PAID TO

Mrs. Susan A. Johnson

Cobb County.

Widow of *S. A. Johnson*

Co. *E. 1st Regt.* Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

JAN 25 1904.

AND HANDSD TO

John A. Johnson

JOHN W. LINDSEY, Commissioner of Pensions

Johnson, Susan A.

Cobb County

To Those Heretofore Paid.

1905.

No. *2851*

INDIGENT
 WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

Mrs. Susan A. Johnson

Cobb County,

Widow of *S. A. Johnson*

Co. _____ Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

JAN 31 1905.

AND HANDSD TO

John A. Johnson

JOHN W. LINDSEY, Commissioner of Pensions

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Susan A. Johnsonwho, being sworn, says on oath that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State

continuously ever since.

That she is the Widow of

J. S. Johnson who was a soldier in CompanyH of the 1st Confederate

Regiment of

Volunteers, that he enlisted in said regiment on or about the month of

1862, and served in the Army up to

1865.

That he died

on the 29 day of August

1869

leaving a wife and family, and being otherwise unable to support herself.

Dependent 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 1840

I have been allowed an Indigent pension as a resident of

County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1904

Sworn to and subscribed before me,

this 22 day of Jan 1904Susan A. Johnson

Ordinary

Post Office

State of Georgia,

County of Cobb

Ordinary of said County, certify that I am well

acquainted with Mrs. Susan A. Johnson, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of

18

Given under my official signature and seal, this 22 day of Jan 1904

Ordinary of

Cobb

County

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1904.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Susan A. Johnson

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

continuously ever since.

That she is the Widow of

J. S. Johnson who was a soldier in CompanyH of the 1st

Regiment of

Inf

Volunteers, that he enlisted in said regiment on or about the month of

1862, and served in the Army up to

1865.

That he died on

the

day of

18

Age Infirmary & procees

Dependent 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 allowed an Indigent pension as a resident of Cobb

County, under Act 1900, for the year 1904, and now apply for the pension provided by law for the year ending December 31, 1905

Sworn to and subscribed before me,

this 5 day of Jan 1905Susan A. Johnson

Ordinary

Post Office

Powder Springs

State of Georgia,

County of Cobb

Ordinary of said County, certify that I am well

acquainted with Mrs. Susan A. Johnson, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of

1894

1st

Given under my official signature and seal, this 18 day of Jan 1905

Official Seal

Ordinary of

Cobb

County

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County, }
Susan A. Johnson hereby authorize
John Gustaf of *Marion*
 to receive and receipt for the pension paid hereon, and request that he remit same to
me at *Powder Springs*
 In Witness Whereof, I have hereunto set my hand and seal, this *19th*
 day of *January*, 1908.

Susan A. Johnson (L. S.)
 Executed in presence of
Al. Florence J. P.

Johnson, Susan A.

Cobb Co.

To Those Heretofore Paid.

1908.

No. *525*

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1908.

PAID TO
Mrs Susan A. Johnson

OF
Cobb County,

Widow of *Wm. S. Johnson*
 Co. *H*, 1st Ga. Regiment.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT ISSUED

AND HANDLED TO

126 1908.
 THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES Mrs.

Susan A. Johnson

who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since before the war. That she is the Widow of John S. Johnson who was a soldier in Company Ba. of the 1st Regiment of Inf. Volunteers, that he enlisted in said regiment on or about the month of June 1862, and served in the Army up to April 1865. That he died on the Sept day of Sept 1869.

Age, infirmity & poverty.

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 1847.

I have been allowed an Indigent pension as a resident of Cobb

County, under Act 1900, for the year 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me
this 18 day of May, 1906.
John D. Butler Ordinary.

Post Office

Spring 90 4a

State of Georgia,

County of Cobb

County.

Ordinary of said County, certify that I am well

acquainted with Mrs. Susan A. Johnson, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1 day of May 1874.

Given under my official signature and seal, this the 25 day of May, 1906.

Official
Seal

Ordinary of

Cobb

County,

NOTE—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1906.

Given under my official signature and seal, this the 25 day of May, 1906.

{ Official
Seal }

John D. Smith
Ordinary of Crow County.

NOTE—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1906.

Johnson, M.P.
Chick County
Wm. for Release
OK for 1915

+ Confederate
Soldier's Application.
✓ UNDER ACT 1910.

County *Bobb*
Name *M.P. Johnson*
Company *4th*
Regiment *32nd Inf Regt*
Approved _____

J. W. LINDSEY,
Commissioner of Pensions

CHAS. F. HEND, State Printer, ALBANY.

18/11/1914

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA.

John P. Johnson County of Appling and said State and County, hereby apply for the pension provided by Act of 1910 to Confederate Soldiers, and submit the sworn statement, with his testimony to make out the same, and other being duly sworn true answers to make to the questions propounded, answers as follows, to wit:

1. What is your name and where do you reside? (Give County and Post-office)
John P. Johnson Appling Co. Ga.

2. How long and since when have you been a continuous resident citizen of this State?
43 years ever since 1870

3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865?
Yes to the 32nd Georgia Volunteer

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service).
October 1865 Rank 2nd Private 1st Infantry

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge).
Until April 26 1865

6. When and where was your Company and Regiment surrendered or discharged from the Service?
At Raleigh North Carolina April 26 1865

7. Were you actually present with your Command when it was surrendered or discharged?
Yes

8. If you were not actually present, state specifically and clearly where you were.
I was present

9. How was your Command when you left it?
Whole Command surrendered

10. When did you leave the Command?
April 26 1865

11. For what cause did you leave?
Left to go to home

12. By whose authority did you leave?
Left to go to home

13. For how long was your leave granted? In what way?
Left to go to home

14. Why did you not return to your Command after leave expired?
Left to go to home

15. In what way were you prevented?
Left to go to home

16. What effort did you make to return?
Left to go to home

17. Were you captured during the war?
Yes

18. If so, when and where? In what prison were you held and when were you released?
July 1865 at Andersonville Ga. Prison

19. What property of every description was owned in the use, possession and control of yourself and wife and its cash value? (Make itemized list).
One lot of land in the State of Georgia and one lot of land in the State of Georgia

20. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908. To whom and for what price?
None

21. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list).
One lot of land in the State of Georgia and one lot of land in the State of Georgia

22. What rental or monthly income or earnings of yourself and wife and the source derived there from?
None

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

24. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
No

Given to and subscribed before me, this day of May 1916 at Appling Georgia.
John P. Johnson County of Appling

Soldier's Application
Confederate

UNDER ACT 1910.

County Appling
Name John P. Johnson
Company 32nd
Regiment 1st
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. F. STEIN, State Printer, Atlanta.

1875/1916

John P. Johnson, Appling Co. Ga. 1875/1916

STATE OF GEORGIA,
State of Tennessee
Giles County.
Field Snow Smith

_____ of said State and County is hereby presented
as a witness in support of the application of W.P. Jones under the sanction provided
by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded
answers as follows:

1. What is your name and where do you reside? *Palaski, Giles County Tennessee*
2. How long and since when have you known _____ the applicant?
Known him since 1861
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? *his Brother Stephen reports he resides in Cobb Co Georgia have heard frequently through his family*
4. When, where and in what Company and Regiment did _____ enlist during war from 1861 to 1865? (Give date and place) *Oct 1861 Camp Harbottle Robertson Co 1st Tenn Cavalry*
5. How did you obtain your information of this Service? *from Robert Thompson at the same time and Member of same Regt*
6. How long within your own personal knowledge did he perform actual military service with _____ this Company and Regiment? (give date) *Oct 1861 until Jan 1863*
- When and where was his Command surrendered or discharged (give date and place) *March 1863 at Fort Fisher*
7. How did you obtain your information of this Service? *from Robert Thompson at the same time and Member of same Regt*
8. Were you personally present at the Surrender? *Yes*
9. If not, where were you and how came you there? *Was present by command of Consolidado Co H of the 4th Tenn Ill. from Co H*
10. Was the applicant personally present with his Command as surrender? *Yes*
11. If not where was he and how came him there? *Was present by command of Consolidado Co H of the 4th Tenn Ill. from Co H*
12. When did he leave his Command? *did not leave* Where was his Command when he left it? _____ for what cause did he leave? _____
- By whose authority did he leave _____ and how long was he granted leave? _____ How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) *I was with him continuously through the war. He is last Co commander*
13. In what way was he prevented from returning to his Command? _____
- How do you know? *He was with his command at Fort Fisher*
14. What effort did he make to return to his Command and how do you know? *He was with his command at Fort Fisher*

14. What effort did he make to return to his Command and how do you know?

15. Was applicant captured as a prisoner? *Yes, while held on the Donaldson*
In what prison was he held? *Paul Minton, Los Angeles*
and when released
changed at Dickering, Feb. 12th 1963

Sworn to and subscribed before me, this 28th day of May, 1918,
M. Blaurney Clerk
 of Col. C. Keller County Allen

Count

Personally known to applicant John H. Southworth James who on oath says that they are frontiers residing in said County and we know the applicant for pension and we know the property that is now in the said wife and of its cash value to wit: Eighty five acres and value of the same about \$1000

What property, if any, has been sold or given away by the applicant or his wife since a Nov 1908? (State in fully by item.) None

2. When and to whom was it sold or given for? James
3. What was the price paid or stated to be paid? 20
4. What relation is the party to applicant? son
5. What disposition was made of the proceeds of the sale? none
6. Was the disposition of this property made in good faith and full value? yes
or was it made to obtain a pecuniary advantage? no
Sworn to and subscribed before me this the 16th day of March 1901, at St. Louis
J. M. [Signature] Ordinary P. P. [Signature]
of St. Louis County.

County.

Ordinary of said County, certify that I know the applicant, John J. O'Brien, for Pension is the person he represents himself to be and resides in said County. That I also know John J. O'Brien the witness swearing to the service and John J. O'Brien who are freetholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy, and their statements are entitled to full faith and credit. That the Tax Returns of John J. O'Brien above that John J. O'Brien and wife value for tax in 1908 \$225 for 1909 \$145 for 1910 \$145 for 1911 \$145 for 1912 \$145 for 1913 \$145

Sworn under my hand and official seal of office this May 1 day of May 1914

[illegible]

Sworn to and subscribed before me, this the

28

day of Mar

191

Sub. Knowlton Capt. Col. 3d Reg.
Inf. Mass. 1st Co. E. 3d Term Regt.

J. M. Haurmay Clerk

of Co. C. 4th Regt. Cavalry Mass.

Power of Attorney.

STATE OF GEORGIA.

County, }

I, _____, hereby authorize _____
 of _____, to receive and receipt for the pension allowed and
 request that he remit same to _____ by _____
 at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
 day of _____, 1889.

Executed in the presence of

J. T. Johnston
 [S.]

Code Section 1250.

affid - for \$50/1899
Cobb 8/17/1899
Rich Johnson
Comd Burm
 No. *Johnston, J. T.*

INVALID
 Soldier's Pension,
 1899.

Name

County

Disability

Amount, \$

J. T. Johnston
Cobb
Draw
50.00

1899.

RICHARD JOHNSON,
 Commissioner of Pensions.

WARRANT HANDED TO

3/22.99

Power of Attorney.

Form No. 8.

STATE OF GEORGIA,

County.

I, hereby authorize

of to receive and receipt for the pension allowed and

request that he remit same to by

at

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

day of 1899.

Executed in the presence of

J. Y. Johnston [L. S.]

For Use of Applicants Who have Not Heretofore Drawn.

Form No. 1.

STATE OF GEORGIA,

County.

PERSONALLY appears J. F. Johnston of said Cobb

County, State of Georgia, who being duly sworn says on oath that he was born on the 3rd day of

March 1844, that he is a bona fide citizen and resident of Georgia, and has been

continuously since the 13 day of March 1844, that he enlisted in

the military service of the Confederate States (or the State of) on the

16 day of March 1862, during the war between the States, and

served in Company C of Phillips Georgia Legion Volunteers

Hofford's Brigade, and was honorably discharged on the 9 day of

April 1865; that whilst engaged in such military service, and in line of duty in the

State of Virginia, on the 15 day of January 1863

he was disabled or wounded as follows: That shortly after going into the army he had measles which left him with a cough which has continued soon since, but he continued in the service during the campaign in Maryland and Pennsylvania, that during this campaign he took the rheumatism and had to be hauled out of Pennsylvania. That he has never recovered from these attacks of disease and is now unable to work. He can at times manage to do such work as dropping cotton and for a little when the weather is good, making about one-fifth of a hand on a farm. He knows this disability originated in the army during his term of service, and he is growing worse as he grows older. He would not ask for assistance if he could maintain himself by labor which is his sole dependence for a living.

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, 1899.

Sworn to and subscribed before me, this the

17 day of February 1899. J. Y. Johnston
J. H. Stone Post Office Oacchunet Ga
Ordinary

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

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

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

The Instructions as set out in the Notes must be Observed.

affidavit - for \$50/1899
Feb 5 8/17 1899
Code Section 1250
Johnston, J. Y.

INVALID

Soldier's Pension,

1899.

Name J. F. Johnston
County Cobb
Disability Deaf
Amount, \$ 50.00

1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison State Printer Atlanta

3/22/99

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County, B. A. Osburn, J. F. Delk and H. C. Power personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say, under oath, that they are personally and well acquainted with J. F. Johnston

whose application is herewith presented for a pension, that he has resided in this State continuously since the day of December 1857, that he served in Company C of the

Phillip Georgia Legion, and from our personal knowledge, he while in line of duty, was injured by the service as follows: Give full statement, and tell in your own language when, where and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor, or can do any, state what.

That shortly after said J. F. Johnston served in the army he had measles and from that time he was troubled with a cough and has continued ever since.

That during the Maryland Campaign, he suffered from an attack of rheumatism and was unable to march and was brought out on an ambulance. That his health has been bad ever since. That he is not now able to do a day's work. He can do only light work. Not able to make a living at manual labor.

Deponent says he was in the same company with the applicant during his term of service and was in the same mess. That he has known his condition since the war.

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 9 day of April

1857. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1862.

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

Sworn to and subscribed before me, this

18 day of March 1899.
J. M. Stone
Ordinary.

B. A. Osburn
J. F. Delk
H. C. Power

NOTE 1.—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 blank spaces must be filled when signed.

4. Three witnesses are required.

Physicians' Affidavit.

Form No. 2.

STATE OF GEORGIA,

Cobb County.

PERSONALLY comes before me, J. M. Stone Ordinary of said County, E. E. Johnson and W. J. Stinson, both known to me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined

and after such personal examination, say that the present condition of applicant is as follows: that he has suffered with chronic cough and is such a extent as to render him unable to do much manual labor that he is all so severely afflicted with Rheumatism

and that such condition is permanent. Said condition arises from the following facts:

Exposure in the army

We have treated applicant professionally for ten years, and his condition, as above stated, does not arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this

17 day of July 1899.
J. M. Stone

E. E. Johnson M.D.
W. J. Stinson

Ordinary.

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 condition. If from disease, give its nature and character, and its cause or origin.

NOTE 2.—The physicians will fill up all every blank space in oath.

STATE OF GEORGIA,

Form No. 4.

Cobb County.

I, J. M. Stone Ordinary of said County,

do certify that I am well acquainted with J. F. Johnston the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he resides in this County and has been a bona fide resident since the 18 day of April 1862.

I also certify that the witnesses, to-wit: B. A. Osburn, J. F. Delk and H. C. Power are persons of respectability, that their statements are worthy of full credit and belief and that the full text of the affidavit was read to and understood by them before they signed the same.

Given under my official signature and seal this 21 day of March 1899.

J. M. Stone
Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, J. T. Johnston hereby authorize W. R. Palmer of Marietta, Ga.

to receive and receipt for the pension paid hereon and request that he remit same to me by hand.
at Marietta, Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2 day of March 1900.

Executed in presence of

J. T. Johnston [L. S.]
Pay to R. C. Irvine
W. R. Palmer
Mch 9/1900

Johnston, J. T.
Cobb Co.
CODE SECTION 126
(For These Already Enrolled.)

No. 2174

INVALID

SOLDIER'S PENSION.

1900.

Name J. T. Johnston
County Cobb
Disability Disease
Amount \$ 50.00
Warrant issued Nov 7 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

R. C. Irvine
Gen. W. Hoffman, State Printer, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, J. T. Johnston hereby authorize J. T. Johnston of Marietta, Ga.

to receive and receipt for the pension paid hereon and request that he remit same to me by hand.
at

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 2 day of January 1901.

J. T. Johnston [L. S.]

Executed in presence of

J. M. Gann

Johnston, J. T.
Cobb Co.

CODE SECTION 126
(For These Already Enrolled.)

No. 156

DISABLED

SOLDIER'S PENSION.

1901.

Name J. T. Johnston
County Cobb
Disability Disease
Amount \$ 50.00

Jan. 15 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

J. T. Johnston
Gen. W. Hoffman, State Printer, Atlanta.

No data

Applicants for Pensions

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears J. T. Johnston of Cobb

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State and County, and has resided therein continuously ever since the 13 day of March 1841; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a private in Company C, of the Phillips Georgia Rifles Volunteers, Wofford's Brigade; that whilst engaged in such military service in the State of Virginia, on the _____ day of _____ 1863, he was wounded, injured or diseased as follows:

That while on the Maryland campaign from September he contracted rheumatism which has continued and grown worse as to render him practically unable to perform the actual daily avocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of _____ County been allowed an invalid pension of \$30 Dollars, for the year 1890.

Sworn to and subscribed before me, this _____ day of March 1900. J. T. Johnston POST OFFICE

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

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this _____ day of March 1900.

Ordinary John A. Starn Cobb County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears J. T. Johnson of Cobb

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 March 1841; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Private in Company C, of Phillips Georgia Rifles Volunteers, Wofford's Brigade; that whilst engaged in such military service in the State of Virginia, on the _____ day of _____ 1863, he was wounded, injured or diseased as follows:

That while on the Maryland Campaign from September he contracted Rheumatism which has continued and grows worse as to render him practically unable to perform the actual daily avocations of life

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of _____ County been allowed an invalid pension of \$30 Dollars, for the year 1900.

Sworn to and subscribed before me, this _____ day of January 1901. J. T. Johnson Postoffice

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

STATE OF GEORGIA,

Cobb County.

I, John A. Starn Ordinary of said County, do certify that I am well acquainted with J. T. Johnson 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 January 1901.

Ordinary John A. Starn Cobb County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }
Cobb

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 2nd

day of January 1902.

J. J. Johnston [L. S.]

Executed in presence of

J. M. L. L.

(FOR THOSE ALREADY ENROLLED.)

No.

334

DISABLED

SOLDIER'S PENSION

1902.

Name

J. J. Johnston

County

Cobb

Co.

2

Regiment

2nd

Disability

30

Amount, \$

1/2 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordy

Geo. W. Harrison, State Prison, Atlanta.

no data

Johnston, J. J.
3rd Cavalry

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }
Cobb

I, J. J. Johnston 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 13

day of Jan 1903.

J. J. Johnston

[L. S.]

Executed in presence of

J. M. L. L.

(FOR THOSE ALREADY ENROLLED.)

No.

335

DISABLED

SOLDIER'S PENSION

1903.

Name

J. J. Johnston

County

Cobb

Co.

2

Regiment

2nd

Disability

30

Amount, \$

1/2 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordy

Geo. W. Harrison, State Prison, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Personally appears Cobb County, Johnston of Cobb 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 March 1844; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company C, of the 1st Regiment of Georgia Volunteers, Wofford's Brigade; that whilst engaged in such military service in the State of Georgia, on the 13 day of March 1863, he was wounded, injured or diseased as follows:

That while on the
Memphis Campaign from exposure
he contracted rheumatism which has
continued and grown worse so as
to render him practically unable
to perform the actual daily avocations of
life.

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1902. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of \$50 Dollars, for the year 1901.

Sworn to and subscribed before me, this the 4 day of February 1902, at Post-office Johnston Cobb County, Georgia.
Note.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

I, John Antsey Ordinary of said County, do certify that I am well acquainted with John Johnston 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 day of January 1902.
John Antsey
Ordinary Cobb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Personally appears Cobb County, Johnston of Cobb 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 March 1844; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company C, of the 1st Regiment of Georgia Volunteers, Wofford's Brigade; that whilst engaged in such military service in the State of Georgia, on the 13 day of March 1863, he was wounded, injured or diseased as follows:

While on the Memphis
Campaign from exposure to contracted
rheumatism which has continued and
grown worse and renders him
incapable to perform the usual
avocations of life.

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1903. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of \$50 Dollars, for the year 1902.

Sworn to and subscribed before me, this the 4 day of February 1903, at Post-office Johnston Cobb County, Georgia.
Note.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

I, John Antsey Ordinary of said County, do certify that I am well acquainted with John Johnston 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 3 day of January 1903.
John Antsey
Ordinary Cobb County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, J. J. Johnson hereby authorize
John Anthony 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 1
day of January 1904.

Executed in presence of
J. J. Johnston [L. S.]
J. J. Johnson

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, J. J. Johnson hereby authorize
John Anthony 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 13
day of January 1905.

Executed in the presence of
J. J. Johnston [L. S.]
J. J. Johnson

Johnson, J. J.
Cobb Co.
COOR SECTION 1120.
(FOR THOSE ALREADY ENROLLED.)
No. 88
DISABLED
SOLDIER'S PENSION
1904.
Name J. J. Johnson
County Cobb
Co. C
Disability Phlegm in lungs
Amount, \$ 50.00
JAN 25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
John
Geo. W. Harrison, Secy. Prison, ALABAMA.

no date

(FOR THOSE ALREADY ENROLLED.)

Johnson, J. J.
Cobb Co.
COOR SECTION 1120.
(FOR THOSE ALREADY ENROLLED.)
No. 324
DISABLED
SOLDIER'S PENSION
1905.
Name J. J. Johnson
County Cobb
Co. Regiment
Disability Phlegm in lungs
Amount, \$ 50
JAN 29 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
Andy
Geo. W. Harrison, Secy. Prison, ALABAMA.

no date

COPIES OF THIS WARRANT HANDED TO THE COMMISSIONER OF PENSIONS

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. T. Johnston* of *Cobb* 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 *March* 18*41*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *C* of *Phillips* Regiment of *Volunteers* *Jefferson*'s Brigade; that whilst engaged in such military service in the State of *Georgia* on the *24* day of *March* 18*63*, he was wounded, injured or diseased as follows:

That while on the Maryland Campaign from exposure he contracted Rheumatism which was continuous, and grown worse so as to render him practically unable to perform his actual duty, avocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 24th, 1904. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$8.00* Dollars, for the year 1903.

Sworn to and subscribed before me, this *13* day of *January* 1904. *J. T. Johnston* Post-office

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

STATE OF GEORGIA,

Cobb County.

I, *John Andrew* Ordinary of said County, do certify that I am well acquainted with *J. T. Johnston* 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 *1* day of *January* 1904.

John Andrew Ordinary *Cobb* County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb COUNTY.

Personally appears *J. T. Johnston* of *Cobb* 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 *March* 18*41*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *C* of *Phillips* Regiment of *Volunteers* *Jefferson*'s Brigade; that whilst engaged in such military service in the State of *Georgia* on the *24* day of *March* 18*63*, he was wounded, injured or diseased as follows:

While on the Maryland Campaign from exposure he contracted Rheumatism

Deponent makes application for the pension to which he is entitled for the year ending October 24th, 1905. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$8.00* Dollars, for the year 1904.

Sworn to and subscribed before me, this *13* day of *January* 1905. *J. T. Johnston* Post-office

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

STATE OF GEORGIA,

Cobb COUNTY.

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

Given under my official signature and seal, this *13* day of *January* 1905.

John Andrew Ordinary *Cobb* County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1905.

COUNTY.

Executed in the presence of

No. 274

DISABLED SOLDIER'S PENSION 1906.

Name *J. J. McMahon*
County *West*
Co. *Phillip Legian* Regiment
Disability
Amount *\$50.00*

1906.

JOHN W. LINDSEY,

Commissioner of Penitents.

WARRANT HANDED TO

and Products Division, and R. G. Smith Co., Oak W. Washington, Mass.

22.2 data

Johnston, J. J.

Colt

Code Section 1250.

(FOR THOSE ALREADY ENROLLED)

No. 2260

DISABLED SOLDIER'S PENSION 1907.

Name L. J. Johnson
County Rock
Co. Shelby
Disability Arms
Amount, \$500

JAN 21 1907.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

DR. W. W. HARRISON, STATE PRINTER, ATLANTA.

data

STATE OF GEORGIA,

COUNTY

I, John L. Johnson, hereby authorize
John L. Johnson 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 May 1907.

Executed in presence of

Coft Co.

No. 2260

DISABLED SOLDIER'S PENSION 1907.

Name L. J. Johnson
 County Rock
 Co. Cherry
 Disability Arms
 Amount, \$500

JAN 21 1907.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

DR. W. W. HARRISON, STATE PRINTER, ATLANTA.

data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears J. Johnston of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18; that he enlisted in the military service of the Confederate States, (or of the State of Georgia) during the war between the States, and served as a Private in Company C, of 24th Regiment of Georgia Volunteers, 1st Brigade; that whilst engaged in such military service in the State of Georgia, on the 10 day of 1866, he was wounded, injured or diseased as follows:

Discharge

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1906. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 10 Dollars, for the year 1905.

Sworn to and subscribed before me, this the

1 day of January, 1907.

Post-Office

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

State of Georgia,

Cobb County.

I, J. Johnston, Ordinary of said County, do certify that I am well acquainted with J. Johnston 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 January, 1907.

Ordinary Cobb County.

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

NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears J. Johnston of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company C, of 24th Regiment of Georgia Volunteers, 1st Brigade; that whilst engaged in such military service in the State of Georgia, on the 10 day of 1866, he was wounded, injured or diseased as follows:

Discharge

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1906. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 10 Dollars, for the year 1905.

Sworn to and subscribed before me, this the

1 day of January, 1907.

Postoffice

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

State of Georgia,

Cobb County.

I, J. Johnston, Ordinary of said County, do certify that I am well acquainted with J. Johnston 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 January, 1907.

Ordinary Cobb County.

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

NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

Ordinary's Certificate

STATE OF GEORGIA

Cobb COUNTY

I, J. M. Gause Ordinary of said County, do certify that I know Mary E. Johnston the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1908, that I also know B. A. Raborn of J. P. Oak the witness who swears to the service of husband, that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 10 day of Sept 1914
 SEAL J. M. Gause Ordinary,
Cobb County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth, so help you God."
 2. Additional affidavits may be attached if blank spaces are insufficient.
 3. Only widows who married prior to January 1st, 1881, are entitled.
 4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.
 5. 24x36 certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Widow's Pension

Under Act 1910 - as Amended by Act of 1919

County

Name

Widow of

Company

Regiment

Approved

J. W. LINDSEY,
 Commissioner of Pensions,
 Boyd Printing Co., State Printers, Atlanta.

Application for Pension by a Widow Under Act of 1910 As Amended by Act of 1919

Questions for Applicant

STATE OF GEORGIA

Cobb COUNTY

Personally before me comes Mary E. Johnston of 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:

1. What is your name, and where do you reside? Mary E. Johnston
2. How long and since when have you been a continuing resident of the State of Georgia? all my life, 61 years
3. When, where and to whom were you married? March 21, 1871, Cobb Co., J. P. Johnston
 a. Have you married since the death of first and soldier husband? No
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) March, 1862, Cobb Co. in C. C. Phillips Legion Infantry
5. When and where did the commands of your husband surrender or discharge from the army? April 1865, Appomattox Va.
6. Was your husband personally present at the time of the surrender or discharge of this command? No

7. If he was not present state clearly where he was? at home in Kentucky
8. Where was his command when he left the Virginia?
- a. For what cause did he leave his command? Left on Sick Furlough
- b. By whose authority did he leave his command?
- c. For how long was he granted leave of absence? 30 days
- d. What was his physical condition when he left his command? he was sick
- e. What effort did he make to return to his command? was allowed before July 4, 1865
- f. In what way was he prevented from going back to Command?
- g. Was he captured by the enemy at any time? Yes, he was in prison 16 months
- h. How long, when and where held as a prisoner, and when and for what cause released? about 15 months
- i. When and where did your first husband die? March 8, 1914
- j. Were you residing together when he died? Yes
- k. If not, how long had you resided apart?
- l. Are you now a widow? Yes

9. Have you or your husband heretofore been paid a pension by the State? Yes
 If so, when and for what cause were you or your husband placed on the roll? Yes was on Union list at time of his death was drawing \$5.00 an ad of Union
 Sworn to and subscribed before me this the

10 day of Sept 1914
J. M. Gause Ordinary
Cobb County.

(SEAL)

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA

Cobb COUNTY

Personally before me comes B. A. Osborn who, after being duly sworn, true answers to make to the following questions, answers as follows:

1. What is your name and where do you reside? B. A. Osborn
Marilla Ga
2. How long and since when have you known Wm. J. Johnston applicant?
50 years
3. How long and since when has she continuously resided in this State? (Give date.)
all her life
4. When and to whom was she married? March 1st 1897 How do you know?
John J. Johnston her husband? 50 or more yrs
5. How long and since when did you know John J. Johnston her husband?
6. When and where did John J. Johnston the husband of applicant, die? 1914 East La Ga
7. Were the applicant and her husband living together as husband and wife at the date of his death?
yes
8. If not, how long did they live apart before his death?
—
9. Were they divorced? no
10. When, where and in what Company and Regiment did John J. Johnston enlist?
March 1862 Co. C Phillips Regt
11. Were you a member of the same Company? yes
12. How long within your personal knowledge did he perform actual military service with his Company and Regiment? until summer 1862 as I remember he was then
13. When and where did his Command surrender, and was discharged? April 9 1865
Appomattox
14. Were you personally present when it was surrendered? yes If not, where were you and how came you there? I was on a detail several days before surrender and was not with him
15. Was the husband of applicant personally present at surrender? — If not where was he? — When, where and for what cause did he leave Command? (Give date.) — By whose authority did he leave his Command? — And how long was he granted leave? — How do you know? —
16. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? —
17. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? —

Sworn to and subscribed before me this the

12 day of Sept 1918

J. M. Osborn Ordinary of Cobb County.

(SEAL)

I am not a clergyman, nor minister, but have known these persons before and know their names.

GEORGIA Cobb County.
 I, J. M. Gann Ordinary of said county, do certify
 that I personally know Mrs. M. E. Johnston the applicant, and that she
 is the lawful widow of J. T. Johnston and was on
 the Annals Pension Roll of said Cobb county, and was paid
 a Pension from Cobb county for 1913, and at the time
 of his death on the 2 day of March 1914, there was due to
 him and unpaid his Pension of Twenty Dollars from the State
 of Georgia, and I know J. P. Gann the within
 witness, and he is of a faithful and trustworthy character and entitled to full credit.

Given under my hand and seal this 2 day of April 1914.

J. M. Gann Ordinary,
Cobb County.

Johnston, J. T.
Cobb County

No. _____ 1914

Application for Pension Due
 Deceased Soldier

UNDER ACT 1911

To be paid the Widow or Dependent Children

BY
 Mrs. M. E. Johnston
 Widow of J. T. Johnston
 of Cobb County
 Co. _____ Regt. _____ Vol. _____

Approved and paid

1914.

J. W. LINDSEY,
 Commissioner of Pensions.

GEORGIA Cobb County.
 I hereby authorize and constitute P. H. Johnston of said county, my
 lawful attorney to collect and receipt for me in my name the Pension due me for 1914, through my
 deceased husband, J. T. Johnston, who was on Annals
 Pension Roll and paid from Cobb County for 1914.

Witness my hand this _____ day of _____ 1914.

Attested before me:
Daniel Johnston } M. E. Johnston

Application for Pension Due Deceased Soldier

To be paid to his widow or dependent children.

UNDER ACT APPROVED OCTOBER 8, 1891

STATE OF GEORGIA Cobb County.

Personally before me comes Mrs. Mary E. Johnston, of said county, after being duly sworn, on oath says that she is the widow of J. I. Johnston who was duly enrolled as a Private Pensioner from the county of Cobb and was paid a Pension of Fifty Dollars from Cobb county for 1913, and that the said J. I. Johnston died in Cobb county on the 8 day of March, 1914, and at the time of his death a Pension of \$50.00 was due him from Cobb county and unpaid for 1914. Applicant further swears that she married the said J. I. Johnston on the 22 day of March, 1877, in Cobb State of Ga, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 14 day of March, 1914.
J. M. Gamm Ordinary. M. E. Johnston (L.S.)
Cobb County.

AFFIDAVIT OF WITNESS.

GEORGIA, Cobb County.
 Personally before me comes J. P. Gamm, who on oath says that he knew J. I. Johnston while in life and that he knows Mrs. Mary E. Johnston the above applicant; that he knows that the said J. I. Johnston and Mary E. Gamm were in due form of law married in the county of Cobb in the State of Ga on the 22 day of March, 1877, and that they resided together as husband and wife from date of marriage to the day of his death on the 8 day of March, 1914, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 14 day of March, 1914.
J. M. Gamm Ordinary. J. P. Gamm
Cobb County.

Note 1st—This form can be used by guardian or minor children where there is no widow.
 2d—Ordinary must send in all cases certified copy of marriage license attached.

MARRIAGE LICENSE

OF

J. T. Johnson

AND

M. E. Groover

Issued March 19 1877
70K

and recorded on page 480

Book "B" of Marriage Licenses.

H. M. Hammett

Ordinary

I, J. M. Gann, Ordinary of
Cobb County, Ga., certify
that this the true and correct
copy of the Marriage License
of J. T. Johnson and M. E.

as copies

J. M. Gann

J. T. Johnson

AND

M. E. Groover

Issued March 19 1877
79K

and recorded on page 480

Book "B" of Marriage Licenses.

H. M. Hammett

Ordinary

THE HILLS PTE. CO., BRISTOL, GA.

Woods County, Ga., certify
that this the true and correct
copy of the Marriage License
of J. T. Johnson and M. E.
Groover

J. M. Lane

1860



TO THE JUDGE OF THE PEACE OR MINISTER OF THE GOSPEL.

J. T. Johnson

and

M. E. Groover

*You are hereby authorized to join
in the Holy State of Matrimony, according to the Constitution and
Laws of this State and for so doing this shall be your License.
And you are hereby required to return this License to me with your
Certificate hereon of the fact and date of the Marriage.*

Given under my hand and seal this 19th day of
March 1877

H. M. Hammett

(L.S.)
Ordinary

STATE OF GEORGIA

~~CERTIFICATE~~

COBB COUNTY

I Certify that

J. T. Johnson

and

M. E. Groover

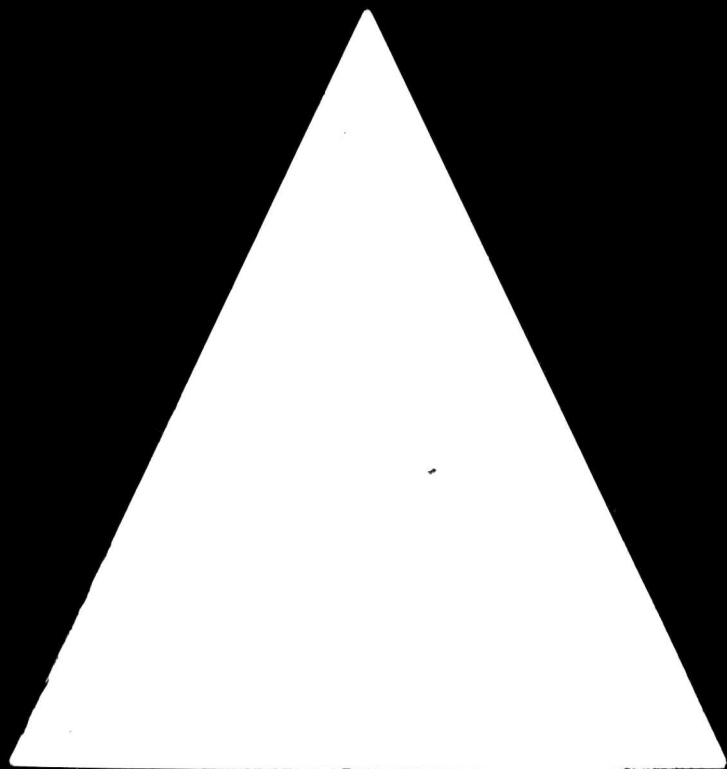
were joined in Matrimony by me this 22nd day of March Eighteen
and Seventy-seven

Recorded

19

J. M. Gable, M. G.

Ordinary



NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the law, and the regulations, established by the Government, as well as the rules adopted by the Government touching the payment of the full amount of the bounty, the following regulations are hereby established:

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

2. If applicant claims an allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.

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

4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the work of the applicant, that the leg is "substantially and essentially useless for ordinary purposes of life, etc." that the leg is not "substantially and essentially useless for ordinary purposes of life, etc."

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

The application must be verified by the Ordinary of the county of the residence of the applicant. The certificate of any other official will not be received.

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

Galley, Fred J.
Cott Co

No. 2670

APPLICATION FOR ALLOWANCE

FOR

Loss of Right Finger
Applicant, Fred J. Galley
County, Cott Co
Amount, \$ 00
Date of Warrant, Feb. 23/

Entered on record
Feb. 23, 1889
Y. N. N.
SECRETARY EXECUTIVE DEPARTMENT.

Applicant

NOTES.

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

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

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

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

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

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

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

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

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,

PERSONALLY appears *J. J. Jolly* of *Cobb* county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the _____ day of _____ 18____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a _____ in Company _____ of _____ th Regiment of _____ Volunteers _____

in such military service, at the battle of _____ in the State of _____ on the _____ day of _____ 18____, he was wounded as follows: _____

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

Sworn to and subscribed before me, this the _____ day of _____ 18____

Not. State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

Commissioned Officer's Affidavit.

STATE OF GEORGIA,

PERSONALLY came before me _____ of the county of _____ State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company _____ of _____ th Regiment of _____ Volunteers, and that deponent knows _____, and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said _____ as stated by him in said affidavit. Deponent further states that said _____ is a bona fide citizen of this State and resides in _____ county.

The foregoing affidavit, changed to suit the facts should be made by a commissioned officer of Company or Regiment. If the affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be furnished:

APPLICATION FOR ALLOWANCE

FOR
Loss of *Right Finger*
Applicant, *J. J. Jolly*
County, *Cobb*
Amount, *\$ 20.00*
Date of Warrant, *Feb. 23, 1889*
Entered on record
Feb. 23, 1889
V. A. N. H.
SECRETARY EXACTIVE DEPARTMENT.

Applicant

STATE OF GEORGIA,

County, }

PERSONALLY came

citizens of _____ county, in said State,
who, being duly sworn, say that they are acquainted with _____
and know that he received the wounds (or contracted the
disease) in the military service, as stated by him in the foregoing affidavit; that said wounds
(or disease) permanently disables applicant, as stated by him; that said applicant is a bona
fide citizen of this State, and resides in _____ county, and we
are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this _____
day of _____ 188 _____

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

STATE OF GEORGIA,

County, }

PERSONALLY comes before me

and

Ordinary of said county,

, both known to

me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined _____ and after such
examination say that the applicant has been injured as follows:

*By him
shot in right hand - the ball entered
the back of the hand and so injured
the base of his middle & adjoining bones
that the entire middle finger was lost
& the lower end of the bone of his hand
giving it off.*

Sworn to and subscribed before me, this _____

day of _____

ORDINARY.

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

STATE OF GEORGIA,

County, }

I,

Ordinary of said county,

do certify that I am well acquainted with _____ the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be,
and that he resides in this county. I also certify that the foregoing witnesses, are persons
of respectability, and that their statements are worthy of full credit and belief.

I further certify that _____

before

whom the foregoing affidavits were made and power of attorney was signed, is a
_____ of said county, and the said affidavits and signa-
tures thereto are genuine.

Given under my official signature and seal, this _____ day of _____ 188 _____

Ordinary _____ County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

Know all Men by these Presents, That I,

of _____

county, in said State, do hereby appoint _____

of _____ my true and lawful attorney in fact, for

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

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

day of _____ 188 _____

Executed in the presence of us: _____

(L. S.)

STATE OF GEORGIA,

County.

I, *J. H. Hays* 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 that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

I further certify that *W. S. Blankinship* before whom the foregoing affidavits were made and power of attorney was signed, is a Justice Peace of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *15* day of *April* 1890

Ordinary

County.

STATE OF GEORGIA,

County.

I, *J. H. Hays* 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 that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this County.

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

Given under my official signature and seal, this *15* day of *April* 1891

Ordinary

County.

APPLICATION FOR ALLOWANCE

FOR THE TALL BUSHES GROWN IN THE

Land of J. H. Hays

Applicant, *J. H. Hays*

County, *W. S. Blankinship*

Amount, *1000*

Date of Warrant, *April 15*

Entered on record, *April 15* 1890

W. S. Blankinship

WARRANT HANDLED TO

W. S. Blankinship

WARRANT HANDLED TO

W. S. Blankinship

WARRANT HANDLED TO

W. S. Blankinship

1891

J. H. Hays

W. S. Blankinship

Application for Allowance

FOR THE TALL BUSHES GROWN IN THE

Land of J. H. Hays

Applicant, *J. H. Hays*

County, *W. S. Blankinship*

Amount, *1000*

Date of Warrant, *May 6*

Entered on record, *May 6* 1891

W. S. Blankinship

WARRANT HANDLED TO

W. S. Blankinship

WARRANT HANDLED TO

W. S. Blankinship

WARRANT HANDLED TO

W. S. Blankinship

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears *W. V. Venable* of *Wich* county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the *20* day of *December*, 1849; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *No. 7* of *7*th Regiment of *Volunteers* *Anderson's* Brigade; that whilst engaged in such military service at the battle of *Franklin* in the State of *Miss.* on the *10* day of *July*, 1863 he was wounded as follows:

By Minnie Ball striking the right hand on the point of the Cornish the finger to the bone & discharging said point that the second finger was amputated beyond where it connects with the hand that is about one inch back in the hand.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of *Five* dollars.

Sworn to and subscribed before me this *15* day of *April*, 1891.

Notary Public in and for the State of Georgia, who sees the disability and signs this certificate.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Know all Men by these Presents, That I,

county, in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *15* day of *April*, 1891.

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears *W. V. Venable* of *Wich* 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 *30* day of *October*, 1836; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *No. 7* of *7*th Regiment of *Volunteers* *Anderson's* Brigade; that whilst engaged in such military service at the battle of *Franklin* in the State of *Miss.* on the *10* day of *July*, 1863 he was wounded as follows:

By Minnie Ball striking the right hand on the point of the Cornish the finger to the bone & discharging said point that the second finger was amputated beyond where it connects with the hand that is about one inch back in the hand.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of *Five* dollars, for *this injury*.

Sworn to and subscribed before me, this, the *15* day of *April*, 1891.

Notary Public in and for the State of Georgia, who sees the disability and signs this certificate.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *15* day of *April*, 1891.

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

STATE OF GEORGIA.

I, Wm. A. Boy County Wash. Ordinary of said county,
do certify that I am well acquainted with James J. Kelly the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the
individual he represents himself to be, and that he resides in this county.

Given under my official signature and seal, this, 2nd day of March, 1892

Ordinary

County.

SOLDIER'S PENSION.

No. 37

For THE YEAR ENDING 31 MARCH 2001

Name

County

Disability

Amount \$

Entered **ba** record

59

W. H. HARRISON.

CONCLUSION

POWER OF ATTORNEY.

STATE OF GEORGIA

Know all Men by these Presents, That I _____ (name)
of _____ County, State of Georgia, do hereby appoint

of _____, ~~Slaves~~ ~~persons~~ ~~whom~~ ~~my~~ ~~rights~~ ~~and~~ ~~property~~ ~~are~~ ~~in~~ ~~fact~~ ~~and~~ ~~in~~ ~~law~~ ~~my~~ ~~true~~ ~~and~~ ~~lawful~~ ~~owner~~ ~~in~~ ~~fact~~ ~~and~~ ~~in~~ ~~law~~ ~~and~~ ~~in~~ ~~my~~ ~~name~~ ~~to~~ ~~receive~~ ~~and~~ ~~receipt~~ ~~for~~ ~~whatever~~ ~~amount~~ ~~of~~ ~~money~~ ~~I~~ ~~may~~ ~~be~~ ~~entitled~~ ~~to~~ ~~receive~~ ~~and~~ ~~receipt~~ ~~for~~ ~~on~~ ~~account~~ ~~of~~ ~~the~~ ~~injury~~ ~~received~~ ~~as~~ ~~aforesaid~~ ~~in~~ ~~the~~ ~~military~~ ~~service~~ ~~of~~ ~~the~~ ~~Confederate~~ ~~States~~ ~~(or~~ ~~of~~ ~~this~~ ~~State)~~ ~~,~~ ~~as~~ ~~stated~~ ~~in~~ ~~the~~ ~~foregoing~~ ~~affidavit~~ ~~;~~ ~~herby~~ ~~authorizing~~ ~~my~~ ~~said~~ ~~attorney~~ ~~to~~ ~~receive~~ ~~in~~ ~~my~~ ~~name~~ ~~for~~ ~~any~~ ~~Warrant~~ ~~that~~ ~~may~~ ~~be~~ ~~sued~~ ~~by~~ ~~the~~ ~~Government~~ ~~for~~ ~~the~~ ~~same~~ ~~amount~~ ~~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 1893.

Executed in the presence of us:

Send money to me as follows, by

DIRECTION

Οι συντάξεις οι οποίες χορηγούνται

P. O.

STATE OF GEORGIA to
County, Georgia

ΠΟΙΕΣ ΕΙΝΑΙ ΤΙΣ ΕΠΙΣΤΕΜΕΣ ΤΗΣ ΚΑΤΑΓΕΓΡΑΜΜΕΝΗΣ ΕΡΕΥΡΑΣ

1803

the last sentence of October 50' 1993' was not to be seen as a threat or
the last sentence of October 50' 1993' was not to be seen as a threat or

Dependent design is a derivative of the power of the act, approved October 3, 1917, 39 Stat. 1050, 1051, 1052, 1053, 1054, 1055, 1056, 1057, 1058, 1059, 1060, 1061, 1062, 1063, 1064, 1065, 1066, 1067, 1068, 1069, 1070, 1071, 1072, 1073, 1074, 1075, 1076, 1077, 1078, 1079, 1080, 1081, 1082, 1083, 1084, 1085, 1086, 1087, 1088, 1089, 1090, 1091, 1092, 1093, 1094, 1095, 1096, 1097, 1098, 1099, 1100, 1101, 1102, 1103, 1104, 1105, 1106, 1107, 1108, 1109, 1110, 1111, 1112, 1113, 1114, 1115, 1116, 1117, 1118, 1119, 1120, 1121, 1122, 1123, 1124, 1125, 1126, 1127, 1128, 1129, 1130, 1131, 1132, 1133, 1134, 1135, 1136, 1137, 1138, 1139, 1140, 1141, 1142, 1143, 1144, 1145, 1146, 1147, 1148, 1149, 1150, 1151, 1152, 1153, 1154, 1155, 1156, 1157, 1158, 1159, 1160, 1161, 1162, 1163, 1164, 1165, 1166, 1167, 1168, 1169, 1170, 1171, 1172, 1173, 1174, 1175, 1176, 1177, 1178, 1179, 1180, 1181, 1182, 1183, 1184, 1185, 1186, 1187, 1188, 1189, 1190, 1191, 1192, 1193, 1194, 1195, 1196, 1197, 1198, 1199, 1200, 1201, 1202, 1203, 1204, 1205, 1206, 1207, 1208, 1209, 1210, 1211, 1212, 1213, 1214, 1215, 1216, 1217, 1218, 1219, 1220, 1221, 1222, 1223, 1224, 1225, 1226, 1227, 1228, 1229, 1230, 1231, 1232, 1233, 1234, 1235, 1236, 1237, 1238, 1239, 1240, 1241, 1242, 1243, 1244, 1245, 1246, 1247, 1248, 1249, 1250, 1251, 1252, 1253, 1254, 1255, 1256, 1257, 1258, 1259, 1260, 1261, 1262, 1263, 1264, 1265, 1266, 1267, 1268, 1269, 1270, 1271, 1272, 1273, 1274, 1275, 1276, 1277, 1278, 1279, 1280, 1281, 1282, 1283, 1284, 1285, 1286, 1287, 1288, 1289, 1290, 1291, 1292, 1293, 1294, 1295, 1296, 1297, 1298, 1299, 1300, 1301, 1302, 1303, 1304, 1305, 1306, 1307, 1308, 1309, 1310, 1311, 1312, 1313, 1314, 1315, 1316, 1317, 1318, 1319, 1320, 1321, 1322, 1323, 1324, 1325, 1326, 1327, 1328, 1329, 1330, 1331, 1332, 1333, 1334, 1335, 1336, 1337, 1338, 1339, 1340, 1341, 1342, 1343, 1344, 1345, 1346, 1347, 1348, 1349, 1350, 1351, 1352, 1353, 1354, 1355, 1356, 1357, 1358, 1359, 1360, 1361, 1362, 1363, 1364, 1365, 1366, 1367, 1368, 1369, 1370, 1371, 1372, 1373, 1374, 1375, 1376, 1377, 1378, 1379, 1380, 1381, 1382, 1383, 1384, 1385, 1386, 1387, 1388, 1389, 1390, 1391, 1392, 1393, 1394, 1395, 1396, 1397, 1398, 1399, 1400, 1401, 1402, 1403, 1404, 1405, 1406, 1407, 1408, 1409, 1410, 1411, 1412, 1413, 1414, 1415, 1416, 1417, 1418, 1419, 1420, 1421, 1422, 1423, 1424, 1425, 1426, 1427, 1428, 1429, 1430, 1431, 1432, 1433, 1434, 1435, 1436, 1437, 1438, 1439, 1440, 1441, 1442, 1443, 1444, 1445, 1446, 1447, 1448, 1449, 1450, 1451, 1452, 1453, 1454, 1455, 1456, 1457, 1458, 1459, 1460, 1461, 1462, 1463, 1464, 1465, 1466, 1467, 1468, 1469, 1470, 1471, 1472, 1473, 1474, 1475, 1476, 1477, 1478, 1479, 1480, 1481, 1482, 1483, 1484, 1485, 1486, 1487, 1488, 1489, 1490, 1491, 1492, 1493, 1494, 1495, 1496, 1497, 1498, 1499, 1500, 1501, 1502, 1503, 1504, 1505, 1506, 1507, 1508, 1509, 1510, 1511, 1512, 1513, 1514, 1515, 1516, 1517, 1518, 1519, 1520, 1521, 1522, 1523, 1524, 1525, 1526, 1527, 1528, 1529, 1530, 1531, 1532, 1533, 1534, 1535, 1536, 1537, 1538, 1539, 1540, 1541, 1542, 1543, 1544, 1545, 1546, 1547, 1548, 1549, 1550, 1551, 1552, 1553, 1554, 1555, 1556, 1557, 1558, 1559, 1560, 1561, 1562, 1563, 1564, 1565, 1566, 1567, 1568, 1569, 1570, 1571, 1572, 1573, 1574, 1575, 1576, 1577, 1578, 1579, 1580, 1581, 1582, 1583, 1584, 1585, 1586, 1587, 1588, 1589, 1590, 1591, 1592, 1593, 1594, 1595, 1596, 1597, 1598, 1599, 1600, 1601, 1602, 1603, 1604, 1605, 1606, 1607, 1608, 1609, 1610, 1611, 1612, 1613, 1614, 1615, 1616, 1617, 1618, 1619, 1620, 1621, 1622, 1623, 1624, 1625, 1626, 1627, 1628, 1629, 1630, 1631, 1632, 1633, 1634, 1635, 1636, 1637, 1638, 1639, 1640, 1641, 1642, 1643, 1644, 1645, 1646, 1647, 1648, 1649, 1650, 1651, 1652, 1653, 1654, 1655, 1656, 1657, 1658, 1659, 1660, 1661, 1662, 1663, 1664, 1665, 1666, 1667, 1668, 1669, 1670, 1671, 1672, 1673, 1674, 1675, 1676, 1677, 1678, 1679, 1680, 1681, 1682, 1683, 1684, 1685, 1686, 1687, 1688, 1689, 1690, 1691, 1692, 1693, 1694, 1695, 1696, 1697, 1698, 1699, 1700, 1701, 1702, 1703, 1704, 1705, 1706, 1707, 1708, 1709, 1710, 1711, 1712, 1713, 1714, 1715, 1716, 1717, 1718, 1719, 1720, 1721, 1722, 1723, 1724, 1725, 1726, 17

100-443886-100

Not
Education

[Handwritten signature]

180 pg 120

such military service at the time of _____ in the State
of _____ ADJUTANTS _____ 2 DURING: THE UNITED STATES IN

in Communist or in Communist

that he enlisted in the military service of the Com-

...and has resided therein continuously ever since the
County of ... who, being duly sworn, says on oath that he is a bona fide citizen and

PERSONNEL APPENDIX

STATE OF GEORGIA,)

FOR APPLICANTS HEREFORE AND FUTURE PENSIONERS.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears

of W. L. Jolley County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously since the 10th day of August, 1863; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company 26 of 1st th Regiment of Volunteers Indians's Brigade; that whilst engaged in such military service at the battle of Antietam in the State of Md., on the 10th day of July, 1863, he was wounded as follows:

the right hand cutting off the thumb

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of

\$3.

Dollars for aid

Sworn to and subscribed before me this the

day of July, 1892

Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County W.

Know all Men by these Presents, That I

of

County, in said State, do hereby appoint

of W. L. Jolley my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receive 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 July, 1892.

Executed in the presence of us

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

[L. S.]

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears

of W. L. Jolley 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 July, 1863; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company 26 of 1st th Regiment of Volunteers Indians's Brigade; that whilst engaged in such military service at the battle of Antietam in the State of Md., on the 10th day of July, 1863, he was wounded as follows:

Right hand and cutting off thumb and finger one said hand

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of

\$3.

dollars, for aid

Sworn to and subscribed before me, this, the

day of July, 1892

J. J. Jolley

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

STATE OF GEORGIA,

I,

Ordinary of said County,

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

I further certify that,

before whom the foregoing affidavits were made and power of attorney was signed, is a Justice of the Peace of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 10th day of July, 1892.

J. J. Jolley Ordinary.

STATE OF GEORGIA,

POWER OF ATTORNEY.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY.

Know all Men by these Presents, That I

County, State of Georgia, do hereby appoint

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

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

day of *March* 1894.

Executed in the presence of us

DIRECTIONS.

Send money to me as follows, by

to

County, Georgia.

P. O.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

Know all Men by these Presents, That I

County, State of Georgia, do hereby appoint

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

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

day of *March* 1895.

Executed in presence of us

DIRECTIONS.

Send money to me as follows, by

to

County, Georgia.

P. O.

(For Those Already Enrolled.)

Soldier's Pension.

1894.

Name *J. J. Golley*
County *Cobb*
Disability *Loss of right finger*
Amount, \$ *5*

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

McNetta

(Seal of Harrison, State Printer, Atlanta)

(For Those Already Enrolled.)

SOLDIER'S PENSION.

1895.

Name *J. J. Golley*
County *Cobb*
Disability *Loss of right finger*
Amount, \$ *5*

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

R. C. Stone

(Seal of Harrison, State Printer, Atlanta)

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

PERSONALLY appears *J. J. Jolley* of *Cobb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *March*, 1849, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *H* of *7*th Regiment of *Georgia* Volunteers, *Anderson's* Brigade; that whilst engaged in such military service at the battle of *Franktown* in the State of *Georgia*, on the *10* day of *July*, 1863, he was wounded as follows:

By gunshot putting off the second finger on the right hand, up close to the hand.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1894. I have heretofore been allowed a pension of *\$3* dollars, for the year 1893.

Sworn to and subscribed before me, this, the *10* day of *March*, 1894.

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

STATE OF GEORGIA.

I, *Mr. George Jolley* Ordinary of said County, do certify that I am well acquainted with *J. J. Jolley* 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 *27* day of *March*, 1894.

Ordinary *Cobb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County.

PERSONALLY appears *Joel J. Jolley* of *Cobb* 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 *24* day of *December*, 1849; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private soldier* in Company *H* of *7*th Regiment of *Georgia* Volunteers, *Anderson's* Brigade; that whilst engaged in such military service at the battle of *Franktown* in the State of *Georgia*, on the *10* day of *July*, 1863, he was wounded as follows:

By being shot in the right hand causing amputation of middle finger or second finger on right hand.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of *\$4* dollars, for the year 1894.

Sworn to and subscribed before me, this, the *28* day of *March*, 1895.

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

STATE OF GEORGIA,

County.

I, *Mr. Stone* Ordinary of said County, do certify that I am well acquainted with *Joel J. Jolley* 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 *28* day of *March*, 1895.

Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colby County.

I, *J. J. Colby*, hereby authorize

of

Wm. H. Stone

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

me

by

him

at

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

day of

March

1896.

Executed in presence of us

Wm. H. Stone

J. J. Colby

[L. S.]

(For Those Already Enrolled.)

No. *3201*

SOLDIER'S PENSION.

1896.

Name

County

Disability

Amount, \$

5.00

RICHARD JOHNSON,

Secretary, Executive Department.

WARRANT ISSUED TO

Wm. H. Stone

Wm. H. Stone, State Printer, Atlanta, Ga.

No data

Audited Oct. 23rd 1896

Wm. H. Stone

Colby

Deceased Soldier

Cheque No

Amount \$

Paid to

For

On

At

Inclosed in warrant No

issued to Treasurer

87.

WARRANT CLERK

W. F. Campbell, State Printer, Constitution Hall, Office.

Applicant

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears

J. J. Jolley of Cobb 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 1850 that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company H, of 7th Regiment of Georgia Volunteers, *Campbell's* Brigade; that whilst engaged in such military service in the State of *Ma*, on the 10 day of July 1863 he was wounded, injured or diseased as follows:

By bullet striking the right hand and cutting off the second finger and of the right hand

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 Cobb County been allowed a pension of \$5. dollars, for the year 1895.

Sworn to and subscribed before me, this, the

11th day of March 1896.

J. J. Jolley

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

STATE OF GEORGIA,

Cobb County.

I, *J. M. Stone* 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 11th day of March 1896.

J. M. Stone
Ordinary, Cobb County.



STATE OF GEORGIA,

EXECUTIVE DEPARTMENT

No. 2670

Atlanta, Ga. Oct 23 1896

Mr. *J. J. Jolley* of the County of *Cobb* having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act

Decy. 24, 1888, and the same having been allowed for

Years of One Year

He is entitled to receive the sum of *Five & 00* Dollars for such disability, the same being the allowance due for the year ending October 24, 1889.

The Treasurer will pay the same and hold his receipt on this voucher, and return same to Executive Department for warrant

W. G. Gordon
GOVERNOR

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Five & 00

per above voucher, this

23

of

Oct.

1889.

J. J. Jolley

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA.

W. W. Jolley County.

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

1. What is your name and where do you reside? (Give County and Post-office).

W. W. Jolley Manilla R. D. 4

2. How long and since when have you been a continuous resident citizen of this State?

All my life except ten years when a boy 62 years continuous

3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865?

Yes
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of service.)
March 1863 and served in the 1st Georgia Cavalry, Phillips' Battalion 2nd Cavalry
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge.)
From June 1863 to March 1865

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

The army was surrendered and was taken prisoner at the battle of Appomattox, Virginia, April 9, 1865.

7. Were you actually present with your Command when it was surrendered or discharged?

I was present when the above taken place.

8. If you were not actually present, state specifically and clearly where you were.

I was present when the above taken place.

9. When did you leave the Service?

March 1865

10. For what cause did you leave?

By whose authority did you leave?

After my Service in first Employment I

11. Why did you not return to your Command after leave expired?

My leave expired and I was discharged from the Service.

12. What effort did you make to return to your Command?

I did not make any effort to return to my Command.

13. If so, when, and where? In what prison were you held and when were you released?

I did not.

14. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4 Nov. 1908? (Make list by items and value.)

1 Jersey value 40⁰⁰ / 1 Cow value 25⁰⁰ / 1 Hog value 25⁰⁰

and 1100 in Money & Bonds

15. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908. To whom and for what price?

None

16. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list)

1 Jersey value 40⁰⁰ / 1 Cow value 25⁰⁰ / 1 Hog value 25⁰⁰

and One thousand Dollars in Money & Bonds

17. What annual or monthly income or earnings of yourself and wife and the source derived have you?

Nothing except interest on about 80⁰⁰

18. Are you drawing a pension of any amount from this State or the United States?

Yes

19. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?

No

Sworn to and subscribed before me, this day

22 of *September* 19*10*

W. W. Jolley

of *Manilla* County.

Ordinary

County.

Soldier's Application.

UNDER ACT 1910.

Confederate

County
Name
Company
Regiment
Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. J. LINDSEY, SECRETARY

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

County.

R S Eubanks of said State and County is hereby presented as a witness in support of the application of *W M Jolley* for the pension provided by the Act of 1910, in said State, and after being sworn to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? *R S Eubanks Atlanta Fulton County*
 2. How long and since when have you known *Jolley* the applicant? *Ever since 1863. 47 years*
 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? *Cobb County*

4. When, where and in what Company and Regiment did *W M Jolley* enlist during war from 1861 to 1865? (Give date and place). *Oriskany*

5. How did you obtain your information of this Service? *I was returning to my Command in July 1865 at Augusta Ga. for I traveled with W M Jolley who was given the Co. Headquarters. I gave him the Co. Headquarters. When and where was his Command surrendered or discharged (give date and place). *to their Command I saw W M Jolley on his**

6. Were you personally present at the surrender? *Yes at Augusta after we reached then our Command was sent into North Carolina*

7. Was the applicant personally present with his Command at surrender? *and I knew*

8. If not, where was he and how came him there? *from Applicant my own. This was*

9. When did he leave his Command? *the end of July or first of Aug 1865.* When was he Command when he left it? *for what came did he leave?*

10. By whose authority did he leave *and how* long was he granted leave? *How do you know* all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)

11. In what way was he prevented from returning to his Command? *How do you know?*

12. What effort did he make to return to his Command and how do you know?

13. Was applicant captured as a prisoner? *If so, when and where?* In what prison was he held? *and when released?*

Sworn to and subscribed before me, this the *20th* day of *Sept* 1910, *R S Eubanks* Ordinary, *Fulton* County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

County.

Personally before me comes *J D Fuller* who on oath says that they are freeholders residing in said County and we know *W M Jolley* the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.)

*He had some tools and 1/2 mule about 1/200
 Small farm dog 5000 value of property 5000 or 40
 Cow 200 or 250*

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.) *None*

W M Jolley

2. When and to whom was it sold or given to? *None*

3. What was the price paid or stated to be paid? *None*

4. What relation is the party to applicant? *None*

5. What disposition was made of the proceeds of the sale? *None*

6. Was the disposition of this property made in good faith and full values? *Yes* or was it made to obtain a pension? *None*

Sworn to and subscribed before me, this the *22nd* day of *Sept* 1910, *J D Fuller* Ordinary, *Cobb* County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

I, *Harrell M. Wilson* Ordinary of said County, certify that I know the applicant *R S Eubanks* the witness swearing to the said County. That I also know *R S Eubanks* the witness swearing to the service and *R S Eubanks* who are freeholders that are residents of said County and were duly sworn by me before signing the foregoing affidavit and they are truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Rolls of *Fulton* show that *W M Jolley* was the owner of the property for 1908 *and 1910*

Sworn under my hand and official seal of office this *20th* day of *Sept* 1910, *Harrell M. Wilson* Ordinary, *Fulton* County.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
 2. Additional affidavits may be attached if their space are insufficient.
 3. All affidavits must be made before the Ordinary and certified by him.
 4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of freeholders unnecessary.

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA.

Cobb County.

OR McBlasky said State and County is hereby presented as a witness in support of the application of W H Jolley for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? OR McBlasky
Winnetka Ga

2. How long and since when have you known W H Jolley the applicant?
50 to 60 years

3. Where has he now resided and since when has he been a bona fide, continuing resident in this State and how do you know? Cobb County
Ever since I knew him

4. When, where and in what Company and Regiment did W H Jolley enlist during war from 1861 to 1865? Give date and place. Regiment 1863 in Chattahoochee for 6 months

5. How did you obtain your information of this service? I was formerly of same Battalion we were made of this month at Ream Ga

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? Give date. Six months from August 1863 to July 1864

7. When and where was his Command surrendered or discharged (give date and place). About July 1864, Atlanta Ga

8. Were you personally present at the Surrender? Was present when he had out sign

9. If not, where were you and how came you there?

10. Was the applicant personally present with his Command at surrender? Yes he was present

11. If not where was he and how came him there? He was present when he had out sign

12. When did he leave his Command? When he was present when he had out sign

Where was his Command when he left it? Atlanta Ga

for what cause did he leave? He was present when he had out sign

By whose authority did he leave? He was present when he had out sign

and how long was he granted leave? He was present when he had out sign

How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) He was present when he had out sign

13. In what way was he prevented from returning to his Command? He was present when he had out sign

How do you know? He was present when he had out sign

14. What effort did he make to return to his Command and how do you know? He was present when he had out sign

15. Was applicant captured as a prisoner? He was present when he had out sign

If so, when and where? He was present when he had out sign

In what prison was he held? He was present when he had out sign

and when released? He was present when he had out sign

Sworn to and subscribed before me, this the 22nd day of September 1910.

OR McBlasky Ordinary.

of Cobb County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Cobb County.

Personally before me comes W H Jolley who on oath says that they are freeholders residing in said County and we know the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.)

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.)

2. When and to whom was it sold or given to?

3. What was the price paid or stated to be paid?

4. What relation is the party to applicant?

5. What disposition was made of the proceeds of the sale?

6. Was the disposition of this property made in good faith and full values?

or was it made to obtain a pension?

Sworn to and subscribed before me, this the 1910 day of September.

Ordinary,

of Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Cobb County.

I, J M Gann Ordinary of said County, certify that I know the applicant W H Jolley for Pension is the person he represents himself to be and resides in said County. That I also know OR McBlasky the witness swearing to the service and OR McBlasky and OR McBlasky who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and that they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of W H Jolley shows that he and wife value for tax is in 1908 \$825 for 1909 \$850 for 1910 the 22

Sworn under my hand and official seal of office this 12th day of Oct 1910.

J M Gann Ordinary,

of Cobb County.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God." 2. Additional affidavits may be attached if blank spaces are insufficient. 3. All affidavits must be made before the Ordinary and certified by him. 4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of freeholders unnecessary.

Sworn to and subscribed before me, this the

22nd day of September 1912

J. M. H. H. H.

Ordinary,

Cash

County.

NOTES

1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary and certified by him.
4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of freeholders unnecessary.

Audited

18

COMPTROLLER GENERAL

Sabb

Claimed Soldiers.

Voucher No. *2750*

Amount \$ *5.*

J. J. Jolly

for one

April 25 1890

Enclosed for the Treasurer No.

1890

18

WARDEN CLERK

W. J. Harrison, State Printer, Atlanta.

Applicant.

Audited.

1891.

COMPTROLLER GENERAL

Jolly, J. J.

1891.

Claimed Soldiers.

Voucher No. *3012*

Amount \$ *05*

J. J. Jolly

for one

May 6 1891

Included in warrant No.

issued to Treasurer.

1891.

WARDEN CLERK

W. J. Harrison, State Printer, Atlanta.

Applicant

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. *2785*
Atlanta, Ga. (Apr 25 1890)

Mr. *J. J. Gally* of the County
of *Cobb* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

approved Dec. 24, 1888 and the same having been examined and allowed for
Two of One hundred
Twenty Dollars

He is entitled to receive the sum of *Two hundred* Dollars
for the year ending October 24, 1890.

The Treasurer will pay to him this receipt on this voucher and return same
to Executive Department for warrant.

By the Governor, *W. H. Harrison* Clerk, Executive Department.

RECEIVED OF STATE TREASURER R. U. HARDEMAN,

Two hundred Dollars,
per above voucher, this *25* of *April* 1890.

J. J. Gally

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

1891.
No. *3012*
Atlanta, Ga. May 6 1891.

Mr. *J. J. Gally* of the County
of *Cobb* having filed his application in the Executive

Department for an allowance under the Act approved October 24, 1887, as amended by Acts
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

Two of One hundred
Twenty Dollars

He is entitled to receive the sum of *Two hundred* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

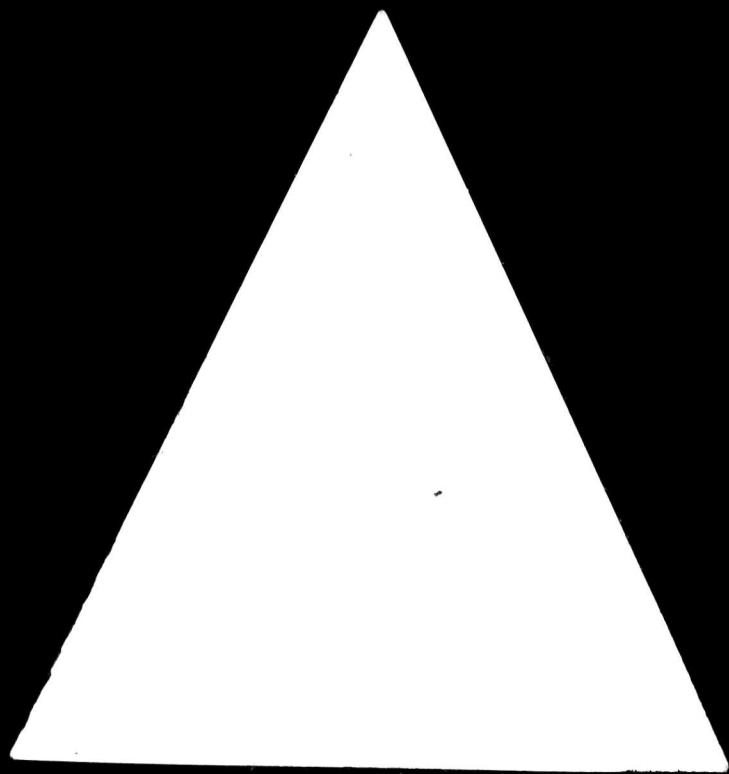
The Treasurer will pay the same and hold his receipt on this voucher and return same to
Executive Department for warrant.

By the Governor, *W. H. Harrison* Sec'y EXECUTIVE DEPARTMENT.

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

Two hundred Dollars,
per above voucher, this *6* of *May* 1891.

J. J. Gally



Jones, J. H.
X Cobb Co.

No. *618 Jan 1911*

**Confederate
Soldier's Application.**

UNDER ACT 1910.

Cobb
County *X F Jones*
Name

Company *D 7th*
Regiment *39th Infantry*

Approved

J. W. LINDSEY,
Commissioner of Pensions

ENTERED PORTER OFFICE
CHAR. F. BYRD, State Printer, Atlanta

10/20-1911

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,

County.

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

1. What is your name and where do you reside? (Give County and Post-office)

James, Constell La. Cobb County

2. How long and since when have you been a continuous resident citizen of this State?

Since May 1919 I am over 90 years old

3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? Yes

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

Spring of 1861, Co. D. 37th Regt. Infantry

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge)

March 28, 1865

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

at Nashville, Tenn. I was captured

7. Were you actually present with your Command when it was surrendered or discharged? Yes

8. If you were not actually present, state specifically and clearly where you were? I was captured at Nashville, Tenn. as a prisoner in April of 1865, on 1st of June

a. Where was your Command when you left it? Near Nashville, Tenn.

b. When did you leave the Command? End of Dec 1864, or 1st of Jan 1865

c. For what cause did you leave? I was captured, 2nd time

d. By whose authority did you leave?

e. For how long was your leave granted? In what way?

f. Why did you not return to your Command after leave expired?

g. In what way were you prevented? I was in prison in Camp Douglas, Ill.

h. What effort did you make to return?

i. Were you captured during the war? Yes

j. If so, when, and where? In what prison were you held and when were you released? 1st of Jan 1865, Camp Douglas, Ill. was released about 14th March 1865.

k. What property of every description was owned, in the use, possession and control of yourself and its cash value on the 4 Nov. 1908? (Make list by items and value.)

I do not know of any property owned by me that I could claim as mine, and as to the record of my service be taken in lieu of personal evidence

10. What property of any kind have you disposed of and for what purpose since 4 Nov. 1908. To whom and for what price?

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and its cash value? (Make itemized list).

12. What annual or monthly income or earnings of yourself and the source derived have you?

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

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No

Sworn to and subscribed before me, this the

14th day of October 1920

J. M. Lane Ordinary

of Cobb County.

Confederate

Soldier's Application.

UNDER ACT 1910.

County Cobb

Company D. 37th

Regiment Infantry

Approved

J. W. LITTON,

Commissioner of Pensions

PREPARED BY THE COMMISSIONER OF PENSIONS

STATE OF GEORGIA

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

County.

of said State and County is hereby presented as a witness in support of the application of for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded answers as follows

1. What is your name and where do you reside?
2. How long and since when have you known 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?
4. When, where and in what Company and Regiment did enlist during war from 1861 to 1865? (Give date and place).
5. How did you obtain your information of this Service?
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date).
7. When and where was his Command surrendered or discharged (give date and place).
8. Were you personally present at the Surrender?
9. If not, where were you and how came you there?
10. Was the applicant personally present with his Command at surrender?
11. If not where was he and how came him there?
12. When did he leave his Command? Where was his Command when he left it? for what cause did he leave? By whose authority did he leave and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically).
13. In what way was he prevented from returning to his Command? How do you know?
14. What effort did he make to return to his Command and how do you know?
15. Was applicant captured as a prisoner. If so, when and where? In what prison was he held? and when released

Sworn to and subscribed before me, this the

day of 191

Ordinary,

of County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

County.

Personally before me comes who on oath says that they are freeholders residing in said County and we know the applicant for pension and we know the property that is now in the use, possession and control of himself and of its cash value to wit: (Make List by items and value.)

1. What property, if any, has been sold or given away by the applicant since Nov. 4, 1908? (State it fully by items.)

2. When and to whom was it sold or given to?
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant?
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full value?

or was it made to obtain a pension?

Sworn to and subscribed before me, this the

day of 191

Ordinary,

of County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

Ordinary of said County, certify that I know the applicant for Pension is the person he represents himself to be and resides in said County. That I also know the witness swearing to the service and who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of shows that

value for tax is in 1908 \$ for 1909 \$ for 1910 \$ for 1911 \$ for 1912 \$ for 1913 \$ for 1914 \$ for 1915 \$

Sworn under my hand and official seal of office this 19 day of Oct 1920

Ordinary,

of County.

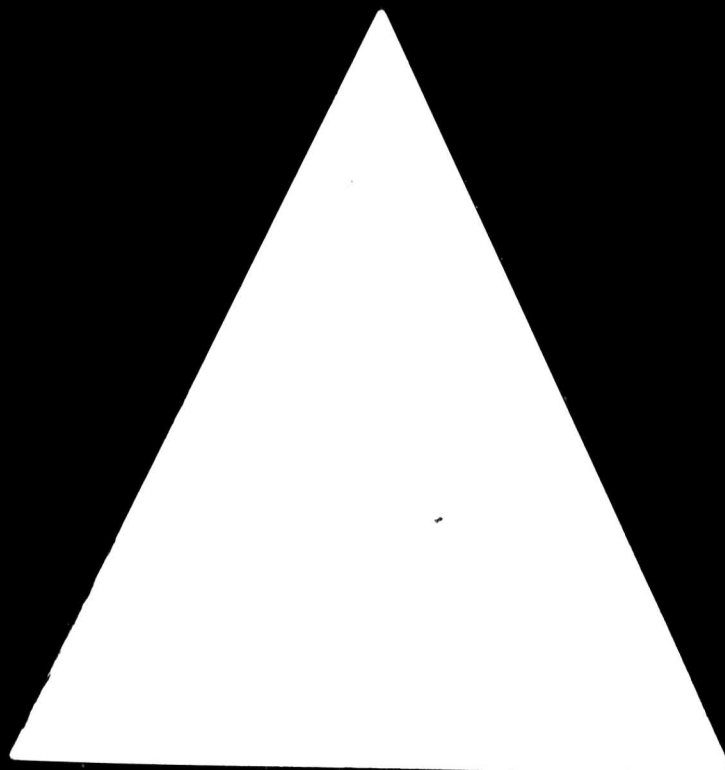
- NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
 3. All affidavits must be made before the Ordinary and certified by him.
 4. If applicant has no property at all in his possession, use or control of self affidavits of freeholders unnecessary.

Sworn to and subscribed before me, this the

day of 191

Ordinary,

of County.



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

Form No. 2

I, John C. Cobb Ordinary in and for said County of Cobb State of GEORGIA, County of Cobb hereby certify that I am acquainted with Mrs. Mary L. Jones the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses) that she resides in this County, and that she resided in the State of Georgia on December 23, 1864, and has not lived out of the State since that date. That she is the widow of James A. Jones deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1864.

In Witness Whereof, I have hereto set my hand and affixed the seal of my office, this, the 24th day of February, 1895.
Ordinary.

POWER OF ATTORNEY.

Form No. 3

STATE OF GEORGIA, Cobb County.
KNOW ALL MEN BY THESE PRESENTS, That Mary L. Jones of Clarissa County, do hereby appoint John C. Cobb my true and lawful attorney in fact, for

me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereto set my hand and seal, this 24th day of February, 1895. [L. S.]

Executed in the presence of us:

John M. Fleming

DIRECTIONS.

Send amount by _____ to _____ and oblige me at _____

Jones, Mary L.
Cobb Co

FOR THOSE HERETOFORE PAID.

1895.
To Mrs. Mary L. Jones
No. 2797

WIDOW'S PENSION,

for year ending February 15th, 1895.

— PAID TO —
M. Mary L. Jones

OF Cobb County.
widow of Jas. A. Jones

WARRANT ISSUED
7 Feb. 1895.
W. H. H.

AND HANDLED TO

Geo. W. Hamilton, State Printer.

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

Form No. 2.

I, J. M. Stone Ordinary in and for said County of Cobb State of Georgia, hereby certify that I am acquainted with Mrs. Mary L. Jones the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1860, and has not lived out of the State since that date. That she is the widow of James A. Jones deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1864.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 2nd day of January, 1895.

J. M. Stone Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mary L. Jones County in said State, do hereby appoint J. M. Stone of Marionetta my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2nd day of January, 1895.

Mary L. Jones [L. S.]

Executed in the presence of us:

G. M. Fleming

DIRECTIONS

Send amount by _____ to _____
me at _____, and oblige _____

FOR THOSE HERETOFORE PAID.

Jones, Mary L.
or her C.

1895.
to December 31, 1894

No. 2797

WIDOW'S PENSION,
for year ending February 15th, 1895.

Mary L. Jones
widow of James A. Jones
of Cobb County.

PAID TO
J. M. Stone

WARRANT ISSUED
7
AND PAID TO
1895.

Given by the Auditor-General of Georgia.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of

Cobb

Personally Comes Mrs.

Mary E. Jones

who being sworn, says on oath, that she is a bona fide resident of said county of

Cobb

State of Georgia, and that she has resided in said State continuously ever since

Novr.

1877 That she is the Widow of

James A. Jones

who was a Soldier in Company

of the

6th

Regiment of Ga. Recons

Volunteers, that he enlisted in said Regiment on or about the month of

June

1864 and served in the Army up to

May

1865 That he lost his

life on the

31st

day of

May

1865 (State here

full particulars of the husband's death, when, where and from what cause.) (

Died of pulmonary disease
Contracted while in the Service.
Said James A. Jones was Army
and free from disease when
he enlisted.

(Applicant drew from Morgan
County Ga. for the year 1894.)

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 1840 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 May 1895.

J. M. Brown

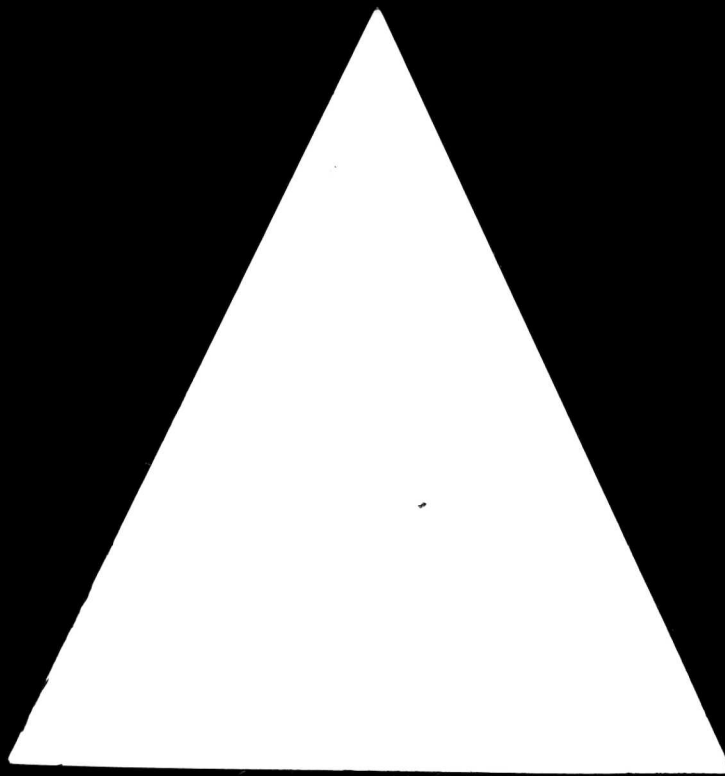
Ordinary.

Post-office

M. H. Jones

Marietta Ga

1893.
J. M. Smith Ordinary. Post-office Marietta Ga



March 3/92
The applicant is
asked to attach
to this form
affidavit of his
physical condition,
extent of injury by
war.

W. H. Harrison
Secy

James, S. W.
Cobb Co.

No. 1491

SOLDIER'S PENSION.
1892.

FOR THE YEAR ENDING OCTOBER 30, 1892.

Name *S. W. James*

County *Cobb*

Disability *Dis. 100%*

Amount, \$ *50.*

Entered on record
March 9, 1892.

W. H. HARRISON,

Secretary of the State Department.

AGENT.

Applicant

Geo. W. Harris & Co. State Printer, Atlanta, Ga.

STATE OF GEORGIA.

W. H. Harrison

County.

I, *W. H. Harrison*, Ordinary of said county,

do certify that I am well acquainted with *James, S. W.* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

Given under my official signature and seal, this *9th* day of *March*, 189 *2*

Ordinary

County.

Wick 3/2/92
The applicant is
asked to attach
to this report
affidavit of two
physicians showing
extent of injury by
mine.

McMannin
S.C.

Genl. S. W. Co.
No. 1491

**SOLDIER'S PENSION.
1892.**

FOR THE YEAR ENDING OCTOBER 31, 1891.

Name *W. H. Harrison*
County *Wick*
Disability *Dis. Arm*
Amount, \$ *50.*

Entered on record
Wick 9, 1892.

W. H. HARRISON,
Surveyor of *Wick* District.

AGENT,
Applicant
Geo. W. Harrison, State Printer, Albany, N. Y.

STATE OF GEORGIA.

Wick County,
I, *McC. Stone* Ordinary of said county,
do certify that I am well acquainted with *W. H. Harrison* the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the
individual he represents himself to be, and that he resides in this county.

Given under my official signature and seal, this *1st* day of *Wick* 189*2*
McC. Stone
Ordinary *Wick* County.

Georgia, 1866.

Personally appeared before the undersigned Mrs. E. J. Setze

Mr. D. J. Robert, who being sworn on oath says that he has known G. W. Jones for about twenty years. He was shot in his left arm below the shoulder blade the ball breaking the bone as going through the shoulder bearing up the shoulder joint and coming out in the back. The muscles of the arm were destroyed, pieces of the bone came out, the shoulder joint was ruined, the arm frequently swells up, is stiff from the shoulder to the elbow and in the shoulder joint, has largely perished and is essentially and substantially useless.

Sworn to and subscribed to before me this 4 day of March, 1892

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appeared

of Lowell County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously since the 25 day of Decr. 18 31 that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States and served as a Private in Company 40 of 75 th Regiment of Volunteers Massachusetts Brigade; that whilst engaged in such military service at the battle of Georgia on the 30 day of August 1862, he was wounded as follows:

Shoulder passing through Angel Shoulder
up to the Forest Muscles of Pain
Shoulder, rendering completely
to perform the ordinary Manual Labor.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of

\$5.00 Dollars for aid

Sworn to and subscribed before me this

1st day of March 1892.

M. C. Stone Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Know all Men by these Presents, That I,

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 1st day of March 1892.

Executed in the presence of us:

M. C. Stone Only

Send money to me as follows, by

to

County, Georgia.

P. O.

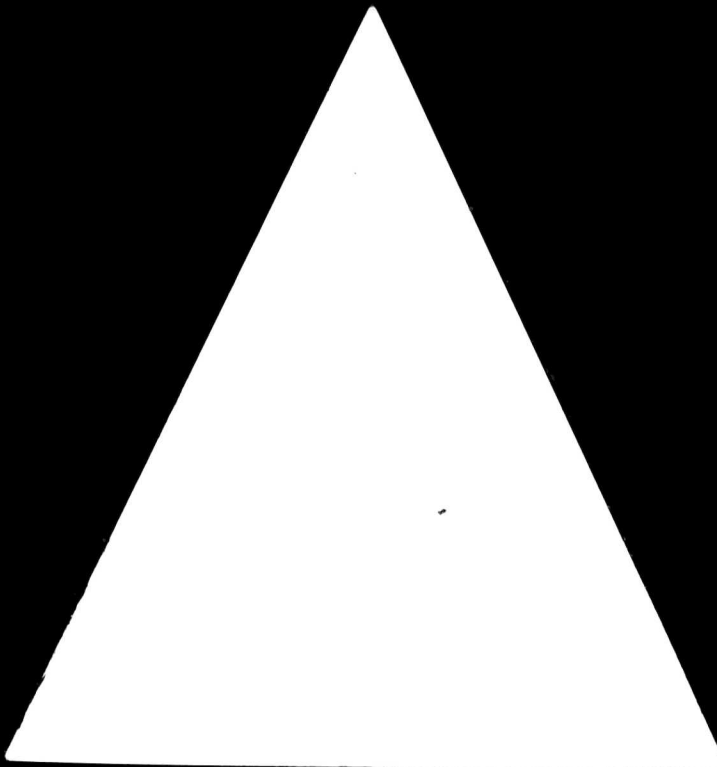
DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.



POWER OF ATTORNEY,
STATE OF GEORGIA.

Form No. 3.

Know all Men by these Presents, That I, *Francis A. Jordan*
Cobb County, of *Cobb* County,

County, in said State, do hereby appoint
of *Leath Co* my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled
to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing
affidavit, hereby authorizing my said attorney to receipt in my name for any Warrant that may
be issued by the Governor, or for any sum of money which may be coming to me for the reason
aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
7th day of *May* 1891, at *Cobb County, Georgia*

Executed in the presence of us,

DIRECTIONS.

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



Jordan Francis A
Cobb County
1891.
Francis A. Jordan

No. *2724*

Widows' Pension

PAID TO

Mrs. Francis A. Jordan
— OF —
Cobb COUNTY

\$100.00.

Warrant Issued

1891

AND HANDED TO

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA.

County of *Cobb*

Know all Men by these Presents, That I,

Francis A. Jordan
of *Cobb*
County,

County, in said State, do hereby appoint
of *Cobb Co* my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled
to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing
affidavit, hereby authorizing my said attorney to receipt in my name for any Warrant that may
be issued by the Governor, or for any sum of money which may be coming to me for the reason
aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
7th day of May 1891

Executed in the presence of us

DIRECTIONS.

If allowed, send amount by
me at

and oblige,

to



Widows' Pension

PAID TO

Francis A. Jordan

\$100.00

Warrant Issued

AND HANDLED TO

1891

1891.

Francis A. Jordan
Cobb County

270. 27 24

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

County of *Cobb*

In person came before me, the undersigned Ordinary

in and for the County of *Cobb*

Mrs. *Francis A. Jordan*, who being sworn according to law, says under
oath that she is the widow of *Elbert P. Jordan*, who was a soldier in
the service of the Confederate States, and served as a member of Company "E",
1st Regiment of Ga Volunteers; that he enlisted in said

service on or about the 1st day of *Dec* 1862, and was in the
Confederate Army up to *July 22* 1864. That while in the
Army, he was on the 22nd day of *July* 1864, (See Note No. 1)
shot through the head in the battle at
Atlanta Ga. He lived till about 12
o'clock at night and expired from the
wound in Atlanta Ga on 22 July
1864 - while a Confederate soldier.

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 25th
day of *July* 1867, and that she has resided in Georgia continuously since the
10th day of *Dec* 1892, 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
7th day of *May* 1891.
W. H. Stone
Ordinary.

Francis A. Jordan

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

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

County of *Leath*

and *J. O. Allen*

(each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge,

Mrs. *Francis A. Jordan*, of the County of *Leath*, is the widow of *Elliot P. Jordan*, who was a soldier in Company *'83* of the *1st* Regiment of *Volunteers*.

That said soldier enlisted in the service of the *Confederate States* (for the Georgia State Troops) on or about the *1st* day of *Dec* 186*2*.

That while in said service, or by reason of said service in the Army, he lost his life as follows:

He was shot through the head in the battle of Atlanta Ga. on 22 July 1864 and died on the same day in Atlanta Ga. while a Confederate soldier. Dependent Francis Jordan was present by his side when he died - Dependent J. O. Allen saw him after he was shot when he was taken from the battle field - Dependent J. O. Allen knows Mr. Jordan went to the war. Curds was reported killed and has never returned since the war.

In person came before me, the undersigned Ordinary in and for said County, witnesses *F. F. Gamm*

(each known to said Attesting Officer as truthful,

of the County of *Leath*,

who was a soldier in

Company *'83* of the *1st* Regiment of *Volunteers*.

That said soldier enlisted in the service of the *Confederate States* (for the Georgia State Troops) on or about the *1st* day of *Dec* 186*2*.

That while in said service, or by reason of said service in the Army, he lost his life as follows:

He was shot through the head in the battle of Atlanta Ga. on 22 July 1864 and died on the same day in Atlanta Ga. while a Confederate soldier. Dependent Francis Jordan was present by his side when he died - Dependent J. O. Allen saw him after he was shot when he was taken from the battle field - Dependent J. O. Allen knows Mr. Jordan went to the war. Curds was reported killed and has never returned since the war.

We further swear that Mrs.

Francis A. Jordan

was the wife of said soldier during the service and that she has not intermarried since his death, and that she resides in County of the State of Georgia.

Six pence and subscribed before me, this, the

7th day of *May* 1891.

W. H. Harrison

Ordinary.

F. F. Gamm

J. O. Allen

J. O. Allen

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

Form No. 3.

STATE OF GEORGIA,

County of *Leath*

I, *John M. Slater* Ordinary

in and for said County of *Leath*

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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the *7th* day of *May* 1891.

W. H. Harrison 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 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, 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 of the death.

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

Fill out Power of Attorney authorizing some one who can call at Treasurer's office in Atlanta and 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.

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

Form No. 2.

STATE OF GEORGIA, County of *Cobb*

I, *J. M. Stone* Ordinary in and for said County of
State of Georgia, hereby certify that I am acquainted with Mrs.
Frances A. Jordan the applicant for a pension in this case, and
know, from my own knowledge (or from positive proof presented to me by reputable wit-
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 *E. Jordan* deceased, and as such has heretofore
been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office,
this, the *6th* day of *July*, 1894.

Ordinary.

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, County of *Cobb*

KNOW ALL MEN BY THESE PRESENTS, That I, *Frances A. Jordan*

County of said State, do hereby appoint
of *M. Stone* 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 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 Witness Whereof, I have hereunto set my hand and seal, this
day of *July*, 1894.

Executed in the presence of us:

J. M. Stone } *Frances A. Jordan* [L. S.]

DIRECTIONS.

Send amount by
me at

, and oblige
to

WIDOWS' PENSION,
for year ending February 15th, 1894.

PAID TO—
Frances A. Jordan
OF—
Cobb COUNTY.

WARRANT ISSUED
7/13
AND HANDLED TO
J. M. Stone
1894.

1894.

FOR THESE HERETOFORE PAID.

Jordan, Frances A.
Cobb County

Done at Savannah, South Carolina, January, 1894.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally comes Mrs.

Francis A. Jordan

who being sworn, says on oath, that she is a bona fide resident of said County of

Cobb State of Georgia, and that she has resided in said State continuously ever since August 1833

that she is the Widow of E. P. Jordan who was a Soldier in Company E. of the 1st Buss Imps Regiment of Georgia

Volunteers, that he enlisted in said Regiment on or about the month of (Mar), 1867 and served in the Army up to July 1864 That he lost his life on the day of July 1864 (State here

full particulars of the husband's death, when, where and from what cause.)

That while in the Confederate Army, at the battle of Atlanta Ga. on the 22nd day of July 1864, he was killed dead on the battle field.

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

6th day of July 1894.

J. M. Stone

Ordinary.

Post-office

Mrs. F. A. Jordan

Mableton Ga.

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

Form No. 4.

STATE OF GEORGIA, County of Cobb

I, J. M. Stone, Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. E. P. Jordan the applicant for a pension in this case; and know, from my own knowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1860, and has not lived out of the State since that date. That she is the widow of E. P. Jordan deceased, and as such has heretofore been allowed a pension for the year ending February 15th 1892.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, 24th day of January, 1893.

Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I, E. P. Jordan, of the County of Cobb, in said State, do hereby appoint J. M. Stone my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit, hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In Witness Whereof, I have hereunto set my hand and seal, this 24th day of January, 1893.

Executed in the presence of us:

DIRECTIONS

Send amount by me at _____, and oblige _____ to _____

Warrant Issued

1893

AND HANDED TO

Widow's Pension,

for year ending February 15th 1893.

PAID TO

OF

COUNTY.

1893.

Jordan, E. P. County of Cobb, Georgia FOR THOSE HERETOFORE PAID 1893.

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

Form No. 4.

STATE OF GEORGIA, County of Cobb

I, J. M. Stone, Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. E. P. Jordan the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1860, and has not lived out of the State since that date. That she is the widow of E. P. Jordan deceased, and as such has heretofore 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, 24th day of January, 1895.

Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I, E. P. Jordan, of the County of Cobb, in said State, do hereby appoint J. M. Stone my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In Witness Whereof, I have hereunto set my hand and seal, this 24th day of January, 1895.

Executed in the presence of us:

DIRECTIONS

Send amount by me at _____, and oblige _____ to _____

1895.

No. 461

WIDOW'S PENSION,

for year ending February 15th, 1895.

PAID TO

Widow of E. P. Jordan County of Cobb, Georgia

WARRANT ISSUED

24th day of January, 1895.

AND HANDED TO

1895.

FOR THOSE HERETOFORE PAID.

Jordan, E. P. County of Cobb, Georgia FOR THOSE HERETOFORE PAID 1895.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *Cobb*

Personally comes Mrs.

Frances A. Jordan

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

continuously ever since

18 *33* That she is the Widow of

who was a Soldier in Company

of the *1st* Regiment ofVolunteers, that he enlisted in said Regiment on or about the month of *April* 1864,

1864, and served in the Army up to

1864 That he lost his

life on the

day of

18 *64* (State here

full particulars of the husband's death, when, where and from what cause.)

That the said deceased soldier served in the Confederate Army as above stated - until he was killed at the battle of Atlanta Ga. on 22nd day of July 1864.

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 *49* 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

27th day of *July* 1893.

Ordinary.

Post-office

Waberton Ga.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *Cobb*

Personally Comes Mrs.

Frances A. Jordan

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

continuously ever since

18 *33* That she is the Widow of

who was a Soldier in Company

of the *1st* Regiment ofVolunteers, that he enlisted in said Regiment on or about the month of *April* 1864,

1864 and served in the Army up to

1864 That he lost his

life on the

day of

18 *64* (State here

full particulars of the husband's death, when, where and from what cause.)

That while engaged in the battle at Atlanta on the 22nd day of July 1864 he was mortally wounded and died of the said wound that night.

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 *49* 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

27th day of *July* 1895.

Ordinary.

Post-office

Waberton Ga.

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

Form No. 2.

STATE OF GEORGIA, County of *Cobb*

I, *J. M. Stone*

Ordinary in and for said County of

James A. Jordan State of Georgia, hereby certify that I am acquainted with Mrs. *E. P. Jordan* the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of *E. P. Jordan* deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this *4* day of *July* 1896.

J. M. Stone

Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, County of *Cobb*

I, *James A. Jordan* hereby authorize *J. M. Stone* of *Marionetta Ga* to receive and receipt for the pension paid hereon and request that he remit same to *me* by *him*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *4* day of *July*, 1896.

James A. Jordan

Executed in the presence of *G. M. Halloway*

Gen. R. H. Halloway, Clerk of Court.

AND HANDLED TO

at

WARRANT ISSUED

1896.

widow of *E. P. Jordan*

County of *Cobb*

OF

PAID TO

for year ending February 15th, 1896.

WIDOW'S PENSION,

No. *3536*

1896.

FOR THOSE HERETOFORE PAID.

Jordan, Francis C.
Cobb County

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of

Cobb

Personally Comes Mrs.

Frances A. Jordan

who being sworn, says on oath, that she is a bona fide resident of said county of
 Cobb State of Georgia, and that she has RESIDED in said State
 continuously ever since August 18 33 That she is the Widow of

E. P. Jordan
 15th Ohio Inf. Regiment of who was a Soldier in Company
 of the 15th Ohio Inf. Regiment of
 Volunteers, that he enlisted in said regiment on or about the month of
 186 4 and served in the Army up to July 1864 That he lost his
 life on the 22nd day of July 1864
 18 64 (State here

full particulars of the husband's death, when, where and from what cause.)

That he was wounded
 in the battle of Atlanta
 Ga. on the 22nd day of
 July 1864, and died
 from said wound
 on the same night

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 49

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

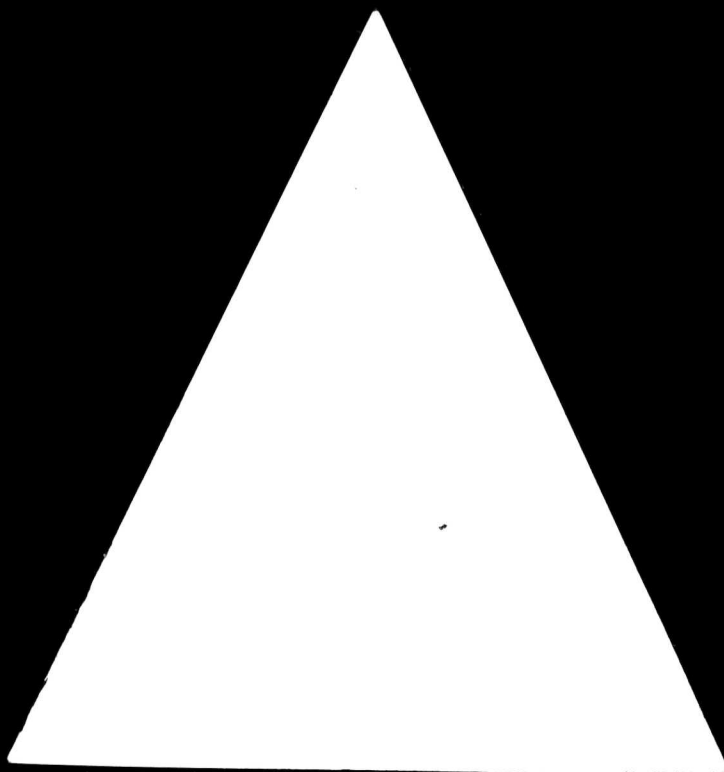
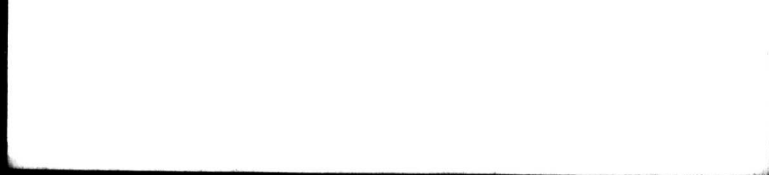
Cobb County for the year ending February 15th, 1895, and now apply for

the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this

4th day of July 1896.
 J. H. H. Ordinary.

Frances A. Jordan
 Post-office Mableton Ga.



POWER OF ATTORNEY.

STATE OF GEORGIA,
COUNTY. }

I,

herby authorize

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

at

by

Witness my hand and seal this

day of

1898.

Executed in presence of

[LS]

W. Jordan James
Bob Co
No.

INDIGENT PENSION

1898.

Name

County

Approved

1898.

RICHARD JOHNSON,

Commissioner of Prisons.

WARRANT HANDED TO

WED. W. HARRISON, STATE PRINTER, ATLANTA.

2/8.98

POWER OF ATTORNEY.

STATE OF GEORGIA, }

COUNTY. }

I,

hereby authorize

of

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

at

by

Witness my hand and seal this

day of

1898.

Executed in presence of

[L.S.]

Questions for Applicant.

STATE OF GEORGIA,

County.

of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office.)
James Jordan, Georgia Cobb - Gilmore P.O.
2. How long and since when have you been a resident of this State?
All my life, except I went to Alabama 1868 and returned in 1886.
3. When and where were you born?
In Henry County, Georgia, in the year 1818.
4. When and where and in what company and regiment did you enlist or serve?
In the year 1868, in September, in Marietta Cobb Co. Ga. in Capt. Geo. D. Phillips Company, 1st Regt. Phil's Station.
5. How long did you remain in such company and regiment?
Six months.
6. For how long a period did you discharge regular military duty?
Six months.
7. When, where and under what circumstances were you discharged from service?
In March or April 1869, at Smyrna, Cobb Co. Ga. under the circumstances of the expiration of my time.
8. What is your present occupation?
Working on a farm with my sons.
9. How much can you earn (gross) per annum by your own exertions or labor?
Nothing comparable to my former earnings.
10. What has been your occupation since 1865?
Working on a farm with my sons.
11. Upon which of the following grounds do you base your application for pension, viz: first "age and poverty," second "infirmary and poverty" or third "blindness and poverty"?
Upon all 3 of them.
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?
I have been in such condition for the last 4 years past that I could not earn my own support. I am very feeble and almost blind, but not totally blind.
13. What property, effects or income do you possess and its gross value?
I do not possess any property, nor income, nor effects.
14. What property, effects or income did you possess in 1864, 1866, 1868 and 1897 and what disposition, if any, did you make of same?
I did not possess any property, effects or income in years 1864-1865-1866-1867-1868. I bought a horse interest in a horse sold in 1876 for \$14.00.
15. In what County did you reside during those years and what property did you then return for taxation?
Resided in Alabama 1868-1869 and returned to Cobb County in 1886 and have resided here since that time.
16. How were you supported during the years 1866 and 1897?
By my sons, James & David Jordan.
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?
I cannot say what cost my sons compared to the thing it was to keep my sons in their farms. I received no pay.
18. What was your employment during 1896 and 1897? What pay did you receive in each year?
I was a homestead. I received no pay.
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?
Yes. Composed of myself and wife. I am in my eightieth year old and my wife is in her 78 year. I have my wife with her have no means of support and no homestead.
20. Are you receiving any pension, if so, what amount and for what disability?
I am not receiving any pension and have not.

Sworn to and subscribed before me this 1st day of February, 1898.

James K. Jordan
Applicant.

County.

County.

Every Question MUST be Answered

INDIGENT PENSION

1898.

Name

County.

Approved

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

2/8/98

James Jordan
Cobb Co
No.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Cap St County.

William A. Key, of said State and County, having been presented as a witness in support of the application of *James Gordon* for pension under the Act approved December 16th, 1894, and after being duly sworn true answer to make to the following questions, deposes and answers as follows:

- [illegible]

9. Has he conveyed away any of his property in the last three years, if so, what was it and to whom?
None that I know of and found none that I know of
10. What is the applicant's occupation and physical condition?
He ^{usually} has no occupation, but tries to help his ~~own~~ ^{own} mother & sister in their work. His physical condition is fair.
11. Is the applicant unable to support himself by labor of any sort, if so, why?
He is unable to support himself by labor of any sort, for the reason of his old age, feeble & partially blind.
12. How was he supported during the years 1896 and 1897?
By his sons, James & David Jordan.
13. What portion of his support for these two years was derived from his own labor or income?
Nothing except what little he did for his sons as stated.
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?

He is very old, partially blind - very feeble - unable to do any work of any consequence, and has nothing

15. What interest have you in the recovery of a pension by this applicant? None whatever

Sworn to and subscribed before me, this
the 15th day of February 1898.
— *Al Stone* Ordinary.

Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

County.

Personally came before me Gilbert Thomas, Esq., and
E. J. Selge Mus., both known to me as reputable physicians

of said County, who being severally sworn, say on oath that they have examined carefully

James Jordan, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

He is now eighty years and is very infirm
and on account of his age and infirmity
is unable to work.

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

day of Feb 189

Ordinary

ORDINARYS' CERTIFICATE.

STATE OF GEORGIA

County.

1. John Dory, Ordinary in and for said County, hereby certify that the applicant James Jordan resides in said County, and has been a bona fide resident of this State since June 1st 1896 and that the witness, viz: from 1879 to 1896 when he came to this State W. C. Clay, Gilbert Hunt M.D. & E. J. Estey M.D. are of trust worthy 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 herein prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.

I further certify that the tax digests of Cuba County show that applicant
returned for taxation in his name in 1896 Nothing D. H. _____

of property, and in 1897 *Nothing* Dollars of property

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

Witness my hand and seal of office, this 1st day of July 1898

of M. Stoddard Ordinary
Colby County.

NOTE

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: " You shall truly answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County. }
I, James Jordan, hereby authorize
J. H. Hamby of Marionetta Ga.
to receive and receipt for the pension allowed, and request that he remit same to
by me
Witness my hand and seal this 16 day of Aug. 1899.
Executed in presence of
J. H. Hamby & James Jordan

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County. }
I, James Jordan, hereby authorize
J. H. Hamby of Marionetta Ga.
to receive and receipt for the pension allowed, and request that he remit same to
by me
Witness my hand and seal, this 17 day of Aug. 1900.
Executed in presence of
J. H. Hamby, James Jordan

James Jordan
Cobb Co
CODE SEC. 1324.
(For These Already Enrolled.)
No. 2504

INDIGENT
SOLDIER'S PENSION,
1899.

Name James Jordan
County Cobb

WARRANT ISSUED
11/21 1899
RICHARD JOHNSON,
(Commissioner of Pensions.)

WARRANT HANDLED TO
J. H. Hamby
No data

Jordan, James
Cobb Co
CODE SEC. 1324.
(For These Already Enrolled.)
No. 804

INDIGENT
SOLDIER'S PENSION,
1900.

Name James Jordan
County Cobb

WARRANT ISSUED
January 18 1900.
JOHN W. LINDSEY,
(Commissioner of Pensions.)

WARRANT HANDLED TO
J. H. Hamby
No data

*Capt Geo D. Rice Co.
Gen William Phillips' Battn -
Ga. State Troops*

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *James Jordan* of *Cobb* 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 *7th* day of *April* 18*18*; that he is *80* years old and by occupation a *farmer*; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of *6 mos* in Company *Philip B. Battn*; that his physical condition is as follows: *On account of age*

Infirmary & poverty he is unable to make support that his property consists of the following items

No property

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 1899. I have heretofore as a resident of *Cobb* county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this, *16th* day of *January* 1899, *James Jordan* Ordinary.

Notice P.O.

State of Georgia,

Cobb County.

I, *Al Stone* Ordinary of said County, do certify that I am well acquainted with *James Jordan* 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 *16th* day of *January* 1899.

Al Stone Ordinary *Cobb* County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1899.

*Capt Geo D. Rice Co. Gen William
Phillips' Battn Ga. State Troops -*

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *James Jordan* of *Cobb* 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 *7th* day of *April* 18*18*; that he is *81* years old and by occupation a *farmer*; 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 *6 mos* in Company *Philip B. Battn*; that his physical condition is as follows: *On account of age, infirmity and poverty he is unable to support himself* that his property consists of the following items

Nothing

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 1900. I have heretofore as a resident of *Cobb* county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this, *15th* day of *January* 1900, *James Jordan* Ordinary.

State of Georgia,

Cobb County.

I, *J. W. Stone* Ordinary of said County, do certify that I am well acquainted with *James Jordan* 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 *15th* day of *January* 1900.

Al Stone Ordinary *Cobb* County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1900.

POWER OF ATTORNEY.

STATE OF GEORGIA.

County {

I, _____ hereby authorize

of

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

at

by

Witness my hand and seal, this _____ day of _____

1901.

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County. {

I, James Jordan hereby authorize

of

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

at

by

Witness my hand and seal, this 2nd day of January

1902.

[L. S.]

Executed in presence of _____

J. M. Gamm

For Those Already Enrolled.

INDIGENT

SOLDIER'S PENSION.

1901.

Name James Jordan
County Cobb

WARRANT ISSUED

1901.

JOHN W. LINDSEY,

WARRANT HANDED TO

James Jordan

FOR THOSE ALREADY ENROLLED.

INDIGENT

SOLDIER'S PENSION

1902.

Name James Jordan
County Cobb

Co. _____ Regiment

Pt. M. S. B. Allen

WARRANT ISSUED

1902.

JOHN W. LINDSEY,

WARRANT HANDED TO

James Jordan

JOHN W. HARRISON, Notary Public, Atlanta.

Capt. George D. Rice's Co.
Gen. William Phillips Battery La State Troops
For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County, Personally appears *James Jordan* of *Cobb* 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 *7th* day of *April* 18*18*, that he is *83* years old and by occupation a *farmer* 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 *6 Mos.* in Company of *Phillips* Battalion *La State Troops*; that his physical condition is as follows: *On account of age, infirmity & poverty he is unable to make a support*

that his property consists of the following items: *Nothing*

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 1901. I have heretofore as a resident of *Cobb* county been allowed a pension for the year 1900.

Sworn to and subscribed before me, this *15th* day of *January* 1901, *James X Jordan* his *Ordinary*

STATE OF GEORGIA,

Cobb County, I, *John W. White* Ordinary of said County, do certify that I am well acquainted with *James Jordan* 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 *15th* day of *January* 1901, *John W. White* Ordinary, *Cobb* County.

Note.—The blank spaces must be filled.
 Note.—Affidavit should not be attested before January 1st, 1902.

Capt. George D. Rice's Co.
Gen. William Phillips Battery La State Troops
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County, Personally appears *James Jordan* of *Cobb* 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 *7th* day of *April* 18*18*, that he is *83* years old and by occupation a *farmer* 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 *6 Mos* in Company of *Phillips* Battalion *La State Troops*; that his physical condition is as follows: *On account of age, infirmity, and poverty he is unable to support himself*

that his property consists of the following items:

Nothing 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 1902. I have heretofore as a resident of *Cobb* county been allowed a pension for the year 1901.

Sworn to and subscribed before me, this *15th* day of *January* 1902, *James X Jordan* his *Ordinary*

STATE OF GEORGIA,

Cobb County, I, *John W. White* Ordinary of said County, do certify that I am well acquainted with *James Jordan* 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 *20th* day of *January* 1902, *John W. White* Ordinary, *Cobb* County.

Note.—The blank spaces must be filled.
 Note.—Affidavit should not be attested before January 1st, 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

I, James Jordan hereby authorize
James Jordan of _____

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

Witness my hand and seal, this _____ day of _____ 1903.

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

I, James Jordan hereby authorize
James Jordan of _____

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

Witness my hand and seal, this _____ day of _____ 1904.

Executed in presence of

(FOR THOSE ALREADY ENROLLED.)

CODE SECTION 124

No. 473

INDIGENT

**SOLDIER'S PENSION
 1903.**

Name James Jordan
 County Chick
 City Atlanta

WARRANT ISSUED

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Andy

for Office, State Prison, Macon.

(FOR THOSE ALREADY ENROLLED.)

CODE SECTION 124

No. 673

INDIGENT

**SOLDIER'S PENSION
 1904.**

Name James Jordan
 County Chick
 City Atlanta

WARRANT ISSUED

1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Andy

for Office, State Prison, Macon.

Jordan, James
Chick Co

no date

Capt. George D. Rice Co
Isdn. William Phillips Battn Ia State Troop

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb

County.

Personally appears

James Jordan

of

Cobb

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 *7th* day of *April* 18*88*, that he is *84* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of

La State Troops) during the war between the States, and served for the term of *6 mos.* in Company *Phillips Batt.*

that his physical condition is as follows: *On account of age & poverty he is unable to support himself*

that his property consists of the following items:

Nothing

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 1903. I have heretofore as a resident of *Cobb* county been allowed a pension for the year *1902*

Sworn to and subscribed before me, this the _____ day of *January* 1903.

Ordinary.

James Jordan

STATE OF GEORGIA,

Cobb

County.

I,

John Anthony

Ordinary of said County,

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

Given under my official signature and seal, this _____ day of _____ 1903.

John Anthony

Ordinary

Cobb

County.

Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1903.

Capt. Geo. D. Rice's Co. *Exp. Wm. Phillips Battn Ia. State Troops*

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb

County.

Personally appears

James Jordan

of

Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of *April* 18*88*, that he is *88* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of

La State Troops) during the war between the States, and served for the term of *6 months* in Company *Phillips Batt.*

that his physical condition is as follows: *On account of age & poverty he is unable to support himself*

that his property consists of the following items:

Nothing

of the value of _____ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of *Cobb* County been allowed a pension for the year *1903*

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

John Anthony

Ordinary.

STATE OF GEORGIA,

Cobb

County.

I,

John Anthony

Ordinary of said County,

do certify that I am well acquainted with *James Jordan* 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 _____ 1904.

John Anthony

Ordinary

Cobb

County.

Note.—The blank spaces must be filled.

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

Ordinary. *copy*
Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1908.

County.

Seal

Ordinary. *copy*

County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1908.

CERTIFICATE OF ORDINARY

STATE OF GEORGIA, Barrow County, Georgia.

I, W. O. Shumaker, Ordinary of said County, do certify that I personally know Mrs. Lucinda Justice, the applicant, and that she is the lawful widow of Isaac Justice, and was on the 19th day of August, 1924, there was due to him and unpaid his Pension of Twenty Five Dollars from the State of Georgia, and I know Mary Ann Leary, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 30th day of January, 1925.
(Seal of Ordinary)
W. O. Shumaker Ordinary
Barrow County

Justice, Isaac

of Barrow County

1924

Application for Pension Due Deceased Soldier

(UNDER ACT 1891)

(To be paid to his Widow or Dependent Children)

BY

Mrs. Lucinda Justice
Widow of Isaac Justice
Date of Marriage Jan 8th 1867
Date of Death Aug 19th 1924

Approved and ordered paid.

W. O. Shumaker 1925
E. McGREGOR, Commissioner of Pensions.
Ordinary: Fill out above in full and send this blank to Pension Department for approval before you pay out the money, and then return it with your pay-roll for permanent filing in the Pension Department.

Approve and file

GEORGIA, Barrow County

I hereby authorize and constitute W. O. Shumaker of said County, my lawful attorney to collect, and receipt for me in my name, for the Pension due me for 1924, through my deceased husband, Isaac Justice, who was in Pension Roll and paid from Barrow County for 1923.
Witness my hand this 30th day of January, 1925.
Attested before me:
W. O. Shumaker

CERTIFICATE OF ORDINARY

STATE OF GEORGIA, Bartow County, Georgia.
 I, Guadalupe, Ordinary of said County, do certify
 that I personally know Mrs. Luenda Justice, the applicant, and that she
 is the lawful widow of Isaac Justice, and was on
 the August Pension Roll of said Bob County, and was paid
 a Pension from Bob County for 1923, and at the time
 of his death on the 19th day of August 1924, there was due to
 him and unpaid his Pension of Twenty Five Dollars from the State
 of Georgia, and I know Mary Ann Carey, the within
 witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 30th of January, 1925
 (Seal of Ordinary)
Guadalupe, Ordinary
Bartow, County

Justice, ISAAC

of <u>COBB</u> County	1924	Application for Pension Due Deceased Soldier (UNDER ACT 1891)	(To be paid to his Widow or Dependent Children)	BY <u>Mrs. Luenda Justice</u> Widow of <u>Isaac Justice</u> Date of Marriage <u>Jan 5 1867</u> Date of Death <u>Aug 19 1924</u>	Approved and ordered paid. <u>5th</u> 1925 <u>J. McFarland</u> Commissioner of Pensions.
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Notice: Fill out above in full and supply particulars to Pension Department for approval before we pay out the money; and when returns it with the pay-roll for permanent filing in the Pension Department.

Approved and file

GEORGIA, Bartow County
 I hereby authorize and constitute Guadalupe, of said County, my
 lawful attorney to collect, and receipt for me in my name, for the Pension due me for 1924,
 through my deceased husband, Isaac Justice, who was on
 Pension Roll and paid from Bob County for 1923
 Witness my hand this 30th day of January, 1925
 Attested before me:
Mrs. Luenda Justice

Application for Pension Due Deceased Soldier

(To Be Paid to His Widow or Dependent Children)

(UNDER ACT APPROVED OCTOBER 9, 1891)

STATE OF GEORGIA, *Barlow* County.

Personally before me, the Ordinary of said County, comes Mrs. *Lucinda Justice* of said County, who after being duly sworn, on oath says that she is the widow of

Isaac Justice

and that said Pensioner was on the Pension Roll of *Bobb* County

and was paid a Pension of *\$100.00* (\$100.00) Dollars

from *Bobb* County for 1923, and that the said Pensioner

died in *Barlow* County on

the 19th day of *Aug*, 1924, and at the time of his death a Pension of *\$85.00*

was due him from *Barlow* County and unpaid for 1924.

Applicant further swears that she married the said *Isaac Justice* on

the 8th day of *Jan*, 1867, in *Union* County and

State of *Ga*, and resided with him from the date of marriage to his death as his

lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this *30* day of *Jan*, 1925
G. W. Anderson, Ordinary } *Mrs. Lucinda Justice*
Barlow, County } *for*
 (Seal of Ordinary) *max*

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, *Barlow* County.

Personally before me comes *Mary Ann Cooley*, who

on oath says that she knew *Isaac Justice* while in life

and that she knows Mrs. *Lucinda Justice*, the

above applicant; and knows that the said *Isaac Justice*

and *Mrs. Lucinda Justice* were in the form of law married in the County

of *Union* in the State of *Ga* on

the 8th day of *January*, 1867, and that they were residing

together as husband and wife at the time of his death on the 19th day of

August, 1924, and that she is his dependent widow.

Sworn to and subscribed before me this *30* day of *January*, 1925

G. W. Anderson, Ordinary } *Mary Ann Cooley*
Barlow, County } *for*
 (Seal of Ordinary) *max*

INSTRUCTIONS:

- 1st. This form is for widows of Service and Disabled Soldiers pensioners, who died after November 1st. If pensioner died after January 1st, leaving dependent children but no widow, their guardian may use this form in their behalf.
- 2nd. Proof of marriage must be made, though the date of marriage need not be proven. It being only necessary to prove that husband and widow were living together as husband and wife at the time of death.
- 3rd. Do not use the economically large form of marriage certificate in common vogue throughout the State, suitable only for fraternal marriage license in the proper State.
- 4th. The Ordinary should examine the blank after it is filled in, and see that everything is fully and correctly completed, and the seal affixed, and that back of application, when folded, is filled in.
- 5th. Pay out no money on this application until approved in the Pension Department and returned to you as your authority to make the payment.
- 6th. Return this application with your final settlement to the Pension Department.
- 7th. The widow or person holding her proper power-of-attorney receipt for this pension by signing name, as widow, opposite the name of husband on the ordinary pay roll.
- 8th. Only the one pension is allowed by this application. If the marriage took place before 1861, take another application, on the white blank, to adjust her to rolls in her own right. November 1st is the last filing date for the next year's rolls.

INSTRUCTIONS:

- 1st. This form is for widows of Service and Disabled Soldier pensioners, who died after November 1st. If pensioner died after January 1st, having dependent children but no widow, their guardian may use this form in their behalf.
- 2nd. Proof of marriage must be made, though the date of marriage need not be proven. It being only necessary to prove that pensioner and widow were living together as husband and wife at the time of death.
- 3rd. Do not use the extremely large form of marriage certificate in common vogue throughout the State, suitable only for fram- ing. Such certificate is entirely too bulky for use in any pension application. A plain certificate written on the back of the copy of marriage license is the proper thing.
- 4th. The Ordinary should examine the blank after it is filled in, and see that everything is fully and correctly completed, and the seals affixed, and that back of application, when folded, is filled in.
- 5th. Pay not a penny on this application until approved in the Pension Department and returned to you as your authority to make the payment.
- 6th. Return this application with your final settlement to the Pension Department.
- 7th. The widow or person holding her proper power-of-attorney receipt for this pension by signing name, as widow, opposite the name of husband on the soldier pay roll.
- 8th. Only the one pension is covered by this application. If the marriage took place before 1881, take another application, on the white blank, to admit widow to rolls in her own right. November 1st is the last filing date for the next year's rolls.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County, }

I, *L. W. Keeling*, hereby authorize

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

at *Moravia* Ky.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *27* day of *Oct* 1902.

L. W. Keeling [L. S.]

John Lindsey
Executed in presence of

Keeling, L. W.
Cobb County
(from Harrison)

CODE SECTION 126
(FOR THOSE ALREADY ENROLLED.)

No. *342*
from Harrison 1901

DISABLED
SOLDIER'S PENSION
1902.

Name *L. W. Keeling*
County *Cobb*
Co. *K* Regiment *39th*
Disability
Amount, \$ *50*

1/6 1902.

JOHN W. LINDSEY,
Consultant of Pensions

WARRANT HANDED TO
Ordg
Geo. W. Harrison, State Printer, Atlanta.

in later

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, *L. W. Kichling* hereby authorize

John A. Lindsey

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

at *Monrovia* by

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *24th* day of *July* 1902.

L. W. Kichling [L. S.]

Executed in presence of

J. H. [unclear]

FOR THOSE ALREADY ENROLLED.

DISABLED

SOLDIER'S PENSION

1902.

Name *L. W. Kichling*
County *Cherokee*
Co. *K.* Regiment *39th*
Disability
Amount, \$ *50*

1902.

JOHN W. LINDSEY,

(Commissioner of Pensions)

WARRANT HANDLED TO

Ordry

(See W. Harrison State Prison, Atlanta)

- in later

Kichling, L. W.
John A. Lindsey
W. H. [unclear]

(FOR THOSE ALREADY ENROLLED.)

CODE SECTION 1902.

No. *375*

DISABLED

SOLDIER'S PENSION

1903.

Name *L. W. Kichling*
County *Cherokee*
Co. *K.* Regiment *39th*
Disability *Monrovia*
Amount, \$ *50*

1903.

JOHN W. LINDSEY,

(Commissioner of Pensions)

WARRANT HANDLED TO

Ordry

(See W. Harrison State Prison, Atlanta)

no later

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, *L. W. Kichling* hereby authorize

John A. Lindsey of *Marionetta, Ga.*

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

at *his office* by *hand*

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *24th* day of *July* 1903.

L. W. Kichling [L. S.]

Executed in presence of

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Webb County.

Personally appears *E. W. Keeling* of *Webb*

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

1860; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *Private* in Company *A*, of 39th Regiment of *Pa* Volunteers, *Wagner's* Brigade; that whilst engaged in such military service in the State of *Pa*, on the day of

1861, he was wounded, injured or diseased as follows:

That while in such service of Confederate States he contracted dysentery, which he bore for some time, and from which he never recovered, and which he considers a permanent disability, and which he considers a permanent disability, and which he considers a permanent disability.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of

Webb County, been allowed an invalid pension of, Dollars, for the year 1901.

Sworn to and subscribed before me, this *E. W. Keeling* day of *Jan* 1902. Post office *Webb*

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

STATE OF GEORGIA,

Webb County.

I, *John W. Keeling* Ordinary of said County, do certify that I am well acquainted with *E. W. Keeling* 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 *3* day of *Jan* 1902.

Ordinary *John W. Keeling* *Webb* County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Webb County.

Personally appears *E. W. Keeling* of *Webb*

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

1860; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *Private* in Company *A*, of 39th Regiment of *Pa* Volunteers, *Wagner's* Brigade; that whilst engaged in such military service in the State of *Pa*, on the day of

1861, he was wounded, injured or diseased as follows:

That while in such service of Confederate States he contracted dysentery, which he bore for some time, and from which he never recovered, and which he considers a permanent disability, and which he considers a permanent disability, and which he considers a permanent disability.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of

Webb County, been allowed an invalid pension of, Dollars, for the year 1902.

Sworn to and subscribed before me, this *E. W. Keeling* day of *Jan* 1903. Post office *Webb*

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

STATE OF GEORGIA,

Webb County.

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

Given under my official signature and seal, this *2nd* day of *Jan* 1903.

Ordinary *John W. Keeling* *Webb* County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb }
COUNTY.

hereby authorize

I, *L. W. Keeling*
John Lindsey 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 _____ 1

day of *January* 1904

Executed in presence of

L. W. Keeling

[L. R.]

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb }
COUNTY.

hereby authorize

I, *L. W. Keeling*
John Lindsey 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 _____ 3

day of *Jan* 1905

Executed in the presence of

John Lindsey

[L. R.]

Keeling, L. W.
Cobb Co

COPIES SECTION 1280.
(FOR THOSE ALREADY ENROLLED.)

No. *329*

DISABLED

SOLDIER'S PENSION

1904.

Name *L. W. Keeling*
County *Cobb*
Co. *A* Regiment *39*
Disability *Wounds*
Amount, \$*50.00*

JAN 25 1904

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

only

Geo. W. Harrison, State of Georgia.

no date

Keeling, L. W.
Cobb Co

COPIES SECTION 1280.
(FOR THOSE ALREADY ENROLLED.)

No. *338*

DISABLED

SOLDIER'S PENSION

1905.

Name *L. W. Keeling*
County *Cobb*
Co. *A* Regiment *39*
Disability
Amount, \$*50.00*
JAN 23 1905

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

only

Geo. W. Harrison, State of Georgia.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *L. W. Keeling* of *Cobb*

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

1830, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *Private* in Company *K*, of *39*th Regiment of *Co* Volunteers *Carroll's* Brigade; that whilst engaged in such military service in the State of *Co*, on the day of

1861, he was wounded, injured or diseased as follows:

On Confederate Government's
Lt. Col. Lovell and Discharge of the Surge
from which disease he has never recovered
which renders him practically incompetent
to perform the ordinary vocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1904. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$50* Dollars, for the year 1903.

Sworn to and subscribed before me, this the

1st day of January 1904.

L. W. Keeling
Post-office

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

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this

day of *Jan* 1904.

John Aubrey
Ordinary.

Cobb County.

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

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *L. W. Keeling* of *Cobb*

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

1830; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *Private* in Company *K*, of *39*th Regiment of *Co* Volunteers *Carroll's* Brigade; that whilst engaged in such military service in the State of *Co*, on the day of

1861, he was wounded, injured or diseased as follows:

While engaged in service
he contracted Malaria which the disease
caused Confusion of the lungs from which
he has never recovered

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1905. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$50* Dollars, for the year 1904.

Sworn to and subscribed before me, this the

3rd day of January 1905.

L. W. Keeling
Post-office

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

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this

day of *Jan* 1905.

John Aubrey
Ordinary.

Cobb County.

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

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, *J. W. Kuling* hereby authorize
John Hurley 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 *1*
day of *July* 1906.
J. W. Kuling [L.S.]
Executed in the presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, *J. W. Kuling* hereby authorize
John Hurley 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 *9*
day of *July* 1907.
J. W. Kuling [L.S.]
Executed in presence of _____

COPIES SECTION 1206
FOR THOSE ALREADY ENROLLED

No. *2777*

DISABLED
SOLDIER'S PENSION
1906.

Name *J. W. Kuling*
County *Cobb*
Co. *K. 34th* Regiment *Inf.*
Disability _____
Amount, \$ *50.00*

1906.

JOHN W. LINDSEY

Commissioner of Pensions.

WARRANT HANDED TO _____

The Pensioner's Name and Address On File With Department, 1906.

not data

Kuling, J. W.,
Cobb Co.

COPIES SECTION 1206
FOR THOSE ALREADY ENROLLED

No. *230*

DISABLED
SOLDIER'S PENSION
1907.

Name *J. W. Kuling*
County *Cobb*
Co. *K. 34th* Regiment *Inf.*
Disability *discharge*
Amount, \$ *50*

JAN 21 1907.

JOHN W. LINDSEY

Commissioner of Pensions.

WARRANT HANDED TO _____

The Pensioner's Name and Address On File With Department, 1907.

not data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears L. W. Kuling of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18 18 18; that he enlisted in the military service of the Confederate States, (or of the State of Georgia) during the war between the States, and served as a Private in Company K, of 39th Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of Georgia, on the 18 day of 186, he was wounded, injured or diseased as follows:

Discharged

Deponent makes application for the pension to which he is entitled for the year ending October 31st, 1907. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 50 Dollars, for the year 1906.

Sworn to and subscribed before me, this the 1 day of January, 1908.

L. W. Kuling

Post-Office

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

State of Georgia,

Cobb County.

I, John Hurley Ordinary of said County, do certify that I am well acquainted with L. W. Kuling 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 1 day of January, 1908.

John Hurley

Ordinary Cobb County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1st, 1908.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears L. W. Kuling of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18 18 18; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company K, of 39th Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of Georgia, on the 18 day of 186, he was wounded, injured or diseased as follows:

Discharged

Deponent makes application for the pension to which he is entitled for the year ending October 31st, 1907. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 50 Dollars, for the year 1906.

Sworn to and subscribed before me, this the 1 day of January, 1907.

John Hurley

L. W. Kuling

Postoffice

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

State of Georgia,

Cobb County.

I, John Hurley Ordinary of said County, do certify that I am well acquainted with L. W. Kuling 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 1 day of January, 1907.

John Hurley

Ordinary Cobb County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

AM
2001
-Al
NOTE

Ordinary 1000 County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1st, 1906.

AM
2001
-Al
NOTE

Ordinary 1000 County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

POWER OF ATTORNEY.

STATE OF GEORGIA,

CORREY. }

I, _____ hereby authorize

of

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

by

Witness my hand and seal this _____ day of _____ 190_____

[L. S.]

Executed in presence of

Pension office 6/12/07
Must submit some testimony and proof of service and discharge as he states
it. The witness submitted knows nothing of discharge. J. W. Lindsey, Com. of Penn.

INDIGENT PENSION.

190

Name

County

Co. D. 14th Ga. Reserve

Approved

190

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

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

8/21/08

9/4/07

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

I, _____ hereby authorize

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 190 _____

[L. S.]

Executed in presence of _____

Must submit some testimony and proof of service and discharge as he states
it. The witness admitted knows nothing of discharge.
J. W. Lindsey, Com. of Penn.

Position of the 9/13/07

INDIGENT PENSION.

190

Name of Applicant _____

County _____

Cod. H. R. Co. No. _____

Approved _____

190

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO _____

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

John W. Lindsey, State Printer, Atlanta, Ga.

14107

8/21/09

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

COUNTY.

I, _____ of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (Give State, County and Postoffice.)
L. J. Kehley, Cook County, Ga.

2. How long and since when have you been a resident of this State? *Ever since 1840*

3. When and where were you born? *May 24 1846 - Cook County, Ga.*

4. When and where and in what company and regiment did you enlist or serve? *May 1864 - 4th Co. N. H. in Union*

5. How long did you remain in such company and regiment? *until May 6 1865*

6. When and where was your company and regiment surrendered and discharged? *May 6 1865 - Surrendered at Albany, Ga. and was brought to Union Co. and paroled*

7. Were you present with your company and regiment when it was surrendered? *Yes*

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? *I was present*

9. How much can you earn (gross) per annum by your own exertions or labor? *Not less than \$40*

10. What has been your occupation since 1865? *Farming*

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? *Age, infirmary and poverty*

12. If upon the first ground, state how long you have been in such condition that you could not earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind and when and where you lost your sight. *Three years I have been lame in both legs, which renders me unable to walk, from which I continually suffer and groans were each year*

13. What property, real and personal, or income, do you possess, and its gross value? *None*

14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, by sale or gift, have you made of same? *None*

15. In what County did you reside during those years, and what property did you then return for taxation? *Cobb*

16. How were you supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? *with what little I could do, principally by my son*

17. How much did your support cost for each of those years, and what portion did you contribute thereon by your own labor or income? *About 100. Part I have almost nothing but my own*

18. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907? What pay did you receive in each year? *Working on rented land*

19. Have you a family? If so, who composes such family? Give their names of support. Have they a home-stead, or other property? Their ages and how employed? *Yes, I have three daughters one is an invalid, they have been supported by my son*

20. Are you receiving any pension? If so, what amount and for what disability? *No*

21. Have you ever made an application for pension before? *No*

22. How many applications have you ever made and under what class? *None*

Sworn to and subscribed before me this the _____

day of _____ 190 _____

_____ Ordinary,

of _____ County.

L. J. Kehley, Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Fulton COUNTY.

Rott T. Bowie of said State and County, having been presented as a witness in support of the application of L. J. Kehelley for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? Rott T. Bowie
Atlanta - Fulton Co. Ga
2. Are you acquainted with L. J. Kehelley, the applicant; if so, how long have you known him? For more than 40 years
3. Where does he reside, and how long and since when has he been a resident of said State? In Cobb Co. all his life
4. When, where and in what company and regiment did he enlist, and how do you know? In Spring of 1864 - In Atlanta for S. D. & Co. Reg. Recruits. Was present
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? Until close of hostilities
7. When and where was his command surrendered? at Albany Ga.

8. Were you present when it surrendered? No

9. Was applicant present?

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

When did he leave his command? For what cause?

By what authority he left?

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

12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907,

and what disposition, if any, did he make of same?

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

14. What is the applicant's occupation and physical condition? Farmer
Has rheumatism in lower limbs

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

16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907?

17. What portion of his support for these four 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

19. Who composes family? What property have they? Children's ages and their earning capacity?

20. What interest have you in the recovery of a pension by this applicant? None whatever

Sworn to and subscribed before me, this the

14 day of Aug. 1907

John R. Williamson Ordinary.

I certify to the general good character of R. T. Bowie

his citizenship is in Fulton Co. or his acknowledged country office

created a Wit.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb COUNTY.

Personally came before me W. T. Pace and

W. M. Kemp, both known to me as reputable physicians

of said County, who, being severally sworn, say on oath that they have examined carefully

L. J. Kehelley, applicant for pension under Section 1254, Code, and after

such personal examination say that his precise physical condition is as follows:

He has suffered with Rheumatism in both legs and

gets up at times he has to lie in his room for months at a time

Also suffers from a weak spine which is painful and renders him

unable to do manual labor except to earn a support for his self his

debility grows more each year

and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the

16 day of August 1907

John R. Williamson Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb COUNTY.

I, John R. Williamson Ordinary, in and for said County, hereby certify

that the applicant L. J. Kehelley resides in said County, and has

been a bona fide resident of that State since the 17 day of Jan'y 1894

and that the witnesses, viz:

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 affidavit was read to the applicant and witness before same was signed.

I further certify that the tax digest of Cobb County shows that applicant

returned for taxation in his name in 1901 Nothing Dollars of property; in 1908

Nothing Dollars of property; in 1904

Nothing Dollars of property; in 1905

Nothing Dollars of property; in 1906

Nothing Dollars of property; in 1907

Nothing Dollars of property.

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

Witness my hand and seal of office, this 14 day of Sept 1907

John R. Williamson Ordinary.

of Cobb County.

NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant, and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 190 _____

[1, 8.]

Executed in presence of _____

11. The witness admitted known nothing of signing and discharge as he states
J.W. Lindsey, Com. of Penn.
Parton of 9/12/07

INDIGENT PENSION.

190

Name L. J. Kichley
County Cobb
Code 4th Ga. Pen. Regt.

Approved _____ 190 _____

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO _____

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

John W. Lindsey, State Printer, Atlanta, Ga.

11/107

9/2/09

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

County.

I, L. J. Kichley of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. L. J. Kichley is your name and where do you reside? Cobb County, Ga.

2. How long and since when have you been a resident of this State? ever since 1840

3. When and where were you born? May 24 1846 - Cobb County, Ga.

4. When and where and in what company and regiment did you enlist or serve? May 1864 - 4th Ga. Pen. Regt.

5. How long did you remain in such company and regiment? until May 6 1865

6. When and where was your company and regiment surrendered and discharged? May 6 1865 - Surrendered at Albany, Ga. and was brought to Union, Ga. and paroled.

7. Were you present with your company and regiment when it was surrendered? Yes

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was present

9. How much can you earn (gross) per annum by your own exertions or labor? Not more than \$200

10. What has been your occupation since 1865? Farming

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Infirmity and poverty

12. If upon the first ground, state how long you have been in such condition that you could not earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind and when and where you lost your sight. Three years I have been lame in both legs, which renders me unable to walk, from which I continually suffer and grows more each year

13. What property, real and personal, or income, do you possess, and its gross value? None

14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, by sale or gift, have you made of same? None

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

16. How were you supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? with \$3000 do principally by my son

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? about 100. First 3 years almost nothing, for sometime

18. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907? What pay did you receive in each year? None on Civil land

19. Have you a family? If so, who composes such family? Give their means of support. Have they a home, or other property? Their ages and how employed? Yes, I have three daughters one is an invalid, they have been supported by my son

20. Are you receiving any pension? If so, what amount and for what disability? Yes

21. Have you ever made an application for pension before? No

22. How many applications have you ever made and under what class? None

Sworn to and subscribed before me this the _____ day of _____ 190 _____

L. J. Kichley Applicant.
John Lindsey Ordinary
of _____ County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb COUNTY.

Ally Mable of said State and County, having been presented as a witness in support of the application of *L. J. Kibbey* for pension under section 1254, Code, and after being duly sworn, true answers to the following questions, depose and answers as follows:

1. What is your name and where do you reside? *Marbleton, Cobb County Ga. Ally Mable*

2. Are you acquainted with *L. J. Kibbey*, the applicant, if so, 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?

Cobb County Ga
Lost in battle May 16 1864. Atlanta Ga. to R. A. Kennesaw. I enlisted at some time

4. Were you a member of the same company and regiment? *Yes*

5. How long did he perform regular military duty? *Until Surrender*

6. When and where was he captured and surrendered? *About May 6 1864 at Albany Ga and was sent to Mason Ga and from there*

7. Were you present when it surrendered? *Yes*

8. Was applicant present? *Yes*

9. If he was not present, where was he? *He was present*
 When did he leave his command and for what cause? *Surrender*

10. By what authority? *Not was over* How do you know all of this?

11. What property, if any, does the applicant own? Give your means of knowledge.

12. What property, effects or means did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, did he make of same?

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

14. What is the applicant's occupation and physical condition?

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

16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907?

17. What portion of his support for these four 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.

19. Who compose family? What property have they? Children's ages and their earning capacity?

20. What interest have you in the recovery of a pension by this applicant? *None*
 Sworn and subscribed before me, this day of *February* 1908
John A. Aubrey Ordinary.
Ally Mable Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

_____ COUNTY.

Personally came before me _____ and _____, both known to me as reputable physicians

of said County, who, being severally sworn, say on oath that they have examined carefully _____, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the _____ day of _____ 190_____

Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb COUNTY.

I, *John A. Aubrey*, Ordinary, in and for said County, hereby certify that the applicant _____ resides in said County, and has been a bona fide resident of this State since the _____ day of _____ 189_____, and that the witness, viz. *Ally Mable*

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 herein prescribed, and that the full text of the affidavit was read to the applicant and witness before same was signed.

I further certify that the tax digest of _____ County shows that applicant returned for taxation in his name in 1901 _____ Dollars of property, and in 1902 _____ Dollars of property; in 1903 _____ Dollars of property; in 1904 _____ Dollars of property; in 1905 _____ Dollars of property; in 1906 _____ Dollars of property; in 1907 _____ Dollars of property.

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

Witness my hand and seal of office, this _____ day of *February* 1908
John A. Aubrey Ordinary
 of *Cobb* County.

NOTES.
 1. Before any questions are answered, the Ordinary shall swear applicant, and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
 2. Additional affidavits may be attached if blank spaces are insufficient.
 3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

STATE OF GEORGIA.

as a witness in support of the application of L. J. Schuler of said State and County, having been presented under section 1254, Code, and after being duly sworn, answers to make to the following questions, deposes and answers as follows:

11. What property, effects or income has the applicant? (Give your means of knowledge.)
No property. No income. I have lived near him ever since.
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907,

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

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

14. What is the applicant's occupation and physical condition? *Bad the Poor Rheum*
And Heart trouble

15. Is the applicant unable to support himself by labor of any sort; if so, why? Yes On account of his affliction which a good portion of the time during his confinement in his room

16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907?

What portion of his support for these four years was derived from his own labor or income?
For past 3 years I don't think he has earned anything significant.

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

19. Who composes family? What property have they? Children's ages and their earning capacity?
He has three daughters. They have no property. Twenty four, twenty two and twenty years. One is high and unable to earn any thing.

20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 16 day of August 1907. *N. A. Lindsey* Witness.
Wm. B. Brown Ordinary.

20. What interest have you in the recovery of a pension by this applicant? *None*

Sworn to and subscribed before me, this the }
16 day of *August* 190*7* }
J. M. [Signature] Ordinary. *N. A. [Signature]* Witness.

Kelly, M. E.
Cobb County

No.

Widow's Application

UNDER ACT 1910.

Who Lost a Husband During War as a
Soldier, Remarried and is Now
a Widow.

County

Cobb

Name

M. E. Kelly

Soldier Husband's Name

David J. Gony

Company

B

Regiment

A 24

Name of Late Husband

D. J. Kelly

Approved

J. W. LINDSEY,

Commissioner of Pensions.

Chas. P. Byrd, State Printer, Atlanta.

11/30

**Widow's Affidavit--Who Lost Husband--Killed During War and
Afterwards Married, now a Widow.**

STATE OF GEORGIA,

County, Colt

Personally before me come M. E. Kelly of said county who after being sworn on oath says that she became the lawful wife of David P. Gray on the day of May 1863 and that he did on the day of 18 enlist in Company B. 40th Regiment and was on the day of 1864 killed or died as the result of an injury received while in line of duty on the day of 18 leaving this applicant, his widow. Then on the day of Dec. 1866 she was married to D. O. Kelly of Thomson County, and that on the day of 1868 in the county of Sumter State of Georgia the said D. O. Kelly died and that this deponent is now a widow.

That she was on the 4th day of November, 1908 or at the death of her last husband left in the use possession and control of the property. Stated in schedule (A)

none acres of land cash value of
none Horses or mules
none Hogs and cows and other stock
none money, notes, etc
none actual income and savings

Total

SCHEDULE B.

That since the 4 of November, 1908 or the death of her husband, she has sold or given away the following property of the cash value none as follows

Total value

and that the proceeds were disposed of none

SCHEDULE C.

That she is now in the use, possession and control of the following property at the cash value attached

none acres of land of the cash value
none Horses and cows of the cash value
none Hogs and other stock
none Cotton and other farm Products, worth

Total value of all property

and that the valuation of all of said property, is stated at its true cash value.

Sworn to and subscribed to by me this day of 101

Ordinary.

County

M. E. Kelly
M. E. Kelly

**Affidavit of the Witness to the Service and Death of Soldier
Husband and Her Marriage.**

STATE OF GEORGIA,

County.

Personally before me come _____ who after being duly sworn on oath says that he knew _____ that he enlisted in Company _____ Regiment of _____ veterans _____ on the _____ day of _____ 18 _____ and that on the _____ day of _____ 18 _____ he was killed or died as a result of the injury received _____ while in line of duty as a soldier, in the Confederate army, and that he knows Mrs.

Widow's Application

UNDER ACT 1910.

Who Lost a Husband During War as a
Soldier, Remarried and is Now
a Widow.

No

County

Name

Soldier's Name

Company

Regiment

Name of Last Husband

Approved

J. W. LINDSEY,

Commissioner of Pensions

the applicant. She and her said soldier husband were married on the day of
18 and that she was his widow at his death, that he knows that the said
married again on the day of 19 to one and
that her said husband died on the day of 19 And that the

applicant is now a widow,
Sworn to and subscribed before me this day of

Ordinary.

County.

Affidavit of the Witness to the Property and its Value.

STATE OF GEORGIA.

Cobb County.

Personally before me, J. M. Gann, Ordinary of Cobb County, who after being sworn on oath says that they are
Free Holders of said County of and that they know Mrs. M. C. Kelly and
that she was on the 4th day of November or at the death of her last husband, on the day
of 1902 and that he left her in the use, possession and control of property at its true cash
value as follows:

SCHEDULE A

Lands whose cash value

Horses mules

Cows hogs and other stock

Money, notes and accounts

All other property

Total cash value of all property

SCHEDULE B

We know that since the 4th November, 1908 or since the death of her last husband she has sold or
given away property of the cash value of to-wit:

land worth

Horses and mules

Cows, hogs and stock of all kind

any and all other property

Total cash value

and we know that the proceeds of this property were
(State fully)

its full cash value and was disposed of

SCHEDULE C

We know that the applicant is now in the use, possession and control of property of the actual
cash value as follows, to-wit:

Land of the cash value of

Horses and mules, cash value of

Cows hogs, and other stock

Wagon and Buggy

Other personal property

Money notes and accounts

Actual income and savings

Total cash value of all property.

Sworn to and subscribed before me this day of August 1902

Ordinary

County

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Cobb County.

J. M. Gann, an ordinary of said County and do certify that I know Mrs. M. C. Kelly, the
applicant for Pension and that I know that she is the person that she represents herself to be, and that she
is a bona fide continuing resident of said County, and was on the 4th day of November, 1908

That I also know J. C. Gann, the father of J. M. Gann, witness to the service of Husband's marriage, and the death
of Husband, and I also know B. B. Baswell, Jr. whom I know to be a free-holder of said
county, that all of said persons were duly sworn by me before signing their respective affidavits and that
they are truthful and trustworthy persons and their statements are entitled to full faith and credit.

That the Tax Books of Cobb County, shows M. C. Kelly returned property to
the amount of 1908 for 1909 for 1900 for 1902

Sworn under my hand and official seal of affix, this the day of August 1902

J. M. Gann Ordinary

Cobb County

Read this note.

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:
"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall
give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the ordinary of the County of the residence of the person to be sworn.
4. Only widows whose husbands died from wounds or injuries, received in line of duty before 26 April 1865, since
married and is now a widow are entitled to this Pension.
5. Attach copies of marriage license of both marriages or prove marriage, by some who know it, or by general
reputation.

Georgia, Cobb County:---

I, J. M. Gann Ordinary of said County, Certify that all records
in this office including the Marriage Record of said County was burned
together with the Court House by Shermans Army in the year 1864 and
we have no records previous to 1865.

J. M. Gann
Ordinary.

**Application for Pension by a Widow Under Act of 1910.--Questions
for Applicant.**

STATE OF GEORGIA,

County.

Personally before me comes _____ of said State and County,
and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act
of _____ 1910, and submit testimony to make out the same, true answers makes to the fol-
lowing questions to wit:

1. What is your name, and where do you reside?
2. How long and since when have you been a continuing resident in the State of Georgia?
3. When, where and to whom were you married?
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-
federate Army or Georgia Militia? (State the arms and class of Service.)
5. When and where did the Commands of your husband surrender or discharge from the army?
6. Was your husband personally present at the time of the surrender or discharge of this Command?
7. If he was not present state clearly where he was?
8. Where was his Command when he left?
 - a. For what cause did he leave his command?
 - b. By whose authority did he leave his Command?
 - c. For how long was he granted leave of absence?
 - d. What was his physical condition when he left his Command?
 - e. What effort did he make to return to his command?
 - f. In what way was he prevented from going back to Command?
 - g. Was he captured by the enemy at any time?
 - h. If so, when and where captured and where held as a prisoner, and when and for what cause re-
leased?
9. When and where did your husband die? Were you residing together when he died? If not,
how long had you resided apart?
9. What property of any description did you own, hold or control for your use and its cash value,
Nov. 4, 1908. (State same by items.)
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received
for it and what did you do with the proceeds thereof? (Give items and cash value.)
11. What property of any description of any value have you now?
Give list and cash value?
12. What are your annual earnings or income and their value?
13. Have you heretofore been paid a pension by the State?
If so, when and for what cause were you struck from the Roll?

Sworn to and subscribed before me this the

day of 19

Ordinary.

County.

Questions for the Witnesses as to Service of Husband and Marriage.

STATE OF GEORGIA,

County.

Personally before me comes _____ who after
being duly sworn true answers to make, to the following questions, answers as follows:

1. What is your name and where do you reside? *H. C. Kemp, Manilla, Cu.*
2. How long and since when have you known *Mary & Kelly* applicants? *And their*
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? *And found*
5. How long and since when did you know, *Daniel Gray* her husband? *I first got acquainted with him in August 1865 and since*
6. When, where and in what Company and Regiment did *Daniel Gray* enlist? *August 1861, Big Shanty, Cobb Co., Co. F 23 Ia.*
7. Were you a member of the same Company? *Yes*
8. How long within your personal knowledge did he perform actual military service with his Company and Regiment? *Until Fall 1864, when he was killed on Battle at Petersburg*
9. When and where did his Command surrender, and was discharged? *April 26 1865*
10. Were you personally present when it was surrendered? *No* If not where were you? *I was at home on Look Mountain and how came you there?*
11. Was the husband of applicant personally present at surrender? *No* If not where was he? *He was dead, had been killed at Petersburg* when, where and for what cause did he leave Command? (Give date.) *Slated above* By whose authority did he leave his Command? *By whose* and how long was he granted leave? *How do you know all this?*
12. For what cause, if you know of your own knowledge was he prevented from returning to his Command? *State all you know fully, and how you know it.*
13. What effort did he make to return to his Command and how do you know this? *Of your own knowledge or how?*

Sworn to and subscribed before me this the

7th day of *August*, 1912
J. M. Green Ordinary.
of *Cobb* County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

County.

Personally before me comes _____ who on oath says that they are freeholders of said County and that they know _____ of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows

Personal property	\$
Notes and accounts due	\$
Total	\$

Schedule (B).

We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:

Personal property	\$
Money, Notes and accounts	\$

Schedule (C).

We also know what property she has now in her possession, use and control to wit:

Acres of land worth	\$
Horses and Mules	\$
Cows and Hogs	\$
Other property	\$
Income and earnings	\$

Total Value of all property and effects

Sworn and subscribed before me this the _____

day of _____ 19 _____

Ordinary.

of _____ County.

Georgia Cobb County

Personally appeared before the undersigned
B. P. Baswell after being duly Sworn deposed
and says that he knew David T. Gray before
he married M. E. Baswell in April 1863 that
while the said D. T. Gray was at home on a
furlough from the Confederate Army said David
T. Gray and M. E. Baswell, now Mrs M. E. Kelley
were married. That applicant was present at the
Marriage that said David T. Gray remained at home
some 60 or 70 days and returned to his Command
and never returning any more. That a short time
after his return to the Army information came
that he was killed and never did return. Since
the war to wit in the Fall of 1866 Mrs M. E. ^{Gray} Kelley
was married to S. P. Kelley, and he died in
the year if he died, and said Mrs M. E. Kelley is now
a widow property or income

B. P. Baswell

Sworn to and Subscribed
before me this August 15th 1910

J. M. Gamm
Ordinary Cobb County

Georgia Cobb County

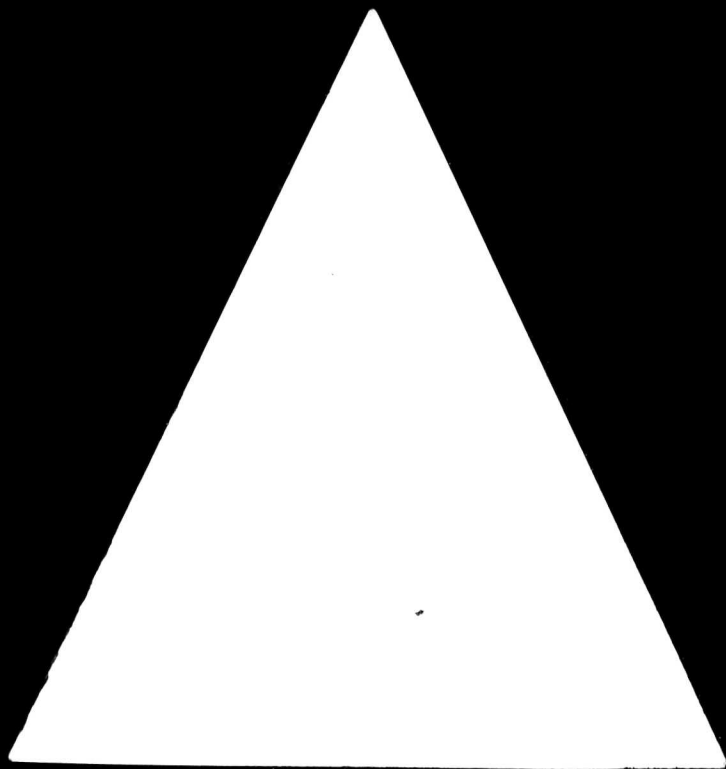
Personally appeared before me J. M. Moore
being duly Sworn says that he knew ^{the} M. E. Baswell
before she was married and knows that she married D.
T. Gray sometime in April or May 1863, and knows
they lived together as man and wife until said David
Gray returned to the Army and that said David
Gray was killed in the war, and that
I know that Mrs M. E. Kelley the applicant for Justice
is the same person that married David T. Gray
in the year 1863.

Sworn to and Subscribed
before me this August 6th 1910

J. M. Gamm

Ordinary Cobb County

*of the
ordinary with King*



NOTES.

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

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability from disease contracted in the service, a full and carefully stated history of the disease should be given.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life," etc., unless the applicant can show that the arm is so disabled.
4. If the application is for a wounded arm or leg, it would seem to be a fair construction of the law, and the words above quoted, to say that unless the injury is such as to require the constant use of the arm or leg, that the leg is not "substantially and essentially useless."
5. If papers are returned for correction, and amendments are added to any of the affidavits, amendments must be made before an officer, and the proofs must show that the amendments have been duly sworn to.
6. Every application must be certified by the Ordinary of the county in the residence of the applicant. The certificate of any other will not be received in any case.

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

April 15-1889.
 We further state that A. T. Kemp left arm and substantially useless for the following reasons: The muscles of the arm were destroyed the bones were broken part of the bone came out, the arm seems to have been sprained on several times since the injury - seems to have been a running sore, the wound is never more healed and cannot be used about his work. He will not perform any work before me Apr 15-1889.
 Subscribed and sworn to before me
 J. S. Clark, District Attorney
 John Oldmixon, M.D.

~~James H. Cobb~~
 S. M. James
 M. H. Sauls
 O. K. Disand Trim

For No. 2341
 COB
 APPLICATION FOR ALLOWANCE

FOR
 Applicant, S. M. James
 County, Cobb
 Amount, 50.
 Date of Warrant, June 11
 Entered on record, JUL 1 1889
 J. S. Clark
 SECRETARY EXECUTIVE DEPARTMENT.

Ex. H. L. Allard
 July 21, 1889
 The physicians do not by their statement show that the injury was necessarily permanent. The arm substantially useless.
 J. S. Clark
 Clerk

NOTES.

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

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

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

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

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

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

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

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

1891

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,

County.

PERSONALLY appears _____ of _____ county,
State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and
resident of said State, and has been such since the _____ day of _____

18 ; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a _____ in Company _____ of _____ th Regiment of _____ Volunteers _____'s Brigade, that whilst engaged in such military service, at the battle of _____ in the State of _____ on the _____ day of _____, 1866, he was wounded as follows:

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

Sworn to and subscribed before me, this the _____ day of _____, 19____.

day of

155

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

Commissioned Officer's Affidavit.

STATE OF GEORGIA,

County. }

PERSONALLY came before me _____ of the county of _____ State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company _____ of _____ Regiment of Volunteers, and that deponent knows _____ and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said _____ as stated by him in said affidavit. Deponent further states that said _____ is a *bona fide* citizen of this State and resides in _____ county.

The foregoing affidavit, changed to suit the facts should be made by a commissioned officer of Company or Regiment. If the affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be furnished:

STATE OF GEORGIA, }
County. }

PERSONALLY came

citizens of _____ county, in said State,
who, being duly sworn, say that they are acquainted with _____
and know that he received the wounds (or contracted the
disease) in the military service, as stated by him in the foregoing affidavit; that said wounds
(or disease) permanently disables applicant, as stated by him; that said applicant is a *bona*
fide citizen of this State, and resides in _____ county, and we
are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this _____
day of _____ 188 _____

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

STATE OF GEORGIA, }
County. }

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

Sworn to and subscribed before me, this _____
day of _____ 188 _____

ORDINARY.

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

STATE OF GEORGIA, }
County. }

I, _____ Ordinary of said county,
do certify that I am well acquainted with _____ the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be,
and that he resides in this county. I also certify that the foregoing witnesses, are persons
of respectability, and that their statements are worthy of full credit and belief.

I further certify that _____ before
whom the foregoing affidavits were made and power of attorney was signed, is a
_____ of said county, and the said affidavits and signa-
tures thereto are genuine.

Given under my official signature and seal, this _____ day of _____ 188 _____

Ordinary _____ County.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

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

In witness whereof I have herunto set my hand and seal, this _____
day of _____ 188 _____

Executed in the presence of us: _____ (L. S.)

STATE OF GEORGIA,

County.

I,

Ordinary of said county.

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

I further certify that

before

whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this day of 1891

Ordinary

County

STATE OF GEORGIA,

County

I,

Ordinary of said County.

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

I further certify that

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

Given under my official signature and seal, this day of 1891

Ordinary

County

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1891.

No. 1114

Applicant, Arm disabled

County, Cobb

Amount, 50

Date of warrant, July 13,

Entered on record

July 13, 1891

Amount, 40.44

WARRANT HANDLED TO

R. C. Davis

1891.

PAID 1891, 12

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

No. 1176

Applicant, Arm disabled

County, Cobb

Amount, 50

Date of Warrant, July 13,

Entered on record

July 13, 1891

Amount, 40.44

WARRANT HANDLED TO

R. C. Davis

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears *W. H. Kemp* of *Wilkes* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continuously since the *1st* day of *March*, 1862; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *2*, of *13th* Regiment of *Georgia* Volunteers *1st* *Brigade*; that whilst engaged in such military service, at the battle of *Shiloh*, in the State of *Tennessee*, on the *6th* day of *April*, 1862, he was wounded as follows: *by a musket ball striking the right arm, above the shoulder, passing diagonally through the bone, causing a piece of the bone to be taken out, & leaving a deep wound, the bone being highly and essentially injured.*

Dependent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of *10* dollars.

Sworn to and subscribed before me, this *1st* day of *July*, 1891.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

KNOW ALL MEN BY THESE PRESENTS, That I, *W. H. Kemp* of *Wilkes* County, in said State, do hereby appoint *A. J. Kemp* my true and lawful attorney in fact, for me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *1st* day of *July*, 1891.

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears *W. H. Kemp* of *Wilkes* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *March*, 1862; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *2*, of *13th* Regiment of *Georgia* Volunteers *1st* *Brigade*; that whilst engaged in such military service at the battle of *Shiloh*, in the State of *Tennessee*, on the *6th* day of *April*, 1862, he was wounded as follows: *by a musket ball striking the right arm, above the shoulder, passing diagonally through the bone, causing a piece of the bone to be taken out, & leaving a deep wound, the bone being highly and essentially injured.*

Dependent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of *10* dollars.

Sworn to and subscribed before me, this *1st* day of *July*, 1891.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *1st* day of *July*, 1891.

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

STATE OF GEORGIA.

County.

Ordinary of said county,

I 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 that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

Given under my official signature and seal, this day of 1892.

Ordinary

County.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING ON TABLE N. 1892

Name Wm. Harrison
County Cherokee
Disability Dis. to 100%
Amount, \$ 50
Entered on record March 9 1892.
W H HARRISON
AGENT.
W H Harrison
Wm. W. Harrison, State Printer, Ga. 1892.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County, }

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of March 1892.

Executed in the presence of us:

Wm. Stone
Edw. G. Kemp

DIRECTION.

Send money to me as follows, by:

to
County, Georgia.

P. O.

Wm. Harrison
Cherokee Co.
1892.

No. 397
Application for Allowance
For the Year Ending October 31, 1892.
Applicant Wm. Harrison
County Cherokee
Amount, \$ 50
Date of Warrant, March 9 1892.
Entered on record, March 9 1892.
WARRANT HANDLED BY
Secretary Executive Department.
W H Harrison
Wm. W. Harrison, State Printer, Ga. 1892.

FOR APPLICANTS RECEIVING ALLOWED PENSIONS

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA.

PERSONALLY appears *W. Kemp* of *Cobb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously since the *1st* day of *March* 18*88*, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a *Private* in Company *1st* of *23rd* Regiment of *Volunteers* Brigade that whilst engaged in such military service at the battle of *Atlanta* in the State of *Georgia*, on the *28th* day of *September* 18*64*, he was wounded as follows:

By gunshot striking left arm near the shoulder. Fracture of spine of vertebrae. Spinal cord injured. Unable to perform the duties of a soldier. Is now in the hospital at Atlanta, Georgia. Is incompetent to perform the ordinary manual avocation of life.

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

\$50 Dollars for *Ordinary* Sworn to and subscribed before me this *17th* day of *March* 1892.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

Know all Men by these Presents, That I

County, in said State, do hereby appoint

of *Georgia* my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit, hereby authorizing my said attorney to receive 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 *17th* day of *March* 1892.

Executed in the presence of us,

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA.

PERSONALLY appears *W. Kemp* of *Cobb* 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 *1st* day of *March* 18*88*, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a *Private* in Company *1st* of *23rd* Regiment of *Volunteers* Brigade; that whilst engaged in such military service at the battle of *Atlanta* in the State of *Georgia*, on the *28th* day of *September* 18*64*, he was wounded as follows:

By gunshot striking left arm near the shoulder. Fracture of spine of vertebrae. Spinal cord injured. Unable to perform the duties of a soldier. Is now in the hospital at Atlanta, Georgia. Is incompetent to perform the ordinary manual avocation of life.

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

\$50 dollars, for *Ordinary* Sworn to and subscribed before me, this, *17th* day of *March* 1893.

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

STATE OF GEORGIA.

I, *W. Kemp* Ordinary of said County, do certify that I am well acquainted with *W. Kemp* the

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

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

Given under my official signature and seal, this *17th* day of *March* 1893.

Ordinary *W. Kemp* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

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

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

day of *March* 1894

Executed in the presence of us

J. M. Stone
(my)

DIRECTIONS

Send money to me as follows, by

to
County, Georgia

P. O.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

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

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

day of *March* 1895

Executed in presence of us

J. M. Stone
(my)

DIRECTIONS

Send money to me as follows, by

to
County, Georgia

P. O.

(For Those Already Enrolled.)

592

Soldier's Pension.

1894.

Name

A. D. Kemp

County

Cobb

Disability

L. & L. Am

Amount, \$

500

3/4

1894

W. H. HARRISON,

Secretary, Executive Department.

WARRANT HANDLED TO

J. M. Stone

(For Those Already Enrolled.)

(For Those Already Enrolled.)

313

SOLDIER'S PENSION.

1895.

Name

A. D. Kemp

County

Cobb

Disability

Am

Amount, \$

500

3/4

1895

EDWARD JOHNSON,

Secretary, Executive Department.

WARRANT HANDLED TO

Ally

(For Those Already Enrolled.)

Ordinary Kobb County

Ordinary W. & L. County

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 _____, 1896.

Executed in presence of us _____

[L. S.]

(For Those Already Enrolled.)

No. 2908

SOLDIER'S PENSION.

1896.

Name *A. H. Kemp*
County *Cobb*
Disability *Left Arm*
Amount, \$ *35.*

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

A. H. Kemp
W. H. L. L.

(For Those Already Enrolled.)

No. 3068

**INVALID
SOLDIER'S PENSION.**

1897.

Name *A. H. Kemp*
County *Cobb*
Disability *Left Arm*
Amount, \$ *50.*

1897

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

A. H. Kemp
W. H. L. L.

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 _____, 1897.

Executed in presence of

A. H. Kemp
W. H. L. L.

[L. S.]

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County,

Personally appears *A. D. Kemp* of Cobb 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 *1838* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *A*, of *23*th Regiment of *Volunteers*, *Belegitt*'s Brigade; that whilst engaged in such military service in the State of *Ma.*, on the *27*th day of *Sept*, 1862, he was wounded, injured or diseased as follows:

By gunshot striking the left arm near the shoulder joint fracturing bones Muscles &c. - Wound is permanent & renders him incompetent to perform the ordinary manual avocations of life.

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, 1890. I have heretofore as a resident of *Cobb* county been allowed a pension of *\$50.* dollars, for the year 1890.

Sworn to and subscribed before me, this, *2* day of *March*, 1890.

Wm Stone Only

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

STATE OF GEORGIA,

Cobb County,

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

Given under my official signature and seal, this day of *March*, 1890.



Ordinary

County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County,

Personally appears *A. D. Kemp* of Cobb 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 *1838* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *A*, of *23*th Regiment of *Volunteers*, *Belegitt*'s Brigade; that whilst engaged in such military service in the State of *Ma.*, on the *27*th day of *Sept*, 1862, he was wounded, injured or diseased as follows:

By gunshot striking the left arm near the shoulder joint fracturing the arm and shoulder so that Applicant is rendered practically incompetent to perform the ordinary manual avocations of life.

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, 1890. I have heretofore under said law as a resident of *Cobb* county been allowed an invalid pension of *\$50.* Dollars, for the year 1890.

Sworn to and subscribed before me, this, *2* day of *March*, 1890.

Wm Stone Only

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

STATE OF GEORGIA,

Cobb County,

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

Given under my official signature and seal, this day of *March*, 1890.



Ordinary

County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Chatham County,

I,

A. D. Kemp

hereby authorize

R. C. Johnson

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

(For Those Already Enrolled.)

No. *2547*

INVALID
SOLDIER'S PENSION.

1898.

Name *A. D. Kemp*
County *Chatham*
Disability *100%*
Amount, \$ *5.00*

7/24 1898

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

appt

MADE IN WASHINGTON, D.C., BY THE SECRETARY OF THE WAR DEPARTMENT.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Chatham County,

I,

A. D. Kemp

hereby authorize

J. M. Stone

of

Marion

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

by

Stone

at

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

day of

July

1899,

[L. S.]

Executed in presence of

(For Those Already Enrolled.)

No. *3173*

INVALID
SOLDIER'S PENSION.

1899.

Name *A. D. Kemp*
County *Chatham*
Disability *100%*
Amount, \$ *5.00*

7/24 1899

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

J. M. Stone

MADE IN WASHINGTON, D.C., BY THE SECRETARY OF THE WAR DEPARTMENT.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *A. D. Kempf* of *Cobb*

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 *Nov 20* 1838 that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *F*, of *33rd* Regiment of *Volunteers*, *Allegany* *Md.* Brigade; that whilst engaged in such military service in the State of *Sept* 1862, he was wounded, injured or diseased as follows:

By gunshot striking left arm near the shoulder joint fracturing the bone and cutting the muscles &c. whereby Applicant is rendered practically incompetent to perform the ordinary manual avocations of life.

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 *Cobb* County been allowed an invalid pension of

\$50.

Dollars, for the year 1897

Sworn to and subscribed before me, this, the

13 day of *Feb'y* 1898.

POST OFFICE

Ma. Sta. 4

Will Stone Org

STATE OF GEORGIA,

Cobb County.

I, *Will Stone* Ordinary of said County, do certify that I am well acquainted with *A. D. Kempf* 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* day of *Feb'y* 1898.

Ordinary

Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *A. D. Kempf* of *Cobb*

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 *Nov 20* 1838 that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *F*, of *33rd* Regiment of *Volunteers*, *Allegany* *Md.* Brigade; that whilst engaged in such military service in the State of *Sept* 1862, he was wounded, injured or diseased as follows:

By gunshot striking left arm on account of which wound Applicant is rendered practically incompetent to perform the ordinary manual avocations of life.

Deponent 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 *Cobb* County been allowed an invalid pension of

\$50.

Dollars, for the year 1897

Sworn to and subscribed before me, this, the

15 day of *Feb'y* 1898.

POST OFFICE

Ma. Sta. 4

Will Stone Org

STATE OF GEORGIA,

Cobb County.

I, *J. W. Stone* Ordinary of said County, do certify that I am well acquainted with *A. D. Kempf* 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 *15* day of *Feb'y* 1898.

Ordinary

Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

I, John A. D. Kessie County, }
hereby authorize

me John A. D. Kessie of Monetta Co.
to receive and receipt for the pension paid hereon and request that he remit same to
me by him

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 6th
day of March 1900.

Executed in presence of

J. A. Kessie

A. D. Kessie [L. S.]

INVALID

SOLDIER'S PENSION.

1900.

Name A. D. Kessie

County Colli-

Disability Armed

Amount, \$ 50

Warrant issued Mar 7 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

John A. D. Kessie

Gen. W. H. Harris, State Printer, Atlanta.

1/3

Kessie Co. St.

Colli Co.

(For Those Already Enrolled.)

No. 187

DISABLED

SOLDIER'S PENSION.

1901.

Name A. D. Kessie

County Colli

Disability Armed

Amount, \$ 50

Jan. 15 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

John A. D. Kessie

Gen. W. H. Harris, State Printer, Atlanta.

1/3

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colli County, }

I, A. D. Kessie hereby authorize John A. D. Kessie
of Monetta

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

at Monetta

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 9th

day of January 1901.

Executed in presence of

John A. D. Kessie

[L. S.]

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *A. D. Kemp* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the *5th* day of *December* 1838; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *private* in Company *D*, of *23rd* Regiment of *Georgia* Volunteers, *Colquett's* Brigade; that whilst engaged in such military service in the State of *Ind.*, on the *5th* day of *September* 1862, he was wounded, injured or diseased as follows:

By gunshot, striking left arm on account of which wound applicant is rendered practically incompetent to perform ordinary manual avocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of *\$50.* Dollars, for the year 189*9*

Sworn to and subscribed before me this *6th* day of *March* 1900. *A. D. Kemp* POST OFFICE

John Stoner

STATE OF GEORGIA,

Cobb County.

I, *J. M. St. Louis* Ordinary of said County, do certify that I am well acquainted with *A. D. Kemp* 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 *6th* day of *March* 1900. *John Stoner* Ordinary *Cobb* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *A. D. Kemp* of *Cobb* 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 *5th* day of *December* 1838; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *private* in Company *D*, of *23rd* Regiment of *Georgia* Volunteers, *Colquett's* Brigade; that whilst engaged in such military service in the State of *Ind.*, on the *5th* day of *September* 1862, he was wounded, injured or diseased as follows:

By gunshot, striking left arm on account of which wound applicant is rendered practically incompetent to perform ordinary manual avocations of life

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of *\$50.* Dollars, for the year 1900.

Sworn to and subscribed before me, this *7th* day of *January* 1901. *A. D. Kemp* Postoffice

John Stoner

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this *8th* day of *January* 1901. *John Stoner* Ordinary *Cobb* County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, *J. D. Kemp* 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 *July* 1902.

Executed in presence of

J. D. Kemp

FOR THOSE ALREADY ENROLLED.

No. *736*

DISABLED

SOLDIER'S PENSION

1902.

Name *J. D. Kemp*

County

Co.

Disability

Regiment

23

Amount, \$

1902.

JOHN W. LINDSEY,

WARRANT HANDLED TO

Dray

(See W. B. Barden State Printer, Atlanta)

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, *J. D. Kemp* 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 *July* 1903.

Executed in presence of

J. D. Kemp

FOR THOSE ALREADY ENROLLED.

No. *737*

DISABLED

SOLDIER'S PENSION

1903.

Name *J. D. Kemp*

County

Co.

Disability

Regiment

23

Amount, \$

1903.

JOHN W. LINDSEY,

WARRANT HANDLED TO

Dray

(See W. B. Barden State Printer, Atlanta)

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *A. D. Kemp* of *Cobb* 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 *December* 1831; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *F*, of *23*th Regiment of *Georgia* Volunteers, *Colquhoun's* Brigade; that whilst engaged in such military service in the State of *Mississippi*, on the *5*th day of *September* 1862, he was wounded, injured or diseased as follows:

By gun shot striking left arm on account of which wound applicant is rendered practically incompetent to perform any manual avocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$50* Dollars, for the year 1901.

Sworn to and subscribed before me, this the *10* day of *Jan* 1902. *A. D. Kemp* Post-office *Monetta*

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

STATE OF GEORGIA,

Cobb County.

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

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

John Anthony Ordinary *Cobb* County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *A. D. Kemp* of *Cobb* 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 *December* 1831; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *F*, of *23*th Regiment of *Georgia* Volunteers, *Colquhoun's* Brigade; that whilst engaged in such military service in the State of *Mississippi*, on the *5*th day of *September* 1862, he was wounded, injured or diseased as follows:

By gun shot striking left arm on account of which wound applicant is rendered practically incompetent to perform ordinary manual avocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$50* Dollars, for the year 1902.

Sworn to and subscribed before me, this the *10* day of *Jan* 1903. *A. D. Kemp* Post-office *Monetta*

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

STATE OF GEORGIA,

Cobb County.

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

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

John Anthony Ordinary *Cobb* County.

Note—Fill all blanks and of Company and Regiment
Note—All vouchers and affidavits must bear date after January 1, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY.

I, *A. J. Kemp*

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 12

day of *Jan* 1904.

A. J. Kemp

[L. R.]

Executed in presence of

M. Kane

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY.

I, *John A. Kemp*

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 6

day of *May* 1905.

A. J. Kemp

[L. R.]

Executed in the presence of

M. Kane

Kemp, A. J.
Cobb Co.

(FOR THOSE ALREADY ENROLLED.)

No. 300.

DISABLED

SOLDIER'S PENSION

1904.

Name *A. J. Kemp*

County *Cobb*

Co. *E* Regiment *23*

Disability *Wound*

Amount, \$*50.00*

JAN 25 1904.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDLED TO

Geo. W. Harrison, 140-170-180, ALABAMA.

no date

Kemp, A. J.
Cobb Co.

(FOR THOSE ALREADY ENROLLED.)

No. 2271

DISABLED

SOLDIER'S PENSION

1905.

Name *A. J. Kemp*

County *Cobb*

Co. *E* Regiment *23*

Disability

Amount, \$*50*

JAN 23 1905.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDLED TO

Ordway

Geo. W. Harrison, 140-170-180, ALABAMA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *A. I. Kemp* of *Cobb* 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 *5th* day of *December* 1838; that he enlisted in the military service of the Confederate States (or of the State of *GA.*) during the war between the States, and served as a *private* in Company *F*, of *23rd* Regiment of *Volunteers* *Colquitt's* Brigade; that whilst engaged in such military service in the State of *GA.*, on the *6th* day of *September* 1862, he was wounded, injured or diseased as follows:

In action at Chickamauga, left arm severely wounded, and rendered incompetent to perform ordinary avocations of life.

Deponent makes application for the pension to which he is entitled for the year ending October 30th, 1904. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *50* Dollars, for the year 1903.

Sworn to and subscribed before me, this *2* day of *January* 1904. *A. I. Kemp*
Post-office

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

STATE OF GEORGIA,

Cobb County.

I, *John H. Harty* Ordinary of said County, do certify that I am well acquainted with *A. I. Kemp* 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 *12* day of *January* 1904.

Ordinary *John H. Harty* *Cobb* County.

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

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb COUNTY.

Personally appears *A. I. Kemp* of *Cobb*

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 *5th* day of *December* 1838; that he enlisted in the military service of the Confederate States (or of the State of *GA.*) during the war between the States, and served as a *private* in Company *F*, of *23rd* Regiment of *Volunteers* *Colquitt's* Brigade; that whilst engaged in such military service in the State of *GA.*, on the *6th* day of *Sept.* 1862, he was wounded, injured or diseased as follows:

Gun shot striking left arm

Deponent makes application for the pension to which he is entitled for the year ending October 30th, 1905. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *50* Dollars, for the year 1904.

Sworn to and subscribed before me, this *16* day of *January* 1905. *A. I. Kemp*
Post-office

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

STATE OF GEORGIA,

Cobb COUNTY.

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

Given under my official signature and seal, this *16* day of *January* 1905.

Ordinary *John H. Harty* *Cobb* County.

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

Note.—All vouchers and affidavits must bear date after January 1, 1906.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY, }
I, *A. D. Kemp*, hereby authorize
John Lindsey of *Marilla, Ga.*
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 *19* _____

day of *July* 1906.
A. D. Kemp [L. S.]

Executed in the presence of _____

COUS. SECTION 126

(FOR THOSE ALREADY ENROLLED.)

No. 2776

DISABLED
SOLDIER'S PENSION
1906.

Name *A. D. Kemp*
County *Cobb*
Co. *F. 23* Regiment *24. Vol.*
Disability *disabled arm*
Amount, \$*50-*

1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO _____

100 W. HARRISON ST. ATLANTA, GA.

no d. in

Kemp, A. D.,
Cobb Co.

COUS. SECTION 126

(FOR THOSE ALREADY ENROLLED)

No. 228

DISABLED
SOLDIER'S PENSION
1907.

Name *A. D. Kemp*
County *Cobb*
Co. *F. 23* Regiment
Disability
Amount, \$*50-00*

JAN 21 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO _____

100 W. HARRISON ST. ATLANTA, GA.

no d. in

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY, }
I, *A. D. Kemp*, hereby authorize
John Lindsey 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 *July* 1907.
A. D. Kemp [L. S.]

Executed in presence of _____

John Lindsey

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears A D Kemp of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18; that he enlisted in the military service of the Confederate States, (or of the State of Georgia) during the war between the States, and served as a Private in Company F, of 23rd Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of Georgia, on the 18 day of 186, he was wounded, injured or diseased as follows:

Left arm disabled

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 50 Dollars, for the year 1905.

Sworn to and subscribed before me, this the 1 day of January, 1906.

A D Kemp
Post Office

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

State of Georgia,

Cobb County.

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

Given under my official signature and seal, this 19 day of January, 1906.

Ordinary Cobb County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1st, 1906.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears A D Kemp of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company F, of 23rd Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of Georgia, on the 18 day of 186, he was wounded, injured or diseased as follows:

Left arm disabled

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 50 Dollars, for the year 1906.

Sworn to and subscribed before me, this the 5 day of January, 1907.

A D Kemp
Postoffice

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

State of Georgia,

Cobb County.

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

Given under my official signature and seal, this 19 day of January, 1907.

Ordinary Cobb County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1st, 1907.

Cobb

Maimed Soldiers.

Voucher No. *2311*

Amount, \$ *50*

Paid to *A. D. Keup*
For *Left arm*
disabled
June 1889

Included in Warrant No.

Issued to Treasurer

1889.

WARRANT CLERK

W. J. Campbell, State Printer, Constitution Job Office

A. S. Clay

Cobb

Maimed Soldiers.

Voucher No. *1114*

Amount \$ *50*

Paid to *A. D. Keup*
For *Arm disabled*
July 18 1890

Included in Warrant No.

Issued to Treasurer

1890

WARRANT CLERK

W. J. Campbell, State Printer, Constitution Job Office

A. S. Clay

Cobb

1891.

Maimed Soldiers.

Voucher No. *1976*

Amount \$ *50*

Paid to *A. D. Keup*
For *Arm disabled*
March 3 1891

Included in Warrant No.

Issued to Treasurer

1891

WARRANT CLERK

W. J. Campbell, State Printer, Constitution Job Office

A. S. Clay

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

No. 2341

Atlanta, Ga. June 1 1889

Mr. A. D. Keup of the County

having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act,

Dec. 24, 1888, and the same having been allowed for

being arm disabled.

He is entitled to receive the sum of Fifty Dollars

for such disability, the same being the allowance due for the year ending October 24, 1889.

The Treasurer will pay the same and hold his receipt on this voucher, and return same to Executive Department for warrant.

By the Governor,

J. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty Dollars

per above voucher, this

of

June

Dollars,

1889.

A. S. Clay

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

No. 1114

Atlanta, Ga. July 13 1890

Mr. A. D. Keup of the County

having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act,

approved, Dec. 24, 1888, and the same having been examined and allowed for

Arm disabled.

He is entitled to receive the sum of Fifty Dollars

for such disability, the same being the allowance due for the year ending October 24, 1890.

The Treasurer will pay the same and hold his receipt on this voucher, and return same to Executive Department for warrant.

By the Governor,

J. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty Dollars

per above voucher, this

13

of

Dollars,

A. D. Keup per A. S. Clay his atty in fact

1891.

No. *1976*

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT. }

Atlanta, Ga. March 3, 1891.

Mr. *J. L. Kemp*

of the County

of *Cobb*

having filed his application in the Executive

Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

Ann dis

He is entitled to receive the sum of

Fifty

Dollars

for such disability, the same being the allowance due for the year ending October 24, 1891.

The Treasurer will pay the same and hold his receipt on this voucher and return same to Executive Department for warrant.

Wm. C. McWhorter
GOVERNOR.

By the Governor

W. J. Hardesty

SECY. EXECUTIVE DEPARTMENT

\$ *50*

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

Fifty
per above voucher, this

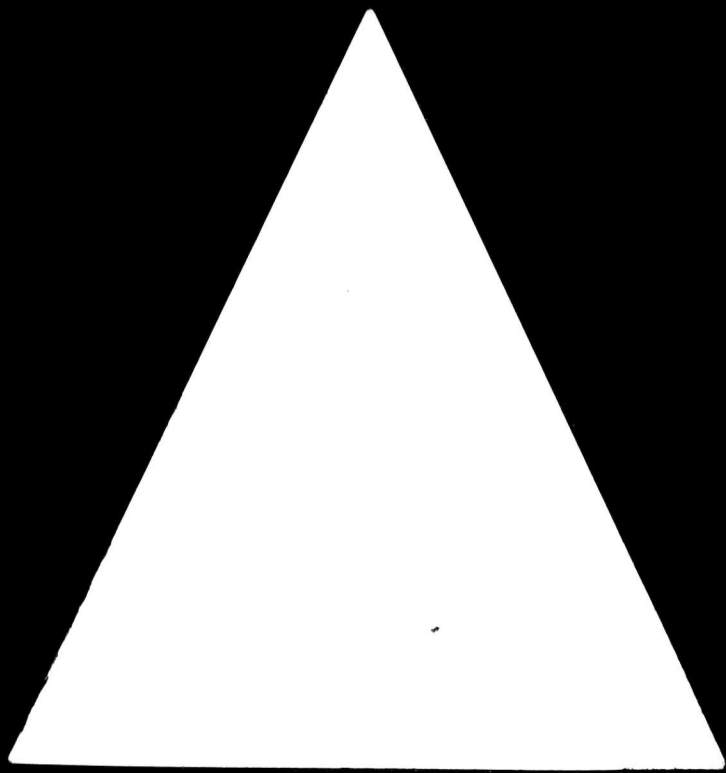
of *March*

Dollars,

1891.

J. L. Kemp
per R. C. Hardesty

7. 1880



ok Remona Cuthbert
Call 1/10/25

WIDOW'S APPLICATION

To Be Put on Roll in Her Own Right When
Husband Was on the Pension Roll
of Georgia.

County Cobb
Name Remona A. Stump
Widow of John B. Stump
Company 1st
Regiment 1st State Troop
Date of Husband's Death 19
Date of Marriage 18
Approved Feb. 5, 1925

N. E. Harris
Commissioner of Pensions.

10-31-1924

STATE OF GEORGIA.

Ordinary's Certificate

COUNTY

I, John B. Stump, Ordinary of said County, do certify that I
know Mrs. Remona A. Stump, the applicant for pension; that she is the person
January 1st, 1920; that I also know John B. Stump, the witness as to
marriage; and that both the foregoing were duly sworn by me before signing the respective aff-
davits, and that they are truthful and trustworthy and their statements are entitled to full faith
and credit.

Given under my hand and official seal of office this 27 day of Oct., 1924.
(SEAL OF ORDINARY)

John B. Stump Ordinary.
County

Instructions.

1. Before any question are answered the Ordinary must see that the applicant and the witness in the following words:
2. A fee shall give will be paid to the Ordinary by the applicant and the witness in the following words:
3. All affidavits must be sworn to by the Ordinary in the following words:
4. Only widows who are married before the Ordinary of the County in which they reside are entitled to a pension.
5. All affidavits must be sworn to by the Ordinary in the following words:
6. Widows of Disabled Pensioners must use the Blue Application, Blank and state and prove full term of time.

Comp. Cynthia A. Cobb
Collected 1925
WIDOW'S APPLICATION
 To Be Put on Roll in Her Own Right When
 Husband Was on the Pension Roll
 of Georgia.

County *Cobb*
 Name *Cynthia A. Cobb*
 Widow of *John B. Cobb*
 Company *1st*
 Regiment *1st Ill. Inf.*
 Date of Husband's Death *19*
 Date of Marriage *18*
 Approved *Feb. 5, 1925*

N.E. Lang
 Commissioner of Pensions.

10-31-1924

STATE OF GEORGIA.
 Ordinary's Certificate
 COUNTY: *Cobb*
 I, *J.M. Gann*
 know Mrs. *Cynthia A. Cobb*
 she represents herself to be, and that she is continuously a bona fide resident of said County since
 January 1st, 1920; that I also know *John B. Cobb* the witness as to
 marriage, and that both the foregoing were duly sworn by me before signing the respective affi-
 davits, and that they are truthful and trustworthy and their statements are entitled to full faith
 and credit.
 Given under my hand and official seal of office this *30* day of *Oct*, 1924.
 (SEAL OF ORDINARY) *J.M. Gann* Ordinary.
Cobb County

- Instructions.**
1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:
 "You solemnly swear that you will true answers make to each of the questions asked you and the evidence
 you shall give will be the truth. So help you God."
 2. Additional affidavits may be attached if blank spaces are insufficient.
 3. All affidavits must be made before the Ordinary of the County of residence.
 4. Only widows who are married prior to first January, 1861, are entitled.
 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by gen-
 eral reputation.
 6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of hus-
 band's service—because Disabled Pensioners made no proof of service and were not required to do so.

APPLICATION FOR PENSION BY A WIDOW

Whose Deceased Husband Was on the Pension Roll of Georgia. (Not to be Used by the Widow of a Disabled Soldier Pensioner.)

STATE OF GEORGIA,

Cobb

COUNTY.

Personally before me comes *Cynthia Ann Kemp* of said County, who, after having been duly sworn, says that she is the widow of *John B. Kemp* to whom, in the County of *Cobb* State of *Ga* she was married on the *17* day of *July* 18*67*, and that she remained his wife, and resided with him to the date of his death in *Aug 7* 19*24* and that she has not since his death remarried; at the time of his death he was a resident of *Cobb* County, in said State of Georgia, and he was on the *Service* Pension Roll of the State and paid a pension of *\$100.00* in *Cobb* County for 19*24* per annum on account of being a soldier in Company *K* *1st Ga. State Troops* (Volunteers or State Militia).

That she is now a bona fide resident citizen of said State of *Georgia* and she has, continuously, resided there since _____ day of _____ 19____

Sworn to and subscribed before me, this the

23 day of *October*, 192*4*.

J. M. Lavin Ordinary
Cobb County.

Cynthia Ann Kemp
(Applicant)

(SEAL OF THE ORDINARY.)

Affidavit of Witness to Prove Marriage and Date of Death of Husband.

STATE OF GEORGIA

Cobb

COUNTY.

James H. Lavin

Personally before me comes *Cynthia Ann Kemp* known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. *Cynthia Ann Kemp*, who made the foregoing affidavit, is the lawful widow of *John B. Kemp* who died in *Cobb* County in said State of *Ga* on the *7* day of *August*, 192*4* and that she has not since remarried; that she became the wife of *John B. Kemp* on the *17* day of *July*, 18*67*; that she and he had resided together as husband and wife, continuously, since *17* day of *July* 18*67* 19____, and that *he* was the same man who was on the pension roll of said State of *Ga* from *Cobb* County when he died.

Sworn to and subscribed before me, this the

22 day of *October*, 192*4*.

J. M. Lavin Ordinary
Cobb County.

James H. Lavin

(SEAL OF ORDINARY)

OFFICE OF
W. J. BAKER
ORDINARY
PAULDING COUNTY
DALLAS, GEORGIA

State of Georgia Paulding County.

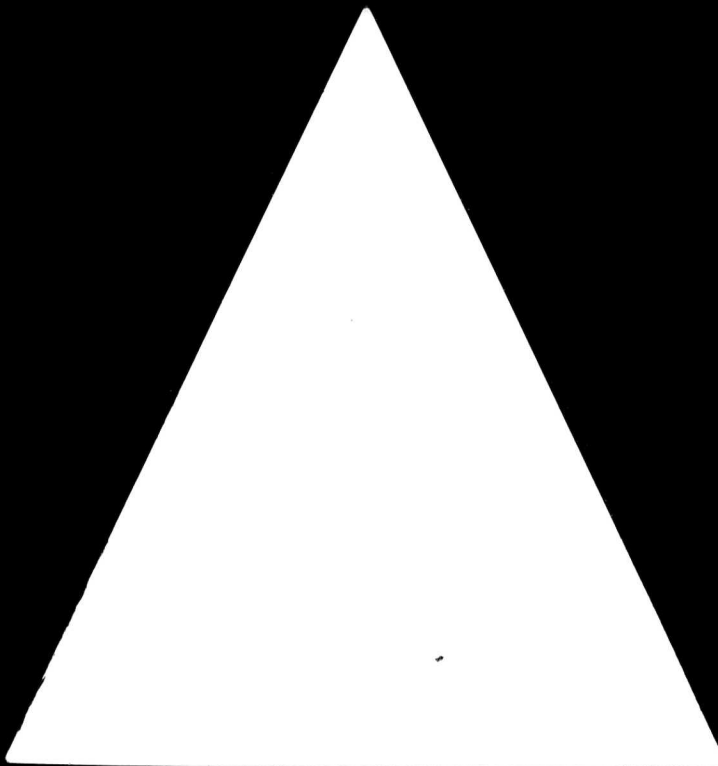
I, W. J. Baker Ordinary and ex officio Clerk of the court of Ordinary of Paulding County Certify that I have carefully searched the Marriage Records in this Office, and find no Marriage license of Record for John, B. Kemp To Cynthia, Ann Osborn. Given under my Official Signature, and the seal of Office, This 23rd day of October 1924.

W. J. Baker Ordinary

22 day of *March* 1924
of *J M Lamm*
Lobb

Ordinary
County. *James, McLean*

(SEAL OF ORDINARY)



POWER OF ATTORNEY.

STATE OF GEORGIA.

John Lindsey
County.

I, *J. A. Kemp*, hereby authorize *John Lindsey* of *Cobb* County to receive and receipt for the pension allowed and that he remit the same to me at *his office* by his check or registered mail.

Witness my hand this *9th* day of *July* 1901.

Executed in presence of *John Lindsey* Ordinary, *John Lindsey* County.

{
SEAL
}

Kemp, J. A. Mrs.
Cobb Co.
C.H.

No. _____

WIDOW'S
Indigent Pension.
1901.

Name *J. A. Kemp*
County *Cobb*
Widow of *Abe Kemp*
Approved *4/8* 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

1901.

3/9/01

POWER OF ATTORNEY.

STATE OF GEORGIA.

Capt. S. A. Kemp County. }
I, *Capt. S. A. Kemp* hereby authorize *John W. Lindsey*
of *Cobb* County, to receive and receipt for the pension allowed and that he
remit the same to me at *his office* by his check or registered mail.
Witness my hand this *9th* day of *July* 1901.
Executed in presence of *Mrs. S. A. Kemp* Ordinary.
County.

Questions for Applicant.

STATE OF GEORGIA,

Cobb County. }
I, *Mrs. S. A. Kemp* of said State and County, desiring to
avail herself of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly,
passed 1900, hereby submits her proofs, and after being duly sworn true answers to the following
questions, deposes and answers as follows:
1. What is your name and where do you reside? *(Give State, County and Post Office)*
Mrs. S. A. Kemp, I reside in Marietta, Cobb County, Ga.
2. How long and since when have you been a resident of this State? *All my life,*
66 years.
3. When and where were you born? *In Carroll County, Ga.*
4. When and where was your husband born—state his full name, and when were you and he married?
My husband, S. A. Kemp, was born in Carroll County, Ga. about 1834. He was married in 1863.
5. When and where, and in what Company and Regiment did your husband enlist or serve during the
war between the States? *He enlisted in Co. I, 5th Regt. Miss. vols. I first met him in 1862 and he was on that Co. and Regt. then. He enlisted in 1862 in the 5th Regt. Miss. vols. and was in that Regt. and Co. until the fall of 1865, at Johnson's surrender.*
6. How long and where did your husband serve in said Company and Regiment?
Until the fall of 1865, at Johnson's surrender.
7. When and where did your husband's Company and Regiment surrender and was discharged?
Near Greensboro, N.C. with Johnston's army in 1865.
8. Was your husband present at the time and place when his Company and Regiment surrendered?
He was.
9. If not with his command at surrender, state clearly and specifically where he was, when he left com-
mand, for what cause, and by what authority? *He was present.*
10. When and where did your husband die? *In Miss. in 1868, July.*
11. 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, infirmity and poverty.*
12. If upon the first ground, state how long you have been in such a condition that you cannot 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. *I am 66 years old, becoming very feeble and infirm, and have been becoming unable to work for several years.*
13. What has been your occupation since your husband's death? *Running the pick-
fishing cotton, or anything in the settlement I could find to do.*
14. How much can you earn gross, by your own exertion or labor? *But very little.*
15. What property, real or personal, or income do you have or possess, and its gross value?
Nothing at all. Neither property nor income.
16. What property, real or personal, did you possess at death of husband or he left you, and of the year
1899-1900, and what disposition, if any, by sale or gift, have you made of the same? *He was serving on rented land when he died. He left nothing but stock of provisions on hand for family, and that could not last more than a month or two, and what property did you return for taxation?
In Cobb County. I gave \$1.00.*
17. How have you been supported since death of husband, and especially for 1899 and 1900?
By my labor and help from the County. I received help from the County for many years.
18. How much did you contribute for each of 1899 and 1900, and how much did you contribute by your
own labor or income? *Don't know, it was furnished by the County.*
19. What was your employment during 1899 and 1900—how much did you receive for each year?
I was running two horse harness for the County Ordinary, and was highly supported by him from County treasury.
20. Have you a family? If so, who composes such family? Give their means of support. Have they
any lands or other property? *I have a son 32 years old at work for himself.*
21. Have you ever made an application for pension before?
No.
22. How many applications have you made for a Pension, and under what class? *None.*
Sworn to and subscribed before me this *9th* day of *July* 1901.
John W. Lindsey Ordinary,
of *Cobb* County.

WIDOW'S
Indigent Pension.
1901.

Name *S. A. Kemp,*
County *Cobb*
Widow of *S. A. Kemp*
Age *66*
Approved *9/8* 1901.
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDS TO

Geo. W. Hartman, State Printer, ATLANTA, GA.

1901.

Kemp, S. A. Mrs.
Cobb

She is not stout, being 66 years old, and is not able to earn a support by labor.

1. Answer any questions as answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will answer each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 26th April, 1865, not entitled.
5. Witnesses and two Physicians are necessary to make out claims.

POWER OF ATTORNEY.

STATE OF GEORGIA.

1000

County.

E. A. Kemp
John Smith

, 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 4

day of Jan.

1902

E. A. Kemp
John Smith

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

1000

County.

E. A. Kemp
John Smith

, 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 3

day of Jan.

1903.

E. A. Kemp
John Smith

[L. S.]

Executed in the presence of

E. A. Kemp

To Those Heretofore Paid

1902.

No. 144

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1902

E. A. Kemp
John Smith

County.

Widow of

Co.

Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1902

AND HANDLED TO

E. A. Kemp

CECIL W. HARRISON, STATE ARCHIVIST, GEORGIA.

To Those Heretofore Paid.

1903.

No. 146

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

E. A. Kemp
John Smith

County.

Widow of

Co.

Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1903

AND HANDLED TO

E. A. Kemp

CECIL W. HARRISON, STATE ARCHIVIST, GEORGIA.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA

Cobb

PERSONALLY COMES ME

The Dorothy M. Kemp

Cobb

all his life
Abraham Kemp
5th

Miss. vols.

For account of age infirmity and poverty she is unable to support herself

63.

Cobb

John Astley

D. M. Kemp
Marquette

John Astley

State of Georgia

Cobb

D. M. Kemp

John Astley
63

NOTE. All blanks must be filled.
Vouchers and affidavits must bear date after January 1st, 1902.

Form No. 1.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of *Cobb*

PERSONALLY COMES MRS.

Dorothy M. Kemp

Cobb

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

continuously ever since *all my life*

That she is the Widow of

AB Kemp

of the

Regiment of *Miss. vols.*

Volunteers, that he enlisted in said regiment on or about the month of *Sept* 1861

1861 and served in the Army up to *Sept* 1865

on the day of *July* 1868

Infirmary & poverty owing to age

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 1863

I have been allowed an Indigent pension as a resident of *Cobb*

County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me,

this *23* day of *Jan* 1903.

John Astley, Ordinary.

Dorothy M. Kemp
Marquette

Post Office

State of Georgia,

Cobb

County

John Astley

Ordinary of said County, certify that I am well

acquainted with Mrs *D M Kemp* who made the above affidavit and

am satisfied that the facts therein stated are true, and I know she is the individual she represents

herself to be, and that she has continuously resided in this State since the

day of *Jan* 18

Given under my official signature and seal, this the *23* day of *Jan* 1903.



John Astley
Cobb

Ordinary of *Cobb* County.

NOTE.—All blanks must be filled.
Vouchers and affidavits must bear date after January 1st, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }
1882
John M. Kemp
of
of

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

day of *22* 1904.

John M. Kemp
mark

[L. 8.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }
1882
John M. Kemp
of
of

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

day of *January* 1905.

John M. Kemp
mark

[L. 8.]

Executed in presence of

TO THOSE HERETOFORE PAID.

1904.

No. *103*

**INDIGENT
 WIDOW'S PENSION**

FOR YEAR ENDING DECEMBER 31, 1904

PAID TO

Mrs. M. Kemp

County,

Widow of *John M. Kemp*

Co. *1st* *Regiment*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

JAN 25 1 1905.

AND HANDSD TO

John M. Kemp

John M. Kemp
John M. Kemp

To Those Heretofore Paid.

1905.

No. *202*

**INDIGENT
 WIDOW'S PENSION,**

For year ending Dec. 31, 1905.

PAID TO

Mrs. M. Kemp

OF

County,

Widow of *John M. Kemp*

Co. *1st* *Regiment*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

JAN 25 1 1905.

AND HANDSD TO

John M. Kemp

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.

County of *Cobb*

PERSONALLY COMES MRS.

L. M. Kemp

who, being sworn, says on oath that she is a bona fide resident of said County of *Cobb* State of Georgia, and that she has RESIDED in said State continuously ever since *all my life*

That she is the Widow of

who was a soldier in Company

of the

Regiment of

Miss Wade

Volunteers, that he enlisted in said regiment on or about the month of

1861 and served in the Army up to *April* 1865

That he died

on the

day of

July

1868

*On account of age infirmity
to support herself*

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 1860

I have been allowed an Indigent pension as a resident of

Cobb

County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1904

Sworn to and subscribed before me,

this *20th* day of *January* 1904

Post Office

D. M. Kemp

State of Georgia,

Cobb

County.

I, *John Purdy*, Ordinary of said County, certify that I am well

acquainted with Mrs. *L. M. Kemp*, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of

18

Given under my official signature and seal, this the

*20th*day of *January* 1904

Official Seal

Ordinary of

Cobb

County

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1904.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.

County of *Cobb*

PERSONALLY COMES MRS.

L. M. Kemp

who, being sworn, says on oath, that she is a bona fide resident of said County of *Cobb* State of Georgia, and that she has RESIDED in said State

continuously ever since

That she is the Widow of

who was a soldier in Company

of the

Regiment of

Miss Wade

Volunteers, that he enlisted in said regiment on or about the month of

1861 and served in the Army up to

1865

the

day of

1868

*On account of age infirmity
to support herself*

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 1860

I have been allowed an Indigent pension as a resident of

Cobb

County, under Act 1900, for the year 1904, and now apply for the pension provided by law for the year ending December 31, 1905

Sworn to and subscribed before me,

this *20th* day of *January* 1905

Post Office

*John Purdy**L. M. Kemp*

State of Georgia,

Cobb

County.

I, *John Purdy*, Ordinary of said County, certify that I am well

acquainted with Mrs. *L. M. Kemp*, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of *January* 1894Given under my official signature and seal, this the *20th* day of *January* 1905

Official Seal

Ordinary of

Cobb

County

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Mrs. D. A. Kemp hereby authorize
John Lindsey of Marilla, Ga.

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

me at his office

In Witness Whereof, I have hereunto set my hand and seal, this 20

day of May 1906.

Mrs. D. A. Kemp [L. S.]
Mark

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, D. A. Kemp hereby authorize
John Lindsey 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 8

day of May 1907.

D. A. Kemp [L. S.]
Mark

Executed in presence of

J. M. Gamm

To Those Heretofore Paid

1906.

No. 216

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO
Mrs. D. A. Kemp

OF

Cobb County,

Widow of Abbe Kemp

Co. 1st 5th Miss Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

122 1906.

AND HANDED TO

eng

THE PRINCIPAL PRINTING AND PUBLISHING CO., ATLANTA, GA.

Kemp, D. A. (Mrs.)

Cobb County

To Those Heretofore Paid

1907.

No. 217

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO

Mrs. D. A. Kemp

OF

Cobb County,

Widow of Abbe Kemp

Co. _____ Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

121 1907.

AND HANDED TO

THE PRINCIPAL PRINTING AND PUBLISHING CO., ATLANTA, GA.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Dade

PERSONALLY COMES MRS.

D. A. Kemp

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

continuously ever since all her life. That she is the Widow ofAbel Kemp who was a soldier in Companyof the 5th Regiment of Miss

Volunteers, that he enlisted in said regiment on or about the month of

1862, and served in the Army up to April 1865 That he died onthe July day of 1868age & poverty

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 1863

I have been allowed an Indigent pension as a resident of Cobb County, under Act 1900, for the year 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me
this 10 day of May 1906.
John Hurst Ordinary.

Mrs. D. A. Kemp

Post Office

State of Georgia,

County. } CobbI, John Hurst Ordinary of said County, certify that I am wellacquainted with Mrs. D. A. Kemp, who made the above affidavit, and

am satisfied that the facts therein stated are true, and I know she is the individual she represents

herself to be, and that she has continuously resided in this State since the 1day of May 1894Given under my official signature and seal, this the 20 day of May 1906.

Official Seal

Ordinary of Cobb County,

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1906.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

D. A. Kemp

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

continuously ever since all her life. That she is the Widow ofAbel Kemp who was a soldier in Companyof the 5th Regiment of Miss

Volunteers, that he enlisted in said regiment on or about the month of

1862, and served in the Army up to April 1865 That he died onthe July day of 1868age & poverty

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 1863

I have been allowed an Indigent pension as a resident of Cobb County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me
this 8 day of May 1907.
John Hurst Ordinary.

Mrs. D. A. Kemp

Post Office

State of Georgia,

County. } CobbI, John Hurst Ordinary of said County, certify that I am wellacquainted with Mrs. D. A. Kemp, who made the above affidavit, and

am satisfied that the facts therein stated are true, and I know she is the individual she represents

herself to be, and that she has continuously resided in this State since the

day of May 1894Given under my official signature and seal, this the 8 day of May 1907.

Official Seal

Ordinary of Cobb County,

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1907.

Official
Seal

Ordinary of John H. Heston County, Cook

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1906.

Official
Seal

Ordinary of John H. Heston County, Cook

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1907.

Pension office 18-3-1918.

Let applicant amend and state the name of his Colonel, Lt Col and Major. So many let Co. Reg'ts, cannot identify without names of field officers. Do this and return.

J W Lindsey, Commissioner Of Pensions.

Soldier's Application.

UNDER ACT 1910.

County Cobb
Name J B Kemp
Company C. R.
Regiment 1st Ga. State Troops
Approved J. W. Lindsey

J. W. LINDSEY
Commissioner of Pensions

CHAS P BYRD, State Printer, Atlanta

1/1-1918

Pension office 12-3-1918.

Let applicant amend and state the name of his Colonel, Lt Col and Major. So many 1st Ga. Regts, cannot identify without names of field officers. Do this and return.

J W Lindsey, Commissioner Of Pensions.

Soldier's Application.

UNDER ACT 1910.

Confederate

Call for 1910

Handwritten signature: *Handwritten signature*

County

Colt

Name

J. B. Kemp

Company

Co. A

Regiment

1st Ga. Inf.

Approved

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. F. STEIN, STATE PRINTER, ATLANTA.

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,

County.

I, *J. B. Kemp*, of said State and County, hereby apply for the pension provided by Act of 1910, to Confederate Soldiers, and submit his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit:

1. What is your name and where do you reside? (Give County and Post-office)
J. B. Kemp, Newworth Ga. Co. Ga.

2. How long and since when have you been a continuous resident citizen of this State?
53 years

3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865?
Yes

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service)
Co. A, 1st Ga. State Troops, 1st Ga. Militia

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge)
until last of April 1865

6. When and where was your Company and Regiment surrendered or discharged from the Service?
April 1865

7. Were you actually present with your Command when it was surrendered or discharged?
No

8. If you were not actually present, state specifically and clearly where you were
at Hospital at the Rock, Union Co. Ga.

a. Where was your Command when you left it?
War. Manette Ga

b. When did you leave the Command?
June 17, 1864. at Charleston Hill

c. For what cause did you leave?
Wounded with Malaria

d. By whose authority did you leave?
Officers & Co. in Command

e. For how long was your leave granted? In what way?
then to the rock after I recovered I was held as a nurse until war closed

f. Why did you not return to your Command after leave expired?
I was held as a nurse until war closed

g. In what way were you prevented?
Sickness

h. What effort did you make to return?
None

i. Were you captured during the war?
No

j. No, when, and where? In what prison were you held and when were you released?
No

9. What property of every description was owned, in the use, possession and control of yourself and its cash value on the 4 Nov. 1908? (Make list by items and value.)

10. What property of any kind have you disposed of and for what purpose since 4 Nov. 1908. To whom and for what price?

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and its cash value? (Make itemized list).

12. What annual or monthly income or earnings of yourself and the source derived have you?

13. Are you drawing a pension of any amount from this State or the United States?

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
No

Sworn to and subscribed before me, this the

19 day of *June*, 1918

J. M. Gamm Ordinary

of *Colt* County

Attest: Sworn to August 16, 1919
J. M. Gamm

Handwritten note: *Handwritten note*

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA.

Cobb County.

J. H. Goodwin of said State and County is hereby presented as a witness in support of the application of *I. B. Kemp* for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded answers as follows

1. What is your name and where do you reside? *J. H. Goodwin Remond Cobb Co.*

2. How long and since when have you known *I. B. Kemp* the applicant? *60 years*

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? *West Point Ga. I know him*

4. When, where and in what Company and Regiment did *I. B. Kemp* enlist during war from 1861 to 1865? (Give date and place) *Co. D. 1st Regt. Co. H. He was in*

5. How did you obtain your information of this Service? *I was in same Co. & Regiment*

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) *from time I enlisted to in April 1865*

7. When and where was his Command surrendered or discharged (give date and place)

8. Were you personally present at the Surrender? *No*

9. If not, where were you and how came you there? *I had been wounded sent Hospital when I remained until able and was given discharge*

10. Was the applicant personally present with his Command at surrender? *No in Hospital when I was sent home*

11. If not where was he and how came him there? *He was at Hospital*

12. When did he leave his Command? *June 1864* Where was his Command when he left it? *near Macon Ga* for what cause did he leave? *Wounded, sent to Hospital*

13. By whose authority did he leave Office in Command and how long was he granted leave? *substitute* How do you know that you have stated to be true? If of your own knowledge (Tell clearly and specifically) *I was with him from when he was sent off, and when I was sent back I found him there*

14. In what way was he prevented from returning to his Command? *He was*

How do you know? *He was not able*

15. What effort did he make to return to his Command and how do you know? *No*

16. Was applicant captured as a prisoner? *No* If so, when and where? *No* In what prison was he held? *No* and when released

Sworn to and subscribed before me, this *8th* day of *August*, 1918 *J. H. Goodwin*

J. M. Gause Ordinary, of *Cobb* County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Cobb County.

Personally before me comes who on oath says that they are freeholders residing in said County and we know the applicant for pension and we know the property that is now in the use, possession and control of himself and of its cash value to wit: (Make List by items and value.)

1. What property, if any, has been sold or given away by the applicant since Nov. 4, 1908? (State it fully by items.)

2. When and to whom was it sold or given to?

3. What was the price paid or stated to be paid?

4. What relation is the party to applicant?

5. What disposition was made of the proceeds of the sale?

6. Was the disposition of this property made in good faith and full value? or was it made to obtain a pension?

Sworn to and subscribed before me, this the

day of 191

Ordinary,

of Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Cobb County.

1. Ordinary of said County, certify that I know the applicant for Pension is the person he represents himself to be and resides in said County. That I also know the witness swearing to the service and who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the

Tax Returns of shows that

value for tax is in 1908 \$ for 1909 \$ for 1910 \$ for 1911 \$14.00 for 1912 \$ for 1913 \$ for 1914 \$28.00 for 1915 \$28.00

Sworn under my hand and official seal of office this day of 191

Ordinary,

of Cobb County.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."

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

3. All affidavits must be made before the Ordinary and certified by him.

4. If applicant has no property at all in his possession, use or control of self affidavits of freeholders unnecessary.

NAME Kemp, John B. YEAR 1920 BIRTH Cobb.

WHEN AND WHERE BORN? A resident of Georgia for 83 years.

ENLISTED WHEN AND WHERE? 1963, Cobb County, Georgia

RANK:

COMPANY AND REGIMENT? Company K, 1st Georgia State Troops

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Had measles while in service and was sent to the hospital at The Rock, Upson County, Georgia. After I recovered I was held as nurse. Left my command June 17, 1964 at Cheatham's Hill
DIED, WHEN AND WHERE?

RELEASED:

WHEN AND WHERE SURRENDERED? Command surrendered April, 1965
Does not state where.

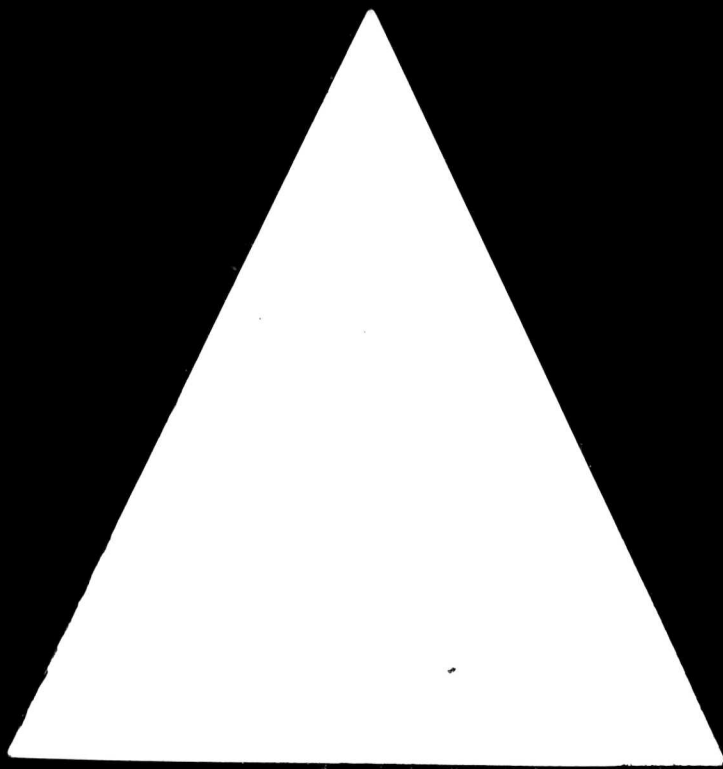
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? I was in the hospital at The Rock, Upson County, Georgia.

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: J. H. Goodwin - same company and regiment - - - No data.

SB.



Kemp, J. M.
#889

Kemp, J. M.

No. 265- Cobb Co.

APPLICATION FOR

Recy

FOR CONFEDERATE SOLDIER

Applicant J. M. Kemp

County Cobb Co.

Limb Recy above knee

Amount \$100

Date of Warrant Mar 12 1879

Page

By J. M. Kemp
J. M. Kemp

1879

STATE OF GEORGIA.

Debb County.

Personally appeared before me J. M. Kemp of the county of Debb State of Georgia, who, being duly sworn, deposes and says that he was on the 20th day of September, 1879, a bona fide resident of this State; that he enlisted in the military service of the Confederate States, or of this State, as a Private in Company M Phillips Seigon Georgia Volunteers that while engaged in such military service, to wit at the battle or engagement of Wilkesburg in the State of Virginia on the 24 day of May 1864 he was wounded in the leg and that the same was amputated below the knee that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th, 1879; that he has not supplied himself with an artificial leg; or that, not having done so, he prefers to supply himself with an artificial leg.

Sworn to and subscribed before me this 4 day of Nov 1879 J. M. Kemp

NOTE: The above affidavit must be made before some officer authorized to administer oaths, a Judge of the Superior or County Court, Justice of the Peace, Clerk of the Superior Court, or Ordinary.

COMMISSIONED OFFICERS AFFIDAVIT.

STATE OF GEORGIA.

County.

Personally came before me, _____ of the county of _____ State of Georgia, who, being duly sworn, deposes and says that he was _____ in Company _____ Regiment and that _____ the above deponent, was _____ in said Company, and that this deponent knows that said _____ had no _____ in the military service as said in the above affidavit.

Sworn to and subscribed before me this _____ day of _____ 1879.

NOTE: If the affidavit of the commissioned officer is not obtainable, the following affidavit of three responsible citizens, must be furnished.

APPLICATION FOR

FOR CONFEDERATE NUMBER

Applicant J. M. Kemp

County Debb

Limb leg above knee

Amount \$112

Date of Warrant Nov 12 1879

Page

AN ACT

To carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877

SECTION I. Be it enacted by the General Assembly of the State of Georgia, That any person now a bona fide resident of this State, who enlisted in the military service of the Confederate States, or of this State, who, while engaged in said military service, lost a limb or limbs, may furnish to the Governor of this State proof that such applicant has supplied himself with such inefficient artificial limb or limbs, and the Governor, on reception of such proof, is hereby authorized to draw his warrant on the Treasurer of this State in favor of such applicant for either amount hereinafter mentioned, to wit: For a leg extending above the knee, one hundred dollars; for a leg not extending above the knee, seventy five dollars; for an arm extending above the elbow, sixty dollars; for an arm not extending above the elbow, forty dollars. Provided the said amounts of money may be allowed to any one entitled to the benefits of this Act who may prefer to supply himself with the said artificial limb.

SEC. II. Be it further enacted by the said authority, That such application shall contain proof of such applicants being entitled to the benefits of this act, and shall further state whether arm or leg has been supplied. If an arm, whether extending above the elbow or not; if a leg, whether extending above the knee or not, and the Governor shall decide the sufficiency of the proof submitted.

SEC. III. Be it further enacted by the said authority, That no applicant shall receive the sum allowed under this act oftener than once in five years.

SEC. IV. Be it further enacted by the authority aforesaid, That all laws and parts of laws in conflict with this Act be and the same are hereby repealed.

HENRY H. GORTCHES,
Secretary House Representatives.
Wm A. HARRIS,
Secretary Senate.
Approved September 10th 1879.

A. O. BROWN,
Speaker House Representatives.
JOHN E. LESTER,
President Senate.
ALBERT H. GORTCHES, Governor.

STATE OF GEORGIA,

Cobb County.

Personally came William P. Stephens, D. S.
Blackwell and J. S. Hamby
who, being duly sworn, depose and say they are acquainted with J. M. Kemp
and know that he lost a leg in the military service during the late war;
that said leg was amputated above the knee; that he is a bona fide
citizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.

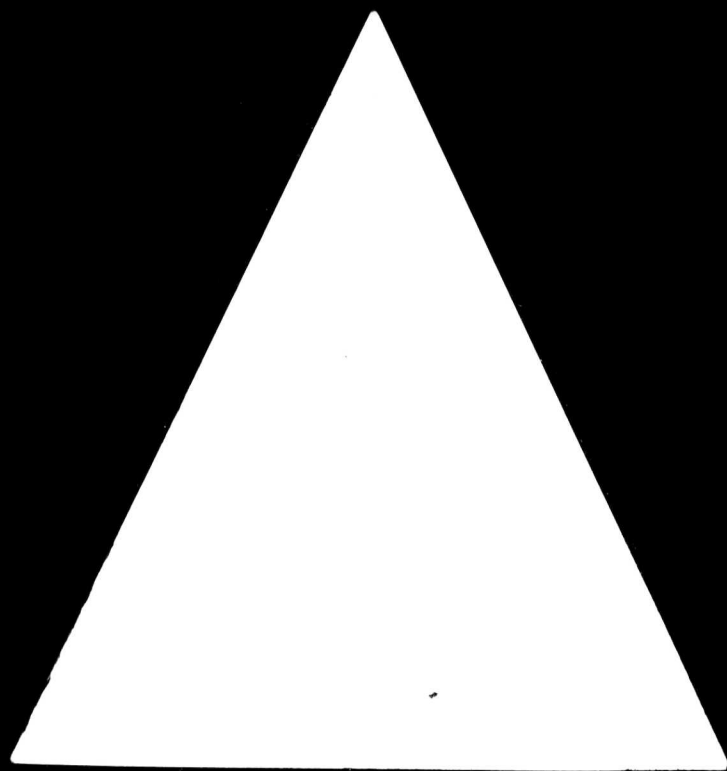
Sworn to and subscribed before me this 1st day of Nov 1879
J. S. Blackwell
William P. Stephens
J. S. Hamby
2nd Lt Comp M Phil

STATE OF GEORGIA,

Cobb County.

I, Wm M. Hammett, Ordinary of Cobb
county, do certify that I am well acquainted with J. M. Kemp
the applicant for a leg, and am well satisfied that the facts stated by him in the foregoing
affidavit are true, and that I am well acquainted with E. S. Blackwell
Wm P. Stephens and J. S. Hamby
the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts
stated by them are true.

Given under my hand and official seal, this 5th
day of November 1879
Wm M. Hammett
Ord



Kenneth J. W.
Cobb Co

O.K. July 1912

No

+ **Confederate**
Soldier's Application.

↓
UNDER ACT 1910.

County Cobb

Name W. Kemp

Company A

Regiment 1st Ga. State Troop

Approved A. J. [unclear]

ENTERED ROSTER OFFICE
J. W. LINDSEY,
Commissioner of Pensions

CHAR. F. HYRD, State Printer, Atlanta

7/30/12 11/15/1912

Questions for Applicants to Answer.

County.

Q. What is your name and where do you reside? (Give County and Post-office)

2. How long and since when have you been a continuous resident citizen of this State?

3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? *Yes*

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) *May 1863. Rowers Co. 1st Regt. S.C. Inf.*

5. How long did you remain in the actual Military Service with said Company and Regiment?
(Give date of discharge)

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

I was not with it I was Captain on Aug 9. Entirely on picket duty before

7. Were you actually present with your Command when it was surrendered or discharged? *Yes*

8. If you were not actually present, state specifically and clearly where you were. *I was Captain on August 7 and sent to personal camp. This camp was located and remained on prison until 18 days later in 1965.*

9. Where was your Command when you left it? *Bolivar, Atlantic and Gulf Coast, Ga.*

b. When did you leave the Command? *When Captured*

c. For what cause did you leave? *1000 Captivity*

d. By whose authority did you leave? *was Captured*

e. For how long was your leave granted? In what way?

f. Why did you not return to your Command after leave expired? *I was in Union*

g. In what way were you prevented? *By being in prison*

h. What effort did you make to return? *Could not make any effort*

i. Were you captured during the war? Yes

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

August 7 1864. Between Atlanta and East Point. Crisp Chan. Ch.

and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.)

24. 10 acres of land it was assessed by Grand Jury \$1000.00 with most more
 that 200.00 of an estimate value. 1 Perry gave 90 for per. 1 Bird value 20
 2 Hays 15.00 Wagon 10.00 Hunches 25.00
 Feb 18 1835-00

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price? None

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list).

1704 ans. Value 1200.00 / Corn 9.90.00 / Cow 2.20.00
2 Hags 10.00 / 2300.00 / Hens 10.00 / 230.00 / 230.00

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? *None except Social Security but more than \$1000*

13. Are you drawing a pension of any amount from this State or the United States?

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? *no*

Sworn to and subscribed before me, this the

10th day of August 1910

...Ordinary

of Columbia County.

**Confederate
Soldier's Application.**

UNDER ACT 1910.

3

Z

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3

3

ENTERED POSTER OFFICE
J. W. LINDSEY

Commissioner of Pensions

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA.

Cobb County.

J. H. Goodwin of said State and County is hereby presented as a witness in support of the application of *J. H. Humph* for the pension provided by the Act of 1910, in said State, and after being sworn true answers to the questions propounded, answers as follows:

1. What is your name and where do you reside? *J. H. Goodwin*
2. How long and since when have you known *J. H. Humph* the applicant? *I have known him for fifty years*
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? *in Cobb County, has been here for 50 years*
4. When, where and in what Company and Regiment did *J. H. Humph* enlist during war from 1861 to 1865? (Give date and place). *in May 1863 at Ft. 1st Regt. Troops same Co. from May 1864 until he was captured*
5. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) *he was with the Co. when I was with him and he was captured in May 1864*
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) *he was with the Co. when I was with him and he was captured in May 1864*
7. When and where was he captured and surrendered or discharged (give date and place)? *somewhere in S. C. I had been wounded and was not present*
8. Were you personally present at the Surrender? *no*
9. If not, where were you and how came you there? *I had been wounded and was at the Hospital at Maccom*
10. Was the applicant personally present with his Command at surrender? *no*
11. If not where was he and how came him there? *he was captured between Atlanta and East Point I was there at the time*
12. When did he leave his Command? *captured Aug. 1864* Where was his Command when he left it? *for what cause did he leave?*
13. By whose authority did he leave? *captured I did not see him*
14. How long was he granted leave? *any time*
15. How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)

13. In what way was he prevented from returning to his Command?
14. What effort did he make to return to his Command and how do you know?
15. Was applicant captured as a prisoner? If so, when and where? In what prison was he held? and when released?

Sworn to and subscribed before me, this the 20th day of Aug. 1910 *J. H. Goodwin*
Ordinary of *Cobb* County

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Cobb County.

Personally before me comes *J. H. McCarty & J. H. Barton* who on oath says that they are free holders residing in said County and we know the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.)

170 acres of land value 1200.00 2 dogs - value 15.00
1 bed room 20.00 1 old wagon 5.00
1 cow 20.00

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

1908? (State it fully by items.) *none*

2. When and to whom was it sold or given to?
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant?
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full value? or was it made to obtain a pension?

Sworn to and subscribed before me, this the 1st day of Sept. 1910 *J. H. McCarty*
Ordinary of *Cobb* County

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Cobb County.

I, *J. H. McCarty* Ordinary of said County, certify that I know the applicant *J. H. Humph* for Pension is the person he represents himself to be and resides in said County. That I also know the witness swearing to the service and *J. H. McCarty & J. H. Barton* who are free holders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of shows that and the value for tax is in 1908 \$1100.00 for 1909 \$1100.00 for 1910 \$1100.00 day of Sept 1910

- Sworn under the hand and official seal of office this 1st day of Sept 1910
- NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words: "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; no help, none true."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary and certified by him.
4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of Free holders unnecessary.

Pension Office, 12/14/20.

This Department cannot accept the valuation of property based on tax valuation, or approximately thereto. As a rule the actual, salable, cash value will exceed the tax valuation from one half to one third in value. Apply this rule to applicant's tax valuation, and you will be close on to the actual cash value of the property.

J.W. Lindsey, Com. of Pensions.

STATE OF GEORGIA,

Cobb County

I, *J.M. Gamie* Ordinary of said county, do certify that I personally know *Mary A. Kemp* the applicant, and that she is the lawful widow of *J.M. Kemp* and was on the *Service* Pension Roll of said *Cobb* county, and was paid a Pension from *Seventy Cobb* county for 1917, and at the time of his death on the *17* day of *Nov.* 1917, there was due to him and unpaid his Pension of *Eighty* Dollars from the State of Georgia and I know *W. J. McBlaney*, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this *8* day of *March* 1918.

J.M. Gamie Ordinary.

Cobb County.

Kemp, J.W.

Cobb County

No.

1918

Application for Pension Due
Deceased Soldier

UNDER ACT 1891

To be paid his Widow or Dependent Children

BY

Mrs. *Mary A. Kemp*
Widow of *J.M. Kemp*
of *Cobb* County

Vol.

Regt.

Approved and paid

1918.

J. W. LINDSEY,
Commissioner of Pensions.

BIROCK PRINTING CO., State Printers
ATLANTA, GA.

Application for Pension Due Deceased Soldier

To Be Paid to His Widow or Dependent Children

UNDER ACT APPROVED OCTOBER 9, 1891

STATE OF GEORGIA, *Cobb* County

Personally before me comes Mrs *Mary A Kemp*, of said county, after being duly sworn, on oath says that she is the widow of *J N Kemp* who was duly enrolled as a *Service* Pensioner from the county of *Cobb* and was paid a Pension of *Seventy* Dollars from *Cobb* county for *1917*, and that the said *J N Kemp* died in *Cobb* county on the *17* day of *Nov*, *1917*, and at the time of his death a Pension of *\$8.00* was due him from *Cobb* county and unpaid for *1918*. Applicant further swears that she married the said *J N Kemp* on the *4* day of *Jan*, *1886* in *Cobb* county and State of *Ga*, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this *11* day of *Feb*, *1918*

J. E. Burton M.P. Ordinary } *Mary A Kemp*
Cobb County } *mark*

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, *Cobb* County

Personally before me comes *M. J. H. Crisley*, who an oath says that he knew *J N Kemp* while in life and that he knows Mrs *Mary A Kemp* the above applicant, that he knows that the said *J N Kemp* and *Mrs Mary A Kemp* were in due form of law married in the county of *Cobb* in the State of *Ga* on the *4* day of *Jan*, *1886*, and that they resided together as husband and wife from date of marriage to the day of his death on the *17* day of *Nov*, *1917*, and I now know that she is his dependent widow.

Sworn to and subscribed before me this *9* day of *Feb*, *1918*

J. E. Burton M.P. Ordinary } *M. J. H. Crisley*
Cobb County }

Note 1st. This form can be used by guardian or minor children where there is no widow
2d. Ordinary must send in all cases certified copy of marriage attached

Georgia Cobb County

Personally appeared before the undersigned
J W Kemp this being sworn as to the
Statement herein contained. Make the same
as an Amendment to his application for
pension showing disposition of property
since 1908. His deponent was due to
H L Barnes Estab about \$70.⁰⁰ that he was
also due W. G. Davis the sum of \$80.⁰⁰
also to Will Latham \$40.⁰⁰ forty dollars
also to D D Kemp \$20.⁰⁰ and affiant was
in a suit in Cobb Superior over the
title to 15^{acres} of this land and the fee
charged by his Attorneys Mozley and Warr
in defending title there was \$50.⁰⁰ and
that affiant ~~was~~ lost his case as to the
15^{acres} of land. All of these amounts
affiant was unable to pay. The rents of
affiants farm not being more than a living
for himself and wife. Affiant being unable
to pay said rents and fees of said amounts
having been paid to judgement except
that due D D Kemp affiant sold all his
land in September 1911 to J W Kemp the
consideration being that said J W Kemp
pay off or assume all of affiants debts
taxes and give affiant and wife a home
during their life. J W Kemp being affiant's
son. the said trade being known by affiant's
children and agreeable to them. This leaving
affiant without property

Sworn to and Subscribed before
me this November 1911

J M Lauer

J W Kemp

J W Kemp

Georgia Cobb County

Personally appeared before the undersigned
W. G. Dunn, and Robert A. McCollum both
Citizens of said County and well known
to me after being duly sworn Depose and
say, that they are neighbors of
J. W. Kemp and that they know the said
J. W. Kemp became involved financially
on account of debt, which were sued
out to judgment on which said J. W. Kemp
was surety, and that said J. W. Kemp was
obliged to sell his property to pay these
debts, which amounted about \$750⁰⁰
and that W. H. Kemp did purchase the
land of J. W. Kemp, paid or assumed
the said debt, that W. G. Dunn, one of
affiants held one claim of \$600⁰⁰ of
said debt due. All the land that
was owned & sold by said J. W. Kemp
was not worth at most more than \$1100⁰⁰

R. A. McCollum
W. G. Dunn

Sworn to and Subscribed before
Me this November 15th 1911

J. M. Gamm

Ordinary Cobb County
Ga

Georgia Cobb County

I, J. M. Gamm, Ordinary of said County
Certify that R. A. McCollum & W. G. Dunn are
Citizens & Freeholders of said County their
Declarations are entitled to full faith & credit
J. M. Gamm
Ordinary

Certify that Nell M. Callahan & W. L. Rouse are
Citizens & Freeholders of said County their
Statements are entitled to full faith & credit
J. M. Fuller
Clerk

Michael Kemps - Jonesville
91
Cobb Co

No.

Widow's Application

To Be Put on Roll in Her Own Right When
Husband Was on the Indigent Roll or
Put on Under Act of July 11, 1910

County

Cobb

Name

Mary A. Kemp

Widow of

J. M. Kemp

Company

K

Regiment

1st Co. 2nd Inf. Regt.

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Index Printing Co., State Printers, Atlanta.

11/1-1918

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

Cobb

COUNTY

Personally before me comes *Mary A Kempf* of said County, who, after being duly sworn, on oath says, that she is the widow of *J. H. Kempf* to whom in the County of *Cobb* State of *Georgia* she was married on the *4* day of *Jan* 18 *56* and that she remained his wife, and resided with him to the date of his death in *Nov* 17 1917 and that she has not since his death remarried. At the time of his death he was a resident of *Cobb* County, in *State Georgia* said State of Georgia, and he was on the *State* Pension Roll of the State and paid a pension of *880.00* in *18* per annum on account of being a soldier in Company *1st* Regiment *2nd* *Volunteers of State Militia*

At the death of *J. H. Kempf* he was in the use and possession of the following property *None* of the cash value of \$

What property of any kind and of any value have you in your use, control and possession now, and the cash value. (State fully and where situated.) *None*

Acres land *None*

Horses and Mules *None*

Hogs, Cows, etc. *None*

Total Cash value of all property

That she is now a bona fide resident citizen of said County of *Cobb* and she has so continuously resided since *May* day of *May* 1865

Sworn to and subscribed before me, this the *16* day of *Aug* 1918 *Mary A Kempf*
J. E. Burton H.P. Ordinary,
of *Cobb* County.

Affidavit of Witnesses to Prove Marriage and to Whom Date of Death of Husband

STATE OF GEORGIA,

Cobb

COUNTY

Personally before me come *Nancy Osborne* known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. *Mary A Kempf* who made the foregoing affidavit, is the lawful widow of *J. H. Kempf* who died in *Cobb* County in said State of *Georgia* on *17* day of *Nov* 1917, and that she has not since remarried. That she became the wife of *J. H. Kempf* on the *4* day of *Jan* 1856, and that she and he had resided together as man and wife continuously since *4* day of *Jan* 1856, and that the *J. H. Kempf* was the same man who was on the pension roll of said State from *Cobb* County *State Georgia* when he died.

Sworn to and subscribed before me, this the *16* day of *Aug* 1918 *Nancy Osborne*
J. E. Burton H.P. Ordinary,
of *Cobb* County.

Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910

County

Cobb

Name

Mary A. Kempf

Widow of

J. H. Kempf

Company

1st

Regiment

1st Co. 2nd Regt.

Approved

J. W. LINTSEY
Commissioner of Pensions

Index Printing Co. State Printing, Atlanta

111-1918

AFFIDAVIT OF TWO FREEHOLDERS

STATE OF GEORGIA, Cobb County

Personally before me comes A. J. Morris & W. J. Whenton who after being sworn on oath says, that they are freeholders of said County, and that they know Mary A. Kemp said County and knew her said husband J. W. Kemp at his death on the 17 day of Nov 1917 that she and he were in the use, possession and control of the following erty to-wit: None

of the value of \$ None That she is now in the use, possession and control of the following property at his death to-wit: None

of the value of \$ Nothing

Sworn to and subscribed before me, this the 16 day of Aug 1917, A. J. Morris & W. J. Whenton
J. E. Burtch H.O. Ordinary,
of Cobb County.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA, Cobb County

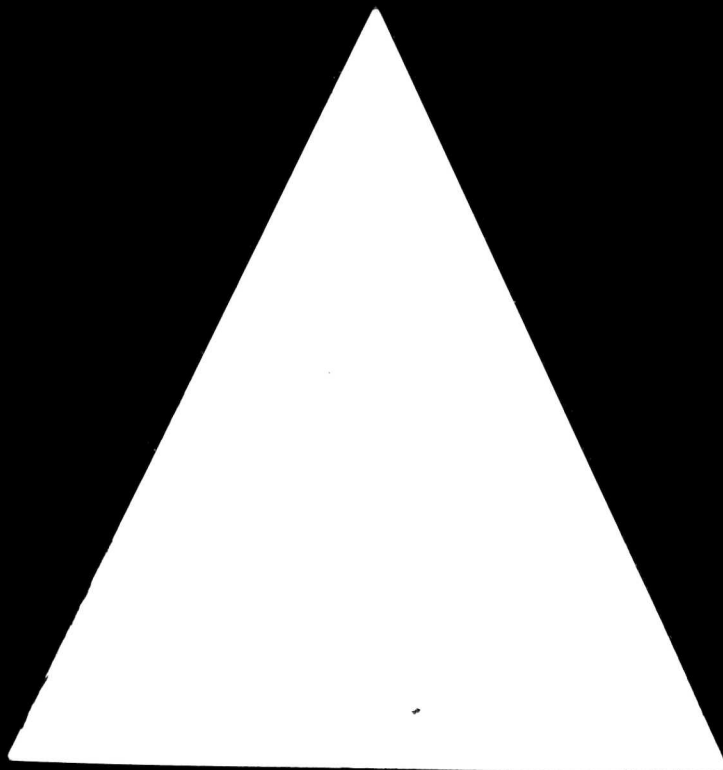
I, J. M. Gamm Ordinary of said County, do certify, that, I know Mrs. Mary A. Kemp the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the for 2 years to my knowledge
That I also know Nancy Osborn witness as to marriage and I also know A. J. Morris & W. J. Whenton who I know to be a resident freeholder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of Cobb County shows that Oh returned property to the amount of \$ 0 for 1908, \$ 0 for 1909, \$ 0 for 1910, \$ 0 for 1911, \$ 0 for 1912, \$ 0 for 1913, \$ 0 for 1914, \$ 0 for 1915, \$ 0 for 1916, \$ 0 for 1917, \$ 0 for 1918.

Sworn under my hand and official seal of office this 16 day of Oct 1918
(SEAL) J. M. Gamm Ordinary,
Cobb County.

- NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary.
4. Only widows who married prior to first January, 1870, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

3. All affidavits must be made before the Ordinary.
4. Only widows who married prior to first January, 1870, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.



*Kemp, W. C.
Cobb County*

Code Section 1280.

No.

811

INVALID
Soldier's Pension,
1901.

Name *W. C. Kemp*
County *Cobb*
Co. *7th 23rd La.* Regt
Disability *Body Wound*
Amount, \$

1901.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

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

John W. Harrison, State Printer, Atlanta

12/4 1901

Pension Office, 8/20/03.

Physicians must say if it is true
that the arm is essen-
tially and substantially use-
less, not partially so but com-
pletely, and is the sole result
of the injury said to have
been received in the service.
J. W. Lindsey,
Com. of Pensions.

STATE OF GEORGIA,

Power of Attorney.

Form No. 3.

County, }
Cobb

I, *W. C. Kemp*,
Married,
do hereby authorize

request that he remit same to
at *Married*

to receive and deposit for the pension all moneys
by *hand*
John Lindsey

IN WITNESS WHEREOF I have hereunto set my hand and seal, this
day of *November* 190*2*

W. C. Kemp

[L.S.]

Executed in the presence of

Power of Attorney.

Form No. 5.

STATE OF GEORGIA.

Cobb County.

I, *W. C. Kemp*, do hereby authorize *John Purkey* to receive and receipt for the pension allowed, and request that he remit same to *Maritta* by *hand*.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *29th* day of *November* 190*2*.

W. C. Kemp

[L. S.]

Executed in the presence of

Pension Office, 8/23/12.

Physicians must say if it is true that the arm is essentially and substantially useless. Not particularly so but not completely. It is the sole result of the injury said to have been received in the service. J. Lindsey, Col. of Pensions.

INVALID

Soldier's Pension,

1901.

Name *W. C. Kemp*
County *Cobb*
Co. *H. 23rd Ga.*
Disability *Right Arm*
Amount \$

1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

(Seal and name of Applicant, Company and Regiment on back as indicated above)

12/4-1902

Kemp, W. C. Cobb County

Code Section 1250.

No. *911*

Form No. 1.

For Use of Applicants Who Have Not Heretofore Drawn.

STATE OF GEORGIA.

Cobb County.

PERSONALLY appears *W. C. Kemp* of said *Cobb* County, State of Georgia, who being duly sworn, says on oath that he was born on the *5th* day of *December* 18*42*, that he is a bona fide citizen and resident of Georgia, and has been continuously since the *5th* day of *December* 18*62* that he enlisted in the military service of the Confederate States (or the State of _____) on the _____ day of *August* 186*1*, during the war between the States, and was in Company *F.* of *23rd* Regiment of *Ga.* Volunteers Brigade, and was honorably discharged on the _____ day of *May* 186*5*; that whilst engaged in such military service, and in line of duty in the State of *Virginia* on the _____ day of _____ 186*4* he was disabled or wounded as follows: *At second battle of Cold Harbor, Virginia, in 1864, while in line of duty, applicant was injured by a live firing a true musket off the a shell, striking him on right shoulder, near the joint, disabling said right shoulder and arm, and rendering said slight arm practically and essentially useless. The injury is still in existence, the arm is still useless as above stated, as the direct result of said injury, and this condition is permanent. Said arm has always pained me, and still pains me, so that I frequently cannot sleep at night. These pains grow worse as I advance in age. Said arm is so stiff I cannot use it.*

The Instructions as set out in the notes must be observed.

Where was command surrendered? *Greensboro, North Carolina.*

Was applicant present? *No* - If not, where was he *Home on furlough* How come there? *Died with fever*

And by whose authority? State fully: *I was taken with fever at Richmond just before surrender, and was sent home on furlough by Physicians. Was harassed at Canton after surrender.*

Deposent 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, 1902.

Sworn to and subscribed before me, this *29th* day of *Nov.* 190*2*.

John Purkey Notary Public.

Post Office.

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

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

Note.—The Ordinary will see that all blank spaces are filled when the affidavits are signed.

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA

Bobb

County.

Personally appears before me, the undersigned Ordinary in and for said County *J. R. Rutherford*,
F. A. Anderson and R. E. Lawhon and
personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say,

under oath, that they are personally and well acquainted with *W. C. Kemp*
whose application is herewith presented for a pension, that he has resided in this State continuously since the
day of *23rd* 1861, that he served in Company *F* of the

Regiment of *1st Regt. Cavalry* Brigade, and from our personal knowledge, he
while in line of duty, was injured by the service as follows: (give full statement, and tell in your own language
when, where and how the injury happened, 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.)

*At second battle of Old Harbor, in Virginia, in 1861, while
in line of duty, applicant was injured by a bullet from a true
bore, a off of a shell, striking him on right shoulder, near
the joint, disabling said right shoulder and arm and
rendering said right arm practically and essentially
useless. The injury is still in existence, the arm
is still useless as above stated, as the direct
result of said injury, and this condition
is permanent.*

Where was applicant's command surrendered? *At Petersburg, Va. with Johnston's army*
Was he with it? *to* Were all of you present? *Yes*
If not, where was he? *At home on furlough, sick with fever.*
Where were you all? *With Command*

How do you know the facts you state to be true? *I was with him, in same
Company and know all the facts stated personally.*
We personally know above stated facts. We were with him in the Army and have known him ever since.

He was honorably discharged from the service *23rd* day of *April* 1865.
Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18
We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this *29th* day of *April* 1902
J. R. Rutherford
R. E. Lawhon
Ordinary.

NOTE 1.—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 blank spaces must be filled & then signed.
4.—Three witnesses are required.

Physicians' Affidavit.

Form No. 3

STATE OF GEORGIA,

Bobb

County.

Personally comes before me, the undersigned Ordinary of said County, *John D. Dwyer*
W. C. Kemp M.D. and *Chas. N. Fitch M.D.*, both known to

me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully
examined *W. C. Kemp* and after such personal examination, say that the present
condition of applicant is as follows:

*Applicant is suffering
from a contused wound on right shoulder.
The joint said wound has since healed. And
applicant renders said joint useless. Applicant
is also suffering from disability.
The above injury is permanent and from its
nature will grow worse.*

and that such condition is permanent. Said condition arises from the following facts: *From
a wound received while in service
in 1861 and from exposure while
in service.*

We have treated applicant professionally for *23rd* years, and his condition, as above stated,
does *not* arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this *29th* day of *April* 1902
John D. Dwyer Ordinary.
W. C. Kemp M.D.
Chas. N. Fitch M.D.

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 condition. If from disease, give its nature and character, and its causes or
progress as such stated by affidants.
NOTE 2.—The physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA,

Bobb

County.

I, *John D. Dwyer*, Ordinary of said County,
do certify that I am well acquainted with *W. C. Kemp*
the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are
true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he

resides in this County and has been a bona fide resident since the *1st* day of *January* 1882.

I also certify that the witnesses, *J. R. Rutherford, F. A. Anderson*
and *R. E. Lawhon* are persons of respectability, that their statements are worthy of full
credit and belief, and that the full text of the affidavit was read to and understood by them before they signed
the same.

Given under my official signature and seal, this *4th* day of *December* 1902
John D. Dwyer
Ordinary *Bobb* County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County, }
W. C. Kemp hereby authorize
John P. Kemp 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 *12th*
 day of *January*, 1904
W. C. Kemp [L. S.]
 Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County, }
W. C. Kemp hereby authorize
John P. Kemp of *Marionette, Ga.*
 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 *10*
 day of *January*, 1905.
W. C. Kemp [L. S.]
 Executed in the presence of _____

(FOR THOSE ALREADY ENROLLED.)

No. *8*

DISABLED

SOLDIER'S PENSION

1904.

Name *W. C. Kemp*
 County *Cobb*
 Co. *F. 22* Regiment *Ga. 106th*
 Disability *right arm*
 Amount, \$ *50.00*
JAN 25 1904.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDLED TO _____

Geo. W. Harrison, State Printer, Atlanta

no date

(FOR THOSE ALREADY ENROLLED.)

No. *8*

DISABLED

SOLDIER'S PENSION

1905.

Name *W. C. Kemp*
 County *Cobb*
 Co. *F. 23rd* Regiment *Ga. 106th*
 Disability *Wound by shot arm*
 Amount, \$ *50.00*

JAN 23 1 1905.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDLED TO _____

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County,

Personally appears

W. C. Kemp

of *Cobb*

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 *1842*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *F.* of *23d* Regiment of *Volunteers* *Colquhoun's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the day of *1863*, he was wounded, injured or diseased as follows:

By fire of timber from a shell striking his right shoulder rendering his right arm practically & essentially useless

Deponent makes application for the pension to which he is entitled for the year ending *October 26th, 1904*. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *50* Dollars, for the year *1904*.

Sworn to and subscribed before me, this the

12th day of *January*, 1904.

Post-office

W. C. Kemp

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

STATE OF GEORGIA,

County,

I,

John Shuler

Ordinary of said County,

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

Given under my official signature and seal, this

12th day of *January*, 1904.

Ordinary

County.

Note. Fill all blanks and of Company and Regiment.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County,

Personally appears

W. C. Kemp

of

Cobb

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 *December* *1842*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *F.* of *23d* Regiment of *Volunteers* *Colquhoun's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the day of *1863*, he was wounded, injured or diseased as follows:

By fire of timber from a shell striking his right shoulder, rendering right arm practically & essentially useless

Deponent makes application for the pension to which he is entitled for the year ending *October 26th, 1905*. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *50* Dollars, for the year *1904*.

Sworn to and subscribed before me, this the

10th day of *January*, 1905.

Post-office

W. C. Kemp

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

STATE OF GEORGIA,

County,

I,

John Shuler

Ordinary of said County,

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

Given under my official signature and seal, this

10th day of *January*, 1905.

Ordinary

County.

Note. Fill all blanks and of Company and Regiment.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

Colt COUNTY }
W. C. Kemp hereby authorize
John W. Lindsey 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 *18* day of *May* 190*3*.

Executed in the presence of

W. C. Kemp [L. S.]

FOR THOSE ALREADY ENROLLED.

No. *229*

DISABLED
 SOLDIER'S PENSION
 1906.

Name *W. C. Kemp*
 County *Colt*
 Co. *23rd* Regiment
 Disability *light arm*
 Amount, *\$50.00*

1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

100 W. BROADWAY, NEW YORK, N. Y.

not to be

Kemp, W. C.,

Colt Co.,

(FOR THOSE ALREADY ENROLLED)

No. *229*

DISABLED
 SOLDIER'S PENSION
 1907.

Name *W. C. Kemp*
 County *Colt*
 Co. *24* Regiment *23rd*
 Disability *light arm*
 Amount, *\$50.00*

1907.

JAN 21

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

100 W. BROADWAY, NEW YORK, N. Y.

not to be

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colt COUNTY }
W. C. Kemp hereby authorize
John W. Lindsey 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 *May* 1907.

Executed in presence of

W. C. Kemp [L. S.]

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears W. B. Kemp of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18 that he enlisted in the military service of the Confederate States, (or of the State of Georgia) during the war between the States, and served as a Private in Company H of 23rd Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of Georgia, on the 18 day of 1863, he was wounded, injured or diseased as follows:

Right arm disabled

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1906. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 50 Dollars, for the year 1905.

Sworn to and subscribed before me, this the

18 day of January, 1906.

W. B. Kemp
Post-Office

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

State of Georgia,

Cobb County.

I, John Groves Ordinary of said County.

do certify that I am well acquainted with W. B. Kemp 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 January, 1906.

John Groves
Ordinary Cobb County.

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

NOTE.—All vouchers and affidavits must bear date after January 1st, 1906.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears W. B. Kemp of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18 that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company H of 23rd Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of Georgia, on the 18 day of 1863, he was wounded, injured or diseased as follows:

Right arm disabled

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1907. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 50 Dollars, for the year 1906.

Sworn to and subscribed before me, this the

10 day of January, 1907.

W. B. Kemp
Postoffice

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

State of Georgia,

Cobb County.

I, John Groves Ordinary of said County,

do certify that I am well acquainted with W. B. Kemp 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 January, 1907.

John Groves
Ordinary Cobb County.

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

NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

ALL
POST
OFFICE
STAMP
HERE

day of February 1906
Ordinary John D. Smith County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1st, 1906

ALL
POST
OFFICE
STAMP
HERE

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

Ordinary John D. Smith County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

4th

County.

I, *J. B. Hubbard*

being authorized

J. B. Hubbard

of

4th

County.

remit the same to me at

Widow my land is

13 day of

Feb

1901

Executed in presence of

J. B. Hubbard

J. B. Hubbard

{
SEAL
}

*This application is
incomplete - Cannot
be passed on
for further
Caus of Pension*

Rendrick, Amanda

I, J. B. Hubbard

4th

County

WIDOW'S

Indigent Pension.

1901.

Name *Amanda C. Hubbard*

County *Leban*

Widow of *Reuben Hubbard*

C. C. 7 1/2

Approved _____ 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____

1901.

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

13-1907
3/19-1907

POWER OF ATTORNEY.

STATE OF GEORGIA.

John Lindsey
County. }
I, *A. C. Kendrick*, hereby authorize *A. C. Kendrick*
County, to receive and receipt for the pension allowed and that he
remit the same to me at *Monticello* by his check on registered mail.
Witness my hand this *13* day of *Feb* 1901

Executed in presence of
John W. Lindsey *Armed*
County

()
()
()

This application is
for Pension - Amount
\$100.00
or present in
\$100.00
Cash of Pension

WIDOW'S
Indigent Pension.
1901.

Name *Amanda C. Kendrick*
County *Colts*
Widow of *Ruben Kendrick*
Colts
Approved *John W. Lindsey*
1901.

JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO

1901.
John W. Lindsey, State Officer, Atlanta, Ga.
Jan 14/01
3/19-14/01

Questions for Applicant.

STATE OF GEORGIA,
Colts County County.

I, *Amanda C. Kendrick*, of said State and County, desiring to
avail herself of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly,
passed *March 9* 1900, hereby submits her 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*) *Amanda C. Kendrick, Colts County, Georgia*
2. How long and since when have you been a resident of this State? *Continuously since*
June October the 11, 1841
3. When and where were you born? *in Randolph County, Georgia*
October 21, 1841
4. When and where was your husband born—state his full name, and when were you and he married?
Ruben Kendrick, his full name, and when were you and he married?
July in August 28, 1853, married in Colts County, Georgia, 1853
5. When and where, and in what Company and Regiment did your husband enlist or serve during the
war between the States? *Re-enlisted in the 11th Alabama Regiment*
6. How long did your husband serve in said Company and Regiment? *Three years*
7. When and where did your husband's Company and Regiment surrender and was discharged?
at Charleston, S.C. the 6th of June 1865, there
8. Was your husband present at the time and place when his Company and Regiment surrendered?
he was present with his Regiment at Charleston
9. If not with his Command at surrender, state clearly and specifically where he was, when he left com-
mand, for what cause, and by what authority?

10. When and where did your husband die? *he died in Colts County*
May 11th 6, 1873
11. Which of the following grounds do you base your application for Pension, viz: First—Age and
Poverty; Second—Infamy and Poverty; or Third—Blindness and Poverty? *& stating all facts*
Age and Poverty
12. It upon the first ground, state how long you have been in such a condition that you cannot earn
your support. If upon the second, give a full and complete history of the infamy and its extent. If upon
the third, state whether you are totally blind, and when and where you lost your sight.
He died of old age and heart trouble
13. What has been your occupation since your husband's death? *None*
None
14. How much can you earn gross, by your own exertion or labor? *not able to do any work*
15. What property, real or personal, or income do you have or possess, and its gross value?
have not any property or income
16. What property, real or personal, did you possess at death of husband or he left you, and of the year
1899, 1900, and what disposition, if any, by sale or gift, have you made of the same? *he left me*
nothing but a few pieces of property
17. In what counties did you reside in 1899 and 1900, and what property did you return for taxation?
in the county of Colts
18. How have you been supported since death of husband, and especially for 1899 and 1900?
by the bounty of the Government
19. How much did your support cost for each of those years, and how much did you contribute by your
own labor or income? *I have not been able to do any work*
20. What was your employment during 1899 and 1900—how much did you receive for each year?
nothing
21. Have you a family? If so, who compose such family? Give their means of support. Have they
any lands or other property? *no*
22. Have you ever made an application for pension before? *no*
23. How many applications have you made for a Pension, and under what class?
none
Sworn to and subscribed before me this *13*
day of *February* 1901
of *Colts* County.

Amanda C. Kendrick

5 Witnesses and two Physicians are necessary to make out claims.

Questions for Witnesses.

STATE OF GEORGIA,

County.

James S. Davis of said State and County, having been presented as a witness in support of the Application of Mrs. *Annanda C. Kendrick* for a Pension under the Act of *March 3, 1900*, and after having been duly sworn true answers to make to the following questions, depose and answers as follows:

1. What is your name and where do you reside? *James S. Davis Atlanta Georgia*
2. Are you acquainted with the applicant, Mrs. *Annanda C. Kendrick*? *I have known her for many years*
3. Where does she reside, and how long and since when has she been a resident of this State? *in Atlanta Georgia, getting well of an eye*
4. When and where was she born? *in Georgia October 1844*
5. Were you ever acquainted with her husband? *I was in the Confederate army*
6. Where did he reside in 1861? *in Col. County*
7. When and to whom was he married? *Annanda C. Kendrick*
8. When and where was he born? *in Georgia about 1845*
9. How long have you known him?
10. When and where did *in Col. County* enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? *Company 6 1st Col. Georgia Infantry*
11. Were you a member of the same Company and Regiment? *I was with*
12. How long did he perform regular military duty? *three years*
13. When and where was his Company and Regiment surrendered and discharged from service? *at Anderson, South Carolina*
14. Were you with the command when it surrendered? *I was*
15. Was *James S. Davis* the husband of applicant present?
16. If not present, where was he? *I was there at the surrender*
17. When and where did he leave his Command? *and then him at Newburg*

For what cause?

By whose authority he left?

How do you know all this? (State fully and clearly.)

18. When and where did *he died in Col. County Georgia* die?
19. Where did he reside at his death and how long had he been a resident of Georgia at his death? *he resided in Col. County Georgia all his life*
20. Do you of your own knowledge know that applicant is the lawful widow of *James S. Davis*?
21. Has she remained unmarried since her soldier husband's death, and is now his widow? *he was married and is the widow of James S. Davis*
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? *she has her sister and no her*
23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? *she has no property has not disposed of any*
24. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom? *she has not in disposed of any property*
25. What is applicant's physical condition and her chances and ability to earn a support? *her health is bad suffers with rheumatism, rubbers, heart of, scold & vertigo of the head*

28. Is applicant able to earn a support at labor of any sort, if not why? *disabled by disease attending in the eye gone, has no strength female rubbers & heart disease and old age*
27. How was she supported for 1899 and 1900? *almost by the charity of the people*
28. How much did applicant contribute to her support for last two years?
29. Give a full and complete statement of applicant's physical condition?

30. What interest have you in the recovery of this pension by the applicant?

Sworn to and subscribed before me this

day of

190

Ordinary,

County,

Witnesses.

Affidavits of Physicians.

STATE OF GEORGIA,

County.

Personally before me comes *John Anthony* *John Anthony* and *John Anthony* both known to me to be reputable physicians of said county, who, being severally sworn, say on oath that they have examined carefully Mrs. *Annanda C. Kendrick* applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is that she has heart disease and other ailments, which have rendered her so weak that she is unable to work, and is supported by the charity of the people, and we have no interest in said pension if allowed.

Sworn to and subscribed before me this

day of

190

Ordinary,

County,

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

I, *John Anthony* Ordinary in and for said county, hereby certify that the applicant, Mrs. *Annanda C. Kendrick* reside in said county, and has been a bona fide resident of this State since *1900*, and that the witnesses, Mr. *John Anthony* and *John Anthony* are of trustworthy character, and that their statements are entitled to full faith and credit.

I do further certify that before answering the foregoing questions, the applicant and said witnesses took the oath herein prescribed, and the full text of the affidavits was read to the applicant and witnesses before the same was signed and subscribed.

I further certify that the tax digest of *nothing* county shows that applicant returned for taxation in her own name in 1899 *nothing* dollars worth of property, and in 1900 *nothing* dollars worth of property.

Witness my hand and official seal, this

day of

190

Ordinary,

County.

{SEAL}

Notes—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you."
2. A full affidavit may be attached, if blank spaces are insufficient.
3. Affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 20th April, 1860, not entitled.
5. Witnesses and two Physicians are necessary to make out claims.

2. Additional affidavits may be attached, if blank spaces are insufficient.
3. Affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 26th April, 1865, not entitled.
5. Witnesses and two Physicians are necessary to make out claims.

[illegible]

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JOHN AWTREY, ORDINAR

Marcella, Ga. June 13th 1911

Dear Judge: —
On re-examination of the enclosed paper I find that Mr. Davis, the witness who we thought would sign, signed a "given statement" on another paper. I think Mrs. Kendrick is remarkable, but am not certain.
Very truly yours,
A. A. Burleigh.

BAD COPY***OR**LIGHT PRINT

COBB COURT OF ORDINARY.

JOHN AWTREY, ORDINARY.

Marietta, Ga.

June 13th 1877

Dear Judge:

On the examination of the proposed paper, I find that L. Davis, the witness who was thought to sign, signed "L. Davis" on an affidavit paper. I think Mrs. Kendrick is remarried, but am not certain.

Very truly yours,
John Awtrey.

Georgia Fulton County,

Personally appeared before me James L. Davis who being duly sworn says the above instrument is true in every particular.
Sworn to & subscribed before me this January 5th 1878.
A. A. Cook J.P.

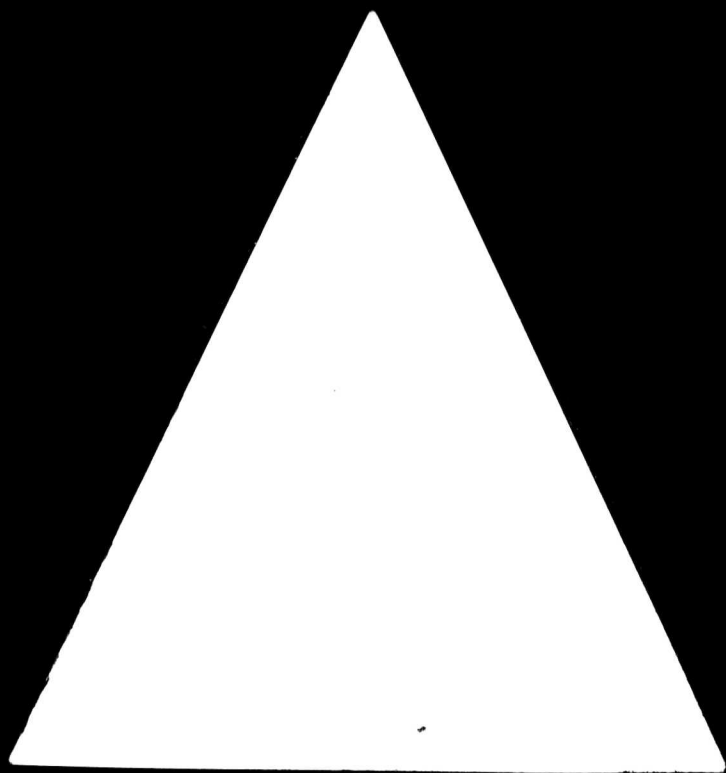
STATE OF GEORGIA,
FULTON COUNTY.

Ordinary's Office, Atlanta, Decr 27th 1896

I, John C. Wilkinson, Ordinary of said County,
certify that N A Cook whose genuine
official signature appears to the annexed paper, was at the time of
said signing an acting Justice of the Peace, in and
for said County duly sworn and commissioned, and that his com-
mission was date the 23rd day of January 1893
and ~~not~~ expired on the 22nd day of January 1897,
and that all his official acts as such are entitled to full faith and
credit.

Given under my official signature and seal of office, the day and year
above written

John C. Wilkinson
ORDINARY



POWER OF ATTORNEY.

STATE OF GEORGIA.

W. L. E. Phillips County *Wendell*

W. L. E. Phillips of *Wendell* County, Georgia, do hereby authorize

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

Witness my hand and seal this *3rd* day of *Feb* 1895.

Attest the presence of

W. L. E. Phillips *W. L. E. Phillips*

attest
Rich. Johnson
No. *378*
Kendrick T. E.
Bull. Co.
INDIGENT PENSION
1895.

Name *J. E. Kendrick*
County *W. L. E.*

Ground *Aug 1st 1896*

C. K. RICHARD JOHNSON,
Mc. Stone
Ordway

WARRANT ISSUED TO
att.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County,

I, *E. E. Phillips*, hereby authorize

E. E. Phillips of *Remick* Ga

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

at

by

E. E. Phillips

Witness my hand and seal this

day of

Nov

1895.

Executed in presence of

E. E. Phillips & *Remick*

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

County,

Cobb of said State and County, desiring to avail himself of the Pension Act approved December 16th, 1894, hereby submits his proofs, and after being duly sworn true answers to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office)
E. E. Phillips of Remick, Cobb Co. Georgia
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?
In Cobb County since birth
3. When and where were you born?
In Cobb County Ga Nov 22 - 1841
4. Did you volunteer in the Confederate Army or in the Georgia Militia?
Confederate Army
5. When and where did you enlist?
At Acworth Ga July 1861
6. In what company and regiment did you enlist?
Co. A 1st Regt, 89th
7. How long did you remain in that company and regiment?
During war
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?
9. For how long a period did you discharge regular military duty?
During war
10. When, where and under what circumstances were you discharged from service?
April 1865
11. What is your present occupation?
Farm
12. How much can you earn per annum by your own exertions or labor?
Nothing
13. What has been your occupation since 1865?
Farming
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?
\$700. Can't contribute anything
15. What is your present physical condition and how long have you been in such condition?
Physically unable to work and now being 50 yrs. unable to do much
16. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second "infirmary and poverty" or third "blindness and poverty"? *Second*
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 blind and when and where you lost your sight?
The answer I have been blind and has gradually grown worse till I am physically unable to do labor now.
18. What property, effects or income do you possess?
Nothing
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same?
Had nothing
20. In what County did you reside during those years and what property did you then return for taxation?
Cobb County Nothing
21. How were you supported during the years 1893 and 1894?
If aid of a son who has been for years
22. How much did your support cost you each of those years, and what portion did you contribute thereto by your own labor or income?
About \$100. a year I contribute nothing
23. What was your employment during 1893 and 1894? What pay did you receive in each year?
Lived on farm, which my son worked
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. Married, wife living 3 sons children 21 yrs male 14 yrs girl, 10 yrs boy. The two yrs old boy is afflicted not able to do anything

afflicted
379
Remick
INDIGENT PENSION
1895.
E. E. Phillips
Cobb
Aug 1st 1896
RICHARD JOHNSON,
Att.
WARRANT ISSUED TO
Geo. W. Harrison, State Printer, Atlanta.

25. Are you receiving a pension under any law of this State, if so what amount and for what disability?

AFFIDAVIT OF PHYSICIANS.

Sworn to and subscribed before me this the

29th day of March 1895.

of Cobb County, Georgia.

County.

STATE OF GEORGIA,

Cobb

County.

Personally came before me

Wm. A. Smith

and

both known to me as reputable physicians

of said county, who being severally sworn, say on oath that they have examined carefully

Thomas E. Rundrick

applicant for pension under the Act of 1894, and after

such personal examination, say that his precise physical condition is as follows: He has a diseased

stomach, liver and kidneys and he has Rheumatism

for a long time and for long periods he is helpless and at present is he able for no occupation or labor. He is a pitiable case physically, wholly unable to perform any labor, and he is a poor man. He is also suffering from a chronic disease which has been a long time in the service of the Confederate army, and he is now in a poor state of health. He is reduced to a poor state of health and cannot live long under the present

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 3rd day of April 1895.

Wm. A. Smith

U. Smith

Geo. W. Smith

not

not

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb

County.

I, Wm. A. Smith, Ordinary in and for said County, hereby certify that

the applicant, Thomas E. Rundrick, resides in said County, and was bona

fide resident of this State on the first day of January, 1894, and that the witnesses, viz: B. B. Phillips, A. Smith M.D. & Geo. W. Smith M.D.

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 herein prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same were signed.

I further certify that the tax digests of Cobb County show that applicant returned for taxation in his name in 1893, \$40. dollars of property, and in 1894, \$40. dollars of property.

Witness my hand and seal of office, this

3rd day of April 1895.

Wm. A. Smith

of Cobb County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb

County.

of said State and County, having been presented as a witness in support of the application of Thomas E. Rundrick for pension under the Act approved December 15th, 1894, and after being duly sworn, answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside?

Answer: My name is B. B. Phillips, and I reside in Acworth, Cobb County, Georgia.

2. Are you acquainted with Thomas E. Rundrick, the applicant, if so

how long have you known him?

Answer: I have known him since before the year 1861.

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

Answer: He resides in Acworth, Cobb County, Georgia, and has been a resident of this State since 1861.

4. Do you know of his having served in the Confederate army or the Georgia militia? How do you

know this?

Answer: I know he served in the Confederate army & was in same Company.

5. When, where and in what company and regiment did he enlist?

Answer: He enlisted in July 1861, Co. B, 15th Ga Regt.

6. Were you a member of the same company and regiment?

Answer: Yes.

7. How long did he perform regular military duty, and what do you know of his service as a Confed-

erate soldier, and the time and circumstances of his discharge from the service?

Answer: He was discharged in April 1865.

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

Answer: He has no property or income.

9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same?

Answer: He has no property or income.

10. What is the applicant's occupation and physical condition?

Answer: He is unable to work.

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

Answer: He is unable to work because of his diseased stomach, liver and kidneys.

12. How was he supported during the years 1893 and 1894?

Answer: He was supported by his oldest son.

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

Answer: He has no labor or income.

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894?

Answer: He is unable to work because of his diseased stomach, liver and kidneys.

15. What interest have you in the recovery of a pension by this applicant?

Answer: None.

Sworn to and subscribed before me, this

the 29th day of March 1895.

Wm. A. Smith

Applicant's witness

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

I, *J. E. Kendrick* County, *Cobb* hereby authorize *W. L. Gore* of *Maratta Ga.* to receive and receipt for the pension paid hereon and request that he remit same to *me* by *him*

at *23rd*
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *23rd*
day of *Aug* 1897.

Executed in presence of *J. E. Kendrick*

POWER OF ATTORNEY.

State of Georgia.

I, *J. E. Kendrick* County, *Cobb* hereby authorize *W. L. Gore* of *Maratta Ga.* to receive and receipt for the pension paid hereon and request that he remit same to *me* by *him*

at *23rd*
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *23rd*
day of *Aug* 1897.

Executed in presence of *J. E. Kendrick* [L. S.]

(For Those Already Enrolled)

INDIGENT
Soldier's Pension.
1897.

Name *J. E. Kendrick*
County *Cobb*

1.30 1897.
RICHARD JOHNSON,
Commissioner of Pensions

WARRANT HAD TO
W. L. Gore
BY W. JOHNSON, STATE PRINTER, ATLANTA

(For Those Already Enrolled.)

INDIGENT
SOLDIER'S PENSION,
1898.

Name *J. E. Kendrick*
County *Cobb*

WARRANT ISSUED
1/27 1898.
RICHARD JOHNSON,
Commissioner of Pensions

WARRANT HAD TO
W. L. Gore
BY W. JOHNSON, STATE PRINTER, ATLANTA

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears

J. E. Kendrick *Cobb*

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 *17* day of *March* *1838*; that he is *58* years old and by occupation a *Farmer*; 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 *4 1/2* years in Company *A*, of *8*th Regiment of

44 *Volts* that his physical condition is as follows:

On account of rheumatism, wound in the arm and being generally broken down, I am unable to

that his property consists of the following items

None

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 President of *Cobb* county been allowed a pension for the year 1896.

Sworn to and subscribed before me, this, the *13* day of *May* *1897*, *J. E. Kendrick* Ordinary.

STATE OF GEORGIA,

Cobb County.

I, *Wm. Stone* Ordinary of said County, do certify that I am well acquainted with *J. E. Kendrick* 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* day of *July* *1897*.

Wm. Stone Ordinary *Cobb* County.

N.B.—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears

J. E. Kendrick *Cobb*

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 *July* *1836*; that he is *61* years old and by occupation a *Farmer*; 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 *4 1/2* years in Company *A*, of *8*th Regiment of

44 *Volts* that his physical condition is as follows:

On account of infirmity, I am unable to make a support in any way

that his property consists of the following items

Nothing

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 1898. I have heretofore as a resident of *Cobb* county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, the *11* day of *May* *1898*, *J. E. Kendrick* Ordinary.

State of Georgia,

Cobb County.

I, *Wm. Stone* Ordinary of said County, do certify that I am well acquainted with *J. E. Kendrick* 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* day of *May* *1898*.

Wm. Stone Ordinary *Cobb* County.

N.B.—The blank spaces must be filled.

POWER OF ATTORNEY.

STATE OF GEORGIA,

I,

John E. Kendrick County, *Cherokee*

J. F. Hamby of *Monetta* hereby authorize

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

by

him

Witness my hand and seal this *17* day of *May* 1800.

Executed in presence of

John Stone } *J. E. Kendrick* (L. S.)

POWER OF ATTORNEY.

STATE OF GEORGIA,

I,

John E. Kendrick County, *Cherokee*

John Stone hereby authorize

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

by

him

Witness my hand and seal, this *19* day of *May* 1900.

Executed in presence of

J. F. Hamby } *J. E. Kendrick* (L. S.)

CODE SEC. 1284.
(For These Already Enrolled.)

No. *2635*

INDIGENT

SOLDIER'S PENSION,

1899.

Name *J. E. Kendrick*
County *Cherokee*

WARRANT ISSUED

1899

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

J. F. Hamby
(L. S.)

CODE SEC. 1284.
(For These Already Enrolled.)

No. *2635*

INDIGENT

SOLDIER'S PENSION,

1900.

Name *J. E. Kendrick*
County *Cherokee*

WARRANT ISSUED

1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED

J. F. Hamby
(L. S.)

JOHN W. LINDSEY, SAME PRINTER, ALABAMA.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Personally appears

County,

Cobb
J. E. Kendrick of *Cobb*
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 *22nd* day of *Novr* 1838; that he is *60* years old and by occupation a *farmer*; 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 *4 yrs* in Company *A*, of *18th* Regiment of *Inf. Vols.*; that his physical condition is as follows: *On account of disease*

Infirmit and poverty he is
unable to support himself.
that his property consists of the following items: *Nothing*

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, 1891, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899. I have heretofore as a resident of *Cobb* county been allowed a pension for the year 1898.

Sworn to and subscribed before me, this, _____ day of _____, 1899.

Ordinary.

State of Georgia,

County,

J. H. Stone Ordinary of said County,
do certify that I am well acquainted with *J. E. Kendrick* 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 _____, 1899.

day of

Ordinary.

County.

Note.—The blank spaces must be filled.

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County,

Personally appears

Cobb
J. E. Kendrick of *Cobb*
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 *22nd* day of *Novr* 1838; that he is *61* years old and by occupation a *farmer*; 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 *4 years* in Company *A*, of *18th* Regiment of *Inf. Vols.*; that his physical condition is as follows: *On account of disease, infirmity*

and poverty he is unable to
support himself.
that his property consists of the following items: *Nothing*

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, 1891, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of *Cobb* county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this, _____ day of _____, 1900.

Ordinary.

State of Georgia,

County,

J. H. Stone Ordinary of said County,
do certify that I am well acquainted with *J. E. Kendrick* 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 _____, 1900.

day of

Ordinary.

County.

Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1900.

STATE OF GEORGIA.

Executed in presence of:

For Those Already Enrolled.

INDIGENT

SOLDIER'S PENSION.

1961.

Y E Hendrick
G B B

WARRANT ISSUED

JOHN W. LINDSEY.

MARK: AN HYPERTEXT

STATE OF GEORGIA

Executed in presence of

FOR THOSE ALREADY ENROLLED.

312

INDIGENT

SOLDIER'S PENSION

1902.

Name *W. C. Hendrick*
County *Catt*
Co. *A* Regiment *15th*

WARRANT ISSUED

2145

JOHN W. LINDSEY,

WEST HESLINGTON

THE HARTMAN-GUTER PUBLISHING COMPANY

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County }
Robb

Personally appears *J. E. Kendrick* of Robb 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 *22nd* day of *Nov.* 18*38*; that he is *62* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States for of the State of *Georgia* during the war between the States, and served for the term of *4 years* in Company *A*, of *18th* Regiment of *Ca. Vols*; that his physical condition is as follows: *On account of disease incurred and poverty he is unable to support himself*; that his property consists of the following items:

Nothing

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 1901. I have heretofore as a resident of *Robb* County been allowed a pension for the year 1*900*.

Sworn to and subscribed before me, this *10th* day of *January* 1901, *J. E. Kendrick* Ordinary.

STATE OF GEORGIA,

County }
Robb

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

Given under my official signature and seal, this *10th* day of *January* 1901, *John Hawley* Ordinary, *Robb* County.

NOTE.—The Oath space must be filled.
NOTE.—Affidavits should not be attested before January 1st, 1902.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County }
Cobb

Personally appears *J. E. Kendrick* of Cobb 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 *22nd* day of *Nov.* 18*38*; that he is *60* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *4 years* in Company *A*, of *18th* Regiment of *Ca. Vols*; that his physical condition is as follows: *On account of infirmities and poverty he is unable to support himself*; that his property consists of the following items:

Nothing

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 1902. I have heretofore as a resident of *Cobb* County been allowed a pension for the year 1*901*.

Sworn to and subscribed before me, this *7th* day of *January* 1902, *J. E. Kendrick* Ordinary.

STATE OF GEORGIA,

County }
Cobb

I, *John Hawley* Ordinary of said County, do certify that I am well acquainted with *J. E. Kendrick* 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 *7th* day of *January* 1902, *John Hawley* Ordinary, *Cobb* County.



NOTE.—The blank spaces must be filled.
NOTE.—Affidavits should not be attested before January 1st, 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

J. E. Kendrick hereby authorize
John Hartley of

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

by
Witness my hand and seal, this *15th* day of *May* 1903

Executed in presence of

J. E. Kendrick
Kendrick

[L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

I, *J. E. Kendrick* hereby authorize
John Hartley of

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

by
Witness my hand and seal, this *15th* day of *May* 1904

Executed in presence of

J. E. Kendrick

[L. S.]

CODE SECTION 1234
(FOR THOSE ALREADY ENROLLED.)

No. *476*

INDIGENT

SOLDIER'S PENSION

1903.

Name *J. E. Kendrick*
County *Cobb*
Co. *A* Regiment *1st*

WARRANT ISSUED

1903.

JOHN W. LINDSEY.

Commissioner of Pensions

WARRANT HANDED TO

Cody

JOHN W. LINDSEY, STATE PRISON, ALBANY, N. Y.

CODE SECTION 1234
(FOR THOSE ALREADY ENROLLED.)

No. *5*

INDIGENT

SOLDIER'S PENSION

1904.

Name *J. E. Kendrick*
County *Cobb*
Co. *A* Regiment *1st*

WARRANT ISSUED

1904.

JOHN W. LINDSEY.

Commissioner of Pensions

WARRANT HANDED TO

Cody

JOHN W. LINDSEY, STATE PRISON, ALBANY, N. Y.

not dated

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.)

Personally appears *J. E. Kendrick* of *Cobb*

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 *22* day of *Nov* 1838; that he is *64* years old and by occupation a *farmer*, 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 *14 years* in Company *D*, of 18th Regiment of *Cal. Vols*; that his physical condition is as follows: *On acct of infirmity poverty he is unable to support himself*

that his property consists of the following items:

Nothing

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 1903. I have heretofore as a resident of *Cobb* County been allowed a pension for the year 1902.

Sworn to and subscribed before me, this the

18 day of *Jan* 1903.

John D. Harty

Ordinary.

J. E. Kendrick
Head

STATE OF GEORGIA,

Cobb County.)

I, *John D. Harty* Ordinary of said County,

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

Given under my official signature and seal, this

day of *Jan* 1903.

John D. Harty
Ordinary *Cobb* County.

Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1903.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.)

Personally appears *J. E. Kendrick* of *Cobb*

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 *22* day of *Nov* 1838; that he is *64* years old and by occupation a *farmer*, 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 *14 years* in Company *D*, of 18th Regiment of *Cal. Vols*; that his physical condition is as follows: *On account of disease infirmity and poverty he is unable to support himself*

that his property consists of the following items:

Nothing

of the value of _____ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of *Cobb* County been allowed a pension for the year 1903.

Sworn to and subscribed before me, this the

day of *Jan* 1904.

John D. Harty

Ordinary.

J. E. Kendrick
Head

STATE OF GEORGIA,

Cobb County.)

I, *John D. Harty* Ordinary of said County,

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

Given under my official signature and seal, this

day of *Jan* 1904.

John D. Harty
Ordinary *Cobb* County.

Note.—The blank spaces must be filled.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, J. E. Kendrick hereby authorize
John Anthony of _____
to receive and receipt for the pension allowed, and request that he remit same to
_____ at _____
by _____

WITNESS my hand and seal, this 21 day of January, 1905.

Executed in the presence of

John Anthony

J. E. Kendrick [I. S.]

Kendrick, J. E.
Cobb Co

(FOR THOSE ALREADY ENROLLED.)

No. 787

INDIGENT
SOLDIER'S PENSION
1905.

Name J. E. Kendrick
County Cobb
Co. A Regiment 18

WARRANT ISSUED
JAN 20 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT LANDED TO

JOHN W. LINDSEY, MANAGER FOR STATE PRINTING PLANT.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Chatham County.

Personally appears *J E Stenderich* of *Chatham*

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 *22* day of *Nov* 1898; that he is *66* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *4* years in Company *W*, of *18* th Regiment of *Chatham*; that his physical condition is as follows: *Age infirmity & poverty*

that his property consists of the following items:

Nothing

of the value of *—* Dollars. I am now earning, by my labor, *—* Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1904, 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 *Chatham* County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the *26* day of *Jan* 1905, *J E Stenderich* Ordinary.

STATE OF GEORGIA,

Chatham County.

I, *John A. Hays* 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 *21* day of *Jan* 1905.



John A. Hays Ordinary *Chatham*

County.

Application for Pension Due to a Deceased Pensioner,

Under the Act of August 18, 1904, to be paid to the Ordinary for
Funeral Expenses and Expenses of Last Illness.

Georgia, Leath County.

Personally before me, the Ordinary of said County, comes
_____ of said County, who, after being sworn on
oath, says that he knew Re Kincaid of said County, and
that he was on the August Pension Roll Leath
County at the time of his death, which occurred in Leath County,
in this State, on the 34 day of June, 1906, and
that a Pension of Sixty Dollars was due him and
unpaid at the time of his death. That he left no widow or dependent children surviving
him, and no estate of any value sufficient to pay his funeral expenses, which amounted to
the sum of Eight Dollars, as per a sworn statement,
itemized, hereto attached.

Sworn to and subscribed before me, this

22 day of June, 1906 } J. F. Collins
John Hurley Ordinary,
Coos County.

Georgia, Leath County.

I, John Hurley, Ordinary of said County, do certify
that I personally know J. Kincaid, who is a resident
citizen of said County, and that he is of a truthful and trustworthy character, entitled to
full faith and credit.

I also knew Re Kincaid while in life;
that he was the same person whose name appears on the August
Pension Roll of Leath County, and was paid a Pension of
Sixty Dollars in said County for 1904
and I now believe him to be dead.

Given under my hand and official seal, this 22 day of June, 1906
John Hurley Ordinary,
Coos County.

John H. Carter
Clerk

County.

Kendrick, Thomas E
Cody, Wyoming #248

190_6

John A. ... Ordinary
For ...
of ... County,
Of Co. ... Regiment.

Approved and Ordered Paid

1/22 1906

J. W. LINDSEY,
Commissioner of Pensions.

August 15, 1892
Osney

an dato

J. F. COLLINS.

ORLANDO AWTRY.

J. F. Collins & Company

**Furniture and Undertaking
BUGGIES AND HARNESS**

Acworth, Ga.

Jan 3 1906

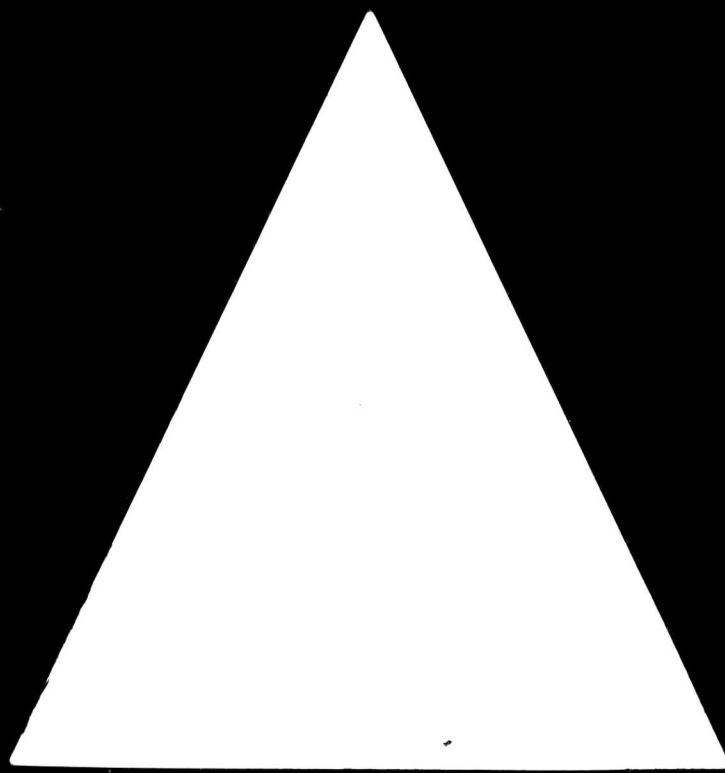
Estate of Thos E Kendrick

To J F Collins Co Dr

1 coffin in Casket & Burial Robe 15.00

personally appeared before me
J F Collins of the firm of
J F Collins Co who deposed and
saith that the above account
is just and true and the
same is paid
J A Johnson Ad J F Collins
Cath Ga.

This is to certify that I
attended the Funeral of Thos
E Kendrick on Jan 4th 1906
O. J. Kelly



POWER OF ATTORNEY.

STATE OF GEORGIA

Bob

County

M. A. Kerley
John Kerley
 of *Bob* County, hereby authorize

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

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

day of

Jan

1902

Executed in presence of:

J. M. Lane

M. A. Kerley

[L. S.]

Class
Kerley (Mrs) M. A.
 To Those Heretofore Paid
From Douglas County
1902.

No. *336*

INDIGENT
 WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs M. A. Kerley
 of *Bob* County,

Widow of

Co.

Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Me 1902
 AND HANDLED TO

Only

Geo. W. Harrison State Printer Atlanta, Ga.

POWER OF ATTORNEY.

STATE OF GEORGIA

County

I, *M A Kerley*, hereby authorize
John A. Kerley of *Wb*
 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 *9th*
 day of *Jan* 1902
M A Kerley [L. S.]

Executed in presence of

J. M. Kame

To Those Hereofore Paid

1902.

No. 136

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1902

M A Kerley
B. B. County.

Widow of
 Co.

Regiment

JOHN W. LINDSEY,
 Commissioner of Pensions

WARRANT ISSUED

1902

AND HANDS TO

1726

U. S. W. WASHINGTON, D. C.

Kerley, M. A. (m)
Cobb County

To Those Hereofore Paid

1902.

No. 212

WIDOW'S PENSION,

For year ending Dec. 31, 1902

M A Kerley
Cobb County.
 Widow of *James Kerley*
 Co. *4* Regiment *41*

JOHN W. LINDSEY,
 Commissioner of Pensions

WARRANT ISSUED

1902

AND HANDS TO

1725

U. S. W. WASHINGTON, D. C.

POWER OF ATTORNEY.

STATE OF GEORGIA

County.

I, *M A Kerley*, hereby authorize
John A. Kerley of *Wb*
 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 *22nd*
 day of *Jan* 1902
M A Kerley [L. S.]

Executed in presence of

J. M. Kame

1903

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.

PERSONALLY COMES MRS.

Cobb

M. A. Kerley

1888

1841

4181

Resident of

La

Murrah

July August 88

*Opening bridge in front of
property. Defendant is unable to
support herself*

61

Douglas

John Kirby

M. A. Kerley

John Kirby

STATE OF GEORGIA.

Cobb

M. A. Kerley

9th

day of Jan

John Kirby

Ordinary of

Cobb

County

NOTE. All blanks must be filled.

Vouchers and affidavits must bear date after January 1st, 1902.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA.

PERSONALLY COMES MRS.

County of

Cobb

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

continuously ever since

That she is the Widow of

who was a soldier in Company

of the

Regiment of *41*

Volunteers, that he enlisted in said regiment on or about the month of

1860, and served in the Army up to

1860

That he lost his

life on the day of

1860

(State here particulars of the husband's death, when, where and from what cause)

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 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 day of Jan 1902, Ordinary.

Post-Office *Intell*

State of Georgia,

County.

Ordinary of said County, certify that I am well-

acquainted with Mrs.

who made the above affidavit and

am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of

18

Given under my official signature and seal, this 22 day of Jan 1902

Official Seal.

Ordinary of *Cobb* County.

NOTE.—All blank spaces must be filled. Voucher and affidavit must bear date after January 1st, 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA.

County. }
Colt

hereby authorize

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

In Witness Whereof, I have hereunto set my hand and seal, this 18 day of 1904

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }
Colt

hereby authorize

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

In Witness Whereof, I have hereunto set my hand and seal, this 4 day of 1905.

Executed in presence of

TO THOSE HERETOFORE PAID.

1904.

WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31 1904

PAID TO

Mrs. M. A. Herley

County.

Widow of

Co.

Regiment

JOHN W. LINDSEY

Commissioner of Pensions

WARRANT ISSUED

1904

AND HANDS TO

185

TO THOSE HERETOFORE PAID.

To Those Heretofore Paid.

1905.

No. 254

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

Mrs. M. A. Herley

County,

Widow of

Co. — Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1905.

AND HANDS TO

183

TO THOSE HERETOFORE PAID.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Mrs. M. A. Kirby

who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State

continuously ever since 1862 That she is the Widow of John A. Kirby who was a soldier in Company

4th of the 1st Regiment of Vol. Volunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to June 1864 That he lost his life on the 18 day of June 1864 (State here

particulars of the husband's death, when, where and from what cause.)
John A. Kirby died of disease in
service from which he never
returned

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 1862

I have been paid a pension as a resident of Cobb County for the year ending December 31, 1903, and now apply for the pension provided by law for the year ending December 31, 1904

Sworn to and subscribed before me, this 15 day of June 1904, John A. Kirby (Ordinary) Post Office John Kirby

State of Georgia, Cobb County, I, John Kirby Ordinary of said County, certify that I am well acquainted with Mrs. M. A. Kirby who made the above affidavit and am satisfied that the facts therein stated are true, and I know who is the individual she represents herself to be, and that she has continuously resided in this State since the

day of 18

Given under my official signature and seal, this the 15 day of June 1904

John Kirby Ordinary of Cobb County

NOTE: All blank spaces must be filled.
 Voucher and Affidavit must bear date after January 1st, 1904.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Mrs. M. A. Kirby

who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State

continuously ever since 1862 That she is the Widow of John A. Kirby who was a soldier in Company

4th of the 1st Regiment of Vol. Volunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to June 1864 That he lost his life on the 18 day of June 1864 (State here

particulars of the husband's death, when, where and from what cause.)

Died in Hospital

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 1862

I have been paid a pension as a resident of Cobb County for the year ending December 31, 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me, this 15 day of June 1905, Mrs. M. A. Kirby (Ordinary) Post Office John Kirby

State of Georgia, Cobb County, I, John Kirby Ordinary of said County, certify that I am well acquainted with Mrs. M. A. Kirby who made the above affidavit and am satisfied that the facts therein stated are true, and I know who is the individual she represents herself to be, and that she has continuously resided in this State since the

day of 18

Given under my official signature and seal, this the 15 day of June 1905

John Kirby Ordinary of Cobb County

NOTE: All blank spaces must be filled.
 Voucher and Affidavit must bear date after January 1st, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, J. M. A. Kenley, hereby authorize

John M. A. Kenley 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 _____ day of May, 1906.

[L. S.]

Executed in presence of

John M. A. Kenley

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, J. M. A. Kenley, hereby authorize

John M. A. Kenley 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 _____ day of _____, 1907.

Executed in presence of

John M. A. Kenley

J. M. A. Kenley [L. S.]

To Those Heretofore Paid.

1906.

No. 112

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO

Mrs. M. A. Kenley
Widow of J. M. A. Kenley
Co. H, Regiment 41
County, Cobb

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1127 1906

AND HANDED TO

1214

For Pensions as Provided and Paid, Pursuant to Act No. 103, Session 1906.

Kenley, M. A. (Mrs.)
Cobb County
To Those Heretofore Paid.

1907.

No. 103

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO

Mrs. M. A. Kenley
Widow of J. M. A. Kenley
Co. H, Regiment 41
County, Cobb

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1127 1907

AND HANDED TO

For Pensions as Provided and Paid, Pursuant to Act No. 103, Session 1906.

For Widows Heretofore Allowed Pensions.

Form No. 1

STATE OF GEORGIA,
County of Cobb

PERSONALLY COMES MRS.

M. A. Kerley

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

continuously ever since

That she is the Widow of

who was a soldier in Company

Regiment of

Volunteers that he enlisted in said regiment on or about the month of

1861 and served in the Army up to

186

That he lost his

life on the

day of

18

(State here

particulars of the husband's death, when, where and from what cause.)

Did always continue to reside in

Dependent on the fact 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

Cobb

County, for the

year ending December 31, 1906, and now apply for the pension provided by law for the year ending
December 31, 1906.

Sworn to and subscribed before me

this 14 day of May 1906

John H. Kerley

Ordinary

Post Office

State of Georgia,

Cobb

County.

Ordinary of said County, certify that I am well

acquainted with Mrs. M. A. Kerley, who made the above affidavit, and

am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the

day of 18

Given under my official signature and seal, this the

14 day of May 1906

Official
Seal

Ordinary of

County

NOTE.—All blank spaces must be filled.
Voucher and Affidavits must bear date after January 1st, 1906.

For Widows Heretofore Allowed Pensions.

Form No. 1

STATE OF GEORGIA,
County of Cobb

PERSONALLY COMES MRS.

M. A. Kerley

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

continuously ever since

That she is the Widow of

who was a soldier in Company

Regiment of

Volunteers that he enlisted in said regiment on or about the month of

1861 and served in the Army up to

186

That he lost his

life on the

day of

18

(State here

particulars of the husband's death, when, where and from what cause.)

Did always continue to reside in

Dependent on the fact 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

Cobb

County, for the

year 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

this 14 day of May 1907

John H. Kerley

Ordinary

Post Office

State of Georgia,

Cobb

County.

Ordinary of said County, certify that I am well

acquainted with Mrs. M. A. Kerley, who made the above affidavit, and

am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the

day of 18

Given under my official signature and seal, this the 14 day of May 1907

Official
Seal

Ordinary of

County

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1907.

Given under my official signature and seal, this the _____ day of _____ 1906

{ Official
Seal }

John H. May
Ordinary of _____ County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavits must bear date after January 1st, 1906.

Given under my official signature and seal, this the _____ day of _____ 1907

{ Official
Seal }

John H. May
Ordinary of _____ County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1907.

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

Form No. 2.

STATE OF GEORGIA, County of Cobb

I, John E. Kile, Ordinary in and for said County of
State of Georgia, hereby certify that I am acquainted with Mrs.
the applicant for a pension in this case, and
know, from my own knowledge, (or from positive proof presented to me by reputable witnesses),
that she resides in this County, and that she resided in the State of Georgia on December 23,
1890, and has not been 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 1892.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the
day of May, 1893.

Ordinary

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA,

Know ALL MEN BY THESE PRESENTS, That I,

of Cobb County, do hereby appoint
of John E. Kile my true and lawful attorney in fact, for

me and in my name to receive and accept 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 af-
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
day of May, 1893.

Executed in the presence of us:
John E. Kile [u.s.]

DIRECTIONS.

Seal amount by _____ to _____
me at _____, and oblige _____

Kile, J. E.
Cobb County
FOR THOSE HERETOFORE PAID
1893
Check 4182
No. 4302
Widows' Pension,
for year ending February 15th, 1893.
PAID TO
Mrs. J. E. Kile
OF
Cobb COUNTY.
Warrant Issued
1893
AND HANDED TO
J. M. Stone
Geo. W. Harrison, Clerk Printer, Atlanta.

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

Form No. 9.

STATE OF GEORGIA, County of *Cobb*

I, *J. E. Kyle*, Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. *M. A. Kyle* the applicant for a pension in this case, and know, from my own knowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of *W. A. Kyle* deceased, and as such has heretofore been allowed a pension for the year ending February 15th 1892.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, *15* day of *July*, 1893.

Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA.

KNOW ALL MEN BY THESE PRESENTS That I, *J. E. Kyle* of *Cobb* County,

County, in said State, do hereby appoint *W. A. Kyle* my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this *15* day of *July*, 1893.

Executed in the presence of us:

DIRECTIONS.

Send amount by *me* at *me* to *me* and oblige

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

Form No. 9.

STATE OF GEORGIA, County of *Cobb*

I, *J. E. Kyle*, Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. *M. A. Kyle* the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of *W. A. Kyle* deceased, and as such has heretofore 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, *31* day of *July*, 1895.

Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, *Cobb* County.

KNOW ALL MEN BY THESE PRESENTS, That I, *J. E. Kyle* of *Cobb* County in said State, do hereby appoint *W. A. Kyle* my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this *31* day of *July*, 1895.

Executed in the presence of us:

DIRECTIONS.

Send amount by *me* at *me* to *me* and oblige

1895.

No. 462

WIDOW'S PENSION.

for year ending February 15th, 1895

W. A. Kyle

W. A. Kyle County.

WARRANT ISSUED

24 July 1895.

AND HANDED TO

W. A. Kyle

Widow's Pension,

for year ending February 15th, 1893.

W. A. Kyle

W. A. Kyle County.

Warrant Issued

1893

AND HANDED TO

W. A. Kyle

W. A. Kyle, Clerk of Court.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of

Personally comes Mrs.

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

continuously ever since

18 That she is the Widow of

who was a Soldier in Company

of the

Regiment of

Volunteers, that he enlisted in said Regiment on or about the month of

186 and served in the Army up to

186 That he lost his

life on the

day of

18 (State here

full particulars of the husband's death, when, where and from what cause)

1893

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, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893

Sworn to and subscribed before me, this

day of

1893.

Ordinary.

Post-office

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of

Personally Comes Mrs.

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

continuously ever since

1878 That she is the Widow of

who was a Soldier in Company

of the

Regiment of

Volunteers, that he enlisted in said Regiment on or about the month of

1863 and served in the Army up to

1865 That he lost his

life on the

day of

1865 (State here

full particulars of the husband's death, when, where and from what cause)

That while in the Confederate Army he was Capt. T. A. Kile some time in the winter of 1864 or 5 was taken to some prison in the Federal lines and died in the State of Indiana on the 26th day of March 1865.

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 1848 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

31st

day of January 1895.

Ordinary.

Post-office

Marietta Ga.

Affidavit to be Made by the Widow. Form No. 1.

STATE OF GEORGIA,

In person came before me, the undersigned Ordinary
County of *Cobb* in and for the County of *Cobb*
Mrs. *E. Kyle* who being sworn according to law, says under
oath that she is the widow of *W. A. Kyle* who was a soldier in
the service of the Confederate States, and served as a member of Company *B*, of the
1st Ga. Cavalry Regt. of Volunteers; that he enlisted in said
service on or about the 7th day of *October* 1863, and was in the
Army up to the 7th day of *April* 1864. That while in the
Army, he was on the 10th day of *April* 1864. (See Note No. 1)

was captured as a prisoner
was taken into the State of Indiana
where he died on March 26th 1865
was told that he was dropped
in the Country or escaped from
the Captors and was found in
Alabama and taken to a private
house where he died.

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 2nd day of
1865, and that she has resided in Georgia continuously since the 15th day of *May* 1866; 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, 1902, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, 17th day of *April* 1891
J. E. Hill
Ordinary.

NOTE: State in blank above the date of the death of the husband, and how, and when, and where he died. And if
cause his death resulted from disease, state how the disease arose, positively to have resulted from the service of the soldier
in the Army and not from any other cause.

Affidavit for Three Witnesses.

State of Georgia

In person came before me, the undersigned Ordinary
County of *Cobb* in and for said County, witnesses
and *J. E. Hill* each known to said Attesting Officer as truthful,
reliable and reputable citizens, who severally say under oath, that, FROM THEIR OWN PERSONAL KNOWLEDGE, Mrs. *E. Kyle* of the County of *Cobb*
State of Georgia, the widow of *W. A. Kyle*, who was a soldier in
Company *B* of the 1st Ga. Cavalry Regt. of Volunteers.
That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or
about the 7th day of *October* 1863. That while in said service, or by
reason of said service in the Army, he lost his life as follows:

J. A. G. Anderson testifies that the said
W. A. Kyle was a member of *Company B* and
Regiment *as above stated* - that *he* *Anderson*
was in the *Company* with him - that *Sergeant*
Kyle was captured some where in the
State of *Virginia* - that it was reported
that he died while a prisoner of war.
At my oath the said *Kyle* never returned
to the Army, nor was ever heard of any more.
J. S. Glover testifies to the same facts
as testified by *J. A. G. Anderson*.

Our opportunity for knowing the facts stated in reference to death of applicant's husband were

We further swear that Mrs. *E. Kyle* was the wife of said
soldier during the service, and that she has not intermarried since his death, and that she resides in
County of the State of Georgia.

Sworn to and subscribed before me, this, 15th day of *July* 1893
J. E. Hill Ordinary.

NOTE: Witnesses may not testify about things they may believe, and make statements as such facts as they per-
sonally know.
If the husband died after the war of wounds or disease, state how the disease arose, positively to have resulted from the service of the soldier
as a soldier was in the Army and not from any other cause.

Affidavit for Three Witnesses.

Form No. 2.

State of Georgia,

County of *W. Cobb*

In person came before me, the undersigned Ordinary in and for said County, witnesses *H. M. Hill*

and (each known to said Attesting Officer as truthful, reliable and reputable citizens) who severally say under oath, that, from their own personal knowledge, Mrs. *J. E. Kyle* of the County of *Cobb* State of Georgia, the widow of *W. A. Kyle* who was a soldier in Company *7th* of the *9th* *Ya. Cavalry* Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the *7th* day of *October* 1863. That while in said service, or by reason of said service in the Army, he lost his life as follows:

H. M. Hill swears that said *W. A. Kyle* was a soldier in the Army as stated above & died as such soldier - that he never saw him since the war & that *W. A. Kyle* has never returned home from the Army - I was at home when it was reported that he was captured

Our opportunities for knowing the facts stated in reference to death of applicant's husband were

H. M. Hill was a member of *Sarah Co.* *W. A. Kyle*

We further swear that Mrs. *J. E. Kyle* was the wife of said soldier during the war, and that she has not intermarried since his death, and that she resides in County of the State of Georgia. *H. M. Hill*

Sworn to and subscribed before me, this, the *17th* day of *April* 1891 *J. M. Hill* Ordinary.

NOTE. Witnesses must not testify about things they may believe, but confine their statements to such facts as they personally know.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,

County of *Cobb*

Mrs. *J. E. Kyle* who being sworn according to law, says under oath that she is the widow of *W. A. Kyle* who was a soldier in

the service of the Confederate States, and served as a member of Company *7th* of the *9th* *Ya. Cavalry* Volunteers; that he enlisted in said service on or about the *7th* day of *October* 1863, and was in the *Confederate* Army up to *1864*. That while in the

Army, he was on the *7th* day of *October* 1864, (See Note No. 1.) *W. A. Kyle* was captured while in the Army in the State of Virginia was carried to some prison in the State of Indiana. That he died in Indiana some time about 26th day of March 1865, as I was informed. *W. A. Kyle* served in the Army, was captured, was taken sick, with chronic disease of the bowels & I was informed by any other I know he never returned home nor has he been heard of since the war.

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 *12th* day of *March* 1848, and that she has resided in Georgia continuously since the *15th* day of *March* 1848; 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, 1891, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the *14th* day of *May* 1891 *J. E. Kyle* Ordinary. *Oakley Mills* *Cobb Co. Ga.*

NOTE 1. State in blank above the date of the death of the husband, and how, and when, and where he died. And in case his death resulted from disease, state how the disease is shown 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.

Form No. 2.

STATE OF GEORGIA, County of Cobb

I, J. M. Stone, Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. M. A. Stone the applicant for a pension in this case, and know, from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1860, and has not lived out of the State since that date. That she is the widow of M. A. Stone deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 10th day of February, 1894.

Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, County of Cobb

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. M. A. Stone

County in said State, do hereby appoint

of M. A. Stone my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10th day of February, 1894.

Executed in the presence of us:

[L. S.]

DIRECTIONS.

Send amount by me at

to, and oblige

Geo. W. HARRISON, State Printer, ATLANTA.

WARRANT ISSUED
AND HANDLED TO
1894.

COUNTY.

for year ending February 15th, 1894.

WIDOWS' PENSION,

No.

1894.

FOR THOSE HERETOFORE PAID.

Cobb County

(Filed 1/13/94)

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally comes Mrs.

J. E. Kille

who being sworn, says on oath, that she is a bona fide resident of said County of

Cobb

State of Georgia, and that she has resided in said State

continuously ever since

May 25

1838 That she is the Widow of

J. E. Kille who was a Soldier in Company

of the

7th

Regiment of

Ga.

Volunteers, that he enlisted in said Regiment on or about the month of

July

1863 and served in the Army up to

March 20

1865 That he lost his

life on the

26th

day of

March

1865 (State here

full particulars of the husband's death, when, where and from what cause.)

That while in the Confederate Army he was taken Prisoner, taken to Union Prison, and from best information he died in the State of Indiana on the 26th day of March 1865.

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 1845; 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

5th day of July 1894.
J. E. Kille
Ordinary.

Post-office

J. E. Kille
Marietta Ga.

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

Form No. 9.

STATE OF GEORGIA, County of Cobb

I, J. M. Stone, Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. J. E. Aile the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of W. A. Aile deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this 4th day of Feb., 1896.

[SEAL]

J. M. Stone

Ordinary.

Form No. 9.

POWER OF ATTORNEY.

STATE OF GEORGIA, County of Cobb

I, Mrs. J. E. Aile, hereby authorize J. M. Stone of Marietta Ga. to receive and receipt for the pension paid heron and request that he remit same to me by him.

In Witness Whereof, I have hereunto set my hand and seal, this 4th day of Feb., 1896.

[L.S.]

Executed in the presence of J. M. Fleming

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

Form No. 9.

STATE OF GEORGIA, County of Cobb

I, J. M. Stone, Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. J. E. Aile the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of W. A. Aile 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 9th day of Feb., 1897.

[SEAL]

J. M. Stone

Ordinary.

Form No. 9.

POWER OF ATTORNEY.

STATE OF GEORGIA, County of Cobb

I, J. E. Aile, hereby authorize J. M. Stone of Marietta Ga. to receive and receipt for the pension paid heron and request that he remit same to me by him.

In Witness Whereof, I have hereunto set my hand and seal, this 9th day of Feb., 1897.

[L.S.]

Executed in the presence of J. M. Fleming

1896.

No. 3537

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO

J. E. Aile

OF

Cobb County.

widow of

J. E. Aile

WARRANT ISSUED

AND HANDLED TO

115

W. A. JOHNSON, STATE PRINTER.

1897.

No. 3657

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO

J. E. Aile

OF

Cobb County.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

1897.

AND HANDLED TO

J. E. Aile

W. A. JOHNSON, STATE PRINTER.

For Widows Heretofore Allowed Pensions.

Form 1.

STATE OF GEORGIA,

County of *Cobb*

Personally Comes Mrs.

J. E. Kyle

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

continuously ever since

18 *28* That she is the Widow of

who was a Soldier in Company

of the *7th Cav.* Regiment of

Yu. Oct.

Volunteers, that he enlisted in said regiment on or about the month of

186 *3* and served in the Army up to

186 *5* That he lost his

life on the

day of

18 *65* (State here

full particulars of the husband's death, when, where and from what cause.)

That while in the Confederate Army he was taken prisoner, then was attacked with chronic diarrhoea, was turned loose or escaped in the State of Indiana and then died with said disease on the 26th day of March 1865.

Deposant 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 *48*

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

Cobb County for the year ending February 15th, 1895, and now apply for

the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this

27 day of *July* 1896.

Ordinary.

Post-office

W. E. Kyle
W. E. Kyle

For Widows Heretofore Allowed Pensions.

Form No. 1

STATE OF GEORGIA,

County of *Cobb*

Personally Comes Mrs.

J. E. Kyle

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

continuously ever since

18 *28* That she is the Widow of

who was a Soldier in Company

of the *7th Cav.* Regiment of

Yu. Oct.

Volunteers, that enlisted in said regiment on or about the month of

186 *3* and served in the Army up to

186 *5* That he lost his

life on the

day of

18 *65* (State here

full particulars of the husband's death, when, where and from what cause.)

That while in the Army he died of chronic diarrhoea.

Deposant 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 *48*

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

Cobb County for the year ending February 15th, 1890, and now apply for

the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this

27 day of *July* 1897.

Ordinary.

Post-office

W. E. Kyle
W. E. Kyle

POWER OF ATTORNEY.

State of Georgia,

I, Mrs J. E. Kile hereby authorize Mr John Stone
of Cobb County, to receive and receipt for the pension paid hereon and request
that he remit same to me by him 8

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

day of July 1898.

Mrs J. E. Kile [L. S.]

Executed in the presence of

POWER OF ATTORNEY.

State of Georgia,

I, Mrs J. E. Kile hereby authorize Mr John Stone
of Cobb County, to receive and receipt for the pension paid hereon and request that he remit same to
me by him 1st

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

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

day of July 1898.

Mrs J. E. Kile [L. S.]

Executed in presence of

For Those Heretofore Paid.

1898.

No. 2711

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs J. E. Kile

Cobb County,
Widow of John Stone

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

July 8

AND HANDLED TO

John Stone

REG. W. HARRISON, STATE PRINTER, ATLANTA

Kile, J. E. Mrs.

Cobb County
For Those Heretofore Paid.

1898.

No. 2158

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs J. E. Kile

Cobb County,
Widow of John Stone

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

July 30

AND HANDLED TO

John Stone

REG. W. HARRISON, STATE PRINTER, ATLANTA

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *Cobb*

Personally Comes Mrs.

J. E. Kile

Cobb 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
continuously ever since *May 25* 18*28* That she is the Widow of

I *W. A. Kile* who was a Soldier in Company
of the *7th Cav* Regiment of *Ala.*
Volunteers, that he enlisted in said regiment on or about the month of *Oct*

186*3* and served in the Army up to *March* 186*5* That he lost his
life on the *26th* day of *March* 1865 (State here

full particulars of the husband's death, when, where and from what cause.)

*That he was taken prisoner
and taken North some when
and died in the State
of Indiana in March 1865-*

Dependent 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*48*

I have been allowed a pension as a resident of *Cobb* County for the year ending
February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898.

8th Sworn to and subscribed before me, this
day of *Feb* 1898.
J. M. Stone Ordinary.

Mrs. J. E. Kile
Post-Office *Mableton Ga.*

State of Georgia,

County of *Cobb*County of *Cobb**J. M. Stone*

Ordinary of said County, certify that I am well acquainted
with Mrs. *J. E. Kile* 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
has continuously resided in this State since the *25th* day of *May* 18*28*

Given under my official signature and seal this the *8th* day of *July* 1898.

Official
Seal.

Ordinary of

County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *Cobb*

Personally Comes Mrs.

J. E. Kile

Cobb 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
continuously ever since *May 25th* 18*28* That she is the Widow of

W. A. Kile who was a soldier in Company
I of the *7th Cavalry* Regiment of *Georgia*
Volunteers, that he enlisted in said regiment on or about the month of *October 9th*

1863 and served in the Army up to *March 26th* 1865 That he lost his
life on the *26th* day of *March* 1865 (State here

full particulars of the husband's death, when, where and from what cause.)

*He was taken prisoner
in the winter of 1864 and
taken to State of Indiana
and died there from ex-
posure and cold March
26th 1865*

Dependent 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*48*

I have been allowed a pension as a resident of *Cobb* County for the year ending
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
day of *Feb* 1899.
J. M. Stone Ordinary.

Mrs. J. E. Kile
Post-Office *Mableton Ga.*

State of Georgia,

County of *Cobb*County of *Cobb**J. M. Stone*

Ordinary of said County, certify that I am well acquainted
with Mrs. *J. E. Kile* 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
has continuously resided in this State since the *25th* day of *May* 18*28*

Given under my official signature and seal this the *15th* day of *July* 1899.

Official
Seal.

Ordinary of

County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

I, *Mrs T. E. Kile* hereby authorize

Mr Stone of *Marietta Ga*

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

me *by* *him*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *6th*

day of *Feb* 1900.

T. E. Kile

[L. S.]

Executed in presence of

Georgia Cobb County:
 In Person appeared *John R. Ward* who on oath says that
 he is acquainted with *Mrs T. E. Kile* the applicant for this Pen-
 sion - that he would has known
 the said *Mrs T. E. Kile* for the
 past 35 or 40 years - that
 she is the widow of *W. A. Kile*
 that the said *W. A. Kile* went
 into the Confederate Army and
 never returned home after the
 war - that *Mrs T. E. Kile* was
 the wife of the said *W. A. Kile*
 during the time of his service in
 the Confederate Army, and that
 the said applicant, *Mrs T. E. Kile*
 has never married again since
 the death of her husband.

John R. Ward

*Given to and subscribed to
 before me this 20th Feb. 1893
 Mr Stone
 Clerk.*

Kile, T. E. (m)
Cobb County
 To Those Heretofore Paid.

1900.

NO. 1944

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO

Mrs. T. E. Kile

OF

Cobb

County,

Widow of

W. A. Kile

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1900,

Feb 16

AND RANDED TO

Stone

W. W. Harmon, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of

Cobb

Personally Comes Mrs.

J. E. Kile

who, being sworn, says on oath, that she is a bona fide resident of said county of

Cobb

State of Georgia, and that she has RESIDED in said State

continuously ever since

May 25th

1828 That she is the Widow of

W. A. Kile

who was a soldier in Company

I of the

7th Cavalry

Regiment of

Georgia

Volunteers, that he enlisted in said regiment on or about the month of

October 9th

1863 and served in the Army up to

March 26th

1865

That he lost his

life on the

26th

day of

March

1865

(State here

particulars of the husband's death, when, where and from what cause)

She was taken prisoner in the winter of 1864 and taken to State of Louisiana and died there from exposure and cold March 26th 1865.

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 1848.

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

Sworn to and subscribed before me, this

6th day of July 1900

Ordinary

J. E. Kile

Post Office

Mableton Ga.

State of Georgia,

County of

Cobb

with Mrs. J. E. Kile

Ordinary of said County, certify that I am well acquainted

who made the above affidavit and am satisfied

that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since the

25

day of

May

1828

Given under my official signature and seal, this the

day of

July

1900.

Official Seal.

Ordinary of

Cobb

County.

Georgia Cobb County;

In Person appears H. E. Williams who is a citizen of Cobb County, worthy of full faith credit as a witness, who deposes and saith that Mrs. J. E. Kile the applicant for Pension hereto attached is the widow of W. A. Kile who was a soldier in the Confederate Army - that she was the wife of said W. A. Kile during the time of his service in the Army, that the said W. A. Kile has never returned home since the war.

Sworn to and subscribed before me the 22nd July 1893 J. A. Kile

In addition to the above affidavit (and to which he swears) deposes J. A. Kile who swears that J. E. Kile is the widow of W. A. Kile who served in the Army as above stated - that she was his wife during the time he served in the Army and that she has not married since the death of her husband.

Sworn to and subscribed before me the 22nd July 1893 J. A. Kile

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County,

I, *J. E. Kyle*

hereby authorize

John Aubrey of *Marcell*
to receive and receipt for the pension paid hereon and request that he remit same to
me at *Moulton Ky*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *11*
day of *January* 1901.

J. E. Kyle

[L. S.]

Executed in presence of

Jas M. Gunn

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County,

I, *J. E. Kyle*

hereby authorize

John Aubrey 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 *11*
day of *Jan* 1902.

J. E. Kyle

[L. S.]

Executed in presence of

Jas M. Gunn

To Those Heretofore Paid

1901.

No. *136*

WIDOW'S PENSION,

For year ending February 15th, 1901

Mrs. J. E. Kyle

PAID TO

Cobb County,

Widow of *W. H. Kyle*

JOHN W. LINDSEY,

WARRANT ISSUED

Jan. 13 1901,

AND HANDLED TO

Century

U.S. DEPT. OF WAR, OFFICE OF THE ADJUTANT GENERAL, WASHINGTON, D.C.

To Those Heretofore Paid

1902.

No. *235*

WIDOW'S PENSION,

For year ending Dec. 31, 1902

PAID TO

Mrs. J. E. Kyle

OF

Cobb County,

Widow of

Regiment

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

Feb. 16 1902

AND HANDLED TO

Century

U.S. DEPT. OF WAR, OFFICE OF THE ADJUTANT GENERAL, WASHINGTON, D.C.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

J. E. Kile

who, being sworn, says on oath, that she is a bona fide resident of said County of Cobb, State of Georgia, and that she has resided in said State continuously ever since May 28th 1828. That she is the Widow of ~~John Anthony~~ who was a soldier in Company of the 7th Cavalry Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of October 1863 and served in the Army up to March 1865. That he lost his life on the 26th day of March 1865. (State here particulars of the husband's death, when, where and from what cause). He was taken prisoner in the winter of 1864 and taken to State of Indiana and died there from exposure and cold.

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 1848.

I have been allowed a pension as a resident of Cobb County for the year ending February 15th, 1902, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this 15th day of January 1901.
John Anthony Ordinary.

Post Office

State of Georgia,

County of Cobb

Ordinary of said County, certify that I am well acquainted

with Mrs. J. E. Kile, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 26th day of March 1828.

Given under my official signature and seal, this 11th day of January 1901.

(Official)
(Seal)

Ordinary of

Cobb

County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

J. E. Kile

who, being sworn, says on oath, that she is a bona fide resident of said County of Cobb, State of Georgia, and that she has resided in said State continuously ever since May 28th 1828. That she is the Widow of ~~John Anthony~~ who was a soldier in Company of the 7th Cavalry Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of October 1863 and served in the Army up to March 1865. That he lost his life on the 26th day of March 1865. (State here particulars of the husband's death, when, where and from what cause). He was taken prisoner in the winter of 1864 and taken to State of Indiana and died there from exposure and cold March 26- 1865.

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 1848.

I have been paid a pension as a resident of Cobb 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 15th day of January 1902.

John Anthony Ordinary.

Post Office

J. E. Kile

State of Georgia,

County of Cobb

Ordinary of said County, certify that I am well acquainted with Mrs.

J. E. Kile, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be and that she has continuously resided in this State since the day of March 1828.

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

(Official)
(Seal)

Ordinary of

Cobb

County.

NOTE.—All blank spaces must be filled.

Voucher and affidavit must bear date after January 1st, 1902.

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,

County of *Cobb*

PERSONALLY COMES MRS.

E. Kyle

who being sworn says on oath, that she is a bona fide resident of said County of *Cobb* State of Georgia, and that she has RESIDED in said State

continuously ever since

1828

That she is the Widow of

W. H. Kyle

who was a soldier in Company

of the

7th Cavalry

Regiment of

Georgia

Volunteers, that he enlisted in said regiment on or about the month of

October

1863, and served in the Army up to

March

1865.

That he lost his

life on the

26th

day of

March

1865.

(State here

particulars of the husband's death, when, where and from what cause.)

He was taken prisoner in the winter 1864 and taken to State of Indiana and died from exposure and Cold March 26 1865.

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 1848

I have been paid a pension as a resident of

Cobb

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 *6th* day of *Jan* 1903.

J. E. Kyle

Samuel Anthony

Ordinary.

Post Office

Mableton

State of Georgia,

Cobb

County.

Ordinary of said County, certify that I am well

acquainted with Mrs.

E. Kyle

who made the above affidavit and

am satisfied that the facts therein stated are true, and I know she is the individual she represents

herself to be, and that she has continuously resided in this State since the

day of

18

Given under my official signature and seal, this the

6th day of *Jan*

1903.

Official Seal.

Ordinary of.

Samuel Anthony

County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I,

hereby authorize

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 6th day of Jan 1903.

J. E. Kilo

[L. S.]

Executed in presence of

W. E. Kilo

Kyle J. E. (true)
Cobb County

To Those Heretofore Paid.

1903.

No. 211

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Mrs. J. E. Kilo

OF

Cobb County,

Widow of

Regiment

Co.

JOHN W. LINDSEY,

General and of Proctor

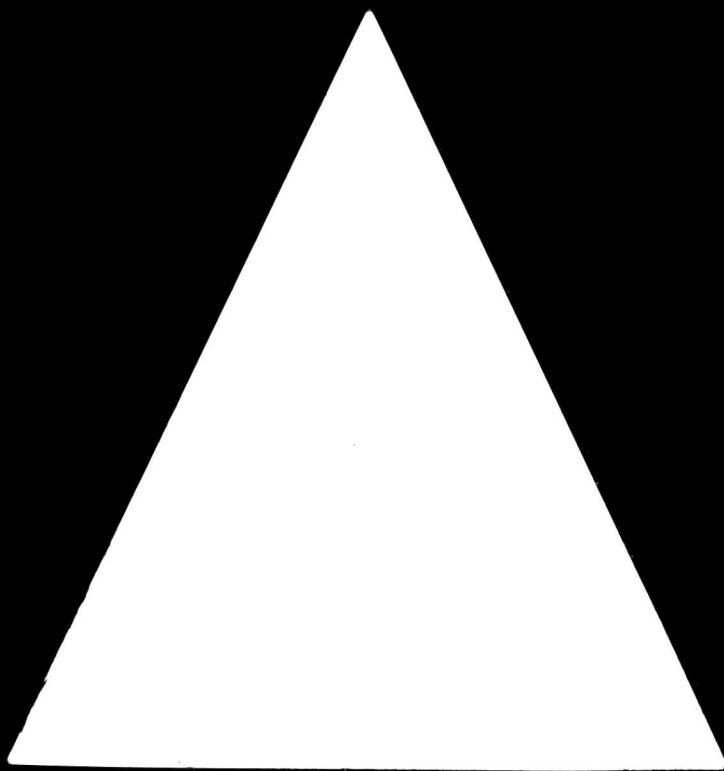
WARRANT ISSUED

1903.

AND HANDLED TO

Body

WITNESSES: STATE OF GEORGIA, COBB COUNTY.



Page 10, Office, 11/21/11

As at last year's report, the pension must be paid out a full year's worth of it to be paid.

J. W. Lindsey, Com. of Pensions.

Amended Jan 18 79 11

Kimberly, Mattie
No. *1* County *Cobb*

Widow's Pension

UNDER ACT 1810.

County

Cobb

Name

Mattie Kimberly

Widow of *X*

E. Kimberly

J. W. LINDSEY,

Commissioner of Pensions.

Chas. F. Byrd, State Printer.

1/18/11
2/2/11

Pension Office, 11/21/10.

Applicant must state every fact to be proven in application, and application must contain every thing necessary to make out a claim, then prove it to be true.

J. W. Lindsey, Com. of Pensions.

Widow's Pension

UNDER ACT 1910.

County

Cobb

Name

Mattie Kimberly

Widow of

Edmund Kimberly

Married January 17, 1911

James M. Lindsey
No. 1 Captain

J. W. LINDSEY,
Commissioner of Pensions

Application for Pension by a Widow Under Act of 1910.--Questions for Applicant.

STATE OF GEORGIA,

County.

Personally before me comes Mrs. Mattie Kimberly of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of 1910, and submit testimony to make out the same, true answers makes to the following questions:

1. What is your name, and where do you reside? Mrs. Mattie Kimberly
2. How long and since when have you been a continuing resident in the State of Georgia? I lived in the State all my life, except from 1870 to 1878, when I began my husband's service for 35-4 years
3. When, where and to whom were you married? Sept 10, 1868, Andrew C. Co., then Kimberly
4. When, where and in what Company and Regiment did your husband enlist as a soldier in the Confederate Army or Georgia Militia? (State the arms and class of Service.) in September, 1864, Co. B, Co. 2nd Ga State Troops Infantry
5. When and where did the Commands of your husband surrender or discharge from the army? Mary Ga. April 20, 1865.
6. Was your husband personally present at the time of the surrender or discharge of this Command? Yes

7. If he was not present state clearly where he was? He was present
8. Where was his Command when he left? —
- a. For what cause did he leave his command? —
- b. By whose authority did he leave his Command? —
- c. For how long was he granted leave of absence? —
- e. What was his physical condition when he left his Command? —
- 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? No
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released? Was not captured until surrender

- j. When and where did your husband die? Were you residing together when he died? If not, how long had you resided apart? March 1894, Charles Springs Cobb Co. Yes
9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.) 40 acres of land Value 600.00, 1 Mule value 100.00, 1 Cow 20.00

10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) None

11. What property of any description of any value have you now? Give list and cash value. One lot of land 4.0 acres Cash value Nov. 1890 \$800.00
12. What are your annual earnings or income and their value? None & gift sent for land not more than 100.00 per annum
13. Have you heretofore been paid a pension by the State? No
If so, when and for what cause were you struck from the Roll? No

Subscribed to and subscribed before me this the 10th day of August 1910 J. M. Lindsey of Cobb County.

Questions for the Witnesses as to Service of Husband and Marriage.

STATE OF GEORGIA,

County.

Personally before me comes S. H. May Jr & S. H. May Sr who after being duly sworn true answers to make, to the following questions, answers as follows:

Witnessed and sworn before me this January 13, 1911 J. M. Lindsey

1. What is your name and where do you reside? *St. Mary's, Manilla 74*

2. How long and since when have you known *Mrs. Mattie Kimbrey* applicant? *41 years*

3. How long and since when has she continuously resided in this State? (Give date) *Ever since*
Since 1876

4. When and to whom was she married? How do you know? *Sept. 4, 1876 John Kimbrey*

5. How long and since when did you know *John Kimbrey* her husband? *Ever since we were children in 1844*

6. When, where and in what Company and Regiment did *John Kimbrey* enlist?
September 1862, Cobb Co. in Co. E, 2nd Va. S. S. Regt. Infantry

7. Were you a member of the same Company? *Yes*

8. How long under your personal knowledge did he perform actual military service with his Company and Regiment? *About 8 months*

9. When, where did his Command surrender, and was discharged? *April 25, 1865 at Albany Ga*

10. Were you personally present when it was surrendered? *Yes* If not where were you? *I was present* and how came you there?

11. Was the husband of applicant personally present at surrender? *Yes* If not where was he? *He was present and surrendered at same time* cause did he leave Command? (Give date) *Never left until surrender* By whose authority did he leave his Command? *Not on leave* How do you know all this?

12. Do you state if of your own personal knowledge? (State all you know fully, and how you know it.)

13. For what cause if you know of your own knowledge was he prevented from returning to his Command?

14. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?

Sworn to and subscribed before me this the *16th* day of *August* 1910 *J. M. Jones* Ordinary *W. F. Brooks* County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

County *Cobb*

Personally before me comes *Clifton Jones* who on oath says that they are freeholders of said County and that they know *Mrs. Mattie Kimbrey* of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule A as follows:

Personal property	\$
Notes and accounts due	\$
Total	\$

Schedule (B)

We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:

Personal property	\$
Money, Notes and accounts	\$

Schedule (C)

We also know what property she has now in her possession, use and control to wit:

<i>40</i> Acres of land worth	\$ <i>800.00</i>
Horses and Mules	\$
Cows and Hogs	\$
Other property	\$
Income and earnings <i>no receipt sent of land</i>	\$ <i>90.00</i>
Total Value of all property and effects	\$ <i>900.00</i>

Sworn to and subscribed before me this the *16th* day of *August* 1910 *Clifton Jones* Ordinary *W. F. Brooks* County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County *Cobb*

I, *J. M. Jones* Ordinary of said County do certify that I know *Mrs. Mattie Kimbrey* the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was in the 4th Nov. 1908.

That I also know *St. Mary's and J. H. Hayes* the witness who swears to the service of husband, and *Clifton Jones and W. F. Brooks* who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns *Mattie Kimbrey* Returned for Tax is for 1908 \$*360.00* for 1910 \$*300.00*

Sworn under my hand and official seal of office this *17th* day of *Oct* 1910

SEAL *J. M. Jones* Ordinary *Cobb* County.

(SEAL)

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you (God)".

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

3. All affidavits must be made before the Ordinary.

4. Only widows who married prior to first January 1870, are entitled.

5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Marriage License

State of Georgia--Fulton County.

To any Minister of the Gospel, Judge of the Superior Court, Justice of the Peace, or other Person authorized to Solemnize:

You are hereby authorized and permitted to join in the honorable
state of Matrimony *Mrs J E Kimberley*
and *Miss M A Powell*

According to the Rites of your Church, provided there be no legal cause to obstruct the same, according to the Constitution and
Laws of this State, and that this shall be your sufficient License.

RETURN THIS LICENSE WITH YOUR CERTIFICATE TO THE CLERK OF THE COURT AND RECORDS

Given under my Hand and Seal of Office, this *15th* day of *September 1868*

Daniel Pittman J.S.
Ordinary

I hereby certify that *Mrs J E Kimberley*
and *Miss M A Powell*

were joined together in the HOLY RITE of MATRIMONY

on the *10th* day of *Sept 1868* by *A D Poole M A*

State of Georgia,

Fulton County,)

J.S.S.

ORDINARY'S OFFICE

August 26th

1900

Harrell M Anderson Ordinary of said County, hereby certify that the
 foregoing is a true copy of the Marriage License and Certificate of Marriage of

Mrs J E Kimberley
and *Miss M A Powell*

as the same appears of record in this office.

Given under my official Signature and Seal of the Court of Ordinary, the day and
year aforesaid

Harrell M Anderson
Allen Cuthbertson

Harrell W. Anderson
Clerk Court &c.

W. L. CROFT & CO. B. 1888

POWER OF ATTORNEY.

STATE OF GEORGIA.

W. B. King

County

W. B. King hereby authorize

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

at *no office* by *mail*

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

day of *January* 1905.

Executed in the presence of

W. B. King

—[L.S.]

King, F. M.
Code Section 100
Sub G
(FOR THOSE ALREADY ENROLLED)
Cherokee Co - 1904
No. *327*

DISABLED
SOLDIER'S PENSION
1905.

Name *F. M. King*
County *Cherokee*
Co. *4th* Regiment *Cal. 20th*
Disability *Wound in battle*
Amount, \$ *50.00*

JAN 23 1 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Ordry

The Pension and Pension Fund Publishing Co., Atlanta.
1000 W. Peachtree Street, N. E.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA.

John M. King of *Marion Co.* hereby authorize
to receive and receipt for the pension paid hereon, and request that he remit same to
me by *hand*
at *his office*

In WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of *January* 1905.

Executed in the presence of

J. B. King [L. S.]

DISABLED SOLDIER'S PENSION 1905.

Name *J. M. King*
County *Marion*
Co. *A. 14th* Regiment *Ca. 100*
Disability *Armed in Temple*
Amount, \$ *50.00*

JAN 23 1 1905.

JOHN W. LINDSEY.

(Commissioner of Pensions.)

WARRANT HANDLED TO

Gray

For a full and complete description of the duties of the Commissioner of Pensions, see the Act of March 1st, 1905, Chapter 11, Section 1.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA.

John M. King of *Marion Co.* hereby authorize
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 *January* 1905.

Executed in the presence of

J. B. King [L. S.]

DISABLED SOLDIER'S PENSION 1906.

Name *J. M. King*
County *Marion*
Co. *A. 14th* Regiment *Ca. 100*
Disability *Armed in Temple*
Amount, \$ *50.00*

JAN 23 1 1906.

JOHN W. LINDSEY.

(Commissioner of Pensions.)

WARRANT HANDLED TO

For a full and complete description of the duties of the Commissioner of Pensions, see the Act of March 1st, 1905, Chapter 11, Section 1.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb COUNTY.

Personally appears

F. M. King

of

Cobb

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 *July* 1836; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the

States, and served as a *Sergeant* in Company *K*, of 14th Regiment of *La.* Volunteers *Thomas*'s Brigade; that whilst engaged

in such military service in the State of *La.*, on the *30th* day of *March* 1865, he was wounded, injured or diseased as follows:

By Minie ball striking left thigh causing a running sore about 1/2 which afflicts by tedious machinery in constant performance the ordinary manual occupations of life

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *50* Dollars, for the year 1904.

Sworn to and subscribed before me, this the

7th day of *January* 1907.

Post-office

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

STATE OF GEORGIA,

Cobb COUNTY.

I, *F. M. King*, 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 *7th* day of *January* 1907.

Ordinary

County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1906.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears

F. M. King

of

Cobb

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 *1836*; that he enlisted in the military service of the Confederate States, (or of the State of) during the war between the

States, and served as a *Sergeant* in Company *K*, of 14th Regiment of *La.* Volunteers *Thomas*'s Brigade; that whilst engaged

in such military service in the State of *Virginia*, on the *30* day of *March* 1865, he was wounded, injured or diseased as follows:

Wound in head

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *Fifty* Dollars, for the year 1906.

Sworn to and subscribed before me, this the

10 day of *January* 1907.

Post-Office

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

State of Georgia,

Cobb County.

I, *John M. King*,

Ordinary of said County,

do certify that I am well acquainted with *F. M. King* 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 *January* 1907.

Ordinary

County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1st, 1906.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1906.

AMS
Four
and
here

day of Jan 1906.
John W. Wray
Ordinary Cook County.
Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1st, 1906

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

Having authority

I, _____, do hereby authorize _____

by _____

Witness my hand and seal, this _____ day of _____, 1903.

Executed in the presence of _____

[15]

Pension Office, 7/30/04.

Were the titles to the land returned by applicant ever in his? If so how and when did he part with titles and for what reason and price. Who is in the possession use and control of the property now? This is not an aged man. Must state an infirmity that will prevent him earning a support and prove all to be true.

J. W. Lindsey,
Com. of Pensions.

No. _____

OK 1904

INDIGENT PENSION
1903.

Name _____

County _____

Co. _____

Approved _____

Re _____

1903

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____

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

Geo W Harrison, State Printer, Atlanta.

5/23/04
7/13/05

POWER OF ATTORNEY.

STATE OF GEORGIA,

(County.)

I,

—hereby authorize

of —

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

at

by

Witness my hand and seal, this

day of

1903.

Executed in the presence of

(1. 8.)

Pension Office, 7/10/13.

Were the titles to the land returned by applicant as to him? If so how and when did he part with titles and for what reason and price? Who is in the possession now? Who is in the possession now? This is an affidavit that will prevent returning a map and prove all to be true.

J. W. Lindsey,
Com. of Pensions.

INDIGENT PENSION

1903.

1902

Name *J. W. Lindsey*

County *Chick*

Co. *B*

Approved *1902*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

Use W. Harrison, State Printer, Kansas.

5/23/04

9/13/05

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

(County.)

Frank M. King of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office)
Frank M. King, Chick County, Georgia, 1848
2. How long and since when have you been a resident of this State?
I have lived in the State my life
3. When and where were you born?
Feb 2nd 1848
4. When and where and in what company and regiment did you enlist or serve?
Feb 2nd 1861, 1st Regt. 38th Ga. Inf. in July 1861 I was ordered to perform duty at Fort Mifflin, Pa. and was there at the time of the 38th's capture. I was discharged on the 15th of Apr. 1865
5. How long did you remain in such company and regiment?
From the 15th of Apr. 1865
6. When and where was your company and regiment surrendered and discharged?
At Ft. Mifflin, Pa. 1865
7. Were you present with your company and regiment when it was surrendered?
Yes
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?
9. How much can you earn (gross) per annum by your own exertions or labor?
Compensating nothing
10. What has been your occupation since 1865?
Nothing
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"?
Age, infirmary and poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?
I have been blind for the last 15 years. My support is from my wife. I am unable to do any work. I have been blind for the last 15 years. I have been blind for the last 15 years. I have been blind for the last 15 years.
13. What property, real and personal, or income, do you possess, and its gross value?
Nothing
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same?
Nothing
15. In what County did you reside during those years, and what property did you then return for taxation?
Chick Co. in the State of Georgia
16. How were you supported during the years 1899, 1900, 1901 and 1902?
By my wife. I am unable to do any work. I have been blind for the last 15 years. I have been blind for the last 15 years. I have been blind for the last 15 years.
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?
My wife supports me. I have been blind for the last 15 years. I have been blind for the last 15 years. I have been blind for the last 15 years.
18. What was your employment during 1898, 1899, 1900 and 1901? What pay did you receive in each year?
Nothing
19. Have you a family? If so, who composes such family? Give their means of support? Have they a household, or other property? Their ages and how employed?
My wife and two children. My wife is 40 years old. My children are 10 and 12 years old. My wife supports me. I have been blind for the last 15 years. I have been blind for the last 15 years. I have been blind for the last 15 years.
20. Are you receiving any pension? If so, what amount and for what disability?
Nothing
21. Have you ever made an application for pension before?
Yes
22. How many applications have you ever made and under what name?
One

Every Question MUST be Answered.

Sworn to and subscribed before me this 12th day of July, 1905, at *Chick County, Georgia*.
John W. Lindsey Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb County.

John A. Booth of said State and County, having been presented as a witness in support of the application of *J. M. King* for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? *John A. Booth*
2. Are you acquainted with *J. M. King*, the applicant; if so, how long have you known him? *About fifty years*
3. Where does he reside, and how long and since when has he been a resident of this State? *Cobb County. Has resided in the State his life.*
4. When, where and in what company and regiment did he enlist, and how do you know? *He enlisted in Co. M 38th Ga. in Feb. 1864. He came to the Company as a recruit, & belonged to the same to 1 Reg.*
5. Were you a member of the same company and regiment?
6. How long did he perform regular military duty? *Until the Surrender of April 8, 1865*
7. When and where was his command surrendered? *Appomattox Co. Va.*
8. Were you present when it surrendered? *It was not. I was wounded at the time.*
9. Was applicant present? *No. He is a man of record and honor.*
10. If he was not present, where was he?
11. When did he leave his command? For what cause?
12. By what authority he left? How do you know all of this? *Because I was a member of the same Co. & Regt. and was personally absent on account of wound.*
13. What property, effects or income has the applicant? (Give your means of knowledge.) *None.*
14. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? *I know of no disposition of prop. - he had none to dispose of that I know of.*
15. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? *None.*
16. What is the applicant's occupation and physical condition? *He has been a Cropper. His physical condition is poor.*
17. Is the applicant unable to support himself by labor of any sort, if so, why? *He is unable to make a support by manual labor by reason of physical infirmity.*
18. How has he supported during the years 1898, 1899, 1900, 1901 and 1902? *By what little he could make and aid of his brother.*
19. What portion of his support for those four years was derived from his own labor or income? *Can not say.*
20. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? *Can not make such statement.*
21. Who composes family? What property have they? Children's age and their earning capacity? *None of them wife. One daughter about 21 years old.*
22. What interest have you in the recovery of a pension by this applicant? *None.*

Sworn to and subscribed before me, this the *10th* day of *April* 190*4*

Ordinary.

John A. Booth Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb County.

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

He is afflicted suffering from various diseases and diabetes. Also suffering from the spinal disease and Chronic Rheumatism. Afflicted is physically unable to support himself and that he have no interest in said pension being allowed.

Sworn to and subscribed before me, this the *10th* day of *April* 190*4*

Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

I, *John A. Booth* Ordinary, in and for said County, hereby certify that the applicant *J. M. King* resides in said County, and has been a bona fide resident of this State since the *10th* day of *April* 189*6* and that the witness, viz.: *John A. Booth* 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 herein prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.

I further certify that the tax digest of *Cobb* County show that applicant returned for taxation in his name in 1898 *nothing* Dollars of property, and in 1900 *nothing* Dollars of property, in 1901 *nothing* Dollars of property, in 1902 *nothing* Dollars of property.

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

Witness my hand and seal of office, this *10th* day of *April* 190*4* *John A. Booth* Ordinary, of *Cobb* County.

NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are sufficient.
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, *F. M. King*
John Anthony of

hereby authorize

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

at

by

WITNESS my hand and seal, this *19* day of *January* 1906.

F. M. King [L. S.]

Executed in the presence of

John Anthony

FOR THOSE ALREADY ENROLLED

No. *682*

INDIGENT
SOLDIER'S PENSION
1906.

Name *F. M. King*
County *Cobb*
Co. *H 38* 5a
Regiment

WARRANT ISSUED

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

King

STATE OF GEORGIA,

Cobb COUNTY.

I, *F. M. King*
John Anthony of

hereby authorize

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

at

by

WITNESS my hand and seal, this *19* day of *January* 1907.

F. M. King [L. S.]
John Anthony

Executed in presence of

FOR THOSE ALREADY ENROLLED

No. *614*

INDIGENT
SOLDIER'S PENSION
1907.

Name *F. M. King*
County *Cobb*
Co. *H 38* 5a
Regiment

WARRANT ISSUED

JAN 21 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

JOHN W. LINDSEY, COMPTROLLER, ATLANTA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears *F. M. King* of *Cobb*

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, 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 _____ in Company *26*, of *38th* Regiment of _____; that his physical condition is as follows:

Age & poverty

that his property consists of the following items:

of the value of _____ Dollars. I am now earning by my labor, _____ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of *Cobb* County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this _____

day of *Jan* 1906,

Ordinary.

F. M. King

State of Georgia,

Cobb County.

I, *John Buttry* Ordinary of said County,

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

Given under my official signature and seal, this _____

day of *Jan* 1906.

Ordinary *Cobb* County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County,

Personally appears _____ of *Cobb*

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, 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 _____ in Company *4*, of *36th* Regiment of _____; that his physical condition is as follows: *Age & poverty*

that his property consists of the following items:

of the value of _____ Dollars. I am now earning by my labor, _____ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of *Cobb* County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this _____

day of *Jan* 1907.

Ordinary.

State of Georgia,

Cobb County.

I, *John Buttry* Ordinary of said County,

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

Given under my official signature and seal this _____

day of *Jan* 1907.

Ordinary *Cobb* County.

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

W. M. KEMP, M. D.
BOX 170,
MARIETTA, GEORGIA

Marionetta, Ga. Aug 2 1905
Additional testimony

Since last examination
we find applicant + his wife
is still suffering from
diseases mentioned in my
certification of 1st day of Jan.

is a ge and that
he is unable to keep
General Lumber

W. M. Kemp M.D.
John K. Simpson

Sworn to and Subscribed before
me, this August 21st 1905

John A. Taylor,
Clerk of Court.

Clerks Office Cobb Superior Court
November 19th 1904

I J. B. Glover
Clerk of the Superior Court of Cobb
County - Certify that a deed from
F. M. King to T. R. King to lot of land
No. Four Hundred forty five in the 17th district
and 2nd Section and Cobb County containing
forty acres, executed on the 5th day
of January 1885 and recorded on the
12th day of January, 1885, as
appears from the Records of this office
this November 19th 1904.

J. B. Glover
Clerk of Court

Additional Testimony

Georgia
Cobb County, Ga. Personally appeared before me, the Under-Signed, Ordinary in and for said County, E. L. Lamon, who being duly sworn says that he was a neighbor of T. M. King in 1888 and for many years previous and subsequent that said King was a great sufferer from rheumatism was confined to his bed for several years and having a family as well as himself to support, was compelled to incur debt for this purpose by mortgaging his property and in this way became so much involved in debt that he, said T. M. King, was compelled to sell his property to pay said mortgages and debts. Dependent says that said sale was bona fide and made to pay debts incurred by said King for a support while he was helpless.

Dependent further says that said King is still a great sufferer from rheumatism and is unable to perform manual labor and is supported by the charity of his relations and is now living upon a little land as a matter of dignity of a brother who has a family dependent upon his labors for support.

Given to & subscribed before me this December 5th 1894.

John Austin, Ordinary

I, John Austin, Clerk of the Court, do hereby certify that E. L. Lamon is a citizen of Cobb County and that his statements are worthy of full faith and credit.

John Austin, Ordinary

Georgia
Cobb County, Ga. Personally appeared before me the Under-Signed, Ordinary in and for said County, T. M. King who being duly sworn says on oath that in the Spring of 1888 Thomas R. King he returned lot of land No 745 11th dist & 2nd dist Cobb County for taxation and that Robert J. Hill Tax Receiver of said County failed to enter that dependent's name only the agent of T. R. King, making it appear from said return that said property was the property of dependent.

Dependent further says that he does not own any real estate but has returned said property ever since 1894 as the agent of T. R. King, as will appear from the tax digest of said County. Said land having been returned in Thomas R. King's name in said County.

Given to & subscribed before me this 3rd day of May 1894.

John Austin, Ordinary
Cobb County, Ga.

I, J. R. Hill, Auditor, do hereby certify that the within is a true and correct copy of the original as the same appears in the records of said County.

Georgia } J. R. Hill
 Cobb County } Clerk of the Superior
 County } Court of Cobb County
 do hereby certify that the
 title to lot of land No 1745 in the 17th
 District 1st and 2nd Section and Cobb County
 is in Thomas R. King. It appears of record
 in this office King also having been recorded
 by 19th 1884. ~~that this is~~
 a record of day and date in this office
 in the property of T. R. King this May 3rd
 1904.
 J. R. Hill
 Auditor of Cobb County

Georgia } J. R. Hill Tax
 Cobb County } Receiver of Said
 County } do hereby certify
 that the Tax digest of said is wrong
 when it appears on page 135 that
 T. R. King returns a lot of land as
 his property. I further certify that
 said property belongs to T. R. King.
 I further certify that T. R.
 King does not return any real estate
 for taxation this May 3rd 1904.
 I have subscribed } R. A. Hill.
 before me this May 3rd 1904 } R. J. R. Cobb County
 before me } J. R. Hill
 J. R. Hill

Additional Testimony
 Before me the Undersigned
 of Cobb County, P. M. King who being duly sworn
 says that he has been and is now a great
 sufferer from Rheumatism and from bladder
 and kidney disease. That for several
 years prior to 1880 and subsequently he
 was either confined to his bed or compelled
 to go on crutches, that he was unable
 to do manual labor and for this reason
 he was compelled to incur debts and
 create liens upon the forty acres of land
 that he owned to enable him to procure
 the means of support. That to pay off
 this indebtedness he sold said land
 for the sum of two hundred dollars and
 applied it as aforesaid.
 Depoent further
 says that he is still a great sufferer
 from the diseases above mentioned
 and is unable to perform manual
 labor to enable him to make a living
 and is frequently confined to his bed
 and forced to use crutches in loc-
 motion.
 Depoent says he owns no
 property except a small amount of
 personal property.
 I have subscribed before } J. R. Hill
 me this July 18th 1905 }
 J. R. Hill
 Auditor

George
Cott

before me this May 3rd 1908

R. J. R. both County

Subscribed to the

before me

Ordinary

Personal Property
Subscribed before
me this July 18th 1908

John D. H. Justice
Ordinary

John D. H. Justice

(COPY)
 To: Robert L. Young, Jr.
 Winston-Salem, N.C.
 re: request that he remit same to
 me for the purpose of paying for the
 proceeds authorized by the
 President allowed and
 by the

3/5

INFLUENCE OF

day of _____
1890.
A.H.C.
Executed in the presence of
L. Hackett
X
by *J. May Jr.*

1000

Well, "king"

Ex. Dept. 17 Feb'y 1896.
Under the proofs submitted
applicant is not entitled;
in as much as does not of-
fer (as the law requires)
from the affidavit of three
witnesses who personally
know that applicant died
from a disease contracted
in the service -

Rich Johnson
 Sec-
 Ex Dept 7 March 1896.
 It is stated that the decedent
 had small pox in 1862 &
 that 25 years later he
 died from palsy and caused
 from the disease - This
 claim ^{is} mostly factious &
 fuller proof -
 Rich Johnson
 Sec

Kings Rachel
Cobb County
1896.
To Haralson Co 1897
No. 3888

Widow's Pension.

For year ending February 15, 1896.

PAID TO
Mrs. Rachel King
OF
Cobb

Count

Widow of *Jas H. King*
Warrant Issued,
4/11
1896
AND HANDED TO
Ross J. Smith

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY OF Cobb

I, *John H. King*, hereby authorize *Me* to receive and receive for the pension allowed and request that he remit same to *me* by *Ann*

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

day of

March

1896

Executed in the presence of

John H. King

Ex. 104, 17th, 1896.
Under the power submitted
applicant is not entitled to,
inasmuch as she does not ex-
pense the law requiring
from the applicant of other
in her case who personally
know that applicant was
from a disease contracted
in the service -
Rock Johnson
see -
Ex. 104, 7th, 1896.
It is still a fact the ac-
cusee was in 1862 &
later 23rd Jan. later he
and family and came
from the service - 7th
claiming to be a soldier &
further proof - 7th
Rock Johnson
see

Widow's Pension.

For year ending February 15, 1896.

PAID TO

Mrs Rachel King

OF

Cobb

County.

Widow of Jas H. King

Warrant Issued,

4/11

1896.

AND HANDED TO

Rock Johnson

Affidavit to be Made by the Widow.

STATE OF GEORGIA,

COUNTY OF Cobb

In person came before me, the undersigned Ordinary in and for the County of *Cobb*, Mrs. *Rachel King*, who being sworn according to law, says under oath that she is the widow of *James H. King*, who was a soldier in the service of the Confederate States, and served as a member of Company *38th*, of the *Georgia* Regiment of *Volunteers*; that he enlisted in said service on or about the day of *December*, 1861, and was in the Army up to *December*, 1863. That while in the Army, he was on the day of *December*, 1861. (See Note No. 1.)

That while in the Confederate Army he contracted small pox about the fall of 1862. He returned to the Army after a partial recovery, but was never able to do any more service on account of the said disease. Small pox, his foot, butted open and was discharged from the Army in Dec. 1863. He never was able to do service any more on account of said disability. The effects of said disease continued till his last illness and finally caused his death on the 1st day of April, 1887.

Dependent 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 day of *October*, 1843, and that she has resided in Georgia continuously since the day of *October*, 1860; 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. Dependent, 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, 1896, and herewith tenders the proof of her right to receive the pension granted by said Act.

Sworn to and subscribed before me, this the

day of *January*, 1896.*John H. King*
Ordinary.

POST OFFICE.

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

NOTE 2.—The Ordinary will see that ALL blank spaces are filled before the affidavits are signed.

The instrument set out in the notes. MUST be observed.

King & Rachel
Cobb County
1896
To Howard & 1897
No. 3888

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA } In person came before me, the undersigned Ordinary in and
COUNTY OF *Madison* } for said County, witness *R. P. Oberhart*

and (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, FROM THEIR OWN PERSONAL KNOWLEDGE, Mrs. *Rachel King* now a resident of the County of *Cobb* State of Georgia, is the widow of *Jas H. King* who was a soldier in Company *H* of the *38th* Regiment of *Georgia* Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the *1st* day of *October* 1861. That while in said service or by reason of said service in the Army, he lost his life as follows:

he contracted the disease of Small-pox in the winter of 1862 - that he was discharged from the service because of his disability, occasioned by said disease & injuries from other causes, that he was the Captain of Co "H" 38th Regt. and the fact stated on file of his own personal knowledge.

Our opportunity for knowing the facts stated in reference to death of applicant's husband were

We further swear that Mrs. *Rachel King* was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resided in said State of Georgia on the 23d of December, 1890, and that she has so continued to reside up to this date.

We further swear that we have no personal interest in the pension asked for.

Sworn to and subscribed before me, this, the *20th* day of *July* 1896,
R. P. Oberhart
Ordinary.

NOTE 1 - Witnesses must not testify about things they may believe, but confine their statements to such facts as they personally know.

NOTE 2 - If the husband died after the war of wounds or disease, state fully and particularly how you, as witnesses, know the service as a soldier and the immediate cause of his death.

NOTE 3 - All blank spaces must be filled when signed.

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

Form No. 2.

STATE OF GEORGIA } I, *M. J. Storer* Ordinary
COUNTY OF *Cobb* } in and for said County of

State of Georgia, hereby certify that I am acquainted with Mrs. *Rachel King* 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, to wit: *Geo. A. Smith* and _____, whose testimony she presents to sustain her claim, are known to me to be truthful witnesses, entitled to full faith and credit as such, and that the full text of the affidavit was read to and understood by them before same was signed. I am fully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the *31st* day of *July* 1896.
M. J. Storer
Ordinary.

*I understand that Mrs. Rachel King the applicant in this pension case with her sons *W. M. King* & *W. H. King* one lives in *Georgia* and the other in *Florida*.*
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 of the wounds.

No pension can be paid for previous years.

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 the enlistment of the husband and his death and the immediate cause of the death.

If the husband died since the war testimony by physicians must be produced.

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

There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish 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 answer, in any case.

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.

Widows whose husbands enlisted from another State or served in other Commands than Georgia Commands are not entitled to pensions unless they were born in Georgia and can make proof of that fact.

By order of the Governor,

RICH'D JOHNSON,

Sec. Ex. Department.

State of Georgia } I am a member of a
 County of Habersham } regular and
 for said County, J. R. King, J. D. Goodwin,
 and others, who have been and (these
 names are without number) and are now residing
 in the County of Habersham, State of Georgia
 in the above named H. King, who was a
 member in Company B of the 1st Regiment
 of Georgia Volunteers, 1st and 2nd Subdivisions
 in the service of the Confederate States in the
 war, and that while in the said service he
 was severely wounded in the leg, and the
 bone and the flesh from the wound, was settled in
 the right leg, so as to be a serious and
 the said medicine caused up and
 the same medicine so that he could not
 to any extent and at last the leg became
 paralyzed and it died then April 1st 1881.
 In connection hereto we state in answer to the
 intent of the application of the said person
 known as knowledge. We represented personally
 with Jos. H. King from 1857 to his death. He
 further swears that Mrs. Rachel King was the wife
 of said person during the service, and

State of Georgia } I am a member of a
 County of Habersham } before me the
 for said County, J. R. King, J. D. Goodwin,
 regular practicing physician residing at
 Habersham Ga. and known to me as being a
 truthful reliable and reputable citizen
 who says under oath that from his own
 personal knowledge Jos. H. King died
 in the right leg, which was caused from
 fear of some disease having settled in
 the leg while in the service of the leg thereby
 creating a serious condition of that
 extremity and paralysis of the same which
 continued during the time 11 years that I
 was acquainted with him until March
 1881 at which time he had a general stroke
 of paralysis which resulted in his death
 April 1st 1881. This great stroke, in my
 judgement was generated in and from the
 diseased leg. I waited on him off and
 on during the 11 years and was with him
 when he died.

Subscribed and sworn to, J. F. La Celle M.D.
 before me January 27th 1891
 Jos. H. Halley
 (Attorney)

to take her out intermarried since his death
and that she resided in said State of Georgia
on the 20th of Dec 1876 and that she has so con-
tinued to reside up to this date.

We further declare that we have no personal
interest in the business asked for

to be made and subscribed before me, this 20th

of Dec 1876
Jas. McKinnon
Colony

T. R. King

Jas. G. Galtison

E. Simon

Georgia { Personally comes before
Sheldon County } me W. A. Childress
W. D. who on oath
says that he was in the 38th Regt
Regt. Co K and was personally re-
quired with Jas. M. King and others
that he contracted the Small
pox while in the Confederate
Service and that he did not
recover from its effects and was
discharged from the service
being disabled from the effects
of said disease - Deponent further
states that about two years
ago he treated him for disease
of the leg caused by the Small
pox and that he was then perma-
nently disabled - & that he has
been since at intervals since that time
the disability continuing and that
he finally died of paralysis sup-
posedly by the Small pox - his death
being undoubtedly by the effects
of said disease and putting in
death.

W. A. Childress W. D.
sworn to & subscribed before
me this 24th day of March 1876
& I certify that the within is a correct
Physician.

W. L. K. Calhoun

Ordinary of
Sheldon County

PROBATE COURT

OFFICE OF

J. M. STONE, Judge



ORDINARY COBB COUNTY.



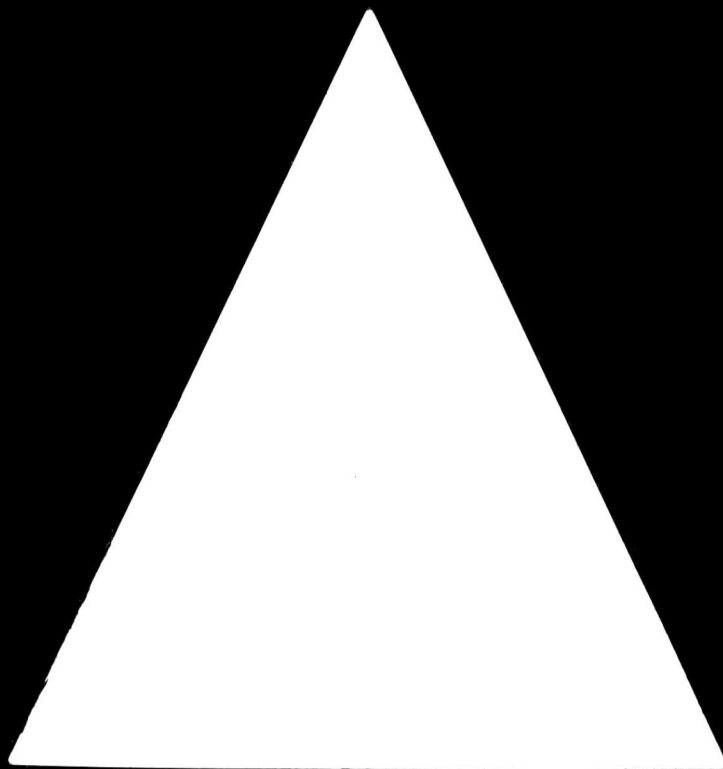
Atlanta, Ga.

1896

Georgia Cobb County
The Person appears John
A. Booth a resident of ~~Georgia~~ ^{Georgia} County
who on oath says, that ~~as~~ ^{as} H.
King was in the Confederate
Army - that he was in the same
Company with said King, Co.
"H. 38th Regt. Va. Vols."

That he was acquainted
with said Jas H. King before
the war, and is satisfied
that the said Rachael King
was the wife and is the widow
of the said Jas H. King
J. A. Booth

Sworn to and Subscribed before
me this 5th day of Jan'y 1896
J. M. Stone
Ordinary



*Approved (2)
Rink, J.H.
1928 could be*

WIDOW'S APPLICATION

To Be Put on Roll in Her Own Right When
Husband Was on the Pension Roll
of Georgia.

County *Cobb*
Name *Mrs. Evelyn Kirt*
Widow of *J. M. Kirt*
Company *N*
Regiment *7th Ga.*
Date of Husband's Death *Apr 20 1928*
Date of Marriage *May 16 1867*
Approved *John W. Clark*
15 May 28

JOHN W. CLARK,
Commissioner of Pensions.

5-15-28 G

ORDINARY'S CERTIFICATE

STATE OF GEORGIA

Cobb

COUNTY.

I.

J. W. Clark

Ordinary of said County, do certify that I

know Mrs. *Evelyn Kirt*, the applicant for pension; that she is the person
she represents herself to be, and that she is continuously a bona fide resident of said County since
January 1st, 1920; that I also know *J. M. Kirt*, the witness as to
marriage, and that both the foregoing were duly sworn by me before signing the respective affi-
davits, and that they are truthful and trustworthy and their statements are entitled to full faith
and credit.

Given under my hand and official seal of office this

8 day of *May*, 192*8*.

(SEAL OF ORDINARY)

J. W. Clark
Ordinary.

County

Instructions:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if such spaces are insufficient.
3. Affidavits must be sworn to before the Ordinary.
4. Only widows who are married prior to first January, 1861, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.

Approved *per J.M.*
1928 *sent to Bureau*

WIDOW'S APPLICATION

To Be Put on Roll in Her Own Right When
Husband Was on the Pension Roll
of Georgia.

County *Cobb*
Name *Mrs. Evelyn Kinn*
Widow of *J. M. Kinn*
Company *7th*
Regiment *La.*
Date of Husband's Death *Apr 25 1928*
Date of Marriage *May 16 1869*
Approved *John W. Clark*
15 May 28

JOHN W. CLARK,
Commissioner of Pensions.

5-15-28 *E*

ORDINARY'S CERTIFICATE

STATE OF GEORGIA.

Cobb COUNTY.

I, *J. M. Basser* Ordinary of said County, do certify that I know Mrs. *Evelyn Kinn*, the applicant for pension; that she is the person she represents herself to be, and that she is continuously a bona fide resident of said County since January 1st, 1920; that I also know *J. M. Laury*, the witness as to marriage, and that both the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this *8* day of *May*, 192 *8*.
(SEAL OF ORDINARY) *J. M. Basser* Ordinary,
1928 County

Instructions:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county of residence.
4. Only widows who are married prior to first January, 1881, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

STATE OF GEORGIA

Marriage Certificate

Cobb COUNTY

This Certifies that

Miss Evalyn Martin

James M. Kirk

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

By John C. Clay, Justice of the Peace,

On the 16. day of May in the year of our Lord 1927 1867.

as appears of record in my office in Marriage Record book A page 119 This 9. day of May 1928.

Witness

APPLICATION FOR PENSION BY A WIDOW

Whose Deceased Husband Was on the Pension Roll of Georgia.

STATE OF GEORGIA,

Cobb

COUNTY.

Personally before me comes *Miss Evalyn Kirk* of said County, who, after having been duly sworn, says that she is the widow of *J. M. Kirk* to whom, in the County of *Cobb* State of *Georgia* she was married on the *16* day of *May* 1867, and that she remained his wife, and resided with him to the date of his death in *April 23* 1928 and that she has not since his death remarried; at the time of his death he was a resident of *Cobb* County, in said State of Georgia, and he was on the Pension Roll of the State and paid a pension of \$ *200.00* in *Cobb* County for 1927, on account of being a soldier in Company *H* Regiment *74th* (Volunteers or State Militia).

That she is now a bona fide resident citizen of said State of *Georgia* and she has, continuously, resided there since *16* day of *May* 1867

Sworn to and subscribed before me, this the

8 day of *May* 1928

J. M. Gamm Ordinary

of *Cobb* County.

(SEAL OF THE ORDINARY.)

Evalyn Kirk
(Applicant)

Affidavit of Witness to Prove Marriage and Date of Death of Husband.

STATE OF GEORGIA,

Cobb

COUNTY.

Personally before me comes *F. M. Lacy* known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. *Evalyn Kirk*, who made the foregoing affidavit, is the lawful widow of *J. M. Kirk* who died in *Cobb* County in said State of *Georgia* on the *23* day of *April* 1928, and that she has not since remarried; that she became the wife of *J. M. Kirk* on the *16* day of *May* 1867; that she and he had resided together as husband and wife, continuously, since *16* day of *May* 1867, and that *he* was the same man who was on the pension roll of said State *Georgia* from *Cobb* County *Cobb* when he died.

Sworn to and subscribed before me, this the

8 day of *May* 1928

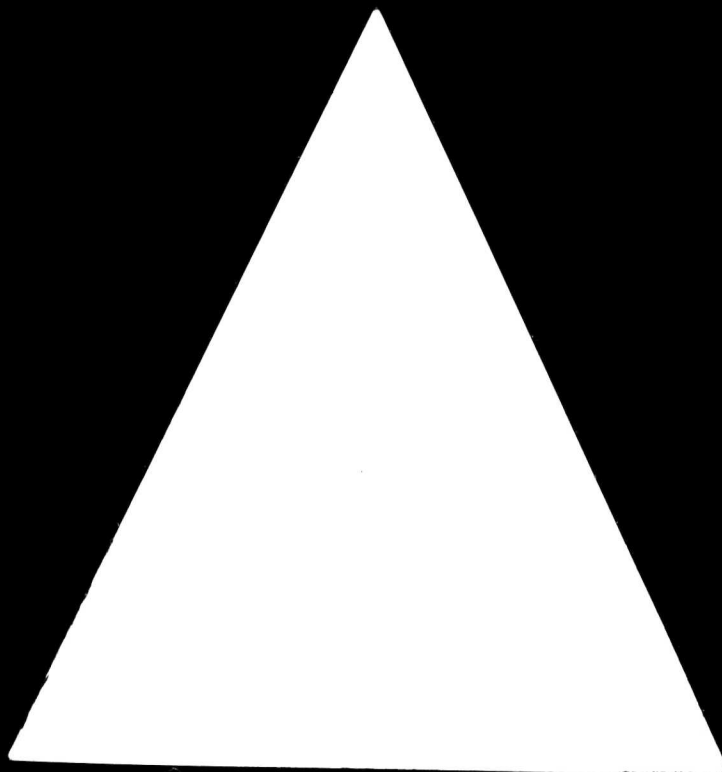
J. M. Gamm Ordinary
of *Cobb* County.

(SEAL OF ORDINARY)

F. M. Lacy

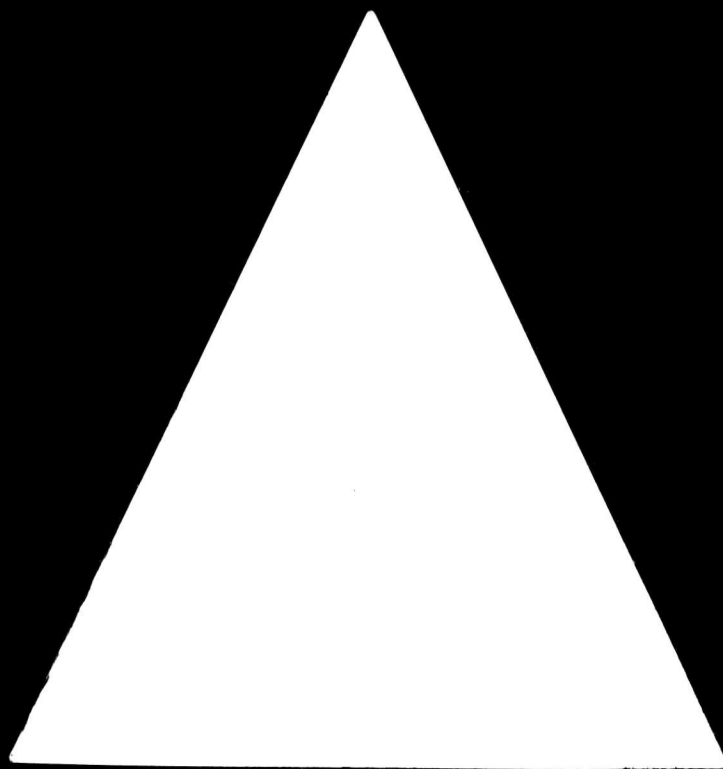
8 day of May, 1928
J. M. Starn Ordinary
of Cook County
(SEAL OF ORDINARY)

J. M. Lacy



Kirk, H. J.
Cobb County

per 66th Sept 7th St-
Or E
19th Section - 1710



Kirt. J. M.
Cobb Co.

No. 727911

**Confederate
Soldier's Application.**

UNDER ACT 1910.

County Cobb
Name J. M. Kirk
Company H
Regiment 7 Ga Reg. Inf
Approved _____

J. W. LINDSEY,
Commissioner of Pensions

CHAR. P. BYRD, State Printer, Atlanta.

10/30/10

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,

County.

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

1. What is your name and where do you reside? (Give County and Post-office).

J. H. Stark, Russell Co.

2. How long and since when have you been a continuous resident citizen of this State?

All my life. 68 years

3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865?

Yes

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

Spring 1861, Russell Co., Ga. 7th Regiment Infantry

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge)

March 4 years, until April 9, 1865

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

April 9, 1865, Appomattox, Va.

7. Were you actually present with your Command when it was surrendered or discharged?

Yes

8. If you were not actually present, state specifically and clearly where you were

I was present

Where was your Command when you left it? *at Appomattox Va*

Surrender

b. When did you leave the Command? *at Surrender*

c. For what cause did you leave?

d. By whose authority did you leave?

e. For how long was your leave granted? In what way?

f. Why did you not return to your Command after leave expired?

g. In what way were you prevented?

h. What effort did you make to return?

i. Were you captured during the war?

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

9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 1st Nov. 1908? (Make list by items and value.)

One Farm lot in Russell, Value \$200.00

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price?

None

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list)

One Farm lot in Russell, Value \$200.00

12. What annual or monthly income or earnings of yourself and wife and the source derived have you?

None on and off since 1865

13. Are you drawing a pension of any amount from this State or the United States?

No

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?

No

15. Sworn to and subscribed before me, this the

13 day of *Sept* 1912

of *Russell* County.

Soldier's Application.

UNDER ACT 1910.

Confederate

County

Russell

Name

J. H. Stark

Company

7th

Regiment

7th Reg. Inf.

Approved

J. W. LINDSEY
Commissioner of Pensions

STATE OF GEORGIA - 1910 - PENSION STATE

10/1/12

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

Cobb County.

I, A. A. Whitley, of said State and County is hereby presented as a witness in support of the application of J. N. Kirk for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? A. A. Whitley, Russell Cobb Co. Ga.

2. How long and since when have you known J. N. Kirk the applicant? 20 years or more, ever since 1860.

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? Russell Co. all his life

4. When, where and in what Company and Regiment did J. N. Kirk enlist during war from 1861 to 1865? (Give date and place). Spring 1861, Russell Co. Co. 9th Reg.

How did you obtain your information of this Service? I was member of same Co. T Regiment

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date). Until April 9/86 - about 4 years

7. When and where was his Command surrendered or discharged (give date and place). April 9/86, approximately Va.

8. Were you personally present at the Surrender? Yes

9. If not, where were you and how came you there? I was present

10. Was the applicant personally present with his Command at surrender? Yes

11. If not where was he and how came him there? He was present

12. When did he leave his Command? Surrender Where was his Command when he left it? Surrender For what cause did he leave?

By whose authority did he leave? _____ and how long was he granted leave? _____ How do you know

all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) I was member of same Co. T Regiment

13. In what way was he prevented from returning to his Command? _____ How do you know? _____

14. What effort did he make to return to his Command and how do you know? _____

15. Was applicant captured as a prisoner? _____ If so, when and where?

In what prison was he held? _____ and when released?

Sworn to and subscribed before me, this the

13 day of Sept 1912

A. A. Whitley
Ordinary,
Cobb County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Cobb County.

Personally before me comes A. A. Whitley who on oath says that they are freeholders residing in said County and we know J. N. Kirk the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.)

One house & lot in Russell Cobb County
in value \$100000

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items). None

2. When and to whom was it sold or given to? _____

3. What was the price paid or stated to be paid? _____

4. What relation is the party to applicant? _____

5. What disposition was made of the proceeds of the sale? _____

6. Was the disposition of this property made in good faith and full values? _____ or was it made to obtain a pension?

Sworn to and subscribed before me, this the

13 day of Sept 1912

J. M. Gamm
Ordinary,
Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

I, J. M. Gamm, Ordinary of said County, certify that I know the applicant J. N. Kirk for Pension in the person he represents himself to be and resides in said County. That I also know A. A. Whitley the witness swearing to the service and A. A. Whitley and J. N. Kirk who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of J. N. Kirk shows that he and wife value for tax in 1908 \$450.00 for 1909 \$425.00 for 1910 \$425.00

Sworn under my hand and official seal of office this 13 day of Sept 1912

J. M. Gamm, Ordinary,
Cobb County.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary and certified by him.
4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of freeholders unnecessary.

Sworn to and subscribed before me, this the

13 day of Sept. 1912

H. A. Whitley
Min.

J. M. Gunn
Ordinary.

of *Cross* County.

J. M. Gunn

Ordinary,

Cross

County.

- NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words: "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary and certified by him.
4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of freeholders unnecessary.

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,

County: }

I, _____ hereby authorize _____

_____ to receive and receipt for the pension allowed and
payable that he shall write to _____ by _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of _____ 190 _____

Executed in the presence of _____

[L.S.]

Kirk, James M.
Capt. Co.

Code Section 1209.

No. *m 1729*

INVALID

SOLDIER'S PENSION, 190

Name *James Kirk*
County *DeKalb*
Co. *E - 2nd Sta. Regt.*
Disability *Dis. Co.*
Amount, \$ *0*

190

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta

8/11/05

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,

County.

hereby authorize

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

at

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

day of 190

Executed in the presence of

[L. S.]

INVALID

SOLDIER'S PENSION,

190

Name *James M. Neish*

County *Colts*

Co. *C - 2d Ste. Port Regt.*

Disability *100%*

Amount, \$ *100*

190

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

Form No. 1.

STATE OF GEORGIA,

Colts County.

PERSONALLY appears *James M. Neish* of said *Colts*

County, State of Georgia, who being duly sworn, says on oath that he was born on the *September* 18 *48*, that he is a *long* citizen and resident of Georgia, and has been continuously since the *11th* day of *Sept* 18 *48*, that he enlisted

in the military service of the *Confederate States* (or the State of

day of *May* 1864, during the war between the States, and served in Company *E* of *2nd* Regiment of *Co. State Troops* Volunteers,

Brigade, and was honorably discharged on the day of

May 1865, that whilst engaged in such military service, and in line of duty in the State of *Ga*, on the day of *December* 1864,

he was disabled *as follows*: Applicant had all right on the top of a freight car in a *switch* run as a guard of Federal prisoners until he became so benumbed and frozen that he had to be lifted from the car and carried to a fire and placed under medical treatment, from which he contracted *neuritis* and was then a sufferer from said disease and is now afflicted with the same until he is physically unable to perform manual labor to make a support.

Where was command surrendered? *At Albany Ga*

Was applicant present? *He was*

If not, where

was he? How come there?

And by whose authority? State fully:

Deponent desires to participate in the benefits of Section 1480 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereafter, ending October 20th, 1903.

Sworn to and subscribed before me, this the

4th day of *July* 1903 } *J. M. Neish*
John Neish Ordinary. Post Office

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

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

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

The Instructions as Set Out in the Notes Must be Observed.

Code Section 1296

No.

pinkish
dark red

Form No. 2

County. (

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

and
personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say
under oath, that they are personally and well acquainted with James M. Kirk
whose application is hereby presented for a pension, that he has resided in this State continuously since the
18th day of March 1862, that he served in Company E of the

2nd
Regiment of 1st State Troop Brigade, and from our personal knowledge he, while in line of duty, was injured by the service as follows: (Give full statement, and tell in your own language when, where, and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor or can do any, state what.)

During the winter 1841, the latter part of December, a witness remembers Applicant was placed on top of a freight train as one of the Guards or Orderly Prisoners and laid on the top of the car all night in a cold stormy rain and "near so remember and prove that he had to be left for a the Car was carried to a far and placed under most cruel treatment people can't be even afflicted with Rheumatism from this exposure and has suffered with sore sores, from cold disease to such an extent that he is unable to earn a support by manual labor. But he is practically unable to perform manual labor of any kind.

Where was applicant's command surrendered? *Huang, Gu*

Was he with it? *He was*
never the fact.
 If not, where was he?

Were all of you present? S.W. Fry was not present but

Where were you all?

How do you know the facts you state to be true?

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 _____ day of May 1862. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1864. We have no interest in the recovery of a pension for him.

Sworn to and subscribed before me, this

4th day of July 1908
John A. Brown
Ordinary

NOTE 1:—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 blank spaces must be filled when signed

4.—Three witnesses are required.

Form No. 3

STATE OF GEORGIA

County _____

PERSONALLY comes before me John M. Miller Ordinary of said County.

me as reputable physicians of said County, who, being severally sworn, say on oath, that they have carefully examined James M. Kirk and after such personal examination, say that the present

condition of applicant is as follows: 2012/12/1

Coffin - New Chronic Pulmonary
Rheumatism, Rheumatoid Arthritis. Coffin
is practically unable to earn a livelihood
from manual labor.

and that such condition is permanent. Said condition arises from the following facts:

We have treated applicant professionally for _____ years, and his condition, as above stated,

does not arise from hereditary or congenital causes, or from vicious or intemperate habits

Sworn to and subscribed before me, this _____

10 day of Aug. 1908 }
John A. [Signature]
Original

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 condition. If from disease, give its nature and character, and its causes or, if understood by the family,

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

STATE OF GEORGIA.

County. 1

1. John Murray, Ordinary of said County.

do certify that I am well acquainted with James M. Kirk the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are
true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he

resides in this County and has been a bona fide resident since the 1 day of July, 1891

I also certify that the witnesses, to wit: ATKINS

and S H Mayer are persons of respectability, that their statements are worthy of full credit and belief, and that the full text of the affidavit was read to and understood by them before they signed the same.

Given under my official signature and seal, this 10 day of Aug. 1908

Ordinary _____ County.

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

Questions for Applicants to Answer.

County

What is your name and where do you reside? (Give County and Post-office).....

How long and since when have you been a continuous resident citizen of this State?

3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? Yes

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) *Monthly Co. E. 2nd Regiment Co. E. 1st*

5. How long did you remain in the actual Military Service with said Company and Regiment?
(Give date of discharge) Until June 9, 1865.

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

7. Were you actually present with your Command when it was surrendered or discharged? *Yes*

8. If you were not actually present, state specifically and clearly where you were _____

a. Where was your Command when you left it? Albany Ga

b. When did you leave the Command? *May 1965*

c. For what cause did you leave? for other

d. By whose authority did you leave? _____

e. For how long was your leave meant to last? _____

6. For how long was your leave granted? In what way? _____

g. In what way were you prevented?

h. What effort did you make to return? _____

i. Were you captured during the war? _____

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

9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4 Nov. 1908? (Make list by items and value.)

45- Acres of land value 1000.00
2 miles " 150.00

10. What property of any kind have you or your wife disposed of and for what purpose?

1908. To whom and for what price?.....

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list)

45 acres of land value 1000
2 months 1500

12. What annual or monthly income or earnings of yourself or family:

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

13. Are you drawing a pension of any amount from this State or the United States? Yes

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it no

not allowed? Yes and am drawing invalid pension of £65
and make this application for increase to £68

Sworn to and subscribed before me, this the 19th day of October 1913.
[Signature]
[Signature]

John M. Gandy, Ordinary

**Confederate
Soldier's Application.**

UNDER ACT 1910

Approved _____

J. W. LINDSEY,

THE LITTLE TRIDENT ALUMINUM

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

Cobb County.

S. F. Mayes

of said State and County is hereby presented as a witness in support of the application of James M. Kirk for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded answers as follows:

1. What is your name and where do you reside? S. F. Mayes Marietta Ga

2. How long and since when have you known the applicant? J. M. Kirk 30 years or more

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? Marietta Cobb County

4. When, where and in what Company and Regiment did the applicant enlist during war from 1861 to 1865? (Give date and place) Spring of 1864, Marietta Ga Co. G. 2nd

5. How did you obtain your information of this service? I was in Same Co. and Regiment

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? give date until surrender about May 1865

7. When and where was his Command surrendered or discharged (give date and place) sometime early in May 1865 Albany Ga. and was pay ordered at that time

8. Were you personally present at the Surrender? I was present

9. If not, where were you and how came you there? I was present

10. Was the applicant personally present with his Command at surrender? yes

11. If not where was he and how came him there? he was present

12. When did he leave his Command? Where was his Command when he left it? for what cause did he leave?

By whose authority did he leave and how long was he granted leave? How do you know?

Is that you have stated to be true? If of your own knowledge, Tell clearly and specifically: I was member of Same Co. Ky and was with Applicant

13. In what way was he prevented from returning to his Command?

How do you know?

14. What effort did he make to return to his Command and how do you know?

15. Was applicant captured as a prisoner If so, when and where?

In what prison was he held? and when released

Sworn to and subscribed before me, this the

2nd day of Oct 1913

J. M. Gann Ordinary,

Cobb County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Cobb County.

Personally before me come J. M. Kirk & L. L. Blum who on oath says that they are freeholders residing in said County and we know J. M. Kirk the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make list by items and value.)

45 Acres of land Value 1000.00 2 trunks

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.) none

2. When and to whom was it sold or given to? none

3. What was the price paid or stated to be paid?

4. What relation is the party to applicant?

5. What disposition was made of the proceeds of the sale?

6. Was the disposition of this property made in good faith and full value? or was it made to obtain a pension? sworn to and subscribed before me, this the

2nd day of Oct 1913 J. M. Gann Ordinary, Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Cobb County.

I, J. M. Gann Ordinary of said County, certify that I know the applicant J. M. Kirk for Pension is the person he represents himself to be and resides in said County. That I also know S. F. Mayes the witness swearing to the service and J. M. Kirk & L. L. Blum who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of Cobb shows that J. M. Kirk and wife value for tax in 1908 \$500 for 1909 \$500 for 1910 \$500

Shore and set my hand and official seal of office this 2nd day of Oct 1913, J. M. Gann Ordinary,

NOTES: 1. Before any questions are answered the Ordinary shall swear Applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."

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

3. All affidavits must be made before the Ordinary and certified by him.

4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of freeholders unnecessary.

Sworn to and subscribed before me, this the

20 day of Oct 1913

S. F. Mayes

Ordinary,

of

Cook

County.

POWER OF ATTORNEY, STATE OF GEORGIA.

I, John A. Kirk,
Know all Men by these Presents, That I,
of the County of Colt, State of Georgia,

do hereby appoint John A. Kirk my true and lawful attorney in act, for me and in my name to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit, hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th day of April, 1891.
J. A. Kirk [L.S.]

Executed in the presence of us,

John A. Kirk
John A. Kirk
John A. Kirk
John A. Kirk
Witnesses.

If allowed, send amount by

me at

and address



Kirk L. E.
Colt County
1891.

No. 222

Widows' Pension

PAID TO

Mrs. L. E. Kirk
OF
Colt COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA.

Know all Men by these Presents, That I,

County, in said State, do hereby appoint
of my true and lawful attorney in fact, for
me and in my name to receive and receipt for whatever amount of money I may be entitled
to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing
affidavit, hereby authorizing my said attorney to receipt in my name for any Warrant that may
be issued by the Governor, or for any sum of money which may be coming to me for the reason
aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of 1891.

Executed in the presence of us,

J. S. Kirk
W. S. Kirk
of the County of *DeKalb*.

It allowed, send amount by

me at

and oblige,

to



Widows' Pension

PAID TO

Wm. S. Kirk

OF

County

1891.

Warrant Issued

AND HANDED TO

1891

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

County of *DeKalb*

In person came before me, the undersigned Ordinary

in and for the County of *DeKalb*

Mrs. *L. E. Kirk*, who being sworn according to law, says under

oath that she is the widow of *W. S. Kirk*, who was a soldier in

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

54th Regiment of *Georgia* Volunteers; that he enlisted in said

service on or about the *17th* day of *May*, 1862, and was in the

Confederate Army up to *December*, 1863. That while in the

Army, he was on the day of 1863, (See Note No. 1)

that he enlisted in said service in the State of

Georgia, during the war, and that he was in the

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

B, of the *54th* Regiment of *Georgia* Volunteers; that he enlisted in said

service on or about the *17th* day of *May*, 1862, and was in the

Confederate Army up to *December*, 1863. That while in the

Army, he was on the day of 1863, (See Note No. 1)

that he enlisted in said service in the State of

Georgia, during the war, and that he was in the

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

B, of the *54th* Regiment of *Georgia* Volunteers; that he enlisted in said

service on or about the *17th* day of *May*, 1862, and was in the

Confederate Army up to *December*, 1863. That while in the

Army, he was on the day of 1863, (See Note No. 1)

that he enlisted in said service in the State of

Georgia, during the war, and that he was in the

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

B, of the *54th* Regiment of *Georgia* Volunteers; that he enlisted in said

service on or about the *17th* day of *May*, 1862, and was in the

Confederate Army up to *December*, 1863. That while in the

Army, he was on the day of 1863, (See Note No. 1)

that he enlisted in said service in the State of

Georgia, during the war, and that he was in the

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

B, of the *54th* Regiment of *Georgia* Volunteers; that he enlisted in said

service on or about the *17th* day of *May*, 1862, and was in the

Confederate Army up to *December*, 1863. That while in the

Army, he was on the day of 1863, (See Note No. 1)

that he enlisted in said service in the State of

Georgia, during the war, and that he was in the

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

B, of the *54th* Regiment of *Georgia* Volunteers; that he enlisted in said

Sworn to and subscribed before me, this, the

day of *May*, 1891.

W. S. Kirk

Ordinary.

NOTE: State in blank above the date of the death of the husband, and how, and when, and where he died. And in case his death resulted from disease, state how the disease has or possibly has resulted from the service of the soldier in the Army and not from any other cause.

Form No. 2.

In person came before me, the undersigned Ordinary

[illegible]

Now an example, as described before me, thus, the

24 day of April 1891.
I do hereby certify that
the above statement is
true and correct to
the best of my knowledge
and belief.
Signed H. Reedolph
Ordinary

Form No. 31

County of _____

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 16th day of June, 1960.

4th day of May 1891

Conclusions

Form No. 4.

NOTES.

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 of the death.

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

Friend 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 "Address" 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

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

Form No. 2.

STATE OF GEORGIA, County of Cobb

I, *Wm. Stone* Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. *L. E. Kirk* the applicant for a pension in this case and know, from my own knowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of *Wm. Kirk* deceased, and as such has heretofore been allowed a pension for the year ending February 15th 1892.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, *15th* day of *Feb*, 1893.

Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County,

KNOW ALL MEN BY THESE PRESENTS, That I,

of *Cobb* County, in said State, do hereby appoint *Wm. Stone* my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit, hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In Witness Whereof, I have hereunto set my hand and seal, this *15th* day of *Feb*, 1893.

[18]

Executed in the presence of us:

DIRECTIONS.

Send amount by me at

and oblige

Wm. Stone
FOR THESE HERETOFORE SAID.

1893.

Widows' Pension,

for year ending February 15th, 1893.

PAID TO

Wm. Stone

OF *Cobb* COUNTY.

Warrant Issued

AND HANDLED TO

1893

FILED IN OFFICE OF STATE PRINTER, ATLANTA.

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

Form No. 2.

STATE OF GEORGIA, County of Cobb

I, *Wm. Stone* Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. *L. E. Kirk* the applicant for a pension in this case, and know, from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of *Wm. Kirk* deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, *30th* day of *Jan*, 1894.

Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County,

KNOW ALL MEN BY THESE PRESENTS, That I,

of *Cobb* County, in said State, do hereby appoint *Wm. Stone* my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In Witness Whereof, I have hereunto set my hand and seal, this *30th* day of *Jan*, 1894.

[18]

Executed in the presence of us:

DIRECTIONS.

Send amount by me at

and oblige

Wm. Stone
FOR THESE HERETOFORE SAID.

WARRANT ISSUED

AND HANDLED TO

1894.

Widows' Pension,

for year ending February 15th, 1894.

PAID TO

Wm. Stone

OF *Cobb* COUNTY.

1894.

Wm. Stone
FOR THESE HERETOFORE SAID.

Form No. 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *Chatham*

Personally comes Mrs.

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

continuously ever since

1864 That she is the Widow of

who was a Soldier in Company

of the

Regiment of

Volunteers, that he enlisted in said Regiment on or about the month of

1864 and served in the Army up to

1864 That he lost his

life on the

day of

18

(State here

full particulars of the husband's death, when, where and from what cause.)

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 1864; 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

2nd day of July 1893.

J. H. Stone Ordinary.

Post-office

L. E. Kirk
Roswell, Ga.

Form No. 1

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *Cobb*

Personally comes Mrs.

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

continuously ever since

1843 That she is the Widow of

who was a Soldier in Company

of the

Regiment of

Volunteers, that he enlisted in said Regiment on or about the month of

1864 and served in the Army up to

1864 That he lost his

life on the

day of

18

(State here

full particulars of the husband's death, when, where and from what cause.)

That while in the Confederate Army he was attacked with Chronic Diarrhea - Came home on furlow in Dec. 1864 and was never able to return to the Army and was never able to do any work on account of said disease and died of said disease in Dec. 1866.

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 1864; 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

2nd day of July 1894.

J. H. Stone Ordinary.

Post-office

L. E. Kirk
Roswell, Ga.

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

Form No. 1.

STATE OF GEORGIA, County of *Cobb*
I, *J. M. Stone* Ordinary in and for said County of
State of Georgia, hereby certify that I am acquainted with Mrs.
L. E. Kirk the applicant for a pension in this case, and
know from my own knowledge (or from positive proof presented to me by reputable wit-
nesses), 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 *W. J. Kirk* deceased, and as such has heretofore
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, *5th* day of *July* 1895.

Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, County of *Cobb*
KNOW ALL MEN BY THESE PRESENTS, That I, *L. E. Kirk*
of *Roswell Ga* my true and lawful attorney in fact, for
me, and in my name, to receive and receipt for whatever amount of money I may be 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 WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of *July* 1895 *L. E. Kirk* [L. S.]

Executed in the presence of us:

J. M. Stone

DIRECTIONS

Send amount by _____ to _____
me at _____, and oblige

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

Form No. 2.

STATE OF GEORGIA, County of *Cobb*
I, *J. M. Stone* Ordinary in and for said County of
State of Georgia, hereby certify that I am acquainted with Mrs.
L. E. Kirk the applicant for a pension in this case, and
know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she
resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived
out of the State since that date. That she is the widow of *W. J. Kirk*
deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this
the *1st* day of *July* 1896.

Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, County of *Cobb*
I, *L. E. Kirk* hereby authorize *A. M. Nemmer*
of *Roswell Ga* to receive and receipt for the pension and hereon and request
that he remit same to *me by check*, or

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of *July* 1896. *L. E. Kirk* [L. S.]

Executed in the presence of

J. M. Stone

1896.

No. 2056

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO

L. E. Kirk

County of *Cobb*

widow of

WARRANT ISSUED

1896.

AND REMITTED TO

W. J. Kirk

ONE W. HARTSON, State Printer.

FOR THOSE HERETOFORE PAID.

1895.

No. 463

WIDOW'S PENSION,

for year ending February 15th, 1895.

PAID TO

L. E. Kirk

County of *Cobb*

widow of

WARRANT ISSUED

1895.

AND REMITTED TO

W. J. Kirk

ONE W. HARTSON, State Printer.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

L. E. Kirk

who being sworn, says on oath, that she is a bona fide resident of said county of

Cobb State of Georgia, and that she has resided in said State continuously ever since October 1843 that she is the Widow of L. E. Kirk who was a Soldier in Company of the 34th Regiment of GaVolunteers, that he enlisted in said Regiment on or about the month of May 1862 and served in the Army up to Dec. 1864 That he lost his life on the 17th day of Dec. 1866 (State here

full particulars of the husband's death, when, where and from what cause.)

That while in the Confederate Army he contracted Chronic Diarrhoea - Came home with said disease in the early part of the year 1865 and died with said disease on the 17th day of Dec. 1866.

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 1860 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 July 1895.

J. E. Kirk Ordinary.

Post-office

L. E. Kirk Roomie Ga

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

L. E. Kirk

who being sworn, says on oath, that she is a bona fide resident of said county of

Cobb State of Georgia, and that she has resided in said State continuously ever since 1843 That she is the Widow of L. E. Kirk who was a Soldier in Company of the 34th Regiment of GaVolunteers, that he enlisted in said regiment on or about the month of May 1862 and served in the Army up to Dec. 1864 That he lost his life on the 17th day of Dec. 1866 (State here

full particulars of the husband's death, when, where and from what cause.)

That while in the Confederate Army he contracted Chronic Diarrhoea - Was never able to do any work after the war and died with said disease on 17th Dec. 1866.

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 1860 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 Cobb County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this

day of July 1896.

J. E. Kirk Ordinary.

Post-office

L. E. Kirk Roomie Ga

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

Form No. 2.

STATE OF GEORGIA, County of

Ordinary in and for said County of

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

the applicant for a pension in this case, and

know from my own knowledge, as transparently presented to me by reputable witnesses, that she

resides in this County, and that she resided in the State of Georgia on December 24, 1896, and has not

resided 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, 1896.

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

day

1897

(Seal)

Ordinary

POWER OF ATTORNEY.

Form No. 3

STATE OF GEORGIA, County of

Ordinary hereby authorize

to receive and receipt for the pension paid hereon and request

that he remit same to me by him

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

day of 1897

Executed in the presence of

1 & Kirk

WIDOW'S PENSION,
For year ending February 15th, 1897.
PAID TO
L. E. Kirk
Ordinary of
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT ISSUED
2/3
AND HANDED TO
L. E. Kirk
1897.

POWER OF ATTORNEY.

State of Georgia, County of

I, Mrs. L. E. Kirk, hereby authorize H. M. Broadwell

of Room 11 to receive and receipt for the pension paid hereon and request

that he remit same to me by him

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

day of 1898

Executed in the presence of

M. Stone Only

Kirk L. E. (Mrs)
Cobb County
For Those Heretofore Paid.
1898.
NO. 2880
WIDOW'S PENSION,
For year ending February 15th, 1898.
PAID TO
Mrs. L. E. Kirk
Cobb County
Widow of
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT ISSUED
2/3
AND HANDED TO
H. M. Broadwell
W. W. HARRISON, STATE PRINTER, ATLANTA

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

L. E. Risk

who, being sworn, says on oath, that she is a bona fide resident of said county of
Cobb
State of Georgia, and that she has resided in said State
continuously ever since 1843 That she is the Widow of

who was a Soldier in Company

of the 34th Regiment of
Volunteers, that enlisted in said regiment on or about the month of
1862 and served in the Army up to 1864 That he lost his
life on the 17th day of May 1866 (State here

full particulars of the husband's death, when, where, and from what cause.)

That in pursuance of the act of Congress passed

Dependent 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 1860
that Georgia is her home and she resided in this State 231 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
Cobb County for the year ending February 15th, 1896, and now apply for
the pension provided by law for the year ending February 15th, 1897

Sworn to and subscribed before me, this
17th day of Jan 1897.
J. M. Stone Ordinary.

Post office

Roosevelt Ga.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

L. E. Risk

who, being sworn, says on oath, that she is a bona fide resident of said county of
Cobb
State of Georgia, and that she has resided in said State
continuously ever since 1843 That she is the Widow of

who was a Soldier in Company

of the 34th Regiment of
Volunteers, that he enlisted in said regiment on or about the month of
1862 and served in the Army up to 1864 That he lost his
life on the 17th day of May 1866 (State here

full particulars of the husband's death, when, where, and from what cause.)

Chronic Diarrhoea was
contracted by said deceased
while in the Confederate Army,
from which disease he
never recovered and died
from it in Dec. 1866.

Dependent 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 1860

I have been allowed a pension as a resident of
Cobb 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
31st day of Jan 1898.
J. M. Stone Ordinary.

Post Office

State of Georgia,

Cobb County, I
J. M. Stone
Ordinary of said County, certify that I am well acquainted
with Mrs. L. E. Risk

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
has continuously resided in this State since the 17th day of May 1843

Given, under my official signature and seal this 31st day of Jan 1898.

Official
Seal.

Ordinary of

Cobb County.

POWER OF ATTORNEY.

State of Georgia.

Cobb County.

I, *L. E. Kirk*

hereby authorize

of *Marietta*

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

me

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *31st*

day of *January* 1899.

L. E. Kirk [L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

I, *Mrs. L. E. Kirk*

hereby authorize

M. Stone

of *Marietta Ga*

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

me by him

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *30*

day of *January* 1900.

L. E. Kirk

[L. S.]

Executed in presence of

Kirk, L. E. Mrs.

Cobb County

For Those Heretofore Paid.

1 set for when to hand

1899.

NO. 3268

WIDOW'S PENSION,

For year ending February 15th, 1899.

Mrs. L. E. Kirk

Cobb County

Widow of *M. E. Kirk*

RICHARD JOHNSON.

Commissioner of Pensions.

WARRANT ISSUED

2/18

1899.

PAID HANDLED TO

M. S.

PAID TO HARRISON STATE PRISON, ATLANTA

Kirk, L. E. (Mrs)

Cobb County

To Those Heretofore Paid.

1900.

NO. 1993

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO

Mrs. L. E. Kirk

Cobb County,

Widow of *L. E. Kirk*

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Feb 16

1900,

AND HANDLED TO

Stone

W. W. Harrison, State Prison, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *Cobb*Personally Comes Mrs.
L. E. Kirk

who, being sworn, says on oath, that she is a bona fide resident of said county of *Cobb* State of Georgia, and that she has resided in said State continuously ever since *1st October 1843* That she is the Widow of *J. N. J. Kirk* who was a soldier in Company *34th* Regiment of *55th* May Volunteers, that he enlisted in said regiment on or about the month of *May* 1862, and served in the Army up to *Decr. 17th* 1866 That he lost his life on the *17th* day of *Decr.* 1866 (State here full particulars of the husband's death, when, where and from what cause.)

He contracted chronic diarrhoea while in the army and never was relieved of it and died of chronic diarrhoea Decr. 17th 1866.

Dependent 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 *60*

I have been allowed a pension as a resident of *Cobb* County for the year ending 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 *1st* day of *Feb.* 1899. *J. E. Kirk*
Ordinary. Post-Office *Roswell Ga.*

State of Georgia, *Cobb* County. I, *J. M. Stone* Ordinary of said County, certify that I am well acquainted with Mrs. *L. E. Kirk* who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of *Oct.* 18 *43*

Given under my official signature and seal this the *3rd* day of *July* 1899.

(Official)
(Seal)

Ordinary of *Cobb* County

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *Cobb*Personally Comes Mrs.
L. E. Kirk

who, being sworn, says on oath, that she is a bona fide resident of said county of *Cobb* State of Georgia, and that she has resided in said State continuously ever since *1st October 1843* That she is the Widow of *J. N. J. Kirk* who was a soldier in Company *34th* Regiment of *Georgia* Volunteers, that he enlisted in said regiment on or about the month of *May* 1862, and served in the Army up to *Decr. 17th* 1866 That he lost his life on the *17th* day of *Decr.* 1866 (State here full particulars of the husband's death, when, where and from what cause.)

That he contracted chronic Diarrhoea while in the army and never was relieved of it and died of said disease Decr. 17th 1866

Dependent 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 *60*

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

Sworn to and subscribed before me, this *30th* day of *Aug.* 1900. *J. E. Kirk*
Ordinary. Post-Office

State of Georgia, *Cobb* County. I, *J. M. Stone* Ordinary of said County, certify that I am well acquainted with Mrs. *L. E. Kirk* who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of *Oct.* 18 *43*

Given under my official signature and seal, this the *3rd* day of *Aug.* 1900.

(Official)
(Seal)

Ordinary of *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *L. E. Kirk* hereby authorize
Lewis White of *Roswell*

to receive and receipt for the pension paid hereon and request that he remit same to
me at *Roswell*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *14*
day of *January* 1901.

L. E. Kirk [L. S.]

Executed in presence of

Edl. Kember at 4271

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *L. E. Kirk* hereby authorize
Lewis White of *Roswell Ga*

to receive and receipt for the pension paid hereon, and request that he remit same to
me at *Roswell Ga*

In Witness Whereof, I have hereunto set my hand and seal, this *18th*
day of *January* 1902.

L. E. Kirk [L. S.]

Executed in presence of

C. F. Kirk

1901.

To Those Heretofore Paid.

No. *820*

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs. L. E. Kirk
L. E. Kirk
County.

Widow

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

1901.

AND HANDED TO

W. H. H. H.

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

1902.

To Those Heretofore Paid.

No. *824*

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO
Mrs. L. E. Kirk
L. E. Kirk
County.

Widow of

Co. *Regiment*

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

1902

AND HANDED TO

W. H. H. H.

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

L. E. Kirk

who, being sworn, says on oath, that she is a bona fide resident of said County of Cobb, State of Georgia, and that she has resided in said State continuously ever since October 1843. That she is the Widow of M. J. Kirk who was a soldier in Company 34th of the Georgia

Volunteers, that he enlisted in said regiment on or about the month of May 1862 and served in the Army up to December 1864. That he lost his life on the 17th day of December 1866. (State here

particulars of the husband's death, when, where and from what cause.) He contracted Chronic Diarrhea while in the Army and never was relieved of it and died Dec 17th 1866

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 1860

I have been allowed a pension as a resident of Cobb County for the year ending February 15th, 1900, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this

day of Jan 1901.

Ordinary.

Post Office

L. E. Kirk

State of Georgia,

County of Cobb

I John Chistey

with Mr.

L. E. Kirk

who made the above affidavit and am satisfied

that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since the day of Oct 1843

Given under my official signature and seal, this 10th day of Jan 1901.

Official Seal.

Ordinary of

Cobb County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES Mrs.

A. J. L. E. Kirk

who, being sworn, says on oath, that she is a bona fide resident of said County of Cobb, State of Georgia, and that she has resided in said State continuously ever since 1843. That she is the Widow of G. J. Kirk who was a soldier in Company 34th of the Georgia

Volunteers, that he enlisted in said regiment on or about the month of May 1862, and served in the Army up to Dec 1864. That he lost his life on the 17th day of December 1866. (State here

particulars of the husband's death, when, where and from what cause.) He contracted Chronic Diarrhea while in the Army and never was relieved of it and died of Chronic Diarrhea Dec 17th 1866

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 1860

I have been paid a pension as a resident of Cobb 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

10th day of Jan 1902

Ordinary

Post Office

Roxwell

State of Georgia,

County of Cobb

I John Chistey

acquainted with Mrs.

L. E. Kirk

who made the above affidavit and

am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of

18

Given under my official signature and seal, this 10th day of Jan 1902.

Official Seal.

Ordinary of

Cobb County.

NOTE. All blank spaces must be filled.
Voucher and affidavit must bear date after January 1st, 1902.

Payment for Cobb County, January 16th

POWER OF ATTORNEY.

STATE OF GEORGIA,

W. E. Harris COUNTY.

I, *W. E. Harris* hereby authorize
J. A. Hembree of *Roswell*

to receive and receipt for the pension paid hereon, and request that he remit same to
me at *Roswell*

In Witness Whereof, I have hereunto set my hand and seal, this *7*
 day of *January* 1903. *W. E. Harris* [L. S.]

Executed in presence of

J. A. Hembree

POWER OF ATTORNEY.

STATE OF GEORGIA,

W. E. Harris COUNTY.

I, *W. E. Harris* hereby authorize
J. A. Hembree of *Roswell*

to receive and receipt for the pension paid hereon, and request that he remit same to
me at *Roswell*

In Witness Whereof, I have hereunto set my hand and seal, this *2*
 day of *January* 1904. *W. E. Harris* [L. S.]

Executed in presence of

J. A. Hembree

To Those Heretofore Paid

1903.

No. *234*

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

W. E. Harris
W. E. Harris
W. E. Harris

County.

Widow of

Co. *Regiment*

JOHN W. LINDSEY.

W. E. Harris

WARRANT ISSUED

1903.

11/23
 AND HANDLED TO

Hembree

TO THOSE HERETOFORE PAID.

1904.

No. *230*

WIDOW'S PENSION

FOR
 YEAR ENDING DECEMBER 31, 1904.

PAID TO

W. E. Harris

W. E. Harris
W. E. Harris

Widow of

Co. *Regiment*

County.

JOHN W. LINDSEY.

W. E. Harris

WARRANT ISSUED

1904.

AND HANDLED TO

Hembree

W. E. Harris

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA.

County of Cobb

PERSONALLY COMES MRS.

L. E. Kirk

The Deponent sworn says on oath, that she is a bona fide resident of said County of Cobb, State of Georgia, and that she has resided in said State continuously ever since 1843.

That she is the Widow of

who was a soldier in Company

Regiment of Georgia

Volunteers, that he enlisted in said regiment on or about the month of May 1862, and served in the Army up to 1864. That he lost his life on the 19th day of December, 1864. (State here

particulars of the husband's death, when, where and from what cause.)

He contracted Chronic
Lung Disease while in the Army and never
was relieved of it and died of Chronic
Disease Dec 1866

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 1860.

I have been paid a pension as a resident of Cobb 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 1st day of Jan 1903, J. E. Kirk, Ordinary, Post Office, Roswell

State of Georgia, Cobb County, Ordinary of said County, certify that I am well acquainted with Mrs. L. E. Kirk, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1860.

Given under my official signature and seal, this 1st day of Jan 1903.

(Official Seal)

Ordinary of

Cobb County

NOTE.—All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1903.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.

County of Cobb

PERSONALLY COMES MRS.

L. E. Kirk

who, being sworn says on oath, that she is a bona fide resident of said County of Cobb, State of Georgia, and that she has resided in said State continuously ever since 1843.

That she is the Widow of

who was a soldier in Company

Regiment of Georgia

Volunteers, that he enlisted in said regiment on or about the month of May 1862, and served in the Army up to 1864. That he lost his life on the 19th day of December, 1864. (State here

particulars of the husband's death, when, where and from what cause.)

He contracted Chronic
Disease while in the Army and never
was relieved of it and died of Chronic
Disease Dec 1866

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 1860.

I have been paid a pension as a resident of Cobb County for the year ending December 31, 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me, this 1st day of Jan 1904, J. E. Kirk, Ordinary, Post Office, Roswell

State of Georgia, Cobb County, Ordinary of said County, certify that I am well acquainted with Mrs. L. E. Kirk, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1860.

Given under my official signature and seal, this 1st day of Jan 1904.

(Official Seal)

Ordinary of

Cobb County

NOTE.—All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1904.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }
Cobb

I, L. E. Kirk, hereby authorize

F. M. Kember of Rowell
to receive and receipt for the pension paid hereon, and request that he remit same to
Me at Rowell

In Witness Whereof, I have hereunto set my hand and seal, this 3

day of January, 1905.

L. E. Kirk

[L. S.]

Executed in presence of

L. E. Kirk

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }
Cobb

I, L. E. Kirk, hereby authorize

F. M. Kember of Rowell
to receive and receipt for the pension paid hereon, and request that he remit same to
Me at Rowell

In Witness Whereof, I have hereunto set my hand and seal, this 2

day of January, 1906.

L. E. Kirk

[L. S.]

Executed in presence of

L. E. Kirk

To Those Heretofore Paid.

1905.

No. 838

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

Mrs. L. E. Kirk

OF

Cobb County,

Widow of L. E. Kirk,

Co. 4 Regiment 24

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1/23, 1905.

AND HANDS TO

F. M. Kember

For Office Use Only - Not to be Filled In

To Those Heretofore Paid.

1906.

No. 172

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO

Mrs. L. E. Kirk

OF

Cobb County,

Widow of L. E. Kirk,

Co. 4 Regiment 24

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1/22, 1906.

AND HANDS TO

F. M. Kember

For Office Use Only - Not to be Filled In

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

J E Kirkwho, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State

continuously ever since

That she is the Widow of

who was a soldier in Company

of the

34 Ga

Regiment of

Volunteers, that he enlisted in said regiment on or about the month of

1862, and served in the Army up to

1865

That he lost his

life on the

day of

Dec 16

1865

(State here

particulars of the husband's death, when, where and from what cause)

big game killed while in the service

Dependent 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

Cobb

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

Jan 1

1905

John A. Cawley

Ordinary

Post Office

J E Kirk

State of Georgia,

Cobb

County,

Ordinary of said County, certify that I am well

acquainted with Mrs

J E Kirk

who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of

18

Given under my official signature and seal, this the

2

day of

1905

Official

Seal

Ordinary of

Cobb

County

NOTE.—All blank spaces must be filled.

Voucher and Affidavit must bear date after January 1st, 1905.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

L E Kirk

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

continuously ever since

That she is the Widow of

who was a soldier in Company

34 Ga

Regiment of

Volunteers, that he enlisted in said regiment on or about the month of

May

1862, and served in the Army up to

1865

That he lost his

life on the

day of

Dec 16

1865

(State here

particulars of the husband's death, when, where and from what cause)

Died of Disease Contracted in Army

Dependent 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 1862.

I have been paid a pension as a resident of

Cobb

County, for the

year ending December 31, 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me

this

day of

Jan 1

1906

John A. Cawley

Ordinary

Post Office

J E Kirk

State of Georgia,

Cobb

County,

Ordinary of said County, certify that I am well

acquainted with Mrs

J E Kirk

who made the above affidavit, and

am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of

18

Given under my official signature and seal, this the

2

day of

1906

Official

Seal

Ordinary of

Cobb

County

NOTE.—All blank spaces must be filled.

Voucher and Affidavit must bear date after January 1st, 1906.

Kirk, L. E. (Mrs.)
Cobb Co. 1923

Application for Pension Due
Deceased Pensioner

(UNDER ACT 1904)

(If pay expenses of last illness or funeral)

For Mrs. L. E. Kirk Ordinary
of Cobb County

Old or New Class?

Died July 14

Amount, \$ 100

Approved and ordered paid
John W. Clark 1923
JOHN W. CLARK,
Commissioner of Pensions

Ordinary. Fill out above in full and send this blank to Pension Office for approval. Do not pay out the money until the approved blank is in your hands giving you authority to do so. Send back to the Pension Office with your receipted pay rolls to be permanently filed with them. Do not keep this application in your office.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, L. E. Kirk hereby authorize

W. H. Hester

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

Me at Roswell

In Witness Whereof, I have hereunto set my hand and seal, this 19

day of January 1907.

Executed in presence of

W. H. Hester

[L. S.]
L. E. Kirk

Kirk, L. E. (Mrs.)
Cobb County
to those heretofore aid.

1907.

No. 273-

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO

Mrs. L. E. Kirk

OF

Cobb County,

Widow of

Co. _____ Regiment

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

1907.

AND HANDED TO

W. H. Hester

Done at Bureau of Pensions, Albany

Application for Pension Due to a Deceased Pensioner

(Under the Act of August 15, 1904)

To Be Paid to the Ordinary for Funeral Expenses and Expenses of Last Illness.

GEORGIA,)
County of)

County

Personally before me, the Ordinary of said County, comes

W. W. St John

of said County, who, after being sworn, on oath says

that he knew

Wm. L. Kirk

of said County, and that said pensioner

was on the

State's

Pension Roll of

Jobb

County at the

time of death, which occurred in

1926

County, in this

State on the

14

day of

July

1926

and that

a Pension of

100

Dollars was due pensioner and

he paid at the time of pensioner's death

that he left no valid and dependent children surviving and

no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$100

per sworn statement fully and completely itemized, hereto attached

per sworn statement fully and completely itemized, hereto attached

per sworn statement fully and completely itemized, hereto attached

per sworn statement fully and completely itemized, hereto attached

per sworn statement fully and completely itemized, hereto attached

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AFFIDAVIT OF ORDINARY

per sworn statement fully and completely itemized, hereto attached

per sworn statement fully and completely itemized, hereto attached

per sworn statement fully and completely itemized, hereto attached

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per sworn statement fully and completely itemized, hereto attached

For Widows Heretofore Allowed Pensions.

Form No. 1

STATE OF GEORGIA,

County of

Cobb

PERSONALLY COMES Mrs.

L. E. Kirk

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

continuously ever since

That she is the Widow of

who was a soldier in Company

of the

34

Regiment of

Volunteers, that he enlisted in said regiment on or about the month of

188

and served in the Army up to

188

That he lost his

life on the

day of

18

(State here

particulars of the husband's death, when, where and from what cause.)

Illness of Disease

Dependent 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

Cobb

County, for the

year ending December 31, 1908, and now apply for the pension provided by law for the year ending

December 31, 1907.

Sworn to and subscribed before me

this

day of

1907.

Ordinary.

Post Office.

State of Georgia,

County,

Ordinary of said County, certify that I am well

acquainted with Mrs.

L. E. Kirk

who made the above affidavit, and

am satisfied that the facts therein stated are true, and I know she is the individual she represents

herself to be, and that she has continuously resided in this State since the

day of

18

Given under my official signature and seal, this

day of

1907.

Official Seal

Ordinary of

Cobb

County.

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1907.

Telephone 117

Covington, Ga. Sept. 14th. 1926

182

Mrs. Lou Kirk--Tatata

To **R. E. EVERITT**, Dr.
FURNITURE AND UNDERTAKING GOODS
PIANOS, RADIOS, VICTROLAS

TERMS—CASH

Interest Charged After Date

July 14/25 To Casket & services

interment of Mrs Kirk \$100.00

The above account is rendered for funeral expenses of Mrs Lou Kirk, and is true and unpaid

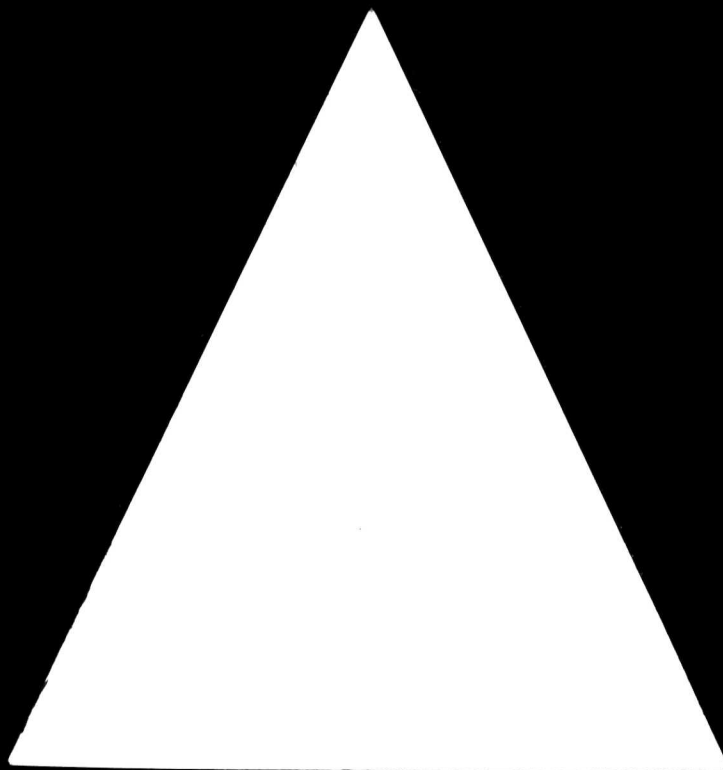
R. E. Everitt
I am to and enclosed before me this Sept. 14, 1926
G. L. Loyd
Ordinary Newton Co. Ga
Georgia Newton Co.

Received of J.M. Cann, Ordinary
Cobb County Ga. Check for \$100.00 on burial
expenses Mrs. L.E. Kirk, a pensioner on Cobb County
Rolls, received through F.L. Loyd, Ordinary, Newton
Co. Ga. This January 1928

Witness

State of Georgia, Small money in this manner.
Cobb County, That I, J. E. Kirk, of Cobb County,
in said State do hereby appoint F. M. Merrill of
said County my true & lawful Attorney in fact for
me & in my name to receive and accept for all
over amount of money I am entitled to from
the State of Georgia as a Widow of a Confederate
Soldier, hereby authorizing my said Attorney to
do in my name & without that may
be signed by the Receiver is for any sum of money
which may be coming to me for the reason aforesaid
Attorney is given in place of one given by
P. A. Danmody for the above purpose he being absent
from the State at the present time. I do attest thereof
I have hereunto set my hand & seal this 18th day
of February 1892
J. E. Kirk
I, J. E. Kirk, do hereby certify that the above is true
and correct to the best of my knowledge
J. E. Kirk

Covington, Ga., Jan. 1, 1928.
Received of J. E. Kirk, of Cobb County, the sum of One
Hundred Dollars in payment of funeral expenses of Mrs. L. E. Kirk, deceased.
R. E. Everitt



Form No. 5.
POWER OF ATTORNEY,
STATE OF GEORGIA.

Know all Men by these Presents That I,
County of *DeKalb*

County, in said State, do hereby appoint

of *my true and lawful attorney in fact, for*
me and in my name, to receive and receipt for whatever amount of money I may be entitled
to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing
affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may
be issued by the Governor, or for any sum of money which may be coming to me for the reason
aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of *April* *1891* [L. S.]

Executed in the presence of us:

R. B. Hicks
Wm. Stow *Orum*

DIRECTOR.

If allowed, send amou. by

to

and oblige.

me at



Girk Sarah
Cobb County
187 1891.
To Fulton Co 1893

No. *2227*

Widows' Pension

PAID TO

Mrs. Sarah Girk

OF

COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA.

County.

Know all Men by these Presents, That I,

County, in said State, do hereby appoint

of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

Executed in the presence of us:

R. B. Hicks
J. L. Stone

DIRECTORS.

If allowed, send amount by

me at

, and oblige,



Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

County of Cobb

Mrs. Sarah Kirk

In person came before me, the undersigned Ordinary in and for the County of Cobb

, who being sworn according to law, says under

oath that she is the widow of

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

Regiment of Volunteers; that he enlisted in said

service on or about the day of

Confederate Army up to 1861, and was in the

Army, he was on the day of July 1861, That while in the

with the 10th Regt. of the 1st Div. of the Georgia

in the State of Georgia

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 12th day of July 1861, and that she has resided in Georgia continuously since the day of March 1870; 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 day of

J. L. Stone

Ordinary.

Sarah Kirk

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

Widow's Pension

PAID TO

Mrs. Sarah Kirk

OF

COUNTY.

\$100.00.

Warrant Issued

AND HANDED TO

1891

AT 1891.

270. 9997

Cobb County

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

County of Cobb

In person came before me, the undersigned Ordinary

in and for said County, witnesses

and (each known to said Attesting Officer as truthful,

reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge,

Mrs. Sarah Kirk, of the County of Cobb,

State of Georgia, is the widow of Thomas Kirk, who was a soldier in

Company H of the 7th Regiment of Georgia Volunteers.

That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or

about the 24th day of April 1861. That while in said service, or by

reason of said service in the Army, he lost his life as follows: Killed in the

battle of the First Battle of Manassas in the day of

August 31st 1861.

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

Form No. 3.

STATE OF GEORGIA,

County of Cobb

I, J. M. Stone, Ordinary

in and for said County of Cobb

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

the applicant for a pension in this case, and know, from my own knowledge, or from positive proof

presented to me by reputable witnesses, that she resides in this County, and that she resided in the

State of Georgia on December 23d, 1890, and has not lived out of the State since that date. I also

certify that the witnesses whose testimony she presents to sustain her claim are known to me to be

truthful witnesses, entitled to full faith and credit as such. I am fully satisfied that this claim is made in

good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

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

24th day of April 1891.

SEAL

J. M. Stone

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 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, 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 of the death.

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

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

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

Fill out the "Receipt" 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.

We further swear that Mrs. Sarah Kirk was the wife of said soldier during his service, and that she has not intermarried since his death, and that she resides in, Cobb County of the State of Georgia.

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

J. M. Stone, Ordinary.

H. A. Brommody
H. W. Bonnellfoot-Lund Co. H. H. H.
R. B. Hicks Capt " " "

Pension office 11-26-1918
The record of the service of Mrs. Lindsey as
accountant from Oct. 1-1864 to Dec. 1-1864. She
subsequent service if any, is indefinite and read
none proven. Her husband and account for husband
service in an honorable way to the end of the
war, and prove all statements made to be true.
J. W. Lindsey, Commissioner of Pensions

Private ^{Self} Aug-17-
1864. "Present,
Sept 30-1864" - ^{Other}
Rec'd. do show he
signed for clothing
received from 1864.
1864, * Dec. 31-1864.
no other record.
(R)

note OK.

Rockford, Ill.
Or 11-11-19

V No 3322 -

Widow's Pension

UNDER ACT 1910

County Cash
Name Mrs S. A. Starkpatrick
Widow of Thaddeus Starkpatrick
27th Col

J. W. LINDSEY,
Commissioner of Pensions.

Index Printing Co. State Printers, Atlanta, Ga.
6/5-1919 11/1-1918

Pension office 11-26 1918

The record of the service of husband only accounts for him from Oct. 1-1864 to Dec. 31-1864. Subsequent service, if any, is indefinite, and real none proven. Must send and account for husband's service in an honorable way to the end of the war, and prove all statements made to be true.

J W Lindsey, Commissioner Of Pensions

Private Cobb 11-1864 - 30-1864 - Other records show he signed for clothing money from Oct. 1-1864, to Dec. 31-1864. No other record.

OK

Widow's Pension

UNDER ACT 1910

County

Cobb

Name

Mrs S A Kirkpatrick

Widow of

Private Kirkpatrick

27th Co

J W LINDSEY

Commissioner of Pensions

41-11-18 11-1-1918

Application for Pension By a Widow Under Act of 1910 Questions for Applicant

STATE OF GEORGIA.

County

Personally before me comes *Mrs Sarah A. Kirkpatrick* of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of 1910, and submit testimony to make out the same, true answers makes to the following questions to wit:

1. What is your name, and where do you reside? *Sarah A. Kirkpatrick all my life, 70 years*
2. How long and since when have you been a continuing resident of the State of Georgia? *all my life, 70 years*
3. When, where and to whom were you married? *July 9th 1866, James H. Kirkpatrick*
4. Have you married since the death of first and soldier husband? *no*
5. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army of Georgia Militia? (State the arms and class of Service) *Sept 1863, Cobb Co. Co. 1st Ga. Cavalry.*
6. When and where did the Command of your husband surrender or discharge from the army?
7. Was your husband personally present at the time of the surrender or discharge of this Command? *Yes*
8. If he was not present state clearly where he was. *He was present at Surrender*
9. Where was his command when he left?
10. For what cause did he leave his Command?
11. By whose authority did he leave his Command?
12. For how long was he granted leave of absence?
13. What was his physical condition when he left his Command? *Good*
14. What effort did he make to return to his Command?
15. In what way was he prevented from going back to Command?
16. Was he captured by the enemy at any time? *no*
17. If so, when and where captured and where held as a prisoner, and when and for what cause released?
18. When and where did your first husband die? *June 13th 1891, Union, Cobb Co.*
19. Were you residing together when he died? *Yes*
20. If not, how long had you resided apart?
21. Are you now a widow? *Yes*
22. What property of any description did you own, hold or control for your use and its cash value Nov. 4, 1908? (State name by items and where situated) *One farm of 40 acres, \$2000. One house in Union \$400*
23. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value) *Sold farm to Shaker property for \$2000. House sold for \$400. Sold the property near in 4 shares.*
24. What property of any description of any value have you now? (Vacant lot in Cobb Co. Give list and cash value) *\$500. 1/4 acre house value at \$900. at 11th Campville Ga*
25. What are your annual earnings or income from any source and their value? *about the place at 11th Campville for \$5.00 per month*
26. Have you or your husband heretofore been paid a pension by the State? *no*
27. If so, when and for what cause were you or your husband placed on the Roll?

Sworn to and subscribed before me this the

16th day of *October* 1918

J M Lane

of

Cobb

Ordinary

County

Nothing more to say in this paper all the while after paying debt. Had one on this paper left me. I am left with 1/4 of the debt.

Affidavit of Two Freeholders

STATE OF GEORGIA,

Fuller

COUNTY

Personally before me comes *J. M. Rountree* who on oath says that they are freeholders of said County and that they know *Mrs Sarah G. Rountree* of *Fuller* County and know what property she owned on Nov. 4, 1908, and its cash value to be set out by Schedule A as follows:

Personal property	\$ <i>none</i>
Notes and accounts due	\$
Total	\$

Schedule B

We know the property sold or given away since Nov. 4, 1908, its cash value to be as follows:

Personal property	\$ <i>None</i>
Money, Notes and Accounts	\$

Schedule C

We also know what property she has now in her possession, use and control, to wit:

<i>2. vacant lots</i> Acres of land worth	\$ <i>300.00</i>
Horses and Mules	\$
Cows and Hogs	\$
Other Property	\$
Income and earnings	\$

Total value of all property and effects in *Fuller County* \$ *8500.00*

Sworn and subscribed before me this *28th* day of *Sept* 1908 by *J. M. Rountree* Ordinary, of *Fuller* County.

Ordinary's Certificate

STATE OF GEORGIA,

Fuller

COUNTY

I, *J. M. Rountree* Ordinary of said County do certify that I know *Mrs Sarah G. Rountree* the applicant for person. She is the person she represents herself to be and she is a bona fide continuing resident citizen of *Fuller* County and was on the 4th Nov. 1908.

That I also know *J. M. Rountree* the witness who swears to the ~~value of his property~~ *value of his property in Fuller County* who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns Returned for Tax is for 1908 \$ *none* for 1910 \$ *none* for 1911 \$ *none* for 1912 \$ *none* for 1913 \$ *none*

Sworn under my hand and seal of office this *28th* day of *Oct*

SEAL

J. M. Rountree
Fuller

Ordinary,

County

- NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness to the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to first January, 1870, are entitled.
4. All affidavits must be made before the Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,

Cobb

COUNTY

Personally before me

J B Glover

who after

being duly sworn, true answers to these to the following questions, answers as follows:

1. What is your name and where do you reside?

J B Glover Marietta Ga

2. How long and since when have you known

Mrs Malae Stirkpatrick

applicant?

3. How long and since when has she continuously resided in this State? (Give date.)

all her life

4. When and to whom was she married?

88

How do you know?

5. How long and since when did you know

Malae Stirkpatrick

her

6. When and where did

Malae Stirkpatrick

the husband of applicant die?

1891 in Cobb County

7. Were the applicant and her husband living together as husband and wife at the date of his death?

Yes

8. If not, how long did they live apart before his death?

Were they divorced?

Yes Malae Stirkpatrick

9. When, where, and in what Company and Regiment did

July 1863, Confederate Army 8th Co. S. 7th Ca Cavalry

10. Were you a member of the same Company?

Yes

11. How long within your personal knowledge did he perform actual military service with his Com-

pany and Regiment? Until June 1864, to July knowledge we were divided up in several units.

12. When and where did his Command surrender, and was discharged?

April 1865 - Don't know The Co. was scattered

13. Were you personally present when it was surrendered? If not where

were you

and how come you there?

we had been divided up

14. Was the husband of applicant personally present at surrender? If not

where was he?

When, where and for what

cause did he leave Command? (Give date)

By whose

authority did he leave his Command?

And how

long was he granted leave?

How do you know all this?

Don't know

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge, or how?

Sworn to and subscribed before me this the

28

day of

Oct

1918

Ordinary,

J B Glover

of

Cobb

County

Affidavit of Two Freeholders

STATE OF GEORGIA,

COUNTY

Personally before me comes

who on oath says that they

are freeholders of said County and that they know

of said County and know what property she owned on Nov. 4, 1908, and its cash value to be set out by

Schedule (A) as follows:

Personal property

Notes and accounts due

Total

Schedule (B):

We know the property sold or given away since Nov. 4, 1908, its cash value to be as follows

Personal property

Money, Notes and Accounts

Schedule (C)

We also know what property she has now in her possession, use and control, to wit:

Acres of land worth

Horses and Mules

Cows and Hogs

Other Property

Income and earnings

Total value of all property and effects

Sworn and subscribed before me this the

day of

191

Ordinary,

of

County

Ordinary's Certificate

STATE OF GEORGIA,

COUNTY

J M Gann

Ordinary of said County do certify

that I know *Mr & Mrs Malae Stirkpatrick* the applicant for pension. She

is the person she represents herself to be and she is a bona fide continuing resident citizen of said County

and was on the 4th Nov. 1908

That I also know *J B Glover*

the witness who swears

to the service of husband, and who are

freeholders. That all of them are now residents of said County and were duly sworn by me before signing

the foregoing affidavits and that they all are truthful, trustworthy, and their statements are entitled to full

faith and credit.

That the Tax Returns

Cobb

Returned for Tax is for

1908 \$ for 1910 \$ for 1911 \$ *21 75* for 1912 \$ *27 75* for 1913 \$ *40* 1914 - nothing

1917 \$ 118

Sworn under my hand and official seal of office this

Cobb 30 day of

1918

(SEAL)

J M Gann

Ordinary,

Cobb

County

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to first January, 1910, are entitled.
4. All affidavits must be made before the Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

r. W. Kirkpatrick,
V. C. Lowndes Co.,
Atlanta, Ga.

Dear Mr. Kirkpatrick:

I have no regret pleasure to say that I have
this morning received some checks from the
Veterans Service Office at the State Capitol
to apply on the amounts allowed additional
on the funeral expenses of Confederate pensioners
and have \$10.00 allowed on the funeral expen-
ses of Mrs. A. Kirkpatrick in addition to the
\$10.00 already paid.

You and the Awtry Lowndes Company can instruct
me as to when I shall send this check.

Very truly yours,

1936

Ordinary

cc to Awtry & Lowndes Co



COPY OF CERTIFICATE OF DEATH
GEORGIA STATE BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH		County Cobb		Militia District (Number and Name) 1568 Vinings		Registered No. _____
City or Town Atlanta		Length of residence in this city or town: Yrs. _____ Mos. _____		NON-RESIDENT (Yes or No) _____		State of Georgia
Street and Number (No.) _____		(Street) Vinings, Ga.		Ward _____		(If death occurred in a hospital, give its name, street of street and number)
2. FULL NAME Mrs. Sarah A. Kirkpatrick						
Residence (City or Town) Vinings, Ga.		(Street and Number) _____		(State) _____		
PERSONAL AND STATISTICAL PARTICULARS						
3. SEX Female	4. COLOR or RACE White	5. Single, Married, Widowed, Divorced (Write the word) Widowed	14. DATE OF DEATH 7/11/33			
6. DATE OF BIRTH (month, day, year) 5/29/1846		7. AGE 87		8. MONTH, DAY, YEAR, at _____ (Hour) _____		
9. OCCUPATION (a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wk.		(b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc.		(c) Date deceased last worked as this occupation (month and year)		(d) Total years spent in this occupation
10. BIRTHPLACE Ga.						
11. NAME Mr. Solomon Pace						
12. BIRTHPLACE Ga.						
13. MAIDEN NAME Miss Penelope Glass						
14. INFORMANT (Signed) Mrs. W. B. Smith						
(Address) Henry Grady Hotel						
15. BURIAL PLACE Vinings, Ga.						
(Cemetery) Vinings, Ga.						
(Postoffice) Vinings, Ga.						
16. UNDERTAKER (Signed) Awtry & Lowndes Co.						
(Address) 21 Cain St. N. W.						
17. I HEREBY CERTIFY That I attended the deceased from May 10, 1933 to July 11, 1933						
I last saw the deceased alive on July 7, 1933 death is said to have occurred on the date and hour stated above. The principal cause of death and related causes of importance in the order of onset and duration of each Cerebral Hemorrhage Paralyzed on right side (Hemiplegia - Right)						
Other contributory causes of importance Arterio Sclerosis						
What test confirmed diagnosis? Clinical						
(Specify whether autopsy, opinion, microscopic, etc.)						
If death was due to external causes (violence) fill in also the following: Was injury an accident, suicide, or homicide? no						
Where did injury occur none						
(Specify city or town, its decade or limits, the county, and name the state)						
Did injury occur in a home, public place or industry? none						
Manner of injury W.H. Perkinson						
(Signed) Marietta, Ga.						
(Address) Aug. 11, 1933						
18. FILLED C. M. Hill						
(Signed) (Local Registrar)						

THIS IS TO CERTIFY: That the certificate attached hereto is a true and correct copy of those items prescribed by the State Statutes, as shown on the original, which has become a perpetual record in the archives of the State Bureau of Vital Statistics.

Signed **H. A. Abernethy**
DIRECTOR, Dept. of Public Health

Atlanta, Ga.

Per _____

Director, Bureau of Vital Statistics

Date **Sept. 14, 1933**

Kirkpatrick, S.A. (Magg) 50
Cobb Co. 210.50

For Cobb County

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

James J. Daniell Ordinary

For: Mrs. S. A. Kirkpatrick
(Name of Person)

Date of Death: July 11, 1933

Amount: \$ 260.50 105.50
165.50

PAID TO ORDINARY ON THIS CLAIM: n

1012 FUND FROM WHICH PAID

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Approved, and ordered paid,

Sept 21 1933

Observer

A. L. HENSON,

Director, Veterans Service Office.

JOS. W. AWTRY, Pres. & Treas.
FRANK B. LOWNDES, Vice-Pres. & Mgr.

PHONE: WALNUT 1888
WALNUT 1887

AWTRY & LOWNDES COMPANY FUNERAL DIRECTORS

AMBULANCE SERVICE

21 Cain Street, N. W.
ATLANTA, GA. August 5/33

In Accord With Mr. H. P. Kirkpatrick,

No. 783 Boulev rd N.W.
Atlanta, Ga.

For the Funeral of Mrs. S. A. Kirkpatrick.

7/11/33

The complete Funeral Contract. \$50.00

Constitution. 4.10

Journal. 3.00

Geor. n. 3.70

260.50

50.00

\$210.50

Geor. n. Fulton county, By Cash. personally appeared before me J.W. Awtry, who on oath says; He is Pres. & Treas. of Awtry and Lowndes Co., Corp, and is authorized to make this affidavit, and that the above account

against H. P. Kirkpatrick is correct, true and unpaid.

Signed: J. W. Awtry
Pres. & Treas. Awtry & Lowndes Co.

Sworn to and subscribed before me this 25th day of August 1933.

Bessie M. Fletcher
My commission expires 5/10/34

COURT OF ORDINARY, COBB COUNTY JAMES J. DANIELL, ORDINARY MARIETTA, GA.

\$105.50

Vinings, Ga., Mar. 13, 1935.

RECEIVED of Jas. J. Daniell, Ordinary

One hundred and five dollars and fifty cents inpayment of the balance of the funeral expenses of Mrs. S. A. Kirkpatrick, a Confederate widow pensioner.

H. P. Kirkpatrick
H. P. Kirkpatrick
Vinings, Ga.

Application for Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)

(To be disbursed by the Ordinary)

GEORGIA, Cobb County:

Before me, the Ordinary of said County, comes H. P. Kirkpatrick of said County, who, after being duly sworn, on oath says that he knew Mrs. S. A. Kirkpatrick late of said County, a Confederate pensioner, and that said person is the identical person named and described in the attached certified copy of burial certificate; and that said pensioner LEFT NO WIDOW and NO ESTATE of ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted to the sum of \$ 200.50, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me, this the 4th day of Sept., 1933.
J. J. Daniell Ordinary.

H. P. Kirkpatrick

CERTIFICATE OF THE ORDINARY

GEORGIA, Cobb County.

I certify that H. P. Kirkpatrick who subscribed to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and credit. I further certify that I know Mrs. S. A. Kirkpatrick the deceased pensioner referred to in the foregoing affidavit and that said deceased was at the time of death regularly enrolled as a pensioner on the records of file in my office. I further certify that said deceased pensioner is the identical person named and described in the attached certified copy of burial certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expenses of last illness and funeral for which claim is made.

Given under my hand and seal of office, this the 4th day of Sept., 1933.
(Seal of Ordinary) J. J. Daniell Ordinary.

INSTRUCTIONS:

- 1st. Certified copy of Burial Certificate must accompany this application.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Each account must be sworn to before the Ordinary, and in the following form:
"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of _____, who died without owning sufficient property to pay this bill.
- 4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.
- 8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.
- 9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

JOB W. AWTRY,
PRES. & TREAS.

FRANK B. LOWNDES,
PRES. & MGR.

AWTRY & LOWNDES CO. FUNERAL DIRECTORS

21 CAIN STREET, N. W.

ATLANTA, GA.

March 11/1935

Mr. Jas. J. Daniell, Ordinary,
Marietta,
Georgia.

Dear Mr. Daniell:---

We are in receipt of your letter of Feb. 18/35 and in reply will say: that Mr. Kirkpatrick has paid his account in full with us, and this check should be to him.

Thanking you for your kind consideration, we are,

Most Sincerely,

J. J. Daniell

COURT OF ORDINARY, COBB COUNTY
JAS. J. DANIELL, ORDINARY
MARIETTA, GA.

January 10, 1934

\$105.00

RECEIVED of Jas. J. Daniell, Ordinary

One hundred and five and no/100 Dollars being the payment by the State of Georgia on the funeral expenses of Mrs. S. A. Kirkpatrick, of Vinings, Ga., Confederate Widow Pensioner whose funeral was conducted by us July 11, 1933.

Awtry & Lowndes
By J. J. Daniell

4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.

5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.

6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.

7th. Ordinary should see that the back of this blank, when folded, is filled out.

8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.

9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

S. A. Kirkpatrick, of Vinings, Ga., Confederate Widow

Pensioner whose funeral was conducted by us July 11, 1933.

Awtry & Lowndes Co.
By *J. W. Awtry*

JDE. W. AWTRY, Pres. & Treas.
FRANK B. LOWNDER, Vice-Pres. & Mgr.

PHONES, WALNUT 1066
WALNUT 1067

AWTRY & LOWNDES COMPANY FUNERAL DIRECTORS AMBULANCE SERVICE

11 Cain Street, N. W.
ATLANTA, GA.

In Accord With

Mr. H.P. Kirkpatrick,
No. 700 Boulevard N.E.,
Atlanta, Ga.

For the Funeral of Mrs. S.A. Kirkpatrick,
July 11/33
Balance Funeral expense \$114.50

The bill for funeral expenses of \$114.50
is rendered for funeral expenses of Mrs. S.A.
Kirkpatrick, who died without owning sufficient
property to pay this bill.

Signed *J. W. Awtry*
Pres. & Treas. Awtry & Lowndes Co.
Sworn to and subscribed before me this 28th day of
August 1933.

Bessie M. Batcher N.P.
My commission expires May 19/1934

JDE. W. AWTRY, Pres. & Treas.
FRANK B. LOWNDER, Vice-Pres. & Mgr.

PHONES, WALNUT 1066
WALNUT 1067

AWTRY & LOWNDES COMPANY FUNERAL DIRECTORS AMBULANCE SERVICE

11 Cain Street, N. W.
ATLANTA, GA.

In Accord With

Mr. H.P. Kirkpatrick,
No. 700 Boulevard N.E.,
Atlanta, Ga.

For the Funeral of Mrs. S.A. Kirkpatrick,
7/11/33
One complete Funeral Contract \$50.00
Constitution 4.00
Journal 3.00
Georgian 3.00
\$60.00

Georgia, Fulton County, By cash.
Personally appeared before me J.W. Awtry,
who on oath says; He is Pres. & Treas. of
Awtry and Lowndes Co., a Corp, and is authorized to
make this affidavit, and that the above account
against *H. P. Kirkpatrick* is correct,
due and unpaid.

Signed *J. W. Awtry*
Pres. & Treas. Awtry & Lowndes Co.
Sworn to and subscribed before me this 25th day of August
1933.
Bessie M. Batcher N.P.
My commission expires 5/19/34

POWER OF ATTORNEY.

STATE OF GEORGIA.

County, }

I,

, hereby authorize

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

at

by

Witness my hand and seal this

day of

1900.

Executed in presence of

(L. S.)

INDIGENT PENSION,
1900.

Name

W. J. Kitchen

County

Cobb

Approved

Sept 1 -
for 1901

1900.

JOHN W. LANDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Herriman, State Printer, Atlanta.

1/L9-142

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, _____, hereby authorize

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

at _____ by _____

Witness my hand and seal this _____ day of _____, 1900.

Executed in presence of _____ (L. S.)

INDIGENT PENSION,

1900.

Name *W. J. Kitchen*

County *Cobb*

Approved *Sept 1 - 1900*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. HAYNES, STATE CLERK, ATLANTA

11/19-1900

Questions for Applicant.

STATE OF GEORGIA,

County, }

W. J. Kitchen of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? *W. J. Kitchen Decatur Georgia*
2. How long and since when have you been a resident of this State? *Georgia since 1861 in Decatur*
3. When and where were you born? *June 10 1837 in Franklin County Ga*
4. When and where and in what company and regiment did you enlist or serve? *August 31 1861 at Camp Sherman Cobb Co. 7th Company 23rd Georgia Regiment*
5. How long did you remain in such company and regiment? *March from June to the summer of 1865*
6. For how long a period did you discharge regular military duty? *Aug 31 1861 to April 1865*
7. When, where and under what circumstances were you discharged from service? *At the summer of 1865 from Army at Shermanboro N.C. in June 1865*
8. What is your present occupation? *Not able to do anything*
9. How much can you earn (gross) per annum by your own exertions or labor? *Nothing*
10. What has been your occupation since 1865? *Farming*
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? *Second*
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? *I have suffered with my back for many years at times of great agony. I could take nothing but opium and other drugs to do anything, much of the time I have been unable to do anything at all*
13. What property, effects or income do you possess, and its gross value? *Nothing at all*
14. What property, effects or income did you possess in 1864, 1865, 1866, 1867, 1868 and 1869, and what disposition, if any, did you make of same? *1864-1865-1866-1867-1868-1869. I had in my possession a horse and a cow and a lot of other things. I sold them all and moved to Decatur Ga. I have since then been unable to do anything but farm. I have no other property.*
15. In what County did you reside during those years, and what property did you then have for taxation? *Cobb County 1864 to 1868 about 1869 I moved to Decatur Ga. I have since then been unable to do anything but farm. I have no other property.*
16. How were you supported during the years 1868 and 1869? *1868-1869. What time I could work I did it. I was not able to do anything but farm. I have no other property.*
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? *1868-1869. I made about \$50.00 in my own labor and I paid for my support. I have no other property.*
18. What was your employment during 1868 and 1869? What pay did you receive in each year? *1868-1869. I was not employed. I have no other property.*
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? *I have no family now. My wife died last year and I have no other family. I have no other property.*
20. Are you receiving any pension? If so, what amount, and for what disability? *No*

Sworn to and subscribed before me this the _____ day of _____, 1900.

12

day of *January* 1900.

of *Cobb*

County.

Ordinary

Applicant.

Every question must be answered.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb COUNTY.

John Williams of said State and County, having been presented as a witness in support of the application of *W. T. Kitchen* for pension under Section 1254, Code, and after being duly sworn true answers to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? *Alworth Ga.*
2. Are you acquainted with *W. T. Kitchen*, the applicant; if so how long have you known him? *Since 1867*
3. Where does he reside, and how long and since when has he been a resident of this State? *Alworth Cobb Co. Ga.*

4. When, where and in what company and regiment did he enlist, and how do you know?

Aug 31, 1861 Camp McDonald in Co. G. 28th Regt.

5. Were you a member of the same company and regiment? *Yes in 1st Regt. 1st Ga. Co.*

6. 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? *He was discharged from military duty in 1865 at Gravelton N.C.*

7. What property, effects or income has the applicant? (Give your means of knowledge.) *Has no property or income, that is known of in Georgia.*

8. What property, effects or income did the applicant possess in 1868, 1869, 1898 and 1899, and what disposition, if any, did he make of same? *He had property in 1868-1897 & 1898*

a property from two to three hundred dollars, but he was compelled to sell it in 1868.

9. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? *Yes in 1898-1899 he sold the property for Confederate bonds which is all that he now has left.*

10. What is the applicant's occupation and physical condition? *Nothing. He is unable to do work.*

11. Is the applicant capable to support himself by labor of any sort, if so, why? *Yes*

because he is of some trouble in his back or kidney which has grown on him to the extent he is not able to work.

12. How was he supported during the years 1868 and 1869? *He got something for the*

money of property in 1868-1869 he has been (property) relative to him.

13. What portion of his support for these two years was derived from his own labor or income? *Only a small portion in 1868-1869. And he got as much from some*

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? *He is a physical wreck, he is unable to do any work, he is unable to do any work, he is unable to do any work.*

is unable to do any work, he is unable to do any work, he is unable to do any work.

15. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this

12 day of *May* 1900.

Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb COUNTY.

Personally came before me,

C. O. Fowler M.D., both known to me as reputable physicians

of said County, who, being severally sworn, say on oath that they have examined carefully

W. T. Kitchen, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Chronic gastric catarrh, chronic eye, liver, and nervous system, causing chronic debility.

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

Sworn to and subscribed before me this the

12 day of *May* 1900.

Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb COUNTY.

I, *John Williams*, Ordinary in and for said County, hereby certify

that the applicant *W. T. Kitchen* resides in said County, and has

been a bona fide resident of this State since the

day of *May* 1867

and that the witnesses, viz: *W. Williams, C. O. Fowler, M.D.*

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

I further certify that before answering the foregoing questions the applicant and each witness took

the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness

before same was signed.

I further certify that the tax digest of *Cobb* County show that applicant

returned for taxation in his name in 1898 *Nothing* Dollars

of property, and in 1899 *Nothing* Dollars of property.

In my opinion the foregoing claim is

Witness my hand and seal of office, this

15 day of *May* 1900.

Ordinary,

John Williams Cobb County.

NOTE.

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

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

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

County }
Cobb

hereby authorize

of Marietta

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

at his office

by

Witness my hand and seal, this 1 day of Jan. 1901.

W. W. Lindsey [L. S.]

Executed in presence of

Wm. M. Linder

For Those Already Enrolled

INDIGENT

SOLDIER'S PENSION.

1901.

Name W. W. Lindsey
County Cobb

WARRANT ISSUED

1901.

JOHN W. LINDSEY,

WARRANT HANDLED TO

W. W. Lindsey

STATE OF GEORGIA,

County }
Cobb

hereby authorize

of

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

at

by

Witness my hand and seal, this 7th day of Jan. 1902.

W. J. Kitchen [L. S.]

Executed in presence of

FOR THOSE ALREADY ENROLLED.

No. 573.

INDIGENT

SOLDIER'S PENSION

1902.

Name W. J. Kitchen

County Cobb

Co. 4 Regiment 23d

WARRANT ISSUED

1902.

JOHN W. LINDSEY,

Consul General of Pension.

WARRANT HANDLED TO

W. J. Kitchen

(JOHN W. LINDSEY, State Prison, GA.)

no data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Personally appears

W. J. Kitchen of *Cobb* 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 *10th* day of *June* 18*37*; that he is *63* years old and by occupation a *farmer* that he enlisted in the military service of the Confederate States for of the State of during the war between the States, and served for the term of *4 years* in Company *G* of *23rd* Regiment of *sa. vols*; that his physical condition is as follows:

On account of age, infirmity and poverty he is unable to make a support for himself.

that his property consists of the following items:

of the value of *Nothing* 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, 1891, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of *sa. Co.* county been allowed a pension for the year 1

Sworn to and subscribed before me, this *7th* day of *Jan.* 1901. *John A. White* Ordinary.

STATE OF GEORGIA,

I, *John A. White* Ordinary of said County, do certify that I am well acquainted with *W. J. Kitchen* 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 *5th* day of *Jan.* 1901.

Ordinary

Note: This blank space must be filled with Affidavit should not be witnessed before January 1st, 1902.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Personally appears

W. J. Kitchen of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 18*37*; that he is *64* years old and by occupation a *farmer* that he enlisted in the military service of the Confederate States for of the State of during the war between the States, and served for the term of *3 1/4* in Company *G* of *23rd* Regiment of *sa. vols*; that his physical condition is as follows:

On account of age, infirmity and poverty he is unable to support himself.

that his property consists of the following items:

of the value of *Nothing* 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, 1891, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of *Cobb* county been allowed a pension for the year 1901

Sworn to and subscribed before me, this the *7th* day of *Jan.* 1902.

Ordinary.

STATE OF GEORGIA,

I, *John A. White* Ordinary of said County, do certify that I am well acquainted with *W. J. Kitchen* 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 *7th* day of *Jan.* 1902.

Ordinary

Note: This blank space must be filled with Affidavit should not be witnessed before January 1st, 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, *H. J. Kitchin*, hereby authorize

of

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

by

Witness my hand and seal, this *7th* day of *January* 1904.

Executed in presence of *H. J. Kitchin* [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, *H. J. Kitchin*, hereby authorize

of

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

at

by

Witness my hand and seal, this *7th* day of *January* 1904.

Executed in presence of *H. J. Kitchin* [L. S.]

CODE SECTION 154
(FOR THOSE ALREADY ENROLLED.)

No. *477*

INDIGENT

SOLDIER'S PENSION
1903.

Name *H. J. Kitchin*

County *Col. Co.*

Co. *4th* Regiment *4th*

WARRANT ISSUED

4th 1903

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Cr 47

See Section State Prison, Article

No. 477

Kitchin, W. J.
Col. Co.

CODE SECTION 154
(FOR THOSE ALREADY ENROLLED.)

No. *470*

INDIGENT

SOLDIER'S PENSION
1904.

Name *H. J. Kitchin*

County *Col. Co.*

Co. *4th* Regiment *4th*

WARRANT ISSUED

4th 1904

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Cr 47

See Section State Prison, Article

No. 470

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.)

Personally appears

W. J. Kitchin

of

Coak

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of *January* 1837; that he is 65 years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 1/2 yrs* in Company *B*, of *22d* Regiment of *Vol.* that his physical condition is as follows: *from infirmity of heart he cannot earn a support*

that his property consists of the following items:

nothing

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 1903. I have heretofore as a resident of *Coak* county been allowed a pension for the year 1902.

Sworn to and subscribed before me, this the

day of

1903.

Ordinary.

W. J. Kitchin

STATE OF GEORGIA,

County.)

I,

John A. Harty

Ordinary of said County.

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

Given under my official signature and seal, this

day of

1903.

Ordinary

County.

Note: The blank space must be filled.
Note: Affidavit should not be attested before January 1st, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.)

Personally appears

W. J. Kitchin

of

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of *January* 1837; that he is 65 years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 1/2 yrs* in Company *B*, of *22d* Regiment of *Vol.* that his physical condition is as follows: *from infirmity of heart he cannot earn a support*

that his property consists of the following items:

nothing

of the value of *—* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of *Coak* County been allowed a pension for the year 1903.

Sworn to and subscribed before me, this the

day of

1904.

Ordinary.

STATE OF GEORGIA,

County.)

I,

John A. Harty

Ordinary of said County.

do certify that I am well acquainted with *W. J. Kitchin* 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

1904.

Ordinary

County.

Note: The blank space must be filled.
Note: Affidavit should not be attested before January 1st, 1904.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cook }
COUNTY

hereby authorize

of,

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

at

WITNESS my hand and seal, this

15th day of September 1905,

1905,

[L. S.]

Executed in the presence of

W. J. Kitchen
Mark

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cook }
COUNTY

hereby authorize

of,

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

at

by

WITNESS my hand and seal, this

3 day of July 1906,

1906,

[L. S.]

Executed in the presence of

(FOR THOSE ALREADY ENROLLED.)

INDIGENT
SOLDIER'S PENSION
1905.

Name *W. J. Kitchen*

County *Cook*

Co. *23rd* Regiment *4th*

WARRANT ISSUED

11/12/1905

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

6500

ALL WARRANTS MUST BE RETURNED TO THE STATE.

no data

(FOR THOSE ALREADY ENROLLED.)

INDIGENT
SOLDIER'S PENSION
1906.

Name *W. J. Kitchen*

County *Cook*

Co. *23rd* Regiment *4th*

WARRANT ISSUED

11/12/1906

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

6500

ALL WARRANTS MUST BE RETURNED TO THE STATE.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears *John B. Kitchen* of *Col*

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 *1* day of *Jan* 18*87*; that he is *67* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 1/2* years in Company *6*, of *23* th Regiment of *Infantry*; that his physical condition is as follows: *Infirmity and*

that his property consists of the following items:

of the value of *Nothing* Dollars. I am now earning by my labor, *Nothing* Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of *Col* County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this *18* day of *Jan* 1905.

Ordinary.

STATE OF GEORGIA,

County.

I, *John B. Kitchen*

Ordinary of said County,

do certify that I am well acquainted with *John B. Kitchen* 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 *18* day of *Jan* 1905.

Ordinary

County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

County.

Personally appears *John B. Kitchen* of *Col*

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 *1* day of *Jan* 18*87*; that he is *67* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 1/2* years in Company *6*, of *23* th Regiment of *Infantry*; that his physical condition is as follows: *Infirmity and poverty*

that his property consists of the following items:

of the value of *Nothing* Dollars. I am now earning by my labor, *Nothing* Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore, as a resident of *Col* County, been allowed a pension for the year 1904.

Sworn to and subscribed before me, this *18* day of *Jan* 1905.

Ordinary.

State of Georgia,

County.

I, *John B. Kitchen* Ordinary of said County,

do certify that I am well acquainted with *John B. Kitchen* 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 *18* day of *Jan* 1905.

Ordinary

County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

Wm. H. Kitchen
John. H. H. H.

hereby authorize

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

at

by

WITNESS my hand and seal, this 5 day of *January* 1907.

[t. s.]

Executed in presence of

Kitchen W. H. J.
Cobb Co.
Civil Service No.
(FOR THOSE ALREADY ENROLLED)

No. 613

INDIGENT
SOLDIER'S PENSION
1907.

Name *W. H. Kitchen*
County *Cobb*
Co. *1st* Regiment *24*

WARRANT ISSUED
JAN 9 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

JOHN W. LINDSEY, STATE PRINTER, ATLANTA.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Apex County.

Personally appears M. J. Kitchens of Apex

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, 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 _____ in Company _____ of 23rd _____ Regiment of _____; that his physical condition is as follows: _____

that his property consists of the following items: _____

of the value of _____ Dollars. I am now earning by my labor, _____ Dollars per month. That by reason of his physical condition and ~~poverty~~ he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Apex County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this _____ day of July 1907. M. J. Kitchens Mark _____ Ordinary.

State of Georgia,

Apex County.

I, John A. McWhorter Ordinary of said County,

do certify that I am well acquainted with M. J. Kitchens 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 July 1907.

Ordinary John A. McWhorter County.

ALL
FOUR
SIX

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

As
your
deed
here

Ordinary Cobb County.

Note.—The blank space must be filled.
Note.—A Affidavit should not be attested before January 1st, 1907.

*Kitchens W.T.
Cobb Co.*

For COBB County

19 30.

**Application for Pension
Due Deceased Pensioner**

(UNDER ACT 1904)

(To pay expenses of last illness and funeral)

J. M. GANE

Ordinary

For W. T. KITCHENS

Date of Death MARCH 10, 1930.

Amount \$ 100.00

Approved and ordered paid *of*

Aug. 21, 1930
R. deT. LAWRENCE,
JOHN W. CLARK,
Commissioner of Pensions.

paid
Ordinary: Fill out above in full and send this blank to Pension Department for approval. Do not pay out the money until the approved blank is in your hands giving you authority to do so. Send back to the Pension Department with your receipted payrolls to be permanently filed with them. Do not keep this application in your office.

GEORGIA, COBB COUNTY.

Received of J. M. GANE, Ordinary, Cobb County, check for One hundred Dollars, being payment on Funeral Expenses of Pensioner, W. T. KITCHENS, Deceased.

This 14 day of September 1930.

*J. M. Gane, Jr.
Ordinary*

Application for Pension Due to a Deceased Pensioner

(To Be Paid to the Ordinary for Expenses of Funeral and Last Illness)

(Under Act Approved August 15, 1904)

GEORGIA, COBB County.

Personally before me, the Ordinary of said County, comes H. W. KITCHENS

of said County, who, after being sworn, on oath says that he knew W. T. KITCHENS of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in COBB County, in this State, on the 10, day of March, 1920, and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 100.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

J. M. Ramey, Ordinary
COBB County

(Seal of Ordinary)

W. T. Kitchens

CERTIFICATE OF ORDINARY

GEORGIA, COBB County.

I, J. M. RAMEY, Ordinary of said County, do certify that I personally know H. W. KITCHENS, who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew W. T. KITCHENS while in life and that this was the same person whose name appears on the Pension Roll of COBB County, and was paid a Pension of TWO HUNDRED (\$200.00) Dollars in said County for 1929, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 12, day of MARCH, 1920.

(Seal of Ordinary)

COBB

County

INSTRUCTIONS:

- 1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 2nd. Each account must be sworn to before the Ordinary, and in the following form:
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of _____, who died without owning sufficient property to pay this bill."
- 3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.
- 4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 5th. Return this application, and attached bills, properly receipted, to the Pension Department.
- 6th. Ordinary should see that the back of this blank, when folded, is filled out.

STATEMENT

ACWORTH, GA., 3/11/20

Estate of Mr. W. T. Kitchens

In Account With

J. F. Collins' Sons

D. H. Collins

E. L. Collins

I. H. Collins

Furniture, House Furnishings, Stoves, Etc
Funeral Directors and Embalmers
Day Phone 34. Night Phones 45 and 36

Casket	}	
Embalming	}	
Suit of Clothes	}	
Trip to Rome	}	
Hearse & Service	}	\$100.00

State of Georgia,
Cobb County:

The above and foregoing represents the true amount of the burial expenses of Mr. W. T. Kitchen, who having died without sufficient funds to pay said burial expenses. This March 11th, 1920.

J. F. Collins' Sons,

J. F. Collins

Sworn to and subscribed before me,
March 12, 1920.

J. M. Ramey,
Ordinary Cobb County, Ga.

PHENIX INSURANCE COMPANY,

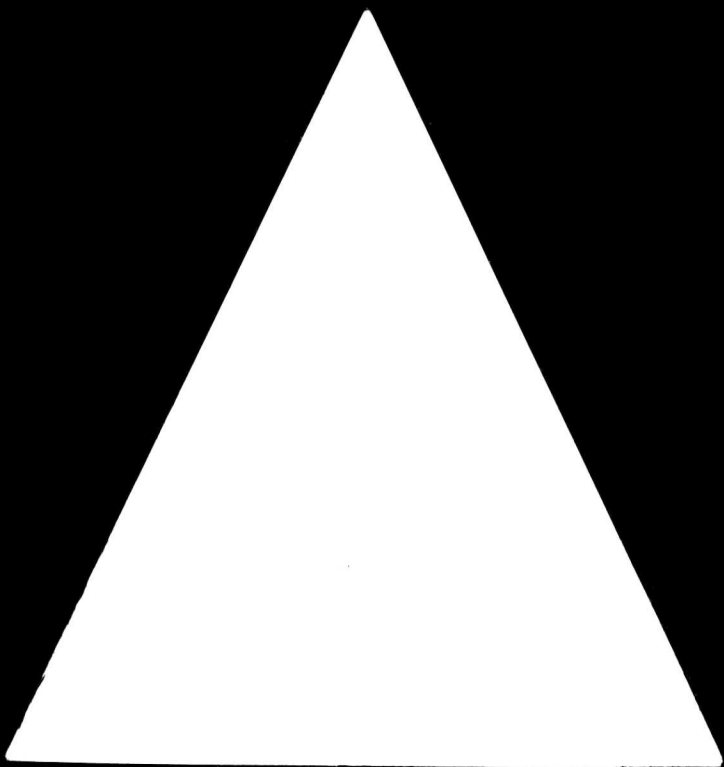
H. C. STOCKDELL, GENERAL AGENT,

ATLANTA, GA.

Agency at

Georgia Cash County.

I declare before you said state
and County having been presented as a
witness in support of the application of
W. L. Kitchen for Phoenix Cash County
1234 Code and after being duly sworn
deposes as follows: I have known the applicant
W. L. Kitchen for many years, dealt with him
and him since his business and his money
well from the year 1894 to 1898 and have
much to do on those head of cattle in his possession
but have been covered with debt and living in
1898 he disposed of the same to Kitchen and
willing to pay off on release the debt and
W. L. Kitchen owed him in 1898 he continued
to hold the cattle in his possession and
by consent of his creditors that he might be
helpful to himself and giving to the
milk and butter which was of material help
to him in that way. In 1899 his wife died and
he had to dispose of the cattle which he did
and turned the proceeds over his creditors
leaving himself no property at all on which
to live. He is now and has quite a family
and is unable to maintain himself by any work
or work. And since the death of his wife
he has been and is now in 1898 he earned a few dollars
from the sale of a cow worth \$100.00.
I, M. Stone, Clerk



Ralph Charles D.
Walt, Charles J.
No. *433* *Cobb Co*

APPLICATION FOR

Wm

FOR CONFEDERATE SOLDIER

Applicant *Wm*

County *Wm*

Time *Wm* *Wm*

Amount *140*

Date of Warrant *Nov 26 1864*

Page

B. H. Lucas

1152

STATE OF GEORGIA.

Cobb County.

Personally appeared before me *John M. Smith* of the county of *Cobb* State of Georgia, who, being duly sworn, deposes and says that he was on the 20th day of September 1879, a bona fide resident of this State; that he enlisted in the military service of the Confederate States, or of this State, as a *Private* in Company *B* of the *44th* Regiment of *Georgia* Volunteers; that while engaged in such military service, to wit: at the battle or engagement of *Atlanta* in the State of *Georgia*, on the *22nd* day of *September* 1864, he was wounded in the *right arm*, and that the same was amputated *below the elbow*; that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th, 1879; that he has *not* supplied himself with an artificial *arm*; or that, not having done so, he prefers to supply himself with an artificial *arm*.

Sworn to and subscribed before me this *22nd* day of *September* 1879, at *Cobb* Georgia.

Note: The fee for this affidavit is to be paid by the deponent, or by some officer authorized to administer oaths, a Judge of the Superior Court, Justice of the Peace, or Clerk of the Superior Court or Ordinance.

COMMISSIONED OFFICER'S AFFIDAVIT

STATE OF GEORGIA.

County.

Personally came before me *John M. Smith* of the county of *Cobb* State of Georgia, who, being duly sworn, deposes and says that he was *John M. Smith* of the County *Cobb* Regiment *44th* and that *John M. Smith* was the deponent, was a *Private* in said Company, and that this deponent knows that said *John M. Smith* last *22nd* day of *September* 1864, in the military service, as said in the above affidavit.

Sworn to and subscribed before me this *22nd* day of *September* 1879, at *Cobb* Georgia.

Note: If the affidavit of the commissioned officer is a duplicate of the following affidavit of three responsible citizens, none to be furnished.

APPLICATION FOR

FOR CONFIDENTIAL SERVICE

Applicant *John M. Smith*
County *Cobb*
Link *433*
Amount *\$4.00*
Date of Withdrawal *26th*
Place *John M. Smith*

John M. Smith
433
26th

AN ACT

To carry into effect the provisions of Paragraph 3, Section 1, Article 7 of the Constitution of 1877.

SECTION 1. Be it enacted by the General Assembly of the State of Georgia, That any person now a bona fide resident of this State, who engaged in the military service of the Confederate States, or of this State, who while engaged in said military service, or in the time since he has resided in this State, proved that such applicant has supplied himself with such a supply of artificial limbs, which he is now in receipt of, or such proof is hereby authorized to draw his warrant on the Treasurer of this State, for a sum of five hundred dollars, or so much less as he is entitled to, to wit: For a leg extending above the knee, or so much less as he is entitled to, extending above the knee, seventy five dollars; for an arm extending above the elbow, forty dollars; for a forearm extending above the elbow, fifty dollars. Provided the said amounts of money may be allowed to any person entitled to the benefits of this Act who in preference to supply himself with the said artificial limbs.

SEC. 2. The State Treasurer is authorized to issue such application shall contain proof of such applicant being entitled to the benefit of this Act, and shall further state whether and in how far he has been supplied. If an arm, whether extending above the elbow or not; if a leg, whether extending above the knee or not, and the Governor shall decide the sufficiency of the proof submitted.

SEC. 3. Be it further enacted by the said authority, That no applicant shall receive the sum allowed under this Act, more than once in his life.

SEC. 4. Be it further enacted by the authority aforesaid, That all laws and parts of laws in conflict with this Act be and the same are hereby repealed.

RECEIVED BY THE
SPEAKER OF THE HOUSE OF REPRESENTATIVES
Wm. A. HENRY,
Speaker of the House.
Approved September 10th, 1879

A. O. BACON,
Speaker of the House of Representatives.
RECEIVED BY THE
GOVERNOR OF THE STATE.
Approved September 10th, 1879

STATE OF GEORGIA.

County.

Personally came

Geo. B. Spangley

who, being duly sworn, depose and say they are acquainted with John H. Smith
and know that he lost a leg in the military service during the late war;
that said John H. Smith was amputated below the elbow; that he is a bona fide
citizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.

Sworn to and subscribed before me this 10th day of September, 1879.
J. M. Hamming, W. O. C. Spangley
Ordinary

STATE OF GEORGIA.

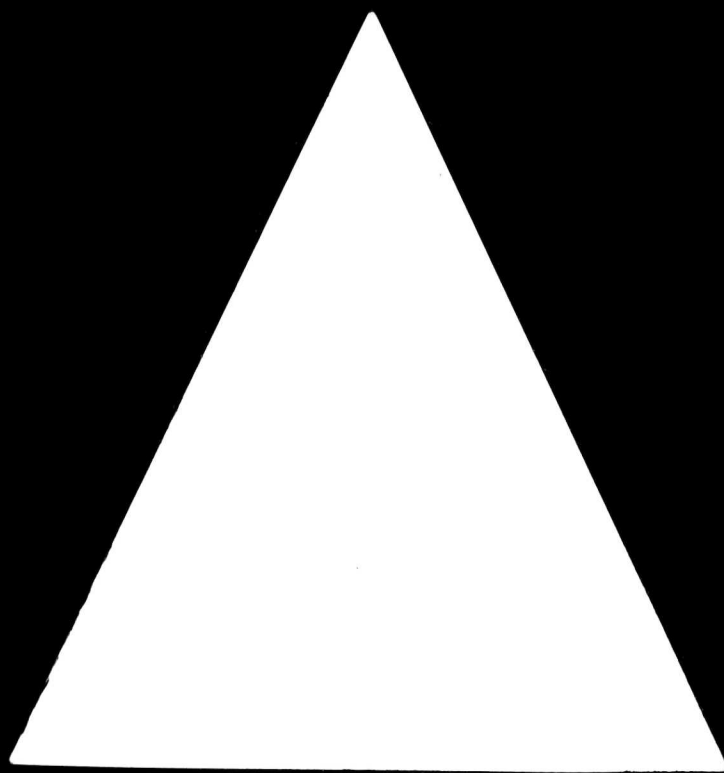
County.

I, W. O. C. Spangley, Ordinary of

county, do certify that I am well acquainted with John H. Smith
the applicant for aid, and am well satisfied that the facts stated by him in the foregoing
affidavit are true, and that I am well acquainted with John H. Smith
the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts
stated by them are true.

Given under my hand and official seal, this 10th
day of September, 1879.

W. O. C. Spangley
Ordinary



POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY }

I,

hereby authorize

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

Witness my hand and seal, this

day of

1902.

Executed in presence of

[L. S.]

Kalb, F. G.

Cobb Co.

No. 11 Jan 1902

INDIGENT PENSION,

1902.

Name F. G. Kalb

County Cobb

Co. B. Common Artillery Reg't

Approved 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta

9/8/02

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

I, _____ hereby authorize

to receive and receipt for the pension all-well, and request that he remit same to

Witness my hand and seal, this _____ day of _____ 1902.

Executed in presence of

[L. S.]

INDIGENT PENSION,

1902.

Name

County

Co. B. German Cavalry Reg't

Approved

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANTS HANDED TO

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

Geo. W. Harrison, State Prison, Atlanta

Questions for Applicant.

STATE OF GEORGIA,

Fulton County.

I, F. G. Kall of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office) F. G. Kall Fulton County Ga
2. How long and since when have you been a resident of this State? (1870)
3. When and where were you born? Charleston S. C.
4. When and where and in what company and regiment did you enlist or serve? Co. B. German artillery afterwards Co. A. Manassas Battalion
5. How long did you remain in such company and regiment? fourteen months

6. When and where was your company and regiment surrendered and discharged? Greensboro N.C. with Johnsons army

7. Were you present with your company and regiment when it was surrendered? Yes

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?

9. How much can you earn (gross) per annum by your own exertions or labor? about \$100.00

10. What has been your occupation since 1865? working on farm

11. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty,"

second, "infirmary and poverty," or third, "blindness and poverty"? infirmary and poverty

12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where lost your sight? am infirm and unable to do hard labor

13. What property, real or personal, or income, do you possess, and its gross value? none

14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900 and 1901, and what disposition, if any, by sale or gift, have you made of same? none

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

Colt Fulton returned no property

16. How were you supported during the years 1899, 1900 and 1901? by working on farm

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? my labor feed & clothed me

18. What was your employment during 1898, 1899 and 1901? What pay did you receive in each year?

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Wife & 8 children all able to support them selves wife has farm in Colt Co.

20. Are you receiving any pension? If so, what amount and for what disability? never received a pension

21. Have you ever made an application for pension before? No

22. How many applications have you ever made and under what class? none

Sworn to and subscribed before me this the

28 day of August 1902

John W. Harrison, Ordinary.

of Fulton County.

Applicant.

Every Question MUST be Answered.

STATE OF ~~GEORGIA~~

Charleston COUNTY.

Hermann Klatt of said State and County, having been presented
as a witness in support of the application of *P. B. Hall* for pension
under Section 1254, Code, and after being duly sworn true answers to the following questions, deposes and
swears as follows: 11 11 11

1. What is your name and where do you reside? *Nathan H. Kettle, reside in Charleston, State of South Carolina*
2. Are you acquainted with, *D. S. Ball*, the applicant; if so, how long have you known him? *at least forty years*
3. Where does he reside, and how long and since when have you been a resident of this State? *in Atlanta, I suppose for about thirty years*
4. When, where and in what company and regiment did he enlist, and how long you know? *in January 1864 at Georgetown S.C. in German Halling Co. B*
5. Were you a member of the same company and regiment? *Yes.*
6. How long did he perform regular military duty? *about one year & four months*
7. When and where was his command surrendered? *May 1865 at Greensboro N.C. with the surrender of Genl. Johnson Army*
8. Were you present when it surrendered? *Yes*
9. Was applicant present? *Yes*
10. If he was not present, where was he? *with his command*
11. When did he leave his command? *Yes* For what cause? *Peace*
12. By what authority he left? *Yes* How do you know all of this?

11. What property, effect or income has the applicant? (Give your means of knowledge) *no first Lieut of the Co. in fact at the summer of 1860 in command of Kearsarge Battalion to search the summer of 1861 was assigned after concentrating the regular* *in the latter part of 1861*

12. What property, either real or personal, did the applicant possess in 1890, 1897, 1898, 1899, 1900 and 1901, and what disposition, if any, did he make of same? *no property*
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? *he had no property*
14. What is the applicant's occupation and physical condition? *on account of Rapture
he is unable to do heavy labor*
15. Is the applicant unable to support himself by labor of any sort, if so, why? *he is on account
of disease*

16. How was he supported during the years 1898, 1899, 1900 and 1901? *on farm*
17. What portion of his support for these four years was derived from his own labor or income? *his labor*
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? *he is physically unable to do labor on account of his physical condition and is entitled to pension*
19. What interest have you in the recovery of a pension by this applicant? *none whatever*

Sworn to and subscribed before me, this the
11th day of August 1902.
George L. Blum _____ Notary Public
Witness.

George W. Blyan (Judge)
Judge of Probate
Charleston County
S. C.

STATE OF GEORGIA

Chen COUNTY

Personally came before me, W M Kemp and C S Elder, both known to me as reputable physicians

of said County, who, being severally sworn, say on oath that they have examined carefully
H. L. Rath _____, applicant for pension under Section 1254, Code, and after
 such personal examination say that his precise physical condition is as follows:

The first applicant - suffering from a gunshot wound in Coll of right leg and a blow on back of the right knee capable of a wound on right leg and right hand. Applicant has been in hospital and in Dept of Home Nursing for some days and that we have no interest in said person being allowed

Sworn to and subscribed before me, this the 24 day of August 1906
John A. Trotter
Ordinary

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

I, John H. Harty COUNTY, Madison
 Ordinary in and for said County, hereby certify
 that the applicant, J. H. Harty, resides in said County, and has
 been a bona fide resident of this State since the
 day of June, 1897
 and that the witnesses, viz., E. H. Harty

I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.

I further certify that the tax digest of Caddo County show that applicant returned for taxation in his name in 1899 None Dollars of property, and in 1900 None Dollars of property.

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

Witness my hand and seal of office, this 28th day of August, 1906
Wm. W. H. H. H. Ordinary.
 of Calhoun County.

NOTE

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

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

3. In every case the ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb COUNTY.

J. H. Mabry of said State and County, having been presented as a witness in support of the application of J. G. Halk for pension under section 1254, Code, and after being duly sworn true answers of make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? J. H. Mabry
Cobb County, Ga.
2. Are you acquainted with J. G. Halk the applicant: If so how long have you known him? Twelve Years
3. Where does he reside, and how long and since when has he been a resident of this State? Resides in Cobb County, Ga. ever since I passed him
4. When, where and in what company and regiment did he enlist, and how do you know? I do not know
5. Were you a member of the same company and regiment? No
6. How long did he perform regular military duty? Do not know
7. When and where was his command surrendered? Do not know
8. Were you present when it surrendered? No
9. Was applicant present? I do not know
10. If he was not present, where was he? Do not know

When did he leave his command? Do not know For what cause? Do not know
By what authority he left? Do not know How do you know all of this? Years

11. What property, effects or income has the applicant? (Give your means of knowledge.) He has two sons, applicant has neighbors for several
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition if any, did he make of same? Nothing

13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? Do not know

14. What is the applicant's occupation and physical condition? Formerly I know that it has been bad for several years

15. Is the applicant unable to support himself by labor of any sort; if so, why? He is not leaving to age & general break down

16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? By and
children

17. What portion of his support for these four 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.

19. Who composes family? What property have they? Children's ages and their earning capacity?

20. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this the

28 day of August 1906

J. H. Mabry Ordinary.

J. H. Mabry

Witness.

POWER OF ATTORNEY.

STATE OF GEORGIA,

____ COUNTY. }

I, *J. E. LINDSEY*

, hereby authorize

of _____

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

at _____

by _____

WITNESS my hand and seal, this _____ day of _____ 1907.

[L. S.]

Executed in presence of

(FOR THOSE ALREADY ENROLLED)

Class Expires 1904

No. 619

INDIGENT
SOLDIER'S PENSION
1907.

Name *J. E. Lindsey*

County *Laurens*

Co. *E. 1st Regt. 1st Div.*

WARRANT ISSUED

1907.

JAN 21

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

JOHN W. LINDSEY, STATE PRINTER, ATLANTA.

John W. Lindsey

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Bob County.

Personally appears E. B. Clark of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of 18...; that he is... years old and by occupation a... 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... in Company B, of... in Regiment...; that his physical condition is as follows: *Infirmary*

that his property consists of the following items:

of the value of... Dollars. I am now earning by my labor... Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 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 10 day of May 1907. *W. G. O'Brien* Ordinary.

State of Georgia,

Bob County.

I, *W. G. O'Brien* Ordinary of said County,

do certify that I am well acquainted with *E. B. Clark* 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 10 day of May 1907.

W. G. O'Brien Ordinary *Cobb* County.

ALL
2007
1907

Note - The blank spaces must be filled.
Note - Affidavit should not be admitted before January 1st, 1907.

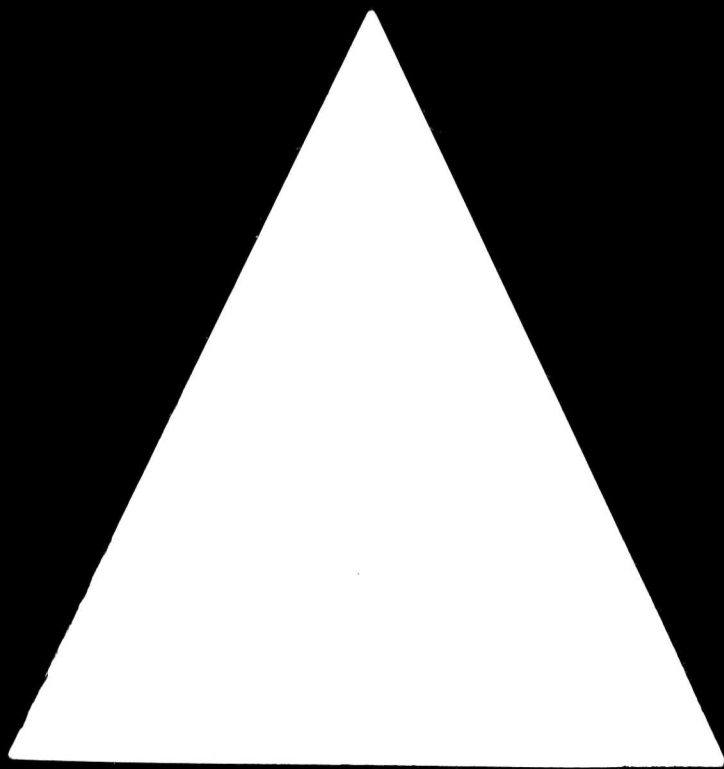
Note: The blank space must be filled.
Note: Affidavit should not be admitted before January 1st, 1907.

State of South Carolina
Charleston County

I, George D. Bryan Judge of Probate
for the County and State aforesaid
do hereby certify that I have known
Capt Hermann Schlatte (the witness
whose name is subscribed to the annexed
paper) for the past thirty years. That he
is a gentleman of the highest character
and that his statements are entitled
to full faith and credit.

Witness my Hand and the Seal of the
Probate Court for Charleston County
State of South Carolina this 11th day of
August A.D. 1902.

George D. Bryan
Probate Judge



Kobb, Henrietta G.
Cobb Co. Ga. 1914

No. 7

Widow's Application

To Be Put on Roll in Her Own Right When
Husband Was on the Indigent Roll or
Put on Under Act of July 11, 1910.

County Cobb
Name Henrietta G. Kobb
Widow of A. L. Kobb
Company St. Louis Ry.
Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. F. BYRD, State Printer, Atlanta.

117913

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Colt County.

Personally before me comes Mrs. Henrietta C. Kall of said County, who, after being duly sworn, on oath says, that she is the widow of A. H. Kall to whom in the County of Colt State of Geo she was married on the 22 day of July 1869 and that she remained his wife, and resided with him to the date of his death in June 1913 and that she has not since his death remarried. At the time of his death he was a resident of Colt County, in Geo said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$60.00 in Colt County for 1913 per annum, on account of being a soldier in Company B. Korman Volunteer Regiment. (Volunteers of State Militia.)

At the death of A. H. Kall he was in the use and possession of the following property None of his own of the cash value of \$ 00

What property of any kind and of any value have you in your use, control and possession now, and the cash value, (State fully.)

<u>45</u>	Acres land, which she has sold for	<u>\$ 800.00</u>
<u>none</u>	Horses and Mules	<u>\$</u>
<u>1</u>	Hogs, Cows, etc	<u>\$</u>
	Total Cash value of all property	<u>\$800.00</u>

That she is now a bona fide resident citizen of said County of Colt and she has so continuously resided since 1891 day of Geo

Sworn to and subscribed before me, this the 26 day of Oct 1913 Henrietta C. Kall Ordinary, of Colt County.

Affidavit of Witnesses to Prove Marriage and to Whom--Date of Death of Husband.

STATE OF GEORGIA,

Colt County.

Personally before me come 20 known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. Henrietta C. Kall who made the foregoing affidavit, is the lawful widow of A. H. Kall who died in June County in said State of Geo on June day of 1913 and that she has not since remarried. That she became the wife of A. H. Kall on the 22 day of July 1869 and that she and he had resided together as man and wife continuously since June day of 1869 and that the same was the same man who was on the pension roll of said State from June County 1869 when he died.

Sworn to and subscribed before me, this the 26 day of Oct 1913 Henrietta C. Kall Ordinary, of Colt County.

Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910.

County Colt
Name Henrietta C. Kall
Widow of A. H. Kall
Company B. Korman
Approved Henrietta C. Kall

J. W. LINDSEY,
Commissioner of Prisons.
CLARK P. STEIN, REAR PRINTER, ATLANTA.
1913

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,

County.

Personally before me comes DB Martin who after being sworn on oath says, that they are freeholders of said County, and that they know Mrs. Henrietta Kalb of said County and knew her said husband G. B. Kalb at his death on the day of June 1913 that she and he were in the use, possession and control of the following property at his death to wit:

40 acres of snuff land
of the value of \$500.00 That she is now in the use, possession and control of the following property to wit:
40 acres of land (see herms sold)
of the value of \$800.00

Sworn to and subscribed before me, this the

26 day of Oct 1913

J. M. Gann Ordinary.

of Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

I, J. M. Gann Ordinary of said County, do certify, that, I know Mrs. Henrietta Kalb the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the May 12 1894 to my knowledge

DB Martin & Henrietta Kalb witness as to marriage and I also know who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of Cobb County shows that G. B. Kalb returned property to the amount of \$800.00 for 1908 \$450.00 for 1909 \$500.00 for 1910 \$500.00

Sworn under my hand and official seal of Cobb County this 26 day of Oct 1913

(SEAL.)

J. M. Gann Ordinary.

of Cobb County.

NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."

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

3. All affidavits must be made before the Ordinary.

4. Only widows who married prior to first January 1870, are entitled.

5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by general reputation.

STATE OF GEORGIA,

COUNTY OF FULTON.

PERSONALLY BEFORE THE UNDERSIGNED NOTARY PUBLIC IN AND

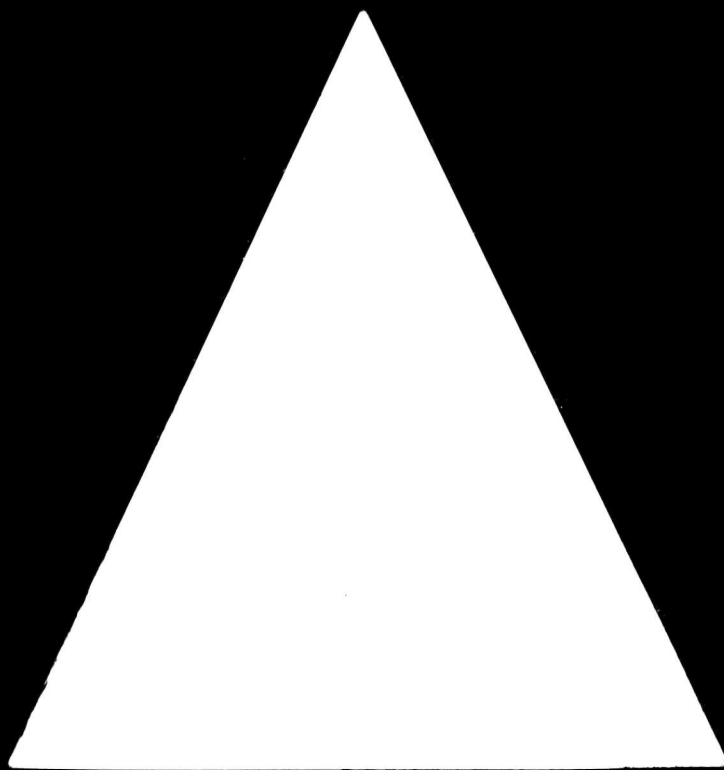
FOR SAID STATE AND COUNTY Appeared PHILIP BREITENBUCHER, who resides at #142 Sunset Avenue, Atlanta, Fulton County, Georgia, and who, being duly sworn, deposes and says: That he has known Frederick G. Kalb, deceased, and Henrietta C. Kalb, as man and wife, for the last forty-three years, having become acquainted with them personally in the year 1870 A. D., and that to the best of his knowledge, information and belief, said Frederick G. Kalb and Mrs. Henrietta C. Kalb were married in the year 1869 A.D.

Philip Breitenbucher

SWORN TO & SUBSCRIBED BEFORE ME this October 22d, 1913.

Samuel B. Breitenbucher

Notary Public, Fulton County, Georgia.



POWER OF ATTORNEY.

State of Georgia,

Cobb County
I, *Elizabeth Lail*

hereby authorize

Wm. Henry
Maricetta

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

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

day of

July

1899.

Executed in presence of

Elizabeth Lail, S.]
and

Lail, Elizabeth
Cobb County
For Those Heretofore Paid.

1899.

From White Co, 1898

NO. *7164*

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO

Mrs. Elizabeth Lail

Cobb

County

formerly White

Widow of

James Lail

RICHARD JOHNSON,

Commissioner of Pensions

WARRANT ISSUED

1/30

AND HAND TO

Mrs

1899.

Geo. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

State of Georgia.

I, Elizabeth Lail hereby authorize

of

John Strong
Marietta Ga

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

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

day of

Feb

1890.

Elizabeth Lail L. S.
mk

Executed in presence of

Lail, Elizabeth
Cobb County
For Those Heretofore Paid

1899.

1898

NO.

7164

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO

Mrs Elizabeth Lail

County

John's widow
Widow of John Lail

RICHARD JOHNSON,

Commissioner of Finance.

WARRANT ISSUED

1899.

AND HANDED TO

JMS

W. W. HARRISON, STATE PRINTER, ATLANTA

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *Cobb*

Personally Comes Mrs.

Elizabeth Lail

Cobb 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
continuously ever since *May 1st* 18 *35* That she is the Widow of
James Lail who was a soldier in Company
of the *24th* Regiment of *Ga.*
Volunteers, that he enlisted in said regiment on or about the month of *August 21st*
186 *1* and served in the Army up to *Sept.* 186 *4* That he lost his
life on the *Sept.* day of *Sept.* 18 *64* (State here
full particulars of the husband's death, when, where and from what cause.)

That he was killed
on Morris Island S.C.
by Cannon Ball in
Sept. 1864

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 *53*

I have been allowed a pension as a resident of *White* County for the year ending
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
1st day of *July* 1899,
J. M. Stone Ordinary.

Elizabeth Lail
P.O. Office *Marietta Ga.*

State of Georgia,

County of *Cobb*

Ordinary of said County, certify that I am well acquainted

with Mrs. *Elizabeth Lail* who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she
has continuously resided in this State since the *1st* day of *May* 18 *35*

Given under my official signature and seal this the

1st day of *July* 1899.
J. M. Stone
Cobb County.

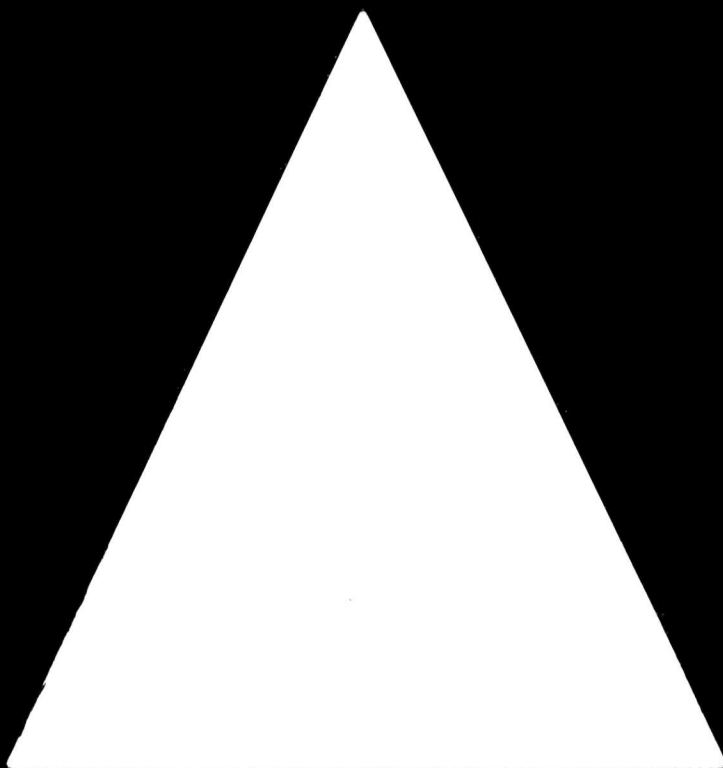
(Official)
(Seal)

Ordinary of

{ Seal }

Ordinary of

Edwin County.



State Dept. Public Welfare,
Atlanta, Sept. 30, 1937.

J. H. Land enlisted as a private in Co. L, 7th Regt. Ga. State Guards Infantry Aug. 1, 1863. Recalled by the Gov. to work in paper mills on rolls for Nov.-Dec. 1863.

Enlisted as a private in Capt. Baker's Company Georgia Artillery, C. S. A., July 5, 1864. Special order dated Aug. 2, 1864, he was detailed for 60 days, for duty in the Ordnance Dept., Columbus, Ga. Special Order dated Dec. 13, 1864, he was detailed until further orders for duty in Ordnance Dept.

Revised by J. H. Land
Director Confederate Records
Division.

Widow's Application

Under Act of 1910 - As Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.

County *Cobb*
Name *Mrs. Carrie M. Land*
Widow of *Jefferson Howard Land*
Date of Marriage *Nov. 7, 1894*
Date of Husband's Death *Aug. 11, 1926*
Company *7th Regt. Ga. Artillery*
Regiment *1894*
Approved *J. H. Land*
Director

Ordinary's Certificate

STATE OF GEORGIA,

COUNTY

I, *J. H. Land*, Ordinary of said County, do certify that I know *Mrs. Carrie M. Land* the applicant for pension, that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920, that I also know *J. H. Land* the witness who swears to the service of husband and/or the marriage; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this *24th* day of *July*, 1937.
(SEAL OF ORDINARY) *J. H. Land* Ordinary.
of *Cobb* County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920 are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

(Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.)

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

Cobb COUNTY.

Personally appears before me, *Mrs. Carrie M. Land* of said State and County and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, and submits testimony to support the same, and, after being duly sworn, true answers to make to the questions propounded, answers as follow, to wit:

SECTION I.

1. What is your name, and where do you reside? (Give Post Office and County). *Mrs. Carrie M. Land, Austell, Cobb County, Ga.*
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? *1894 - 43 years.*
3. Give date, or year, of your birth. *Feb. 13, 1869* Age? *69*
3. (1) When, (2) where and (3) to whom were you married? *Nov. 7, 1894 - Bath, S.C. Jefferson Howard Land*
- a. Have you married since the death of first and soldier husband? *no*
- b. When and where did your ~~first~~ husband die? *Aug. 11, 1926, Little Eng, Douglas, Ga.*
- c. Were you residing together when he died? *yes*
- d. If not, how long had you resided apart?
- e. Are you now a widow? *yes*
- f. Have you or your husband heretofore been paid a pension by the State? *no*
- g. If so, when and for what cause were you or your husband placed on the roll?

SECTION II.

Answer the following questions if your husband was not a pensioner:

1. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infantry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops. *Captain Duke's Co., Georgia Artillery, July 5, 1864, Columbus, Ga.*
2. When and where did the Commands of your husband surrender or discharge from the Service?
3. Was your husband personally present with his Command when it was surrendered or discharged? *no*
Such on was somewhere between Hardenville and Macon.
4. If he was not present, state specifically and clearly where he was? - *See no 3.*
5. When did he leave the Command?
- a. For what cause did he leave?
- b. By whose authority did he leave?
- c. For how long was his leave of absence granted? *no* d. In what way?
- e. What was his physical condition when he left his Command?
- f. What effort did he make to return to his Command?
- g. In what way was he prevented from going back to his Command?
- h. Was he captured by the enemy at any time?
- i. If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the

24 day of *July*, 1937.
J. H. Land Ordinary
of *Cobb* County.

(SEAL OF ORDINARY)

Mrs. Carrie M. Land
Applicant.

* South Atlantic Bell Co. keep a record of marriages until recent years. J. H. L.

An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,

County of *Cobb*

Before me, the Ordinary of said County, comes Mrs. *Carrie M. Lang* who, after being duly sworn, deposes and says:

1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers;
2. That her deceased husband **was not** a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension;
3. That she is unable to obtain from any person or source evidence as to the Confederate military service of her deceased soldier husband, *except letter of June 8, 1937 from War Dept at Washington, D.C. to Hon M.C. Barker, letter attached.*
4. That this affidavit is being made to authorize the use, as evidence, of any official record of said Confederate military service as may be preserved either at the Capitol in Atlanta, or in the office of the Adjutant General, Washington, D. C.

W. M. Lang

Sworn to and subscribed before me, this the

24 day of *July*, 19*37*
W. M. Lang Ordinary,
County of *Cobb*

Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA

Cobb COUNTY.

C. L. Johnson of said State and County is hereby presented as a witness in support of the application of *Mrs. Carrie M. Lang* for the pension provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, in said State, who, after being sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give Post Office and County.)
C. L. Johnson, Marietta, Cobb Co. Ga.
2. How long and since when have you known *Mrs. Carrie M. Lang* applicant?
Twenty years or more.
3. Where does she now reside, and since when has she been, continuously, a bona fide resident citizen of this State? *In Marietta, Cobb Co., Ga. Since I have known her.*
4. When and to whom was she married? *Nov. 7, 1898, to Mr. C. L. Johnson. How do you know? He was my wife's husband.*
5. How long and since when did you know *Jefferson H. Lang* her husband?
From 1913 until his death.
6. When and where did *Jefferson Howard Lang* the husband of applicant, die?
Aug. 1926, Marietta, Ga.
7. Were the applicant and her husband living together as husband and wife at the date of his death?
Yes
8. If not, how long did they live apart before his death?
No.

Were they divorced?

If the husband of the applicant was a pensioner, DO NOT answer the following questions.

9. When, where and in what Company and regiment did *Jefferson Howard Lang* enlist? (Give date and place.) *July 5, 1864 - Golden Fus. Co.*
10. How did you obtain your information of this service? *War Dept. Washington*
11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.) *July 5, 1864 to close of war*
12. When and where was his Command surrendered or discharged? (Give date and place.)
War records at Washington do not show but as well as I remember was surrendered
13. Were you personally present with this Command when it was surrendered?
If not, where were you and how came you there?

14. Was the husband of applicant personally present with his Command at its surrender? *no*
If not where was he? and how came him there?

When, where and for what cause did he leave his Command? (Give date.)
By whose authority did he leave his Command?

and how long was he granted leave?
How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically.)

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?

16. What effort did he make to return to his Command and how do you know this?

17. Was he captured as a prisoner? If so, when and where?
In what prison was he held? and when released?

Sworn to and subscribed before me, this the
28 day of *July*, 19*37*
W. M. Lang Ordinary,
County of *Cobb*

(SEAL OF ORDINARY)

C. L. Johnson
(Witness)
as to questions 1 to 8 inclusive

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

Honorable James J. Daniel, Ordinary,
Cobb County,
Marietta, Georgia.

WHEREAS:

MRS. CARRIE M. LAND, WIDOW OF JEFFERSON HOWARD LAND,

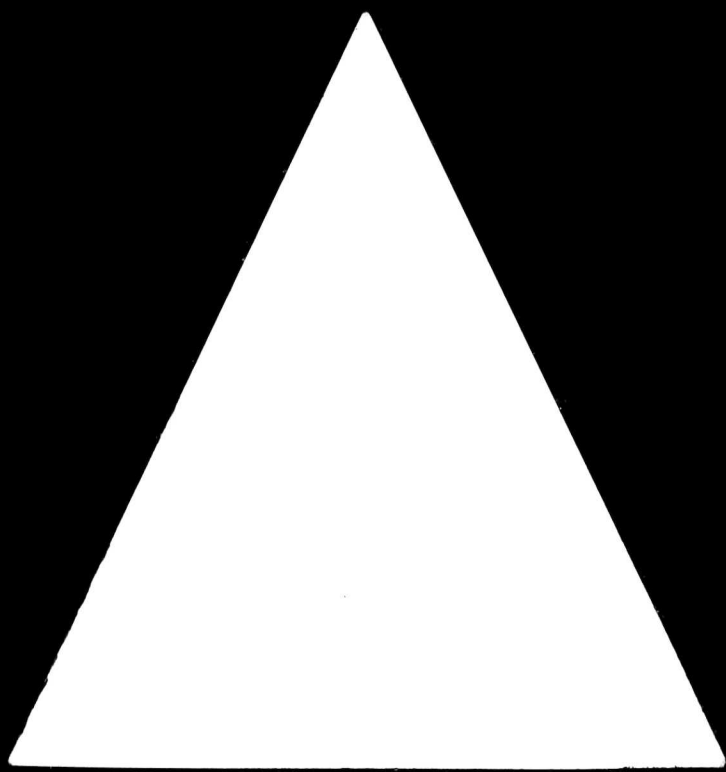
has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married to said soldier prior to January 1st, 1920, and that she was not remarried; it is, therefore,

ORDERED:

That said applicant be admitted to the pension roll of the State of Georgia for the month of January, 19 38, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of December 1937.


Director, Confederate Division
State Department of Public
Welfare



Ordinary's Certificate

STATE OF GEORGIA,

Muscogee COUNTY.

I, R. J. Hender Ordinary of said County, certify that I know not the applicant for pension is the person he represents himself to be and resides in said county. That I also know W. H. Hoghton the witness swearing to the service, that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 28 day of Octo 1919

R. J. Hender Ordinary
of Muscogee County

(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Confederate

Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County Cobb
Name J. H. Land
Company Wingfield's Battery
Regiment Columbia
Approved _____

J. W. LINDSEY,
Commissioner of Pensions,
Byrd Building Co. State Prison, Atlanta.

11-1-1919

J. H. Land,
Cobb Co.,

Pension Office,
4/9/1920/

Applicant states no command in which he enlisted and submits no testimony of where he was at surrender. This order of detail is no evidence of military service. Must state and prove a military service in army and not details service.

J. W. Lindsey,
Com. of Pensions.

Capt. Baker's Company Co. Artillery, detailed to Ordnance Department Application for Soldier's Pension Under Act 1910 Amended by Act 1919

Questions For Applicants to Answer

STATE OF GEORGIA,

Cobb COUNTY.

I, J. H. Land 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 name and where do you reside? (Give County and Post-office) Cobb Co. Marietta, Ga.
2. How long and since when have you been a continuous resident citizen of this State? Born and raised in Ga.
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? I enlisted in the 2nd Georgia Artillery, detailed out much of the time to the Ordnance Department, was ordered out for service in the Ordnance Department, then in service, etc. (Give the arm and class of service) Artillery
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) the close of the war.
6. When and where was your Company and Regiment surrendered or discharged from the Service? When my Co. was discharged I was in Hospital in Augusta.
7. Were you actually present with your command when it was surrendered or discharged? No.
8. If you were not actually present, state specifically and clearly where you were.

- a. Where was your command when you left it? Just across the river from Savannah.
- b. When did you leave the command? End of Dec.
- c. For what cause did you leave? Discharged.
- d. By whose authority did you leave? Physician's order.
- e. For how long was your leave granted? In what way? It was well enough to return.
- f. Why did you not return to your command after leave expired? Sent back by Sec of War.
- g. In what way were you prevented? to make Government papers.
- h. What effort did you make to return? None.
- i. Were you captured during the war? Yes, captured for several weeks.
- j. If so, when, and where? In what prison were you held and when were you released? Was not held in prison, there was about 20th April.
9. Are you drawing a pension of any amount from this State or the United States? No.
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? Never asked.

Sworn to and subscribed before me, this the

day of Nov 1919
J. M. Gaine Ordinary
of Cobb County
(SEAL)

J. M. Gaine only
I, J. M. Gaine, only of said County, certify that J. H. Land is a citizen of Cobb County and his statements are entitled to full faith and credit.
J. M. Gaine only

Questions for Witness as to Service

STATE OF GEORGIA,

Muscogee COUNTY }
N H Bightstorer of said State and County is hereby presented

as a witness in support of the application of *J H Board* for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? *N H Bightstorer*
Columbus, Muscogee County, Georgia

2. How long and since when have you known *J H Board* the applicant?
58- since 1861

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? *Muskege, Ga. so far as I know all his life. I hear from him frequently.*

4. When, where and in what Company and Regiment did *J H Board* enlist during war from 1861 to 1865? (Give date and place). *1861, Columbus, Ga. - I do not remember Co or Regt.*

5. How did you obtain your information of this Service? *I saw him frequently*
was a member of Columbus Militia. Boys Capt. Ketch. Co. Ross's Regt.

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date). *I do not know*

7. When and where was his command surrendered or discharged (give date and place). *I do not know*

8. Were you personally present at the surrender? *Yes April 26 1865 S.C.*

9. If not, where were you and how came you there?

10. Was the applicant personally present with his command at surrender? *I do not know*

11. If not where was he and how came him there?

12. When did he leave his command? *I do not know* Where was his command when he left it?

For what cause did he leave? *I do not know*

By whose authority did he leave? *I do not know* and how long was he granted leave?

How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically.

13. In what way was he prevented from returning to his command? *"*
 How do you know? *"*

14. What effort did he make to return to his command and how do you know?

15. Was applicant captured as a prisoner. *I do not know* If so, when and where?

In what prison was he held? *"* and when released

Sworn to and subscribed before me, this the *28th* day of *October* 19*09*

N H Bightstorer Ordinary
Ordinary County.

(SEAL)

28th day of October 1907 }
of }
(SEAL) }
Ordinary }
County }

1007 Rightlover
M. and

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

I,

of

herby authorize

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

at

by

Witness my hand and seal this

day of

1897.

Executed in presence of

OK
T. J. C. Landon
No. 2125

INDIGENT PENSION

1897.

Name

County

Approved

1897.

WARRANT HANDED TO

Applicant

880. W. HARRIS, STATE PRINTER, ATLANTA.

July 12 1897

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

I, _____ hereby authorize
_____ of _____
to receive and receipt for the pension allowed and request that he remit same to _____

at _____ by _____

Witness my hand and seal this _____ day of _____ 1897.

Executed in presence of _____

INDIGENT PENSION

1897.

Name *J. C. Landers*
County *Cobb*

1897.

Approved *7/11*

WARRANT HANDED TO

Applicant

W. W. BARNES, Notary Public, Atlanta.

July 12 1897

Questions for Applicant.

STATE OF GEORGIA,
County.

I, *Jessie C. Landers* of said State and County, desiring to avail myself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office)
J. C. Landers Mableton Cobb County Ga
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?
Cobb Co. Seventy years
3. When and where were you born?
1826 Mableton Co. Ga
4. When and where and in what company and regiment did you enlist or serve?
Jan 8th 1863 (Capt. Company) 1st Co. C. State Line Troops
5. How long did you remain in such company and regiment?
Twenty six or more months
6. For how long a period did you discharge regular military duty?
27 months
7. When, where and under what circumstances were you discharged from service?
Columbus Ga April 1865 by General Willcox
8. What is your present occupation?
Farmer
9. How much can you earn (gross) per annum by your own exertions or labor?
\$20.00
10. What has been your occupation since 1865?
Farmer
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"?
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight?
Have been unable to earn support for eight or ten years
13. What property, effects or income do you possess and its gross value?
None
14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same?
None
15. In what County did you reside during those years and what property did you then return for taxation?
Cobb & Mableton None
16. How were you supported during the years 1895 and 1896?
J. C. Landers By my son
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?
Twenty five dollars None
18. What was your employment during 1895 and 1896? What pay did you receive in each year?
Nothing Nothing
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?
Wife, three children, no means of support. No homestead
20. Are you receiving any pension, if so what amount and for what disability?

Sworn to and subscribed before me this the _____ day of _____ 1897.

J. C. Landers Applicant.
of _____ County.

Every Question MUST be Answered.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

County.

of said State and County, having been presented as a witness in support of the application of *J. C. Sanders* for pension 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? *J. C. Sanders and his wife Cobb Co. Ga.*
2. Are you acquainted with *J. C. Sanders*, the applicant, is of how long have you known him? *He lives in Mass.*
3. Where does he reside, and how long has he been a resident of this State? *He resides in the State of Georgia.*
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? *I served in the army with him.*

5. When, where and in what company and regiment did he enlist? *in Co. C 1st Georgia Infantry and State of Georgia enlisted in 1863 - Cobb Co. Ga.*

6. Were you a member of the same company and regiment? *I was.*
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? *I know he served from 1863 to 1865 he served in the 1st Georgia Infantry.*

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

He has no property or income. He is a laborer.

9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? *He had none.*

10. What is the applicant's occupation and physical condition? *He was a laborer.*

He is not able to do any work. He is physically unable to work.

11. Is the applicant unable to support himself by labor of any sort, if so, why? *He is not able to do any work.*

12. How was he supported during the years 1895 and 1896? *By his wife.*

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

He had no income.

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? *He is a laborer and is physically unable to work.*

He is not able to do any work. He is physically unable to work.

15. What interest have you in the recovery of a pension by this applicant? *None in the world.*

Sworn to and subscribed before me, this

the 11 day of May 1897. *J. C. Sanders* Witness.

Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

County.

Personally came before me

W. H. Mason, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully *J. C. Sanders*, applicant for pension under the Act of 1894, and after

such personal examination say that his precise physical condition is as follows:

He is nearly worn out and is unable to do any work. He is in the army of the C. S. A.

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 11 day of May 1897. *J. C. Sanders* Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

County.

I, *J. C. Sanders*, Ordinary in and for said County, hereby certify that the applicant *J. C. Sanders* resides in said County, and was a bona

fide resident of this State on the first day of January, 1894, and that the witnesses, viz: *J. C. Sanders*

W. H. Mason and *J. C. Sanders* 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 heron prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same was signed.

I further certify that the tax digests of *Cobb* County show that applicant

returned for taxation in his name in 1895, *None* dollars

of property, and in 1896, *None* dollars of property.

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

Witness my hand and seal of office, this 11 day of May 1897.

J. C. Sanders Ordinary

of *Cobb* County.

NOTE.

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

15. What interest have you in the recovery of a pension by this applicant? *None in the world*

Sworn to and subscribed before me, this

the *11* day of *Jan* 1897.

Ordinary.

Witness.

NOTE.

Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: - You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God. Additional affidavits may be attached if blank spaces are insufficient.

Dandridge, J. B.
Cash

ACT OF 11 DEC., 1864.
(For Those Already Enrolled.)

NO. *696*

INDIGENT
SOLDIER'S PENSION,
1898.

Name

County

WARRANT ISSUED

1/11 1898.
RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

appt

Geo. W. HARRISON, STATE PRINTER, ATLANTA

No dato

State of Georgia,

County.

POWER OF ATTORNEY.

I,

herby authorize

of

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

by

at

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

day of _____ 1898.

Executed in presence of

[L. S.]

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County.

Personally appears E. C. Landers of De Kalb 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 16 day of July 1876, that he is 77 years old and by occupation farmer; 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 2 1/4 yrs in Company E, of 1st Regiment of Volunteer Infantry (Capt. E. Conner); that his physical condition is as follows: On account of age and infirmity is unable to make a support at any time of business that his property consists of the following items

Nothing

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 1898. I have heretofore as a resident of De Kalb county been allowed a pension for the year 189

Sworn to and subscribed before me, this, the

16 day of July 1898.

Ordinary.

State of Georgia,

County.

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

Given under my official signature and seal, this

day of July 1898.

Ordinary

County.



NOTE.—The blank space must be filled.

Not. — The blank space must be filled.

Ordinary

County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize _____

of _____ County to receive and receipt for the pension allowed and that he remit the same to me at _____ by the check or registered mail.

Witness my hand this _____ day of _____ 1907.

Executed in presence of _____

Ordinary.

County.

L. S.

SEAL

WIDOW'S INDIGENT PENSION.

Name Widow's Indigent Pension
County Jeff
Witnessed Jeff

Approved

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. H. HARRISON STATE PRINTER ATLANTA

3/9 1907

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, _____ hereby authorize _____ of _____ County to receive and receipt for the pension allowed and that he remit the same to me at _____ by his check or registered mail.

Witness my hand this _____ day of _____ 190 _____

Executed in presence of _____

Ordinary,

L. 8.

County

SEAL

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

County, }

Ava Jane Lindrum of said State and County, desiring to avail herself of the pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly, passed December 10, 1900, hereby submits her proof, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (Give State, County and Postoffice.)
Mrs. Ava Jane Lindrum, Cobb County, Ga.
2. How long and since when have you been a resident of this State? for 63 years
ever since 1846
3. When and where were you born? 1828 - Upson Co. Ga.

4. When and where was your husband born—state his full name, and when were you and he married?
(Attach copy marriage license in every case.) July 10 - 1823, Upson Co. Ga. James
Lindrum, March 1846

5. When and where and in what Company and Regiment did your husband enlist or serve during the war between the States?

He served active on evidence of service of his
husband James Lindrum in the 1st Georgia Volunteer
Infantry, and who was killed in action at the battle of
Atlanta, Ga. in 1864.

6. When and where did your husband's Company and Regiment surrender and was discharged?

He was killed in action at the battle of Atlanta, Ga. in 1864.

7. Was your husband present at the time and place when his Company and Regiment surrendered?

Yes, he was present at the time and place when his Company and Regiment surrendered.

8. If you with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authority?

10. When and where did your husband die? March 16 1908 Cobb County, Ga.

11. Which of the following grounds do you base your application for pension, viz: First—Age and Poverty; Second—Infirmary and Poverty, or Third—Blindness and Poverty? Age, Infirmary & Poverty

12. If upon the first ground, state how long you have been in such a condition that you cannot 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 when you lost your sight? part 6 or 8 years

13. What has been your occupation since your husband's death? Nothing

14. How much can you earn gross, by your own exertion or labor? Nothing

15. What property, real or personal, or income do you have or possess, and its gross value?
Nothing but household goods

16. What property, real or personal, did you possess at death of husband or he left you, and of the years 1899, 1900, 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, by sale or gift have you made of the same?
None

17. In what counties did you reside in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what property did you return for taxation?
Cobb

18. How have you been supported since death of husband, and especially for 1899, 1900, 1901, 1902, 1903, 1904, 1905, 1906 and 1907?
I live with my son

19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income?
All together I would say \$75.00

20. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907—how much did you receive for each year?
Nothing except keeping house while my two sons lived

21. Have you a family? If so, who composes such family? Give their means of support? Have they any lands or other property?
No

22. Have you ever made application for pension before?
No

23. How many applications have you made for a pension, and under what class?
None

Sworn to and subscribed before me, this the _____ day of _____ 1908, _____

Ava Jane Lindrum her
John Andrew Lindrum mark

Ordinary,
County.

WIDOW'S

INDIGENT PENSION.

Name Ava Jane Lindrum

County Cobb

Widow of James Lindrum

Approved _____

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO _____

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

349-1909

Oil for 1909

John W. Lindsey
Commissioner of Pensions
Cobb County

QUESTIONS FOR WITNESSES.

STATE OF GEORGIA.

Cobb County.

J. D. Fagan of said State and County, having been present as a witness in support of the application of Mrs. Any Jane Landrum for a Pension under the Act of 1900, 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? J. D. Fagan
Hawells District Cobb County Georgia
2. Are you acquainted with the applicant, Mrs. Any Jane Landrum
3. How long have you known her? 23 years
3. Where does she reside, and how long since when has she been a resident of this State?
She has lived in Hawells Dist. Cobb County Georgia her
all her life in the State
4. When and where was she born? Don't know
5. Were you ever acquainted with her husband? Yes
6. Where did she reside in 1861? Don't know
7. When and to whom was he married? Don't know
8. When and where was he born? Don't know
9. How long have you known him? 23 years
10. When and where did Don't know enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? Don't know

11. Were you a member of the same Company and Regiment? no
12. How long did he perform regular military duty? Don't know
13. When and where was his Company and Regiment surrendered and discharged from service?
Don't know
14. Were you with the Command when it surrendered? Yes
15. Was Don't know the husband of applicant present?

16. If not present, where was he? Don't know
17. When and where did he leave his Command? Don't know
- For what cause? Don't know
- By whose authority he left? Don't know
- How do you know all this? (State fully and clearly.)

18. When and where did James Landrum die?
near me on Hawells Dist Cobb County Georgia
19. Where did he reside at his death and how long had he been a resident of Georgia at his death?
Hawells District Cobb County Georgia
20. Do you of your own knowledge know that applicant is the lawful widow of no

21. Has she remained unmarried since her soldier husband's death, and is now his widow?
Yes
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? none that I know anything about

23. What property, effects or income did applicant possess in 1901, 1902, 1903, 1904, 1906, 1908 and 1907, and what disposition did she make of it? Don't know
none that I know of

24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom? I think not

25. What is applicant's physical condition and her chances and ability to earn a support?
she is so old and feeble

26. Is applicant able to earn a support at labor of any sort, if not, why? is old

27. How was she supported for 1903, 1904, 1905, 1906 and 1907? by pension of husband

28. How much did applicant contribute to her support for last two years? very little

29. Give a full and complete statement of applicant's physical condition? she is in very good health but feeble from age

30. What interest have you in the recovery of this pension by the applicant? none

Sworn to and subscribed before me this 9 day of September 1908
John Anthony Ordinary, Cobb County.
J. D. Fagan
D. B. Waller Witnesses.

AFFIDAVITS OF PHYSICIANS.

STATE OF GEORGIA,

Cobb County.

Personally before me, A. G. Garrett and John Anthony, both known to me to be reputable physicians of said County, who being severally sworn, say on oath that they have examined carefully Mrs. Any Jane Landrum, applicant for a Pension under act of 1900, and after such personal examination say that her physical condition is this: Organic Heart disease - Mitralis - Rheumatism - Chronic Bronchitis - General debility - all of which render her unable to earn any part of a living by manual labor. and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 21 day of September 1908
John Anthony Ordinary, Cobb County.
A. G. Garrett
J. M. Shepard

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

I, John Anthony Ordinary, in and for said County, hereby certify that the applicant, Mrs. Any Jane Landrum resides in said County, and has been a bona fide resident of this State since the 18th day of September, and that the witnesses, Mr. J. D. Fagan and D. B. Waller are entitled to full faith and credit.

I do further certify that before answering the foregoing questions, the applicant and said witnesses took the oath herein prescribed, and the full text of the affidavits was read to the applicant and witnesses before the same were signed and subscribed.

I further certify that the tax digest of Any Jane Landrum County shows that applicant returned for taxation in her own name in 1899. None dollars worth of property, and in 1900. None dollars worth of property, in 1901. None dollars worth of property, in 1902. None dollars worth of property, in 1903. None dollars worth of property.

Witness my hand and official seal this 21st day of September 1908
John Anthony Ordinary, Cobb County.

Notes.—1 Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; so help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since the 9th of April, 1865, not entitled.
5. Witnesses and two Physicians are necessary to make out claims.
6. Attach certified copy of marriage license in every case, or show why it cannot be obtained.

6. Attach certified copy of marriage license in every case, or show why it cannot be obtained.

(Copy)

The State of Alabama, Chambers County.

TO ANY ORDAINED MINISTER OF THE GOSPEL, JUDGE OF THE CIRCUIT OR COUNTY COURT, OR, JUSTICE OF THE PEACE, IN AND FOR SAID COUNTY-GRANTING;

You are hereby authorized to celebrate the rites of matrimony, between
James Landrum & Jane Blackstone.

And this shall be your sufficient Authority for so doing. Given under my hand and sole this the 24th day of December A. D. One thousand eight hundred and sixty six and of American Independence 71st Year.

Edward Croft, Toplater. (L. 3.)

$$= 0.96 \times 0.97 = 0.93$$

The above license returned with the following certificate thereon:-

I certify that I celebrate the rites of matrimony between James Lundrum and Jane Plaskett, on the 24th day of December A. D. 1846.

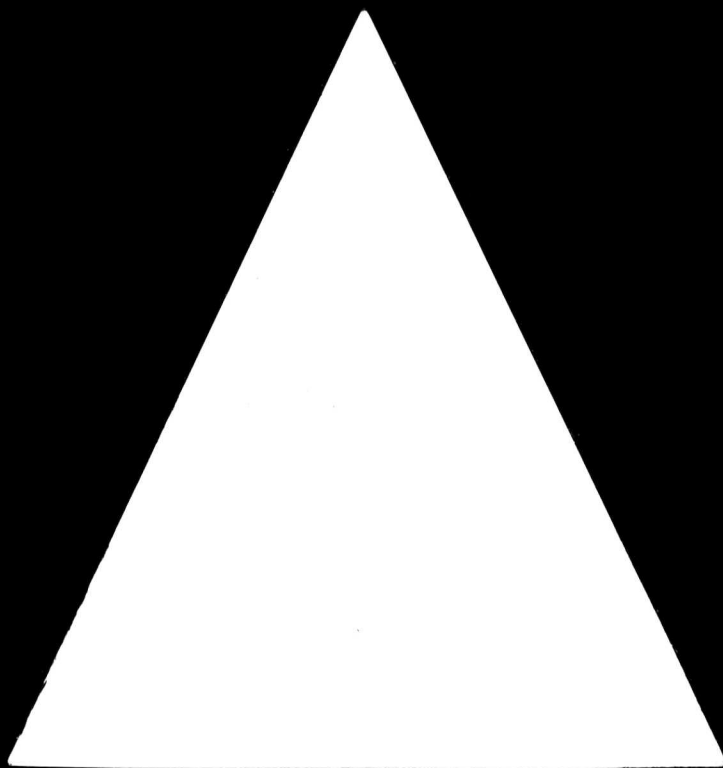
James S. Mughey, J. S.

The State of Alabama, Eastern County,

I, A. J. Sawyer, Jr., Judge of Probate in and for the said County and State hereby certify that the above and foregoing is a correct and complete copy of the marriage license issued to James Wendrum and Alice Blackstone, together with the certificate of the celebration of the rite of matrimony between the said persons on the date hereinafter so recited and on file in this office as shown by Marriage Record Volume 7, Page 739 of the records of Chambers County, Alabama.

Given under my hand and seal of the Probate Court, this the 5th day
of May 1908.


Judge of the Probate Court.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

before authorized

To receive and receipt for the pension allowed and request that he will sign to

at

Witness my hand and seal this

day of

by

1895.

Executed in presence of

Ex Duplex 14 of May 1895
 Section 150 of 1895
 known a satisfaction
 Rich Johnson
 S-C

INDIGENT PENSION

1895.

Name

County

Ground

RICHARD JOHNSON,

Secretary Executive Department

WARRANT HANDLED TO

July 11 1895

Geo W Harrison, State Printer, Atlanta

6741939

Building Committee Henry Certify that William L. Hays is the whole truth, so help you God. I am a witness to this Court and is entitled to sit there in a

POWER OF ATTORNEY.

STATE OF GEORGIA,

I, James Landrum County, }
 hereby authorize Me
 of Monetta Va
 to receive and receipt for the pension paid hereon and request that he remit same to
 me by him

at
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 21st
 day of Aug, 1897.
James Landrum
 m. n.

Executed in presence of

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.

Executed in presence of

[L. S.]

ACT OF 1896, CHAS. 1896.
 (For Those Already Enrolled.)

No. 1679

INDIGENT
 Soldier's Pension.

1897.

Name James Landrum
 County Chas.

1130 1897

RICHARD JOHNSON,

Commissioner of Pensions

WARRANT HANDS TO
James Landrum
 REC. W. HARRISON, STATE PRINTER, ATLANTA

211 1897

James Landrum
Chas.

ACT OF 1896, CHAS. 1896.
 (For Those Already Enrolled.)

No. 2757

INDIGENT
 SOLDIER'S PENSION,

1898.

Name James Landrum
 County Chas.

WARRANT ISSUED

212 1898

RICHARD JOHNSON,

Commissioner of Pensions

WARRANT HANDS TO

James Landrum
 REC. W. HARRISON, STATE PRINTER, ATLANTA

211 1897

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *James R. Anderson* Cobb 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 *10* day of *May* 18*73*, that he is *74* years old and by occupation a *farmer*, 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 *2 1/2 years* in Company *C*, of *63*th Regiment of *Inf.* that his physical condition is as follows: *On aged poverty and infirmity and inability*

that his property consists of the following items

none

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, 1891, 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 1897.

Sworn to and subscribed before me, this, *11* day of *May* 1897, *James R. Anderson* Ordinary. *W. H. Stone* P.O.

STATE OF GEORGIA,

Cobb County.

I, *W. H. Stone* Ordinary of said County, do certify that I am well acquainted with *James R. Anderson* 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 *24* day of *May* 1897.



Ordinary *W. H. Stone* Cobb County.

NOTE - The blank spaces must be filled

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *James R. Anderson* Cobb 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 *10* day of *May* 18*73*, that he is *75* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of *3 1/2 years* in Company *C*, of *63*th Regiment of *Inf.* that his physical condition is as follows: *On account of aged infirmity and loss of right arm since the foot he is unable to support himself*

that his property consists of the following items

nothing

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, 1891, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1898. I have heretofore as a resident of _____ county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, *11* day of *May* 1898, *James R. Anderson* Ordinary. *W. H. Stone*

State of Georgia,

Cobb County.

I, *W. H. Stone* Ordinary of said County, do certify that I am well acquainted with *James R. Anderson* 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 *24* day of *May* 1898.



Ordinary *W. H. Stone* Cobb County.

NOTE - The blank spaces must be filled.

POWER OF ATTORNEY.

STATE OF GEORGIA

Cobb County
I, *As. W. S. Landrum* hereby authorize
Amos W. S. Landrum of *Appling Co.*
to receive and receipt for the pension allowed, and request that he remit same to
me
by *him*

Witness my hand and seal this *10th* day of *May* 1899.

Executed in presence of

As. W. S. Landrum

CODE SEC. 1284.

(For These Already Enrolled.)

No. 1486

INDIGENT

SOLDIER'S PENSION,

1899.

Name *As. W. S. Landrum*
County *Cobb*

WARRANT ISSUED

1899

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

As. W. S. Landrum

(See W. HARRIS, State Printer, Atlanta.)

CODE SEC. 1284.

(For These Already Enrolled.)

No. 1674

INDIGENT

SOLDIER'S PENSION,

1900.

Name *As. W. S. Landrum*
County *Cobb*

WARRANT ISSUED

1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

As. W. S. Landrum

(See W. HARRIS, State Printer, Atlanta.)

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County
I, *As. W. S. Landrum* hereby authorize
As. W. S. Landrum of *Cobb Co.*
to receive and receipt for the pension allowed, and request that he remit same to
me
by *him*

Witness my hand and seal, this *10th* day of *May* 1900.

Executed in presence of

As. W. S. Landrum
mark

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Personally appears

Cobb County, *Jas. Landrum* of *Cobb* 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 *20th* day of *January* 18*23*; that he is *76* years old and by occupation a *farmer*; 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 *2 yrs* in Company *6*, of *63*th Regiment of

Ga. Vols.; that his physical condition is as follows: *On account of age*

infirmit and poverty he is unable to make support

that his property consists of the following items

Nothing

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 1899. I have heretofore as a resident of *Cobb*

county been allowed a pension for the year 189*8*

Sworn to and subscribed before me, this, the

10th day of *January* 1899,

Ordinary.

State of Georgia,

Cobb County,

I,

J. M. Stone Ordinary of said County, do certify that I am well acquainted with *Jas. Landrum* 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 *January* 1899.

Ordinary

Cobb County.

NOTE.—The blank space must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1900.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County,

Personally appears

Jas. Landrum of *Cobb* 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 *20th* day of *January* 18*23*; that he is *77* years old and by occupation a *farmer*; 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 *2 years* in Company *6*, of *63*th Regiment of

Ga. Vols.; that his physical condition is as follows: *On account of age, infirmity*

and poverty he is unable to support himself

that his property consists of the following items

Nothing

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 1900. I have heretofore as a resident of *Cobb*

county been allowed a pension for the year 189*9*

Sworn to and subscribed before me, this, the

15th day of *January* 1900,

Ordinary.

State of Georgia,

Cobb County,

I,

J. M. Stone Ordinary of said County, do certify that I am well acquainted with *Jas. Landrum* 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 *January* 1900.

Ordinary

Cobb County.

NOTE.—The blank space must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1900.

POWER OF ATTORNEY.

STATE OF GEORGIA.

County }
Cobb

I, Lab. Lendrum hereby authorize John
W. Lindsey of Marion,
to receive and receipt for the pension allowed and request that he remit same to

by himself

Witness my hand and seal, this 15 day of January 1901,
Lab. Lendrum [S.]
Wick

Executed in presence of

John W. Lindsey

For Those Already Enrolled.

INDIGENT
SOLDIER'S PENSION.
1901.

Name
County

WARRANT ISSUED

1901.

JOHN W. LINDSEY,

WARRANT HANDLED TO

John

POWER OF ATTORNEY.

STATE OF GEORGIA.

County }
Cobb

I, James Lendrum hereby authorize John
W. Lindsey of Marion,
to receive and receipt for the pension allowed and request that he remit same to

by himself

Witness my hand and seal, this 9th day of January 1902,
James Lendrum [S.]
Wick

Executed in presence of

John W. Lindsey
John

(FOR THOSE ALREADY ENROLLED.)

No. 474

INDIGENT
SOLDIER'S PENSION
1902.

Name James Lendrum
County Cobb
Co. 63 Regiment 63

WARRANT ISSUED

1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

John W. Lindsey

John W. Lindsey, State Prison, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Cobb County, Personally appears *James Landrum*, *Cobb* 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 *17th* day of *January* 1823 that he is *77* years old and by occupation a *farmer* that he enlisted in the military service of the Confederate States (in of the State of) during the war between the States and served for the term of *2 years* in Company *B*, of *63rd* Regiment of *Pa. Vols.* that his physical condition is as follows *On account of age infirmity & poverty he is unable to make support.*

that his property consists of the following items

Nothing

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 1902. I have heretofore as a resident of *Cobb* county been allowed a pension for the year 1900.

Sworn to and subscribed before me, this *19th* day of *January* 1902, *James Landrum* Mark

STATE OF GEORGIA.

Cobb County, I, *John A. Huttig* Ordinary of said County, do certify that I am well acquainted with *James Landrum* 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 *19th* day of *January* 1902, *John A. Huttig* *Cobb* County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavits should not be received before January 1st, 1902.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County, Personally appears *James Landrum* of *Cobb* 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 *17th* day of *January* 1823 that he is *77* years old and by occupation a *farmer* that he enlisted in the military service of the Confederate States (in of the State of) during the war between the States, and served for the term of *3 yrs* in Company *C*, of *63rd* Regiment of *Pa. Vols.* that his physical condition is as follows *On account of age infirmity & poverty he is unable to make support.*

that his property consists of the following items

Nothing

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 1902. I have heretofore as a resident of *Cobb* county been allowed a pension for the year 1901.

Sworn to and subscribed before me, this *19th* day of *January* 1902, *James Landrum* Mark

STATE OF GEORGIA,

Cobb County, I, *John A. Huttig* Ordinary of said County, do certify that I am well acquainted with *James Landrum* 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 *19th* day of *January* 1902, *John A. Huttig* *Cobb* County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavits should not be received before January 1st, 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA.

County. }

I, _____ hereby authorize

of

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

at

by

Witness my hand and seal, this _____ day of _____ 1903

Executed in presence of

James L. Lindsey
[Signature]

POWER OF ATTORNEY.

STATE OF GEORGIA.

County. }

I, _____ hereby authorize

of

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

at

by

Witness my hand and seal, this _____ day of _____ 1904

Executed in presence of

John W. Lindsey
[Signature]

CODE SECTION 124
(FOR THOSE ALREADY ENROLLED.)

No. 478

INDIGENT

SOLDIER'S PENSION

1903.

Name *James L. Lindsey*
County *Cobb*
Co. *6* Regiment *63*

WARRANT ISSUED

1903

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

only

See (Revenue State Printer, N. & A.)

CODE SECTION 124
(FOR THOSE ALREADY ENROLLED.)

No. 467

INDIGENT

SOLDIER'S PENSION

1904.

Name _____
County *S. A. T.*
Co. *5* Regiment *10*

WARRANT ISSUED

1904

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

only

See (Revenue State Printer, N. & A.)

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Both County.)

Personally appears *Jas. Lammann* of *Both* 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 *10* day of *Jan* 18*23*; that he is *80* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of *2 yrs* in Company *C*, of *63*th Regiment of *Pa. Vols*; that his physical condition is as follows: *on acct age & poverty he is unable to do any work*

that his property consists of the following items:

nothing

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 1903. I have heretofore as a resident of *Both* county been allowed a pension for the year 1902.

Sworn to and subscribed before me, this _____ day of _____ 1903.

Ordinary

STATE OF GEORGIA,

Both County.)

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

Given under my official signature and seal, this _____ day of _____ 1903.

Ordinary

County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Both County.)

Personally appears *Samuel Lammann* of *Both* 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 *20* day of *Jan* 18*23*; that he is *70* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of *2 yrs* in Company *C*, of *63*th Regiment of *Pa. Vols*; that his physical condition is as follows: *on acct age & poverty he is unable to do any work*

that his property consists of the following items:

nothing

of the value of _____ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of *Both* County been allowed a pension for the year 1903.

Sworn to and subscribed before me, this _____ day of _____ 1904.

Ordinary.

STATE OF GEORGIA,

Both County.)

I, *John H. H. H.* Ordinary of said County, do certify that I am well acquainted with *Samuel Lammann* 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 _____ 1904.

Ordinary

County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1904.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

hereby authorize

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

at

Witness my hand and seal, this 17 day of January 1905,

Executed in the presence of

[L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

hereby authorize

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

at

by

Witness my hand and seal, this

1905,

Executed in the presence of

[L. S.]

(FOR THOSE ALREADY ENROLLED.)

A-63 No 281

INDIGENT SOLDIER'S PENSION 1905.

Name *James Lindsey*
County *Cobb*
Co. *13*
Regiment *2*

WARRANT ISSUED

JAN 23

1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

JOHN W. LINDSEY, SOLDIER'S PENSION, ATLANTA.

120. Data

(FOR THOSE ALREADY ENROLLED.)

A-63 No 284

INDIGENT SOLDIER'S PENSION 1906.

Name *James Lindsey*
County *Cobb*
Co. *6*
Regiment *63*

WARRANT ISSUED

1/25

1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

John Lindsey

JOHN W. LINDSEY, SOLDIER'S PENSION, ATLANTA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *James Landrum* of *Cobb* 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 *1823* day of *1823*; that he is *51* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *2 years* in Company *C*, of *63rd* Regiment of *Georgia*; that his physical condition is as follows: *Infirmit*

that his property consists of the following items:

of the value of *100* Dollars. I am now earning, by my labor, *10* Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of *Cobb* County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this *10* day of *January*, 1905.

John A. Landrum Ordinary.

STATE OF GEORGIA,

Cobb County.

I, *John A. Landrum* Ordinary of said County, do certify that I am well acquainted with *James Landrum* 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 *10* day of *January*, 1905.

John A. Landrum Ordinary

Cobb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears *James Landrum* of *Cobb* 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 *18* day of *18*; that he is *51* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *2 years* in Company *C*, of *63rd* Regiment of *Georgia*; that his physical condition is as follows: *Infirmit*

that his property consists of the following items:

of the value of *100* Dollars. I am now earning by my labor, *10* Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of *Cobb* County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this *10* day of *January*, 1906.

John A. Landrum Ordinary.

State of Georgia,

Cobb County.

I, *John A. Landrum* Ordinary of said County, do certify that I am well acquainted with *James Landrum* 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 *10* day of *January*, 1906.

John A. Landrum Ordinary

Cobb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb COUNTY.

I, James F. Lindsey, hereby authorize
Hubert H. H. H. H. of _____
to receive and receipt for the pension allowed, and request that he remit same to
at _____
by _____

Witness my hand and seal, this _____ day of _____, 1907.

Executed in presence of

Hubert H. H. H. H.

James F. Lindsey [L. S.]

Cross Section 1354.
(FOR THOSE ALREADY ENROLLED)

C-63 No. 0-7

INDIGENT SOLDIER'S PENSION 1907.

Name James F. Lindsey
County DeKalb
Co. B Regiment 2nd

WARRANT ISSUED

1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

ONE W. HARRIS, STATE PRINTER, ATLANTA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears James Landrum of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 1st day of July 1894; that he is 34 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 2 years in Company 2 of 13th Regiment of Georgia; that his physical condition is as follows: Infirmary of 1894

that his property consists of the following items: Nothing

of the value of Nothing Dollars. I am now earning by my labor, Nothing Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Cobb County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 1st day of July 1907. John W. Brown Ordinary.

State of Georgia,

Cobb County.

I, John W. Brown Ordinary of said County,

do certify that I am well acquainted with James Landrum 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 1st day of July 1907.

John W. Brown Ordinary Cobb County.

ALL
POST
PAID
HERE

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

GEORGIA, Cobb County.

I, John Hurley, Ordinary of Cobb County, do certify that I personally know Jane Landrum, the applicant, and that she is the lawful widow of James Landrum, who was on the Adjutant Pension Roll of said Cobb County, and was paid a Pension from Cobb County for 1907, and at the time of his death on the 16 day of March 1908, there was due to him and unpaid his Pension of 45 dollars from the State of Georgia, and I know SB Wallace, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 23 day of April 1908.
John Hurley Ordinary.
Cobb County.

Landrum, James

Cobb County

No. _____
190 _____

Application for Pension

Due Deceased Soldier

Under Act 1891.

BY

Jane Landrum
Widow of James Landrum
of County Cobb

Reg't _____

Vol's _____

Approved and Paid

190 _____

J. W. LINDSEY,

Commissioner of Pensions

County.

GEORGIA, _____

I hereby authorize and constitute _____ of said County, my lawful attorney to collect and receipt for me in my name the Pension due me for 190 _____, through my deceased husband _____, who was on _____ Pension Roll and paid from _____ for 190 _____.

Witness my hand this _____ day of _____ 190 _____.

Attested before me:

APPLICATION FOR PENSIONS DUE DECEASED SOLDIER

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA,

Cobb County.

Personally before me comes Mrs *Jane Landrum*, of said county,
after being duly sworn, on oath says that she is the widow of *James Landrum*
who was duly enrolled as a *Indigent* Pensioner from the county
of *Cobb* and was paid a Pension of *sixty*
Dollars from *Cobb* county for 1907, and that the said
James Landrum died in *Cobb* county on
the *16* day of *March* 1908, and at the time of his death a
Pension of *45 dollars* was due him from *Cobb* county

and unpaid for 1908. Applicant further swears that she married the said
James Landrum on the _____ day of _____
18*46* in *Chauvers* county and State of *Ala.* and
resided with him from date of marriage to his death as his lawful wife, and is now his
dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this *23* day of *April* 1908

John M. Hickey ORDINARY, } *Jane Landrum* [L. S.]
Cobb County. } *S. B. McAllister*

AFFIDAVIT OF WITNESS.

GEORGIA,

Cobb County.

Personally before me comes *S. B. McAllister*, who
on oath says that he knew *James Landrum* while in life
and that he knows *his widow*, Mrs *Jane Landrum*
the above applicant; that he knows that the said *James Landrum*
and *Jane Landrum* were *legally* married in the county
man and wife for many years
the _____ day of _____ 18____, and that they resided
together as husband and wife from date of marriage to the day of his death on the *16*
day of *March* 1908, and I now know that she is his dependent widow.

Sworn to and subscribed before me this *23* day of *April* 1908

John M. Hickey ORDINARY, } *S. B. McAllister*
Cobb County. }

✓ Code } County. }

Note 1st.—This form can be used by guardian of minor children where there is no widow.
2nd.—Ordinary must send in all cases certified copy of marriage license attached.

Prison office
11/22-1910

This man fails
to show really an
immense amount
from prison & being
born in Union County
cannot be accepted
his Prison
W. Lindsey
Caring Prison

Lane, J. W. - Cobb County
Disaffirmance
11/22-1910

No

**Confederate
Soldier's Application.**

UNDER ACT 1910.

County Cobb
Name J. W. Lane
Company C
Regiment 30 ga.
Approved

E. 1457
J. W. LINDSEY,
Commissioner of Pensions

CHAR. P. BYRD, State Printer, Atlanta.

10/22/10

*The
your organizes out of The
& And takes better and put in the Ballot*

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

County,

J M Dorsey & M A Gore of said State and County is hereby presented as a witness in support of the application of *J M Dorsey* for the pension provided by the Act of 1910, & said State, and after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? *Bondu Springs Ga*
2. How long and since when have you known the applicant? *22 years*

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? *Bondu Springs Ga, has been President of the State since 1862*

4. When, where and in what Company and Regiment did war from 1861 to 1865? (Give date and place) *July 1861, Campbell Co Ga, Co L, 1st Ga Regiment*

5. How did you obtain your information of this Service? *Never in same Co*

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) *until Spring 1862 When this was made up*

7. When and where was his Command surrendered or discharged (Give date and place)

8. Were you personally present at the Surrender?

9. If not, where were you and how came you there?

10. Was the applicant personally present with his Command at surrender?

11. If not where was he and how came him there?

12. When did he leave his Command? Where was his Command when he left it? for what cause did he leave?

By whose authority did he leave? and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)

13. In what way was he prevented from returning to his Command? How do you know?

14. What effort did he make to return to his Command and how do you know?

15. Was applicant captured as a prisoner? *Not known* If so, when and where? In what prison was he held? and when released?

Sworn to and subscribed before me, this the *19* day of *Sept* 1910
J M Dorsey Ordinary, *J M Dorsey* County, *Cobb*

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

County,

Personally before me comes *M A Gore & J M Dorsey* who on oath says that they are free holders residing in said County and we know the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make list by items and value.)

60 acres of land Bondu Springs Ga 70000
21000
10000
7800

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

1908? (State it fully by items.)

- When and to whom was it sold or given to?
- What was the price paid or stated to be paid?
- What relation is the party to applicant?
- What disposition was made of the proceeds of the sale?
- Was the disposition of this property made in good faith and full value? or was it made to obtain a pension?

Sworn to and subscribed before me, this the *19* day of *Sept* 1910

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County,

I, *J M Dorsey* Ordinary of said County, certify that I know the applicant *J M Dorsey* for Pension is the person he represents himself to be and resides in said County. That I also know *J M Dorsey & M A Gore* the witness swearing to the service and *J M Dorsey & M A Gore* who are free holders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of *1908* shows that value for tax is in 1908 \$ *9600* for 1909 \$ *9750* for 1910 \$ *9750*

Sworn under my hand and official seal of office this *25* day of *Sept* 1910

J M Dorsey Ordinary, *Cobb* County.
NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words: "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary and certified by him.
4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of Free holders unnecessary.

says that they are free holders residing in said County and we know
the applicant for pension and we know the property that is now in the use, possession and control of himself
and wife and of its cash value to wit: (Make list by items and value.)

60 acres of land value \$600.00 21-00
1 Cont 100 21-00
1 More 1 78-00
Total value \$980.00

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Chatham

COUNTY.

I, *Elizabeth Lang*

Widow of John H. Lang

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

day of *January*, 1905.

Elizabeth X Lang [L.S.]

Executed in presence of

J. M. Lamm

Lang, Elizabeth
To Those Heretofore Paid.
From Chatham County
1905.

No. *2 310*

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO
Mrs. Elizabeth Lang
OF
Chatham County,
Widow of *John H.*
Co. _____ Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
JAN 23 1 1905.

AND HANDLED TO

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bolt COUNTY.

I, Elisabeth Lang
Widow Anthony of

, 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 8
day of January 1905.

Elisabeth Lang [L. S.]
Much

Executed in presence of

M. Gamm

Lang, Elisabeth
Widow
To Those Herebefore Paid.
- From Pension due to -
1905.

No. 2310

**INDIGENT
WIDOW'S PENSION,**

For year ending Dec. 31, 1905.

PAID TO
Mrs. Elisabeth Lang

OF
Bolt
Bolt County,
Widow of
Anthony

Co. _____ Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
JAN 23 1905.

AND HANDED TO

The Pension is hereby acknowledged as paid.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of *Cobb*

PERSONALLY COMES Mrs.

*Elizabelh Lang**Cobb*

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

continuously ever since year *1839*

That she is the Widow of

Thos. M. Lang

who was a soldier in Company

of the *first Confederate* *sa vol* Regiment of *Col Smith*Volunteers, that he enlisted in said regiment on or about the month of *May* *1864*1861 and served in the Army up to *Herndon* 1865the *Fourth* day of *January* 1861

Dependent 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 1845

I have been allowed an Indigent pension as a resident of *Paulding County* County, under Act 1900 for the year 1901, and now apply for the pension provided by law for the year ending December 31, 1905

Sworn to and subscribed before me,
this *10* day of *May* 1905.
John H. Hickey, Ordinary.

Elizabelh Lang
Post Office

State of Georgia,

Cobb

County.

John H. Hickey

Ordinary of said County, certify that I am well acquainted with Mrs. *Elizabelh Lang* who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18

Given under my official signature and seal, this the *10* day of *May* 1905.

Official Seal

Ordinary of

County

NOTE.—All blanks must be filled.

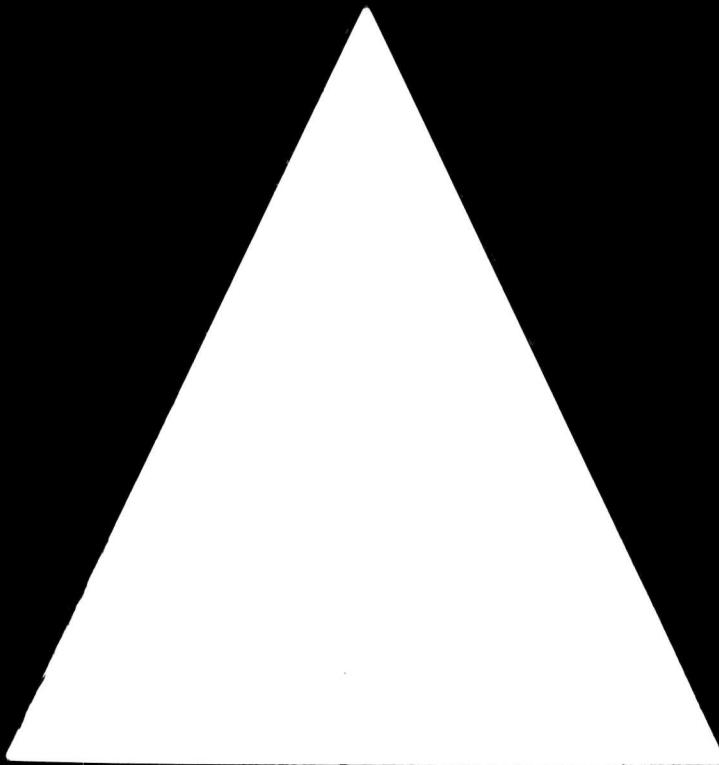
Vouchers and Affidavits must bear date after January 1st, 1905.

Ordinary of

County.

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1905.



POWER OF ATTORNEY.

STATE OF GEORGIA.

Wett COUNTY.

I *Isaac Jamieson*

herely authorize

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

me

at *Harwell*

by *Jamieson*

Witness my hand and seal, this

day of

1906.

Executed in the presence of

J. B. Henderson

Isaac Jamieson [L.S.]

Jamieson, Isaac W.
Cobb County
Georgia

CODE SECTION 1234.
(FOR THOSE ALREADY ENROLLED.)

Isaac W. Jamieson
No. *636*

INDIGENT
SOLDIER'S PENSION
1906.

Name *Isaac Jamieson*

County *Cobb*

Co. *42d* Regiment

WARRANT ISSUED

22

1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Jamieson

THE PENSION BOARD, WASHINGTON, D.C. 20534

POWER OF ATTORNEY.

STATE OF GEORGIA,

I, John W. Lindsey County, Colt hereby authorize J. M. Hembree of Rowell to receive and receipt for the pension allowed, and request that he remit same to Me at Rowell by Hand

Witness my hand and seal, this 1st day of January, 1906.

Executed in the presence of J. M. Hembree

POWER OF ATTORNEY.

STATE OF GEORGIA,

I, John W. Lindsey County, Colt hereby authorize J. M. Hembree of Rowell to receive and receipt for the pension allowed, and request that he remit same to Me at Rowell by Hand

Witness my hand and seal, this 1st day of January, 1907.

Executed in presence of J. M. Hembree

FOR THOSE ALREADY ENROLLED.

INDIGENT SOLDIER'S PENSION 1906.

Name J. M. Hembree
County Colt
Co. 42nd Regiment

WARRANT ISSUED

22

1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Hembree

Not Printed in the State of Georgia. Get a warrant here.

INDIGENT SOLDIER'S PENSION 1907.

Name J. M. Hembree
County Colt
Co. B Regiment 42

WARRANT ISSUED

24

1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Hembree

Not Printed in the State of Georgia. Get a warrant here.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears *J N Lanier* of *Cobb*

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 *7* day of *January*, 18*43*; that he is *68* years old and by occupation a *carpenter*, that he enlisted in the military service of the Confederate States (or of the State of *Miss*) during the war between the States, and served for the term of *8* in Company *42nd* in Regiment of *Infantry*; that his physical condition is as follows: *Impaired & Poor*

that his property consists of the following items:

of the value of *nothing* Dollars. I am now earning by my labor, *nothing* Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of *Fuller* County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this *20*

day of *January*, 1906, *John A. Wray*

Ordinary, *John A. Wray*

State of Georgia,

Cobb County.

I, *John A. Wray* Ordinary of said County,

do certify that I am well acquainted with *J N Lanier* 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 *1*

day of *January*, 1906, *John A. Wray*

Ordinary, *Cobb* County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears *J N Lanier* of *Cobb*

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 *7* day of *January*, 18*43*; that he is *68* years old and by occupation a *carpenter*, that he enlisted in the military service of the Confederate States (or of the State of *Miss*) during the war between the States, and served for the term of *8* in Company *42nd* in Regiment of *Infantry*; that his physical condition is as follows: *Impaired & Poor*

that his property consists of the following items:

of the value of *nothing* Dollars. I am now earning by my labor, *nothing* Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of *Cobb* County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this *20*

day of *January*, 1907, *John A. Wray*

Ordinary.

State of Georgia,

Cobb County.

I, *John A. Wray* Ordinary of said County,

do certify that I am well acquainted with *J N Lanier* 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 *1*

day of *January*, 1907, *John A. Wray*

Ordinary, *Cobb* County.

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

Ordinary Essex County.

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

Ordinary *Go. D. L.* County.

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

seal
here

*Serving the State of Georgia
Lgt. Col. J. M. C.
Salisbury, Oct 50*

*1915 Original
Cobb County, 1914*

Widow's Application

To Be Put on Roll in Her Own Right When
Husband Was on the Indigent Roll or
Put on Under Act of July 11, 1910.

County *Cobb*

Name *Mrs. M. J. Lamer*

Widow of *J. N. Lamer*

Company *C. 42*

Approved _____

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

4/6/25

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Cobb County.

Personally before me come Mrs M J Lanier of said County, who, after being duly sworn, on oath says, that she is the widow of J. B. Lanier to whom in the County of Cobb State of Georgia she was married on the 1st day of June 1869 and that she remained his wife, and resided with him to the date of his death in Aug 1915 and that she has not since his death remarried. At the time of his death he was a resident of Cobb County, in Georgia said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$60.00 in Cobb County for 19 10 per annum, on account of being a soldier in Company Co 42nd Regiment. (Volunteers of State Militia.)

At the death of J. B. Lanier he was in the use and possession of the following property

of the cash value of \$ None

What property of any kind and of any value have you in your use, control and possession now, and the cash value, (State fully.) None

Acres land	\$
Horses and Mules	\$
Hogs, Cows, etc	\$
Total Cash value of all property	\$

That she is now a bona fide resident citizen of said County of Cobb and she has so continuously resided since 1st day of Nov 1884

Sworn to and subscribed before me, this the 28th day of Sept 1915 M J Lanier
J. A. Reed Ordinary,
of Cobb County.

Affidavit of Witnesses to Prove Marriage and to Whom--Date of Death of Husband.

STATE OF GEORGIA,

Cobb County.

Personally before me come E. B. Coleman and H. A. Rainey known to be responsible and truthful persons, residing in said County who after having duly sworn on oath, say: that of their own personal knowledge Mrs. M J Lanier who made the foregoing affidavit, is the lawful widow of J. B. Lanier who died in Cobb County in said State of Georgia on 1st day of Aug 1915 and that she has not since remarried. That she became the wife of J. B. Lanier on the 1st day of June 1869 and that she and he had resided together as man and wife continuously since 1869 day of 1869 and that the J. B. Lanier was the same man who was on the pension roll of said State from Cobb County when he died.

Sworn to and subscribed before me, this the 28th day of Sept 1915 E. B. Coleman
H. A. Rainey Ordinary,
of Cobb County.

Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910.

Name Mrs M J Lanier
Widow of J. B. Lanier
County Cobb
Approved

J. W. LINDSEY,

Commissioner of Pensions

CIVIL SERVICE DIVISION, ALBANY

1915
Sept 28
Cobb
Vol 502

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Kobb County.

Personally before me comes E. J. Coleman who after being sworn on oath says, that they are freeholders of said County, and that they know M. Madam of said County and knew her said husband E. J. Coleman at his death on the 1st day of Aug 1915 that she and he were in the use, possession and control of the following property at his death to wit: None

of the value of \$ That she is now in the use, possession and control of the following property to wit:

of the value of \$.

Sworn to and subscribed before me, this the 28th day of Sept 1915 E. J. Coleman Ordinary, of Kobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Kobb County.

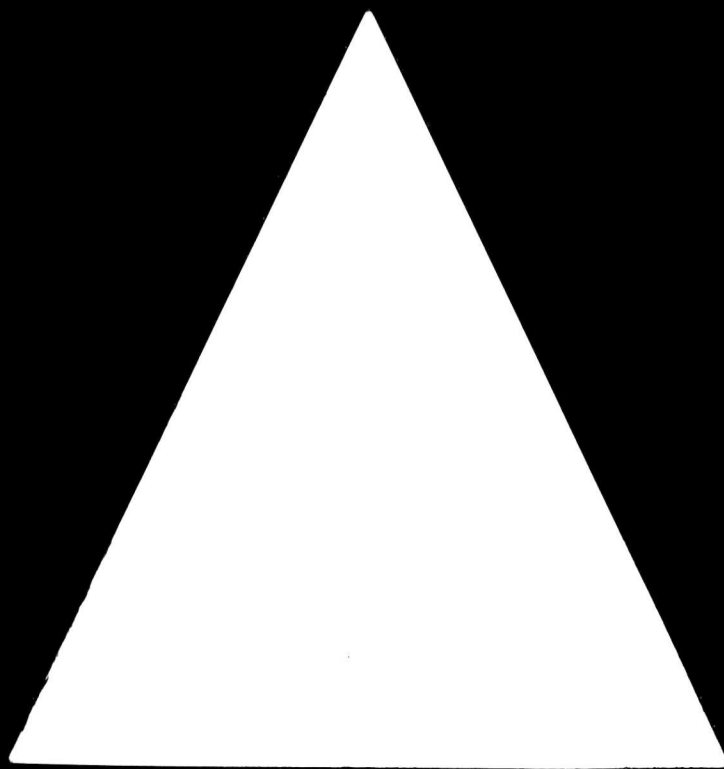
I J. M. Gamm Ordinary of said County, do certify, that, I know Mrs. E. J. Coleman the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the

1903 That I also know E. J. Coleman & E. J. Coleman witnesses as to marriage and I also know E. J. Coleman & E. J. Coleman who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of Kobb County shows that returned property to the amount of for 1908 \$0 for 1909 \$0 for 1910 \$0

Sworn under my hand and official seal of Office this 26th day of Oct 1915 (SEAL.) J. M. Gamm Ordinary, of Kobb County.

- NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary.
4. Only widows who married prior to first January 1870, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by general reputation.



Sandell, Mrs. (Mrs.)

Cobb

1400 N. Gordon

Oct 1917

No.

See 157 1/2

Widow's Pension

UNDER ACT 1910.

71
County

Cobb

Name

Mrs. M. P. Sandell

Widow of

James P. Sandell

6-15-16

J. W. LINDSEY,

Commissioner of Pensions.

Chas. F. Byrd, State Printer.

3/3-1918

Application for Pension by a Widow Under Act of 1910... Questions for Applicant.

STATE OF GEORGIA,

Cobb County.

Personally before me comes *Mrs M. F. Lansdell* of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of 1910, and submit testimony to make out the same, true answers makes to the following questions to wit:

1. What is your name, and where do you reside? *Mrs M. F. Lansdell, Austell, Ga.*
2. How long and since when have you been a continuing resident in the State of Georgia? *73 Years - ever since 1837*
3. When, where and to whom were you married? *Sept. 1869, Thomson E. Jones, J. Lansdell*
4. When, where and in what Company and Regiment did your husband enlist as a soldier? *Confederate Army of Georgia, 1862. (State the arms and class of Service.) March 4, 1862, Columbus, Ga. Co. A. 16th Inf. He was captured at Sherman's march in 1864.*
5. When and where did the Command of your husband surrender or discharge from the army? *Appomattox Va. April 9, 1865*
6. Was your husband personally present at the time of the surrender or discharge of this Command? *Yes*
7. If he was not present state clearly where he was? *He was present*
8. Where was his Command when he left? *Appomattox*
- a. For what cause did he leave his command? *He was over Lee's surrender*
- b. By whose authority did he leave his Command? *Gen Lee*
- c. For how long was he granted leave of absence? *None*
- e. What was his physical condition when he left his Command? *None*
- f. What effort did he make to return to his command? *None*
- g. In what way was he prevented from going back to Command? *None*
- h. Was he captured by the enemy at any time? *No*
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released? *None*
- j. When and where did your husband die? *July 1900, Augusta, Ga.*
- k. Were you residing together when he died? *Yes*
- l. If not, how long had you resided apart? *24 years*
9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.) *Nothing*
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) *Nothing*
11. What property of any description of any value have you now? *Nothing*
12. What are your annual earnings or income and their value? *Nothing am supported by my son*
13. Have you heretofore been paid a pension by the State? *No*

Sworn and subscribed before me this

24th day of *September* 19*10*

J. M. Garrison Ordinary

of *Cobb* County.

Mrs M. F. Lansdell

Widow's Pension

UNDER ACT 1910.

County

Cobb

Name

Mrs M. F. Lansdell

Widow of

Thomson E. Jones

Co. A - 16th Inf.

J. W. LINDSEY,
Commissioner of Pensions.

State of Georgia, 1910.

3/8-1916

Questions for the Witnesses as to Service of Husband and Marriage.

STATE OF GEORGIA,

County,

Personally before me comes John L. Smith who after 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 L. Smith
2. How long and since when have you known 1862 applicant?
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 her husband?

6. When and where did the husband of Applicant die?

7. Where 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? Were they divorced?

9. When, where and in what Company and Regiment did Bo 7c 16 Co enlist?

10. Were you a member of the same Company? Yes

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? 2 Years

12. When and where did his Command surrender, and was discharged? Hydromatry Va

13. Were you personally present when it was surrendered? No If not where were you Wounded at Home and how came you there?

14. Was the husband of applicant personally present at surrender? If not where was he? Capt Pen can when, where and for what cause did he leave Command? (Give date) near up in By whose authority did he leave his Command? and how long was he granted leave? How do you know all this?

15. For what cause, if you know of your own knowledge was he prevented from returning to his Command?

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?

Sworn to and subscribed before me this the 10 day of Oct 1910 John L. Smith Ordinary,
J. F. Herdin
of Columbia County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

County,

Personally before me comes who on oath says that they are freeholders of said County and that they know Mrs. M. A. Gaudin of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows:

Personal property	\$
Notes and accounts due	\$
Total	\$

Schedule (B).
We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:

Personal property	\$
Notes and accounts due	\$

Schedule (C).
We also know what property she has now in her possession, use and control to wit:

Acres of land worth	\$
Horses and Mules	\$
Cows and Hogs	\$
Other property	\$
Income and earnings	\$
Total Value of all property and effects	\$

Sworn and subscribed before me this the 10 day of Oct 1910 J. F. Herdin Ordinary,
Sev. B. O'Brien
County,

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County,

I Ordinary of said County do certify that, I know the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was in the 4th Nov., 1908.

That I also know the witness who swears to the service of husband, and who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns Returned for Tax is for 1908 \$ for 1910 \$

Sworn under my hand and official seal of office this day of 1910

SEAL Ordinary, County

(SEAL)
NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary.
4. Only widows who married prior to first January 1870, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

ATLANTA, GA. 191

Atlanta, Ga.

Dec 19th 1915

This is to certify that, I, William Patton, am the husband of the late Mrs. Savannah A. L. Patton, my wife who died on August 3rd 1914. who was present at the marriage of her B. C. Rev. Jessie T. Lamsdell, and Mrs. M. F. Frey at Thompson M. Duffie Co Ga.

Personally appeared before me a Notary Public of Fulton Co Ga, Mr. William Patton who in each state that his former wife Mrs. Savannah A. L. Patton, who was a sister of Mrs. Lamsdell on more than one occasion stated to him that she as a sister was present at the marriage of Jessie Lamsdell and Mrs. M. F. Frey at Thompson M. Duffie Co Ga. Sept. 1864.

at said premises
 Notary Public
 Fulton Co Ga

This is to certify that, I, William Patton, am the husband of the late Mrs. Savannah A. L. Patton, my wife who died on August 3rd 1914. who was present at the marriage of her B. C. Rev. Jessie T. Lamsdell, and Mrs. M. F. Frey at Thompson M. Duffie Co Ga.

Co Ga
 William and
 Savannah A. L. Patton
 were this 14th day
 of Sept 1912
 Personally
 at Fulton Co Ga

Mrs. Carrie Patton

State of Georgia
Fulton County

Personally appeared before

me a Notary Public in and for said County

Mrs. M. F. Lamsdell wife of the late James F. Lamsdell
who after being duly sworn says that she has
examined and approved for the proof with regard
to Pension and has filed as the other witnesses are

all dead

x Mrs. M. F. Lamsdell

Sworn and subscribed to

before me this 10th day

of Jan 1916

Geo. F. Harrar

NOTARY PUBLIC, FULTON CO. GA.

Ordinary's Office,
COLUMBIA COUNTY.

GEO. W. GRAY, Ordinary,
J. H. MORGAN, Clerk

Kartem, Ga., Jan 10, 1916

Under Oath

Mrs

Jessie C. Magee says

that at the time of the death

of Mr. James C. Magee

she was

present

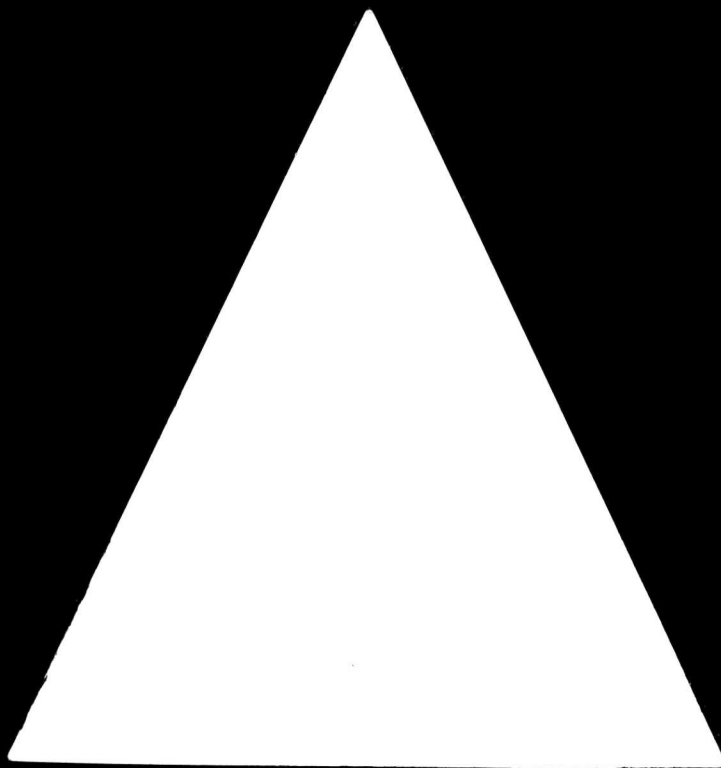
Sworn to and subscribed

before me this Jan 6th 1916

A. S. Pittman Jr.

Jessie C. Magee (LS)

Je. 1500 to Miguel



LATHAM, Jesse J.

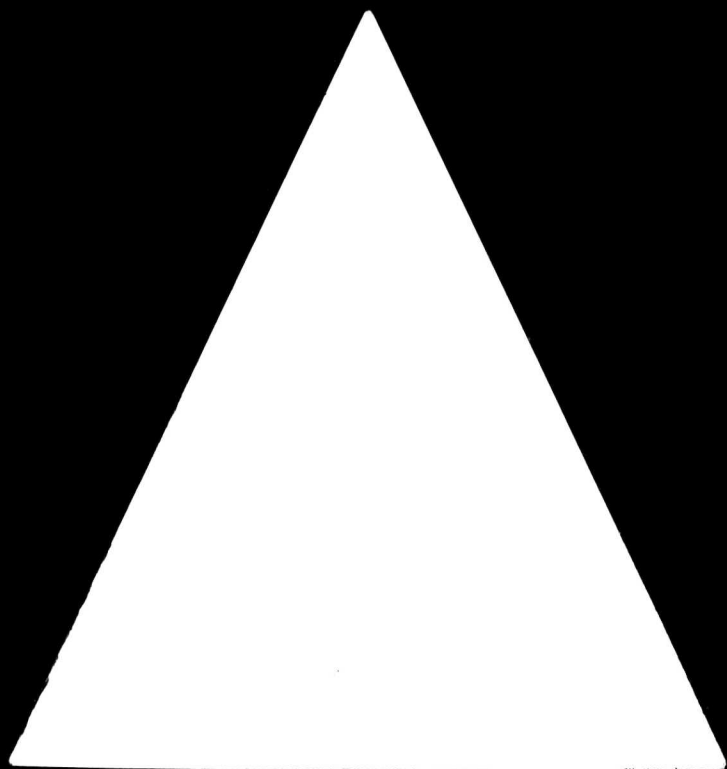
Cobb Co.
(Greenham Park Co.)

Ser 64th Regt. ~~Ma~~ Inf.

Company D

107th Col. ~~Inf.~~ ^{Art.}

1859



POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

I

herby authorize

of

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

By

Witness my hand and seal, this

day of

1903.

[L.S.]

Executed in the presence of

Latimer, J. R.
No. *Cobb Co*
OK Jan 1905

INDIGENT PENSION.

1903.

Name *Latimer*
County *Cobb*
Co. *Phillips Legion Cav.*

Approved 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta.

10/5/03

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____, COUNTY, }

I, _____, hereby authorize

of _____

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

at _____

by _____

Witness my hand and seal, this _____

day of _____

1903.

[L. S.]

Executed in the presence of _____

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

_____, COUNTY, }

I, John H. Laime, of said State and County, desiring to avail himself of the Pension Act (Section 1234, Code), hereby submit this proof, and after being duly sworn true answers to the following questions, depose and swear as follows:

1. What is your name and where do you reside? (Give State, County and post-office.)
John H. Laime, Marietta, Cobb County, Ga. N. F. D. No. 1.
2. How long and since when have you been a resident of this State? Since 1845, 58 years.
3. When and where were you born? Abbeville County, S.C. July 1st, 1841.
4. When and where and in what company and regiment did you enlist or serve?
I enlisted in Co. E, Phillips Legion Cavalry, in Spring of 1862, at Marietta, Ga.
5. How long did you remain in such company and regiment? 3 years, until the end of the war.
6. When and where was your company and regiment surrendered and discharged?
At Greensboro, N.C. May 1865, with Johnston's army.
7. Were you present with your company and regiment when it was surrendered? Yes.
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was present.
9. How much can you earn (gross) per annum by your own exertions or labor? Very little - 40 to 50 dollars.
10. What has been your occupation since 1865? Farming.
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? 1st & 2nd Ground.
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? I am 62 years old. Have been blind for 20 years. Also have diabetes. These troubles with advancing age, have undermined my health until I can do but little work now.
13. What property, real and personal, or income, do you possess, and its gross value? None.
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? None.
15. In what County did you reside during those years, and what property did you then return for taxation? Cobb County - None.
16. How were you supported during the years 1890, 1900, 1901 and 1902? By my own labor and labor of my family.
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? 100 to 125 dollars - Contributed probably 40 to 50 dollars.
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year? Farming - Received no salary.
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed? Yes - wife & 2 daughters. Daughters 20 & 22 years old - no employment except farm work. They have no means of support and no property.
20. Are you receiving any pension? If so, what amount and for what disability? No.
21. Have you ever made an application for pension before? No.
22. How many applications have you ever made and under what claim? None.

Every Question MUST b Answered.

Sworn to and subscribed before me this _____

John H. Laime Applicant.

Ordinary,

County,

Latimer, J. R.
No. Cobb Co
OK April 9, 1905

INDIGENT PENSION.

1903.

Name, John H. Laime

County, Cobb

Co. E, Phillips Legion Cavalry

Approved _____

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

Gen. W. Harrison, State Prison, Atlanta.

1746/63

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Cobb COUNTY.

as a witness in support of the application of J. N. Lathimer for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. That is, your name and where do you reside? Charlotte Cobb County Ga. R. F. 8. No. 1
2. Are you acquainted with J. N. Lathimer the applicant; if so, how long have you known him? Yes - 40 years or more -
3. Where does he reside and how long and since when has he been a resident of this State? Cobb County, Ga. since he has ever lived I know him -
4. When, where and in what company and regiment did he enlist, and how do you know? He enlisted at Marietta Ga. Spring of 1862 in Co. B. 11th Legion Cavalry.
5. Were you a member of the same company and regiment? Yes -
6. How long did he perform regular military duty? About 13 years
7. When and where was his company surrendered? Greensboro N. C. at end of war, at surrender of Johnston's army -
8. Were you present when it surrendered? Yes -
9. Was applicant present? Yes -
10. If he was not present, where was he? He was present -
- When did he leave his command? For what cause?
- By what authority he left? He was with him in same Company.
- How do you know all of this?

11. What property, effects or income has the applicant? (Give your means of knowledge.) I know that I know of - have and own him ever since then.
12. What property, effects or income did the applicant possess in 1890, 1897, 1908, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? I know that I know of -
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? No, did none to anyone.
14. What is the applicant's occupation and physical condition? Farmer -
From age and infirmity his physical condition is bad - I don't think him able to work but little.
15. Is the applicant unable to support himself by labor of any sort, if so, why? I don't think he is, on account of advancing age and infirmity -
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? By his labor and the assistance of his family -
What portion of his support for those four years was derived from his own labor or income?
Can't give this exactly - nearly half -
17. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code. He has no file, or marks on his body, which has weakened his strength and weakened him physically.
18. Who composes family? What property have they? Children's age and their earning capacity? He and his daughters - four - cannot give age of daughters - I don't know earning capacity -
20. What interest have you in the recovery of a pension by this applicant? None -
Sworn to and subscribed before me, this the
19th day of Sept. 1903.
John Dwyer Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb COUNTY.

Personally came before me Chas. H. Field M.D. and Wm. Kemp, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully

_____ applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

He has diabetes mellitus, associated with fatiguing & working paralytic, the advanced stage of diabetes mellitus, as an education, is not advisable, he is undoubtedly very old, and is physically unable to do any kind of manual labor, and is unable to support his family. The condition being for and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the 19th day of Sept. 1903
John Dwyer Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb COUNTY.

I, John Dwyer Ordinary, in and for said County, hereby certify that the applicant J. N. Lathimer resides in said County, and has been a bona fide resident of this State since the 1st day of January 1894 and that the witnesses, viz: John Lathimer

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 herein prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.
I further certify that the tax digest of Cobb County show that applicant returned for taxation in his name in 1899 _____ Dollars of property, and in 1900 10 Dollars of property, in 1901 10 Dollars of property, in 1902 10 Dollars of property.
In my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this 19th day of Sept. 1903
John Dwyer Ordinary.
of Cobb County.

NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

POWER OF ATTORNEY.

STATE OF GEORGIA,

COFF COUNTY.

hereby authorize

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

at

WITNESS my hand and seal, this 12 day of May 1905,

Executed in the presence of

STATE OF GEORGIA,

COFF COUNTY.

hereby authorize

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

at

WITNESS my hand and seal, this 12 day of May 1905,

Executed in the presence of

Latimer, J. R.
Coff Co

(FOR THOSE ALREADY ENROLLED.)

No. 124.

INDIGENT
SOLDIER'S PENSION
1905.

Name J. R. Latimer
County Coff
Co. 1st
Regiment

WARRANT ISSUED

1 05
1905

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

JOHN W. LINDSEY, COMMISSIONER OF PENSIONS.

no date

COFF SECTION 124.
(FOR THOSE ALREADY ENROLLED.)

No. 124.

INDIGENT
SOLDIER'S PENSION
1906.

Name J. R. Latimer
County Coff
Co. 1st
Regiment

WARRANT ISSUED

1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

JOHN W. LINDSEY, COMMISSIONER OF PENSIONS.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *J R Latimer* of *Cobb*

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is *63* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States or of the State of _____ during the war between the States, and served for the term of *3 years* in Company *C*, of *Georgia*; that his physical condition is as follows: *Infirmit, poverty*

that his property consists of the following items:

Nothing

of the value of _____ Dollars. I am now earning, by my labor, _____ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Dependent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of *Cobb* County been *allowed* a pension for the year 1905.

Sworn to and subscribed before me, this *12* day of *January*, 1905, *John M. Wray* Ordinary.

STATE OF GEORGIA,

Cobb County.

I, *John M. Wray* Ordinary of said County,

do certify that I am well acquainted with *J R Latimer* 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 *12* day of *January*, 1905, *John M. Wray* Ordinary *Cobb* County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

County.

Personally appears *J R Latimer* of *Cobb*

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is *66* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States or of the State of _____ during the war between the States, and served for the term of *3 yrs* in Company *C*, of *Georgia*; that his physical condition is as follows: *Infirmit, poverty*

that his property consists of the following items:

of the value of _____ Dollars. I am now earning by my labor, _____ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Dependent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore, as a resident of *Cobb* County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this *12* day of *January*, 1905, *J R Latimer* Ordinary.

State of Georgia,

Cobb County.

I, *John M. Wray* Ordinary of said County,

do certify that I am well acquainted with *J R Latimer* 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 *12* day of *January*, 1905, *John M. Wray* Ordinary *Cobb* County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, *J. R. Lattimer*, hereby authorize
Mr. Mackey of *Macon, Ga.*
 to receive and receipt for the pension allowed and request that he remit same to
me at *his office*
 by _____

WITNESS my hand and seal, this

16 day of *July*, 1907.

J. R. Lattimer [L. S.]

Executed in presence of

Soldier J. R.

Cons. Bureau 1284.
 (FOR THOSE ALREADY ENROLLED)

No. *678*

INDIGENT SOLDIER'S PENSION 1907.

Name *J. R. Lattimer*
 County *Wilkes*
 Co. *C* Regiment *24th*

WARRANT ISSUED

1907.

JOHN W. LINDSEY,

Commissioner of Penitents

WARRANT HANDED TO

ONE W. B. BARNES, STATE PRISON, ATLANTA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears J. R. Latimer of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____,

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 _____ in Company C, of Phillips Legion, of _____; that his physical condition is as follows: Legitimate poverty

that his property consists of the following items: _____

of the value of \$100 Dollars. I am now earning by my labor, _____ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Cobb County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 16 day of January, 1907.

J. R. Latimer
Ordinary.

State of Georgia,

Cobb County.

I, Wm. G. Gentry Ordinary of said County,

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

Given under my official signature and seal this 16 day of January, 1907.

Wm. G. Gentry
Ordinary Cobb County.

ADA
JAN
1907

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

ALL
PAID
JAN
1907

Ordinary 10000 County.

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

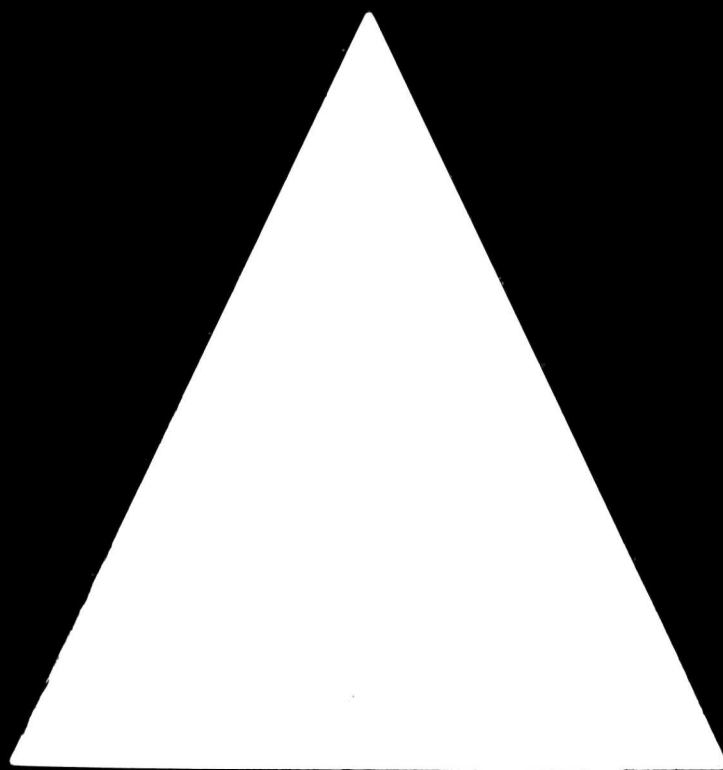
MEMPHIS, GA.
JOHN AWTRY, JUDGE PROBATE

Hon. J. W. Lindsey,
Atlanta, Ga.
Dear Sir:

I enclose two pension claims, that I trust you will take up and dispose of. The Latimer claim should have gone in several days ago, but was misplaced in my office and has just been found.

There is one or two claims that I would be glad to see you about if I when I could find you in the office. I have made two or three trips to Atlanta especially to see you, but you have been out.

Very truly yours,
John Awtry,
Ordinary.



POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA,
Cobb County.

I, *W. J. Latimer*, hereby authorize *Geo. B. Anderson*
of *Marquette, Georgia* to receive and receipt for the pension allowed and
payable to me in *Marquette, Ga.*

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

Executed in the presence of

A. M. Bricker

W. J. Latimer [L.S.]

Latimer, W. J. (Miss)
Latimer

No. *3902*

Widow's Pension,
1897.

PAID TO
M. W. J. Latimer
OF
Cobb County,
Widow of *James R. Latimer*

RICHARD JOHNSON,
Commissioner of Pensions.

Warrant Issued.

11/23

1897

AND HANDED TO

G. D. Anderson
Marquette

Geo. W. HARRISON, STATE PRINTER, ATLANTA

11/20/97

POWER OF ATTORNEY.

STATE OF GEORGIA,
Colt COUNTY.

I, N. J. Latimer hereby authorize Geo. D. Anderson
of Marietta, Georgia to receive and receipt for the pension allowed and
request that he remit same to me at Marietta, Ga.,
in person.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st
day of September 1897 N. J. Latimer [L.S.]

Executed in the presence of

A. H. Knicker

Widow's Pension,
1897.

PAID TO

Mrs. N. J. Latimer

OF

Colt County.

Widow of James R. Latimer

RICHARD JOHNSON,
Commissioner of Pensions.

Warrant Issued

1897

11/23

AND HANDED TO

G. D. Anderson
Notary Public

REC'D W. HARRISON, STATE PRINTER, ATLANTA

4/20/97

Affidavit To be Made by the Widow.

STATE OF GEORGIA,
COUNTY OF Colt

In person came before me, the undersigned Ordinary in and for the County of Colt
Mrs. N. J. Latimer who being sworn according to law, says under

oath that she is the widow of James R. Latimer who was a soldier in
the service of the Confederate States, and served as a member of Company "C" of the 11th

Georgia Volunteers; that he enlisted in said services on or about the 11th day of
June 1861, and was in the Army of Confederate States in Virginia up to

December 1863. That while in the Army, on the 1st

day of December 1863, (See Note No. 1.) said James R. Latimer

was honorably discharged from service by reason of

having contracted chronic diarrhoea and dys-

entery during his service as a soldier in the

Confederate Army; deponent further swears

that said James R. Latimer was a Courier for Gen.

P. M. B. Yang and his duties were such that

he was exposed more than an ordinary

soldier; also that said James R. Latimer was

a stout, well, able-bodied, and sound man

when he went into the Army, and that, after

two and a half years service as aforesaid, he was

a total physical wreck, so much so that he was honorably

discharged from service on account of said disease contracted

in said service, and came home & has never well a day from that

time until he died on May 1892 from said disease contracted

in the service of the Confederate States.

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 3rd day of July

1860, and that she was born in Georgia and has resided in Georgia continuously

since the 15th day of April, 1862; that Georgia is her home, and was such on the 23d

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 General Assembly of Georgia, approved

December 23d, 1890, for the pension year ending February 15th, 1897, and herewith tenders the proof of her

right to receive the pension granted by said Act.

Sworn to and subscribed before me, this

1st day of September 1897.

J. M. Stone
Ordinary.

Post Office Marietta, Georgia.

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

NOTE 2.—The Ordinary will see that ALL blank spaces are filled before the affidavits are signed.

The Instructions as set out in the Notes Must be Observed.

Amdavit for Three Witnesses.

Form No. 3.

STATE OF GEORGIA,
COUNTY OF Cobb

In person came before me, the undersigned Justice of the Peace
and for said County, witnesses J. O. Tolleson
and

known to said Attesting Officer as truthful, reliable and reputable citizens, who ~~personally~~ says under oath,
that, from ~~his~~ own personal knowledge, Mrs. N. J. Latimer
of the County of Cobb State of Georgia, is the widow of James R. Latimer
who was a soldier in Company C of the Georgia State Troops in

Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on
or about the 15th day of June 1861. That while in said service or by reason of said service in the
Army, he died on the 10th day of May 1872 from the following causes: he contracted
my trouble and became disabled during his
service as a soldier in the Confederate Army, and
from which disease he died as aforesaid.
Deponent says that he knew James R. Latimer
before he went into the Army, and that he was
a strong, healthy and sound man, but that
after a short service in said Army, he came with
a total physical wreck, and was not well a
very long time until he died as aforesaid.
Deponent further says that James R. Latimer was
never known to be disabled from service, by
reason of which disease he died as aforesaid, but
that he died as a direct result of his
service in said Army.

My opportunity for knowing the facts stated in reference to death of applicant's husband were good,
for I knew him before he went to the war
with, saw him after he returned, and lived close
to him until he died.

I further swear that she became the wife of said soldier on the 3rd day of July
1860, and so remained until his death, since then she has not again married, and that she resided in said State
of Georgia continuously since the 13th day of April 1867.

I further swear that I have no personal interest in the pension asked for.

Sworn to and subscribed before, this the

26th day of October 1897.

Justice of the Peace
for the Dist. Court of Cobb Co., Ga.

NOTE 1.—Witnesses must not testify about things they may believe, but confine their statements to such facts as they per-
sonally know.

NOTE 2.—If the husband died after the war of wounds or disease, state fully and particularly how you, as witnesses, know
the service as a soldier was the immediate cause of his death.

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

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

Form No. 2.

STATE OF GEORGIA,
COUNTY OF Cobb

I, J. M. Stone Ordinary
in and for said County of Cobb

State of Georgia, hereby certify that I am acquainted with Mrs. N. J. Latimer
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 yet lived out of the State since that date. I also certify that the witnesses, to-wit:
J. O. Tolleson, H. R. Montgomery, St. H. Benson, H. H. Davis

and William Phillips, whose testimony she presents to sustain her claim, are
known to me to be truthful witnesses, entitled to full faith and credit as such, and that the full text of the affidavit was read
to and understood by them before same was signed. I am fully satisfied that this claim is made in good faith, and that
I have caused the applicant and the witnesses to read or hear read the proofs they sign.

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

28th

day of November 1897.

SEAL

J. M. Stone
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 of the wounds.

No pension can be paid for previous year.

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 service, and has never
remarried.

The law does not provide for anyone 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 claim must be substantiated by a testimony of three witnesses who personally know
of the enlistment of the husband and his death and the immediate cause of the death.

If the husband died since the war testimony by physicians must be produced.

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

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 answer in any case.

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.

Widows whose husbands enlisted from another State or served in other Commands than Georgia Commands
are not entitled to pensions unless they were born in Georgia and can make proof of that fact.

By order of the Governor.

RICH'D JOHNSON,

Commissioner of Pensions.

POWER OF ATTORNEY.

State of Georgia, Col. l. County.
 I, M. J. Latimer, hereby authorize Geo. D. Henderson
 of Marietta, Ga., to receive and receipt for the pension paid hereon and request
 that he remit same to me at Mar. 10 - 1898.
 7th

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
 day of Feb 1898

Executed in the presence of

R. E. Benson

POWER OF ATTORNEY.

State of Georgia, Col. l. County.
 I, M. J. Latimer, hereby authorize J. M. Stanton
 of Marietta, Ga.,
 to receive and receipt for the pension paid hereon and request that he remit same to
me at Marietta, Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this, 1st
 day of Feb 1898.

Mrs. M. J. Latimer [L. S.]

Executed in presence of

Geo. D. Henderson

Latimer M. J. (M. J.)
Geo. D. Henderson
 For Those Heretofore Paid.

1898.

NO. 3702

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO
Mrs. M. J. Latimer
 OF
Col. l. County,
 Widow of James Robert Latimer

RICHARD JOHNSON,

Commissioner of Pensions

WARRANT ISSUED

2728
 AND HANDED TO

R. C. Ginn

Geo. W. Harrison, State Printer, Atlanta

Latimer, M. J.
Col. l. County
 For Those Heretofore Paid

1899.

NO. 3584

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO
Mrs. M. J. Latimer
 OF
Col. l. County
 Widow of James Robert Latimer

RICHARD JOHNSON,

Commissioner of Pensions

WARRANT ISSUED

2726
 AND HANDED TO

R. C. Ginn

Geo. W. Harrison, State Printer, Atlanta

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs.

N. J. Latimer

who, being sworn, says on oath, that she is a bona fide resident of said county of Cobb, State of Georgia, and that she has resided in said State continuously ever since April 13th 1867. That she is the Widow of

James Robert Latimer who was a Soldier in Company "C" of the Phillips Legion Regiment of Georgia

Volunteers, that he enlisted in said regiment on or about the month of June 1861 and served in the Army up to December 1863 That he lost his life on the 17th day of May 1872 (State here

full particulars of the husband's death, when, where and from what cause) by reason of having contracted chronic diarrhoea and lung disease during the War, and that said soldier was a carrier for the Phillips Legion, and by reason of his duties as such was exposed to the ordinary soldier's life, that he went into the army a sound, stout, and able bodied man, and came out crippled and disabled to a total physical invalid; that he was honorably discharged in December, 1863, and that the disease contracted in the service had caused him to die as above stated. Dependent 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 1860.

I have been allowed a pension as a resident of Cobb 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 7th day of February 1898.

J. M. Stone
Ordinary.
Post-Office No. 1, Stone, Ga.

State of Georgia,

County of Cobb

J. M. Stone

Ordinary of said County, certify that I am well acquainted with Mrs. N. J. Latimer who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

Given under my official signature and seal this the 7th day of February 1898.

Ordinary of Cobb County.

Official Seal

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs.

N. J. Latimer

who, being sworn, says on oath, that she is a bona fide resident of said county of Cobb, State of Georgia, and that she has resided in said State continuously ever since July 1860 That she is the Widow of

James Robert Latimer who was a soldier in Company "C" of the Phillips Legion Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of June 1861 and served in the Army up to December 1863 That he lost his life on the 17th day of May 1872; (State here,

full particulars of the husband's death, when, where and from what cause) that he was honorably discharged from service in Dec. 1863, by reason of having contracted chronic diarrhoea and lung disease during the War, and that said soldier was a carrier for the Phillips Legion, and by reason of his duties as such was exposed to the ordinary soldier's life, that he went into the army a sound, stout, and able bodied man, and came out crippled and disabled to a total physical invalid; that he was honorably discharged in December, 1863, and that the disease contracted in the service had caused him to die as above stated. Dependent 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 1860.

I have been allowed a pension as a resident of Cobb County for the year ending 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 17th day of July 1899.

J. M. Stone
Ordinary.
Post-Office No. 1, Stone, Ga.

State of Georgia,

County of Cobb

J. M. Stone

Ordinary of said County, certify that I am well acquainted with Mrs. N. J. Latimer who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

Given under my official signature and seal this the 17th day of July 1899.

Official Seal

Ordinary of Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cherokee County.

M. J. Latimer hereby authorize
J. M. Stone of *Marietta Ga.*
 to receive and receipt for the pension paid hereon and request that he remit same to
me

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *24th*
 day of *Aug.* 1900.

✓ *M. J. Latimer* [L. S.]

Executed in presence of
Geo. D. Anderson

GEO. D. ANDERSON
 ATTORNEY AT LAW
 MARION BUILDING
 MARIETTA GA

Feb., 26, 1898.

Hon. Richard Johnson,
(Atlanta, Ga.)

Dear Sir:-

As you will remember,
 I sent you the applications for
 pensions of Mrs. M. J. Latimer, widow
 who has drawn heretofore, and
 J. P. Groover, invalid, who has
 drawn heretofore.

If they were allowed, will
 you please send the money
 due by Mr. R. C. Linn?

I will write him & meet
 him at train so that it will
 be little trouble for him.

Yours very truly,
Geo. D. Anderson

Latimer, M. J. (no)
Cherokee Co. Ga.

To Those Heretofore Paid.

1900.

NO. 996

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO
Mrs. M. J. Latimer

Copy County,

Widow of *J. R. Latimer*

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Jan 16 1900,

AND PAID TO

Stone

NO. W. HARTMAN, State Printer, Atlanta

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb.

Personally Comes Mrs.

} M. J. Latimer

Cobb 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
continuously ever since July 1860. That she is the Widow of
Jas. R. Latimer who was a soldier in Company
B. of the Phillips Legion Regiment of Georgia
Volunteers, that he enlisted in said regiment on or about the month of June
1861 and served in the Army up to Decr. 1863. That he lost his
life on the day of May 1872. (State here
particulars of the husband's death, when, where and from what cause)

That while in the Confederate
army he contracted Chronic
Diarrhoea and disease of lungs
from which disease he never
recovered and died in May
1872

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 allowed a pension as a resident of Cobb County for the year ending
February 15th, 1899, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me this
24th day of May 1900.
J. M. Stone Ordinary

M. J. Latimer
For Office

State of Georgia,
County of Cobb.

J. M. Stone
Ordinary of said County, certify that I am well acquainted

with Mrs. M. J. Latimer

who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since the

Given under my official signature and seal, this the

24th day of July 1860
J. M. Stone
Ordinary of Cobb County.

GEO. D. ANDERSON,
ATTORNEY AT LAW,
OFFICE IN MARONIC BUILDING.

Savannah Georgia,
Nov, 20, 1897.

Hon. Richard Johnson.
Atlanta, Ga.

Dear Sir. —

Enclosed I send you
the application for pension of
Mrs. M. J. Latimer.

I trust you will consider
it at once, as she needs it
very much, if she is entitled to
receive it.

Yours truly,
Geo. D. Anderson.

Official
Seal.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Robt County.

I, *A. J. Latimer* hereby authorize
John A. Hickey of
to receive and receipt for the pension paid hereon and request that he remit same to
Mr at *Monroville*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *2nd*
day of *January* 1901.

A. J. Latimer [L. S.]

Executed in presence of

John M. Gann

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *A. J. Latimer* hereby authorize
John A. Hickey 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 *10th*
day of *January* 1902.

Mrs. A. J. Latimer [L. S.]

Executed in presence of

John M. Gann

To Those Heretofore Paid.

1901.

No. *138*.

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs. A. J. Latimer

of *Robt* County.

Widow of *James H. Latimer*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Jan. 15 1901,

AND HANDLED TO

John A. Hickey

and to receive same from the U.S.

To Those Heretofore Paid.

1902.

No. *239*

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO
Mrs. A. J. Latimer

of *Cobb* County.

Widow of

Co. Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Jan. 16 1902

AND HANDLED TO

John A. Hickey

and to receive same from the U.S.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

A. J. Latimer

who, being sworn, says on oath, that she is a bona fide resident of said County of
Cobb State of Georgia, and that she has resided in said State
continuously ever since July 1860

That she is the Widow of
Jas R Latimer who was a soldier in Company
of the Phillips Regiment of Georgia
Volunteers, that he enlisted in said regiment on or about the month of

1861 and served in the Army up to December 1862 That he lost his
life on the day of May 1862 (State here
particulars of the husband's death, when, where, and from what cause)

That while in the Confederate Army he contracted
chronic dysentery and disease of the
lungs from which disease he never recovered and died
December 1862 and died in May 1862

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and that she became his wife in the year 18

I have been allowed a pension as a resident of Cobb County for the year ending
February 15th, 1901, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this
7th day of January 1901

Ordinary Post Office

A. J. Latimer

State of Georgia,

County of Cobb

Ordinary of said County, certify that I am well acquainted

with Mrs. A. J. Latimer, who made the above affidavit and am satisfied
that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she
has continuously resided in this State since the day of July 1860

Given under my official signature and seal, this 9th day of January 1901.

Official Seal

Ordinary of

John Anthony Cobb

County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

A. J. Latimer

who, being sworn, says on oath, that she is a bona fide resident of said County of
Cobb State of Georgia, and that she has resided in said State

continuously ever since July 1860
Jas R Latimer That she is the Widow of
of the Phillips Regiment of Georgia

Volunteers, that he enlisted in said regiment on or about the month of
1861 and served in the Army up to December 1862 That he lost his
life on the day of May 1862 (State here

particulars of the husband's death, when, where, and from what cause)
That while in the Confederate Army he contracted
chronic dysentery and disease of the
lungs from which disease he never recovered and died in
May 1862

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 18

I have been paid a pension as a resident of Cobb 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 10th day of January 1902

Ordinary Post Office

Mrs. A. J. Latimer
Woods & Oak

State of Georgia,

County of Cobb

County of

John Anthony

Ordinary of said County, certify that I am well acquainted
with Mrs. A. J. Latimer, who made the above affidavit and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the

day of 18

Given under my official signature and seal, this 10th day of January 1902

Official Seal

John Anthony Cobb

County.

NOTE. All blank spaces must be filled.

Voucher and affidavit must bear date after January 1st, 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA.

John Lindsey County, }
I, *N. J. Latimer* hereby authorize
John Lindsey 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 *6th*
day of *January* 1903.
Mrs. N. J. Latimer [L. S.]

Executed in presence of
W. G. [unclear]

To Those Heretofore Paid

1903.

No. 2.9

WIDOW'S PENSION,

For year ending Dec 31, 1903

Mrs. N. J. Latimer

John Lindsey County,

Widow of *Samuel N. Latimer*

Co. Regiment

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

1903.

423

AND HANDSD TO

John Lindsey

U. S. DEPARTMENT OF WAR, WASHINGTON, D. C.

POWER OF ATTORNEY.

STATE OF GEORGIA.

John Lindsey County, }
I, *N. J. Latimer* hereby authorize
John Lindsey 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 *5th*
day of *January* 1904.

Executed in presence of

N. J. Latimer

TO THOSE HERETOFORE PAID.

1904.

No. 266

WIDOW'S PENSION

FOR
YEAR ENDING DECEMBER 31, 1904

PAID TO

Mrs. N. J. Latimer

John Lindsey County,

Widow of *N. J. Latimer*

Co. *Phillips* Regiment

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

1904.

425

AND HANDSD TO

John Lindsey

U. S. DEPARTMENT OF WAR, WASHINGTON, D. C.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA.

County of Cobb

PERSONALLY COMES MRS.

N. J. Latimer

who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has resided in said State continuously ever since July 1860.

That she is the Widow of

James B. Latimer who was a soldier in Company Phillip of the Phillip Regiment of Indiana Volunteers, that he enlisted in said regiment on or about the month of June

1861, and served in the Army up to December 1863. That he lost his life on the May day of 1862 (State here

particulars of the husband's death, when, where and from what cause.)

That while in the Confederate Army he contracted Malaria, Dysentery and disease of lungs from which disease he never recovered and died in May 1862

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18

I have been paid a pension as a resident of Cobb 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 6th day of July 1903. N. J. Latimer John Buttry Ordinary. Post Office Woodstock

State of Georgia.

County of Cobb

Ordinary of said County, certify that I am well

acquainted with Mrs. N. J. Latimer who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18.

Given under my official signature and seal, this 6th day of July 1903.

(Official Seal)

Ordinary of.

County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1903.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.

County of Cobb

PERSONALLY COMES MRS.

N. J. Latimer

who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has resided in said State continuously ever since 1860.

That she is the Widow of

James B. Latimer who was a soldier in Company Phillip of the Phillip Regiment of Indiana Volunteers, that he enlisted in said regiment on or about the month of June

1861, and served in the Army up to December 1863. That he lost his life on the May day of 1862 (State here

particulars of the husband's death, when, where and from what cause.)

That while in the Confederate Army he contracted Malaria, Dysentery and disease of lungs from which disease he never recovered and died in May 1862

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18

I have been paid a pension as a resident of Cobb County for the year ending December 31, 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me, this 5th day of July 1904. N. J. Latimer John Buttry Ordinary. Post Office Woodstock

State of Georgia.

County of Cobb

Ordinary of said County, certify that I am well

acquainted with Mrs. N. J. Latimer who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1860.

Given under my official signature and seal, this 5th day of July 1904.

(Official Seal)

Ordinary of.

County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1904.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colt COUNTY.

I, N. J. Latimer

, hereby authorize

John A. Harty 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

18th

day of January 1905.

N. J. Latimer
John A. Harty

[L. S.]

Executed in presence of

McCam

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colt COUNTY.

I, N. J. Latimer

, hereby authorize

John A. Harty of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
at his office

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

12

day of January 1906.

N. J. Latimer [L. S.]

Executed in presence of

To Those Heretofore Paid.

1905.

No. 304

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

Widow of
N. J. Latimer

of
Colt

County,

Widow of

Co. _____

Regiment _____

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

16th 1905.

AND HANDED TO

1904

For year ending Dec. 31, 1906.

To Those Heretofore Paid.

1906.

No. 191

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO

N. J. Latimer

or

Colt

County,

Widow of N. J. Latimer

Co. C Regiment Phillips

Aggrav

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

12th 1906.

AND HANDED TO

1904

For year ending Dec. 31, 1906.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES Mrs.

M. J. Latimer

who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since 1866 That she is the Widow of

James R. Latimer who was a soldier in Company 6 of the Phillips Legion of Georgia Volunteers, that he enlisted in said regiment on or about the month of April 1862, and served in the Army up to September 1862. That he lost his life on the 11th day of May 1862 (State here particulars of the husband's death, when, where and from what cause).

Deceased husband was killed at
battle of Sharpsburg, Disease contracted
in war

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 1860.

I have been paid a pension as a resident of Cobb 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 12 day of January 1905
John A. Wray Ordinary.

Post Office

State of Georgia,

Cobb County.

Ordinary of said County, certify that I am well acquainted with Mrs. M. J. Latimer who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18

Given under my official signature and seal, this 18 day of January 1905

Official
Seal

Ordinary of

County

NOTE.—All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1905.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES Mrs.

M. J. Latimer

who, being sworn, says on oath that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since All her life That she is the Widow of Jas. R. Latimer who was a soldier in Company 6 of the Phillips Legion segment of Co. Volunteers, that he enlisted in said regiment on or about the month of June 1861, and served in the Army up to 1862 That he lost his life on the 11th day of May 1862 (State here particulars of the husband's death, when, where and from what cause).

Died as result of service.

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 before the war.

I have been paid a pension as a resident of Cobb County, for the year ending December 31, 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me
this 12 day of January 1906
John A. Wray Ordinary.

Post Office

State of Georgia,

Cobb County.

Ordinary of said County, certify that I am well acquainted with Mrs. M. J. Latimer who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 12th day of January 1860.

Given under my official signature and seal, this 12 day of January 1906.
John A. Wray
Official Seal
Ordinary of Cobb County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1906.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, N. J. Latimer hereby authorize

John Lindsey
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 11
day of January 1907.

N. J. Latimer s.)

Executed in presence of
James McLean

Latimer, N. J. (Mrs.)
Cobb County
To Those Hereinbefore Paid

1907.

No. 102

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO

Mrs. N. J. Latimer
OF
And

County.

Widow of N. J. Latimer
Co. A. Phillips Regiment, 1st

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

121 1907,

AND HANDED TO

John W. Lindsey, State Printer, Atlanta

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY COMES MRS.

County of CobbH. J. Lattimer

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

continuously ever since

That she is the Widow of

H. J. Lattimer

who was a soldier in Company

Cof the Phillips Legion Regiment of

Volunteers, that he enlisted in said regiment on or about the month of

1888, and served in the Army up to1888. That he lost his

life on the

day of

1888. (State here

particulars of the husband's death, when, where and from what cause.)

Due from Decade

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 Cobb County, for the year 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

this 11 day of Jan, 1907.H. J. LattimerJohn A. Wren Ordinary

Post Office

State of Georgia,

Cobb

County.

John A. Wren

Ordinary of said County, certify that I am well

acquainted with Mrs. H. J. Lattimer, who made the above affidavit, and

am satisfied that the facts therein stated are true, and I know she is the individual she represents

herself to be, and that she has continuously resided in this State since the

day of 18Given under my official signature and seal, this the 11 day of Jan, 1907.

Official Seal

John A. WrenOrdinary of Cobb County.

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1907.

STATE OF GEORGIA. } In person came before me the undersigned
COUNTY OF COBB. } Ordinary in and for the County of Cobb and
State of Georgia, W. R. MONTGOMERY, Clerk of the Superior Court of said
County, and known to said attesting officer as a truthful, reliable and
reputable citizen, who says under oath that, from his own personal
knowledge, Mrs. N. J. Latimer, now a resident of the County of Cobb and
State of Georgia, is the widow of James R. Latimer, deceased, who was a
soldier in Company "C" of Phillips Legion of Georgia Volunteers. That
said soldier enlisted in the service of the Confederate States on or
about the 11th day of June, ⁽¹⁸⁶¹⁾ 1861, and that while in the service in the
said Army he contracted lung trouble and chronic diarrhoea for which
he was honorably discharged from the service in December, 1863, and
from which lung trouble and chronic diarrhoea he died in May, 1872.

Deponent further swears that he knew said James R. Latimer before
he went into the army, and that he was a stout, able-bodied and sound
man prior to that time, but that after his service in the Army he was
a total physical wreck, and was never well until the day he died.

Deponent further swears that Mrs. N. J. Latimer was born in the
State of Georgia, and has resided therein all of her life; that her
home is in Georgia now, and that she became the wife of James R. Latimer
before the beginning of the War, about July 1860, and so remained until
his death, and that she has not again married, and that he has no inter-
est in the pension asked for.

Deponent says that he knew said Latimer during the War and served
in the same army with him, and was well acquainted with him, and had
ample opportunity for knowing the facts testified about.

Sworn to and subscribed
before me this the 13th day of
September, 1897.

J. M. Stone
Ordinary of Cobb County, Ga.

State of Georgia, County of Cobb.

I, J. M. Stone, Ordinary in and for the
County of Cobb, State aforesaid, do hereby certify that I am acquainted
with G. W. York, the Justice of the Peace who administered the oath to
A. O. Tolleson in the above stated case, and I know that he is the
Justice of the Peace as represented, and that all his acts are entitled
to full faith and credit. I also certify that I am acquainted with
A. O. Tolleson, and know him to be truthful and reliable. I also certify
that the reason he did not come to the Ordinary's office to be sworn
in is because he is physically unable to do so.

J. M. Stone
Ordinary Cobb County, Ga.

STATE OF GEORGIA.
COUNTY OF COBB.

In person came before me, the undersigned
Ordinary in and for said County, witness N.H.

Benson, known to said attesting officer as a truthful, reliable and reputable citizen, who says under oath, that from his own personal knowledge, Mrs. N.J. Latimer, now a resident of the County of Cobb, State of Georgia, is the widow of James R. Latimer, who was a soldier in Company "C" of Phillips Legion of Georgia Volunteers. That said soldier enlisted in the service of the Confederate States on or about the 11th day of June, 1861. That by reason of his said service in the army he contracted lung trouble and chronic diarrhoea for which he was honorably discharged from service in December, 1863, and from which said troubles he died in May, 1872.

Deponent further says that he knew James R. Latimer for a long time before he went into the Army, and that he was a well, stout, able-bodied and sound man up to the time of his enlistment. But that he was a Courier for Gen. F.M.S. Young, and his duties as such were so that he was exposed more than an ordinary soldier, and after a service of about two and one-half years in the Confederate Army he came out a total physical wreck, and was never well a day from his discharge as aforesaid until the time of his death, and that his death was a direct result of his service in the Army.

Deponent further says that his opportunity for knowing the facts stated herein were good; that he served with the said Latimer, eat and slept with him, and brought him home when he was honorably discharged on account of the diseases contracted during his service as aforesaid. Deponent says that James R. Latimer, before he went into the army, was one of the strongest men in the Country, and was always well, and that his diseases were contracted while in the War.

Deponent says that Mrs. N.J. Latimer is a resident of the State of Georgia, and has been for the whole of her life, and that she is about 60 years old, and is a resident of Cobb County, Georgia, and that Cobb County, Georgia, was her home on the 23rd Day of Dec., 1890, and that she was the wife of James R. Latimer at and before the beginning of the War between the States, and has not again remarried, and that Deponent has no interest in the pension asked for.

Sworn to and subscribed before me,
this 2nd day of Oct., 1897.

Wm. Stone
Ordinary of Cobb County, Ga.

S. H. Benson

STATE OF GEORGIA. } In person appeared before me, the undersigned
COUNTY OF CHEROKEE. } Ordinary in and for said County of Cherokee, Dr.
W.H. Dean, a physician known to said Attesting Officer as a truthful, reliable and reputable citizen, and also as a physician of good standing and of long experience, who on oath says that, from his own personal knowledge, Mrs. N.J. Latimer, now a resident of Cobb County, Georgia, is the widow of James R. Latimer, who was a soldier in the Confederate Army.

Deponent further says that he was acquainted with said James R. Latimer before he went into the war, and that he was a stout, able-bodied, and sound man; that after a service of some two years and a half in the Army he came home a complete physical wreck, and was never well from that time until the day he died; deponent further says that in his opinion as a physician said James R. Latimer died from the diseases contracted in the Army of the Confederate States.

Deponent further says that Mrs. N.J. Latimer is the widow of said J.R. Latimer, and has never re-married since the war, and that she was his wife at the beginning of the War, and that he has no interest in the pension asked for.

Sworn to and subscribed
before me this 2nd day of Oct., 1897.

W. H. Dean M.D.
Ordinary of Cherokee County, Ga.

STATE OF GEORGIA.
CHEROKEE COUNTY.

I, A.C. CUNN, Ordinary in and for said County of Cherokee, Georgia, do hereby certify that I am acquainted with Dr. W.H. Dean, a witness for Mrs. N.J. Latimer in her application for pension, and that he is a truthful, reliable witness, and entitled to full faith and credit.

In witness whereof, I have hereunto set my hand and affixed the seal of my office, this 2nd day of Oct., 1897.

A. C. Cunn
Ordinary, Cherokee

State of Georgia, County of Cobb.

In person appeared before me the undersigned Ordinary in and for said County of Cobb, William Phillips, known to said attending officer as a truthful, reliable citizen, who on oath says that he was Colonel of "Phillips Legion" of the Confederate States troops, and that said command was mustered into the service at Big Shanty in said County in the Spring of 1861; that James R. Latimer enlisted and was mustered into service by deponent, as he remembers, in the cavalry company commanded by Capt. Puckett from Cherokee County, and that said company was attached to the battalion of cavalry composing said Legion; that said Latimer was first connected with the Confederate States Army in Western Virginia under Gen. Lee, but under the immediate command of Gen. J. B. Floyd, and said Latimer was regarded as one of the best and truest soldiers in said cavalry company; that during the campaign under Gen. Lee and Floyd in Western Virginia, said Latimer frequently acted as a scout and a courier, sometimes under conditions requiring great personal exposure to weather and to danger to life, trying alike to the courage and life of the stoutest.

Deponent further says that the following statement of facts came within his own knowledge, to-wit: When the Army was near Blue Sulphur Springs in Western Virginia in the fall of 1861, that deponent as commander of Phillips Legion received a communication from Gen. Floyd, earnestly requesting that he send an order and message that night, on a exceedingly inclement night, to a detachment of his command some forty miles distant, to notify them of the approach of a detachment of Rosecrans' army then moving on Fayette Court House, burning, ravaging, and destroying the country; that Gen. Floyd was exceedingly urgent in having this message delivered before morning, so that the enemy might be held in check, and the lives and property of the citizens protected until he could re-inforce them. Not one of the command knew anything of the country through which the courier would have to pass, more than a general idea of the topography, and it was known that the country to

(2)
be traversed was occupied by the enemy, and that the enemy were on the alert and knew of the approach of Floyd's army; that to ~~be~~ reach them with the order and message, it would be necessary to leave the main traveled roads, and reach the destination by and through a certain mountain pass. The New river was swollen, and the rains still falling, the night was very dark, and for these reasons it was exceedingly difficult to get any one to undertake to carry the order with any hope of success----it seemed almost an impossible undertaking for a stranger surrounded with so many difficulties. J. R. Latimer was near enough to hear the matter discussed and to know what was wanted, the difficulties in the way and the importance of the delivery of the message that night; unsolicited, he spoke up and said: "I will try: I know that my horse will carry me, and I will take the chances of finding the way and of all the danger". Without a moment's hesitation, he was given the communication, mounted and left. He succeeded in getting through that night and delivering the message, but was only saved from being captured by the boldness of a dash through a portion of the enemy's lines.

When the legion re-inforced these troops, Latimer was with them, and, on being congratulated upon his courage and patriotism, replied: "I have only discharged the duties of a soldier----myself the only sufferer, for I am suffering physically from the effects of that terrible night". Deponent says that in his judgment that was the beginning of his sickness ending in his death. Deponent further says that he was acquainted with J. R. Latimer, and knows his wife, Mrs. N. J. Latimer---that he knew them both prior to the War, and that he knows of his own knowledge that they were married prior to the War, and that Mrs. N. J. Latimer has not remarried, and that she has lived in Cobb County all her life, both prior to and since Dec., 23rd, 1890, and that he has no interest in the pension asked for.

Sworn to and subscribed
before me this Nov. 19th, 1897.

Wm. Phillips
J. M. Stone
Ordinary of Cobb County, Ga.

until he could re-inforce them. Not one of the command knew anything of the country through which the courier would have to pass, more than a general idea of the topography, and it was known that the country to

Sworn to and subscribed

before me this Nov. 19th, 1997.

John Stone
Ordinary of Cobb County, Ga.

Atlanta, Ga. Sept. 1, 1937.
405 State Capitol.

Robert E. Lawhorn enlisted
as a private in Co. F, 25d
Regt. Ga. Infantry Aug. 31,
1861... Lost leg, Morris Is-
land, S. C., Aug. 30, 1865.
Captured, Richmond, Va. hos-
pital Apr. 3, 1865. Paroled,
Richmond, Va. May 18, 1865.

Widow's Application

Under Act of 1910 As Amended by Act of
1919, and Constitutional Amendments
of 1920 and 1937.

County Cobb
Name Mrs. Mary D. Lawhorn
Widow of R. E. Lawhorn
Date of Marriage Nov. 4 1884
Date of Husband's Death June 13 1909
Company F
Regiment 23rd Ga.
Approved DEC 1 1937 193
H. M. Gillen
Director.

*Director of Insurance
Records & Statistics*

Ordinary's Certificate

STATE OF GEORGIA.

Cobb

COUNTY

I,

W. E. Laffoon

that I know

W. E. Laffoon

she is the person she represents herself to be, and that she has been, continuously, a bona fide resident
citizen of said State since January 1st, 1920 that I also know

the witnesses who swear to the service of husband and/or the marriage that both of them are now residents
of said County and were duly sworn by me before signing the foregoing affidavits, and that they are
truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 28th day of Sept, 1937.

SEAL OF ORDINARY

of

Cobb

County.

INSTRUCTIONS

1. Before any application for a certificate is made, the ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you are the person named in the foregoing affidavit and that the evidence you shall give will be the whole truth. No help you seek."
2. Additional affidavits may be taken at any time, place and before any person authorized to take affidavits.
3. All affidavits must be made before the ordinary of the County in which the applicant or witness resides and must be sworn to by the ordinary.
4. Affidavits must be made before the ordinary of the County in which the applicant or witness resides and must be sworn to by the ordinary.
5. Affidavits must be made before the ordinary of the County in which the applicant or witness resides and must be sworn to by the ordinary.
6. Affidavits must be made before the ordinary of the County in which the applicant or witness resides and must be sworn to by the ordinary.
7. Affidavits must be made before the ordinary of the County in which the applicant or witness resides and must be sworn to by the ordinary.
8. Do not take an application from any witness who is already receiving a pension.

Atlanta, Ga., Sept. 1, 1937.
403 State Capitol.

Robert E. Lawhorn enlisted
as a private in Co. F, 23d
Regt. Cal. Infantry Aug. 31,
1861... 1st Regt. Morris Is-
land, S. C., Aug. 30, 1863.
Captured, Richmond, Va. hos-
pital Apr. 3, 1865. Paroled,
Richmond, Va. May 18, 1865.

Widow's Application

Under Act of 1910 As Amended by Act of
1919, and Constitutional Amendments
of 1920 and 1937.

County Cobb
Name Mrs. Mary D. Lawhorn
Widow of R. E. Lawhorn
Date of Marriage Nov. 4 1884
Date of Husband's Death June 13 1909
Company F 23rd Regt
Regiment 23rd Regt
Approved G. Mear Director
193

Ordinary's Certificate

STATE OF GEORGIA.

Cobb

COUNTY

I, J. C. Cullum, Ordinary of said County, do certify
that I know Mrs. Mary D. Lawhorn the applicant for pension: that
she is the person she represents herself to be, and that she has been, continuously, a bona fide resident
citizen of said State since January 1st, 1920, that I also know Virginia Clara Morris
the witness who swears to the service of husband and/or the marriage; that both of them are now residents
of said County and were duly sworn by me before signing the foregoing affidavits, and that they are
truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 28 day of July 1937.
(SEAL OF ORDINARY) J. C. Cullum Ordinary.
of Cobb County.

INSTRUCTIONS

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

(Under Act of 1910, as Amended by Act of 1919, and Constitutional
Amendments of 1920 and 1937.)

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA.

Cobb COUNTY.

Personally appears before me Mrs. Mary D. Lawhorn of said State and County
and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the
Constitutional Amendments of 1920 and 1937, and submits testimony to support the same, and, after
being duly sworn, true answers to make to the questions propounded, answers as follow, to wit:

SECTION I

1. What is your name, and where do you reside? (Give Post Office and County)
Mrs. Mary D. Lawhorn, Marietta, Cobb Co., Ga.
2. How long and since when have you been, continuously, a bona fide resident citizen of the State
of Georgia? All my life.
Give date, or year, of your birth Nov. 21st 1856 Age? 82
3. (1) When, (2) where and (3) to whom were you married?
(1) Nov. 4th 1884 (2) Marietta Ga. (3) R. E. Lawhorn
- a. Have you married since the death of first and soldier husband? No
- b. When and where did your first husband die? June 13-1909, Marietta Ga.
- c. Were you residing together when he died? Yes
- d. If not, how long had you resided apart?
- e. Are you now a widow? Yes
- f. Have you or your husband heretofore been paid a pension by the State? Yes, husband
- g. If so, when and for what cause were you or your husband placed on the roll? Confederate Veteran.

SECTION II

Answer the following questions if your husband was not a pensioner:

1. When, where and in what Company and Regiment did your husband enlist as a soldier in
Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infan-
try, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.

2. When and where did the Commands of your husband surrender or discharge from the Service?
3. Was your husband personally present with his Command when it was surrendered or discharged?
4. If he was not present, state specifically and clearly where he was?
5. When did he leave the Command?
- a. For what cause did he leave?
- b. By whose authority did he leave?
- c. For how long was his leave of absence granted? d. In what way?
- e. What was his physical condition when he left his Command?
- f. What effort did he make to return to his Command?
- g. In what way was he prevented from going back to his Command?
- h. Was he captured by the enemy at any time?
- i. If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the

28th day of July 1937
J. C. Cullum Ordinary
of Cobb County.
(SEAL OF ORDINARY)

Mary D. Lawhorn
Applicant.

An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,
County of

Before me, the Ordinary of said County, comes Mrs. who, after being duly sworn, deposes and says

1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers;
2. That her deceased husband was not a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension;
3. That she is unable to obtain from any person or source evidence as to the Confederate military service of her deceased soldier husband;
4. That this affidavit is being made to authorize the use, as evidence, of any official record of said Confederate military service as may be preserved either at the Capitol in Atlanta, or in the office of the Adjutant General, Washington, D. C.

Sworn to and subscribed before me, this the
day of , 193
Ordinary,
County,

Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA,

COUNTY.

Virginia Gibbs Morris of said State and County is hereby presented as a witness in support of the application of *Mrs. Mary W. Lashon* for the pension provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, in said State, who, after being sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name, and where do you reside? (Give Post Office and County)
Virginia Gibbs Morris
2. How long and since when have you known *Mrs. Mary W. Lashon* applicant
3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State? *Marionetta, Cobb Co., Ga. All her life.*
4. When and to whom was she married? *Nov. 9, 1899* How do you know? *They lived together*
5. How long and since when did you know *B. E. Lashon* her husband? *about fifteen years prior to his death.*
6. When and where did *B. E. Lashon* the husband of applicant, die? *June 13th - 1909 - Marionetta, Cobb Co., Ga.*
7. Were the applicant and her husband living together as husband and wife at the date of his death?
Yes
8. If not, how long did they live apart before his death?
No
9. Were they divorced? *No*
10. If the husband of the applicant was a pensioner, DO NOT answer the following questions.
11. When, where and in what Company and regiment did enlist? (Give date and place)
12. How did you obtain your information of this service?
13. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.)
14. When and where was his Command surrendered or discharged? (Give date and place.)
15. Were you personally present with this Command when it was surrendered? If not, where were you and how came you there?
16. Was the husband of applicant personally present with his Command at its surrender? If not where was he? and how came him there?
17. When, where and for what cause did he leave his Command? (Give date.) By whose authority did he leave his Command? and how long was he granted leave? How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically.)
18. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?
19. What effort did he make to return to his Command and how do you know this?
20. Was he captured as a prisoner? If so, when and where? and when released?
21. Sworn to and subscribed before me, this the *27th* day of *July*, 193
W. J. Fitzgerald Ordinary
of *Cobb* County.

(SEAL OF ORDINARY)

Virginia Gibbs Morris
(Witness)

MARRIAGE LICENSE

State of Georgia--Fulton County

To any Minister of the Gospel, Judge of Superior Court, Justice of the Peace, or other Person authorized to Solemnize.

You are hereby authorized and permitted to join in the honorable state of Matrimony MR. ROBERT E. LAWHORN and MISS MARY DICKSON

According to the Rites of your Church, Provided there be no lawful cause to obstruct the same, according to the Constitution and Laws of this State; and for so doing this shall be your sufficient License.

RETURN THIS LICENSE, WITH YOUR CERTIFICATE THEREON TO MY OFFICE FOR RECORD

Given under my Hand and Seal this 4 day of NOV. 1884 PM

W. L. VALHOUN, L. S.
Ordinary

I hereby certify that

MR. ROBERT E. LAWHORN

and

MISS MARY DICKSON

were joined together in the HOLY BANS OF MATRIMONY

on the 4 day of NOV 1884 by me.

W. J. SCOTT, M.C.

State of Georgia,

Fulton County.

S. B.

ORDINARY'S OFFICE

ATLANTA, GA. June 21, 19 37.

I, A. S. Batterton Clerk Court of Ordinary of said County, hereby certify that the foregoing is a true copy of the Marriage License and Certificate of Marriage of

MR. ROBERT E. LAWHORN

and MISS MARY DICKSON

as the same appears of record in this office.

Given under my official Signature and Seal of the Court of Ordinary, the day and year aforesaid.

A. S. Batterton
Clerk, Court of Ordinary.



STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

Honorable James J. Daniel, Ordinary,
Cobb County,
Marietta, Georgia.

WHEREAS:

MRS. MARY D. LAWHON, WIDOW OF R. E. LAWHON,

has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married to said soldier prior to January 1st, 1920, and that she was not remarried; it is, therefore,

ORDERED:

That said applicant be admitted to the pension roll of the State of Georgia for the month of January, 1938, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of December 19 37.

E. J. Gillen
Director, Confederate Division
State Department of Public
Welfare



Given under my official Signature and Seal of the Court of Ordinary, the
day and year aforesaid.

[Handwritten Signature]

Clerk, Court of Ordinary.

Court of Ordinary

FULTON COUNTY
STATE OF GEORGIA

CERTIFIED COPY OF
MARRIAGE LICENSE
AND
CERTIFICATE OF MARRIAGE
OF

MR. ROBERT E. LAWHORN
AND

MISS MARY DICKSON

Recorded in Book E Page 720

THOS. H. JEFFRIES,

Ordinary.

Lamborn, R.E.
15th Co

1723

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1884

Cause as per 1st Cert
Right leg of right leg
Applicant, R.E. Lamborn
Cause, 1st 1/2

Amount 100

Date of Warrant March 24th

Entered on record
March 28 1887

W. H. H.
SECRETARY EXECUTIVE DEPARTMENT

R. E. Lamborn

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

ORDINARY

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

SECRETARY EXECUTIVE DEPARTMENT.

STATE OF GEORGIA,

Cobb

County *1*

I, *John H. Stone* Ordinary of said county, do certify that I am well acquainted with *R. E. Nathan* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit

are persons of respectability, and that their statements are worthy of full credit and belief.

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

Given under my official signature and seal, this *14th* day of *April* 188*9*

John H. Stone
Ordinary of *Cobb* County.

POWER OF ATTORNEY

STATE OF GEORGIA,

Cobb

County *1*

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

In witness whereof I have hereunto set my hand and seal, this *14th* day of *April* 188*9*

Executed in the presence of us

John H. Stone
Ordinary

DIRECTION:

Send money to me as follows, by *Check* registered to *John H. Stone* P.O. *Cobb* County, Georgia, *R. E. Nathan*

NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."
5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer and the proofs must show that the amendments have been duly sworn to.
7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

Geo. W. Harrison State Printer - Jackson, Mo.

STATE OF GEORGIA.

10067
County, *W. H. Harrison* Ordinary of said county,
do certify that I am well acquainted with *R. B. Lawson* the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the
individual he represents himself to be, and that he resides in this county.

Given under my official signature and seal, this *27th* day of *July* 189*2*

Ordinary *W. H. Harrison* County, *W. H. Harrison*

No. 20

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING ON FEBRUARY 28, 1892

Name *R. B. Lawson*
County *W. H. Harrison*
Disability *Loss of leg, etc.*
Amount \$ *100.00*
Entered on record *March 1* 1892.

W. H. HARRISON.

Ordinary of said county.

AGENT.

J. H. Ketchum

Jas. W. Harrison, Agent Pension, Atlanta, Ga.

POWER OF ATTORNEY.

STATE OF GEORGIA.

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

IN WITNESS WHEREOF I have hereunto set my hand and seal, this
27th day of *March* 1893.

Executed in the presence of us:

W. H. Harrison

DIRECTION.

Send money to me as follows, by

VIA OF GEORGIA to

County, Georgia.

P. O.

Robert
W. H. Harrison

1893.

Application for Allowance

No. 601

For the Year Ending February 28, 1892.

Loss of leg, etc.
Applicant *R. B. Lawson*
County *W. H. Harrison*
Amount *100.00*

Date of Warrant *3rd*
Entered on record *March 1*

1893.
W. H. Harrison
Ordinary of said county.

WARRANT RETURNED TO
J. H. Ketchum
Agent Pension, Atlanta, Ga.

FOR THE YEAR ENDING ON FEBRUARY 28, 1892.

STATE OF GEORGIA.

Sworn to and subscribed before me this 1st day of July 1892
Wm. H. Stone
 Ordinary.

STATE OF GEORGIA

day of Saturday 1892 at St. Louis, Mo. [L.S.]

Executed in the presence of us,

Send money to me as follows, by

10

P. O.

County, Georgia

STATE OF GEORGIA,

Sworn to and subscribed before me, this, the }
24 day of May 1893. } *R. L. Lawton*

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

STATE OF GEORGIA.

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

Given under my official signature and seal, this 24 day of March 1893

Ordinary

County

STATE OF GEORGIA

POWER OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

my true and lawful attorney in fact, for

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

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

day of 1894

1894

Executed in the presence of us

DIRECTIONS

Send money to me as follows, by

to

County, Georgia.

P. O.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I,

County, State of Georgia, do hereby appoint

of

my true and lawful attorney in fact, for

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

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

day of

1895.

Executed in presence of us

DIRECTIONS.

Send money to me as follows, by

to

County, Georgia.

P. O.

(For Those Already Enrolled.)

Soldier's Pension.

1894.

Name R. E. Harrison

County

Disability

Amount \$

1894

W. H. HARRISON.

Secretary Executive Department.

WARRANT HANDLED TO

U. S. W. Harrison, State Printer, Atlanta

(For Those Already Enrolled.)

SOLDIER'S PENSION.

1895.

Name R. E. Harrison

County

Disability

Amount \$

1895.

RICHARD JOHNSON.

Secretary Executive Department.

WARRANT HANDLED TO

U. S. W. Harrison, State Printer, Atlanta

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Personally appears *John Stone* of

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *1863*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *1st* of *24th* Regiment of *Volunteers* (or *Infantry*) *1st* Brigade; that whilst engaged in such military service at the battle of *Gettysburg* in the State of *Pennsylvania* on the *30th* day of *July* 1863, he was wounded as follows: *shot in the right arm near the joint*

the ball went in almost true and below the joint, leaving him in a bad condition, unable to walk a step in three weeks except on crutches, and he has been entirely useless but decidedly improved since.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of *one hundred and fifty* dollars, for the year 1893.

Sworn to and subscribed before me, this, the

20th day of *March* 1894.

NOTE.—State fully the nature of a 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.

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

Given under my official signature and seal, this

day of *March* 1894.

Ordinary *John Stone* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Personally appears *John Stone* of

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *1863*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Lieutenant* in Company *1st* of *24th* Regiment of *Volunteers*, *Calhoun's* Brigade; that whilst engaged in such military service at the battle of *Gettysburg* in the State of *Pennsylvania* on the *30th* day of *July* 1863, he was wounded as follows:

shot in the right arm near the joint, the ball went in almost true and below the joint, leaving him in a bad condition, unable to walk a step in three weeks except on crutches, and he has been entirely useless but decidedly improved since.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of *150* dollars, for the year 1894.

Sworn to and subscribed before me, this, the

22nd day of *March* 1895.

NOTE.—State fully the nature of a 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,

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

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

Ordinary *John Stone* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Appling County.

I, *R. E. Landon* hereby authorize *My Son*
of *Winnetta Ga*

to receive and receipt for the pension paid hereon and request that he remit same to
me by *him*

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *14th*

day of *Dec* 1896.

R. E. Landon [L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

Appling County.

I, *R. E. Landon* hereby authorize *My Son*
of *Winnetta Ga*

to receive and receipt for the pension paid hereon and request that he remit same to
me by *him*

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

day of *Dec* 1897.

R. E. Landon [L. S.]

Executed in presence of

My Son

Landon R. E.

Appling Co

(For Those Already Enrolled.)

No. *3202*

SOLDIER'S PENSION.

1896.

Name *R. E. Landon*
County *Appling*
Disability *Both Legs*
Amount, \$ *150.*
3/20

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

itt

State of Georgia, Secretary of Finance

Ms data

Landon R. E.

Appling County

(For Those Already Enrolled.)

No. *2448*

INVALID

SOLDIER'S PENSION.

1897.

Name *R. E. Landon*
County *Appling*
Disability *Loss of leg & arm*
Amount, \$ *150.*
2/20

1897.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

itt

State of Georgia, Secretary of Finance

Ms data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *R. E. Lawton* of *Cobb* 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 *1848* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *9*, of *23d* Regiment of *Volunteers*, *Alquinta's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *30* day of *August* 1861 he was wounded, injured or diseased as follows:

By explosion of shell cutting off left leg and throwing up the right leg.

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, 1890. I have heretofore as a resident of *Cobb* county been allowed a pension of *\$150.* dollars, for the year 1890.

Sworn to and subscribed before me, this, *14* day of *March* 1890. *R. E. Lawton*

M. Starn

STATE OF GEORGIA,

Cobb County.

I, *M. Starn* Ordinary of said County, do certify that I am well acquainted with *R. E. Lawton* 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 *14* day of *March* 1890.



Ordinary.

M. Starn
Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *R. E. Lawton* of *Cobb* 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 *1848*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *9*, of *23d* Regiment of *Volunteers*, *Alquinta's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *30* day of *August* 1861, he was wounded, injured or diseased as follows:

Wounded by fragment of shell which tore away the left leg below the knee and so severely wounding the right leg that it is useless & I am now and have been for many years only able to walk on a wooden leg & crutches.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of *Cobb* county been allowed an invalid pension of *one hundred fifty* Dollars, for the year 1896.

Sworn to and subscribed before me, this, *14* day of *March* 1897. *R. E. Lawton*

M. Starn

STATE OF GEORGIA,

Cobb County.

I, *M. Starn* Ordinary of said County, do certify that I am well acquainted with *R. E. Lawton* 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 *14* day of *March* 1897.



Ordinary.

M. Starn
Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *R. E. Lawhon* hereby authorize *J. M. Stone* of *Marietta Ga.* to receive and receipt for the pension paid hereon and request that he remit same to *me* on *1st* *Mar* *1899*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *1st* day of *March* 1899.

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *R. E. Lawhon* hereby authorize *J. M. Stone* of *Marietta Ga* to receive and receipt for the pension paid hereon and request that he remit same to *me* by *him*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *1st* day of *Feb* 1899.

Executed in presence of

(For Those Already Enrolled.)

No. *3231*

INVALID
SOLDIER'S PENSION.

1898.

Name *R. E. Lawhon*
County *Cobb*
Disability *Loss of leg & arm*
Amount, \$ *150.*

3/4 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

GRANT HANDLED TO
J. M. Stone

U. S. DEPARTMENT OF WAR, ATLANTA

(For Those Already Enrolled.)

No. *2393*

INVALID
SOLDIER'S PENSION.

1899.

Name *R. E. Lawhon*
County *Cobb*
Disability *Leg & Low leg*
Amount, \$ *150.*

2/16 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

GRANT HANDLED TO
J. M. Stone

U. S. DEPARTMENT OF WAR, ATLANTA

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *R. E. Lawhorn* of *Cobb* 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 *1st* day of *January* 1845; that he enlisted in the military service of the Confederate States *for the State of Georgia* during the war between the States, and served as a *private* in Company *E*, of *23rd* Regiment of *Georgia* Volunteers, *Colquitt's* Brigade; that whilst engaged in such military service in the State of *South Carolina*, on the *30th* day of *August* 1863, he was wounded, injured or diseased as follows:

Had left leg torn off below the knee, and the right leg so severely mangled that it was saved with much difficulty, and for the past seven years has been essentially useless forcing him to walk only on a wooden leg and crutches

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 *Cobb* county been allowed an invalid pension of *one hundred and fifty* Dollars, for the year 1897.

Sworn to and subscribed before me, this, the *1st* day of *March* 1898,

POST-OFFICE

J. W. Stone Ordinary of said County, Cobb County, Ga.

STATE OF GEORGIA,

Cobb County.

I, *J. W. Stone* Ordinary of said County, do certify that I am well acquainted with *R. E. Lawhorn* 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 *7th* day of *March* 1898.

J. W. Stone Ordinary, Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *R. E. Lawhorn* of *Cobb* 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 *1st* day of *January* 1845; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Lieut.* in Company *A*, of *23rd* Regiment of *Georgia* Volunteers, *Colquitt's* Brigade; that whilst engaged in such military service in the State of *South Carolina*, on the *30th* day of *August* 1863, he was wounded, injured or diseased as follows:

By explosion of shell on account of which left leg was amputated below the knee also having lost part of the right leg rendering the said right leg useless.

Deponent 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 *Cobb* County been allowed an invalid pension of *\$150.* Dollars, for the year 1898.

Sworn to and subscribed before me, this, the *15th* day of *July* 1898,

POST-OFFICE

J. W. Stone Ordinary of said County, Cobb County, Ga.

STATE OF GEORGIA,

Cobb County.

I, *J. W. Stone* Ordinary of said County, do certify that I am well acquainted with *R. E. Lawhorn* 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 *15th* day of *July* 1898.

J. W. Stone Ordinary, Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, R. E. Lawhon hereby authorize J. M. Stow
of Marietta, Ga.

to receive and receipt for the pension paid hereon and request that he remit same to
me by him
at Marietta, Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 27th
day of February 1900.

Executed in presence of

A. J. Hamby

R. E. Lawhon [L. S.]

Lawhon, R. E.

Cobb Co.

CODE SECTION 150

(For Those Already Enrolled.)

No. 1289

INVALID

SOLDIER'S PENSION.

1900.

Name R. E. Lawhon
County Cobb
Disability Legs
Amount, \$ 150.00
Warrant issued Mar 7 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Stow

Geo. W. Harrison, State Printer, Atlanta.

No date

Leghony, R. E.
Cobb Co.

CODE SECTION 150

(For Those Already Enrolled.)

No. 158

DISABLED

SOLDIER'S PENSION.

1901.

Name R. E. Lawhon
County Cobb
Disability Legs
Amount, \$ 150

Jan. 15- 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Stow

Geo. W. Harrison, State Printer, Atlanta.

No date

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County.

I, R. E. Lawhon hereby authorize John Dotsey
of Marietta

to receive and receipt for the pension paid hereon and request that he remit same to
me by him
at Marietta

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 4th
day of January 1901.

R. E. Lawhon [L. S.]

Executed in presence of

M. M. Gamm

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *R. E. Lawhon* of *Cobb* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State and County, and has resided therein continuously ever since the *1st* day of *January* 1845; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Lieutenant* in Company *F*, of *23rd* Regiment of *Georgia* Volunteers, *Colquitt's* Brigade; that whilst engaged in such military service in the State of *S. C.*, on the *30th* day of *August* 1863, he was wounded, injured or diseased as follows:

By explosion of shell on account of which left leg was amputated below the knee also tearing and fracturing the right leg rendering the said right leg useless

Deponent makes application for the pension to which he is entitled for the year ending October 29th, 1900. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of *\$150.* Dollars, for the year 1899.

Sworn to and subscribed before me, this *27th* day of *February* 1900. *R. E. Lawhon*

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

STATE OF GEORGIA,

Cobb County.

I, *J. W. Stone* Ordinary of said County, do certify that I am well acquainted with *R. E. Lawhon* 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 *27th* day of *February* 1900.

Ordinary *J. W. Stone* *Cobb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *R. E. Lawhon* of *Cobb* 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 *1st* day of *January* 1845; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Lieutenant* in Company *F*, of *23rd* Regiment of *Sa.* Volunteers, *Colquitt's* Brigade; that whilst engaged in such military service in the State of *S. C.*, on the *30th* day of *August* 1863, he was wounded, injured or diseased as follows:

By explosion of shell on account of which left leg was amputated below the knee also tearing and fracturing the right leg rendering the said right leg useless

Deponent makes application for the pension to which he is entitled for year ending October 29th, 1901. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of *\$150.00* Dollars, for the year 1900.

Sworn to and subscribed before me, this *4th* day of *January* 1901. *R. E. Lawhon*

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

STATE OF GEORGIA,

Cobb County.

I, *John M. Wooten* Ordinary of said County, do certify that I am well acquainted with *R. E. Lawhon* 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 *4th* day of *January* 1901.

Ordinary *John M. Wooten* *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colts County.

I, *E. E. Lawhon* hereby authorize

John Lindsey 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 *Jan* 1902.

E. E. Lawhon

[L. S.]

Executed in presence of

J. M. Gunn

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colts County.

I, *E. E. Lawhon* hereby authorize

John Lindsey of

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

by

at *Home*

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

day of *Jan* 1903.

E. E. Lawhon

[L. S.]

Executed in presence of

J. M. Gunn

COPIES SECTION 156.
(FOR THOSE ALREADY ENROLLED.)

No. 328

DISABLED

SOLDIER'S PENSION

1902.

Name *E. E. Lawhon*

County *Colts*

Co. *7*

Regiment *23d*

Disability

Amount, \$ *150*

1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Andy

Geo. W. Harrison, State Printer, Atlanta.

no data

COPIES SECTION 156.
(FOR THOSE ALREADY ENROLLED.)

No. 260

DISABLED

SOLDIER'S PENSION

1903.

Name *E. E. Lawhon*

County *Colts*

Co. *7*

Regiment *23*

Disability

Amount, \$ *150*

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Andy

Geo. W. Harrison, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *R E Lawhorn* of *Cobb* 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 *Jan* 18*45*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Lieut* in Company *F*, of *23*th Regiment of *Georgia* Volunteers, *Caldwell*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *30*th day of *August* 18*63*, he was wounded, injured or diseased as follows:

By explosion on account of which left leg was amputated below the knee also tearing and fracturing the right leg rendering the said right leg useless

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$ 50* Dollars, for the year 1901.

Sworn to and subscribed before me, this *10*th day of *January* 1902, at Post-office *Marion*

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

STATE OF GEORGIA,

Cobb County.

I, *John Anthony* Ordinary of said County, do certify that I am well acquainted with *R E Lawhorn* 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 *January* 1902.

Ordinary *John Anthony* County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *R E Lawhorn* of *Cobb* 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 *Jan* 18*45*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Lieut* in Company *F*, of *23*th Regiment of *Georgia* Volunteers, *Caldwell*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *30*th day of *August* 18*63*, he was wounded, injured or diseased as follows:

By explosion of shell on account of which left leg was amputated below the knee also tearing and fracturing the right leg rendering the said right leg useless

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$ 50* Dollars, for the year 1902.

Sworn to and subscribed before me, this *10*th day of *Jan* 1903, at Post-office *Marion*

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

STATE OF GEORGIA,

Cobb County.

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

Given under my official signature and seal, this day of *Jan* 1903.

Ordinary *John Anthony* County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Colt
I, *R. E. Lawhon* hereby authorize
John A. Harty of *Colt* County
to receive and receipt for the pension paid hereon, and request that he remit same to
by *hand*
at *his office*
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *18th*
day of *January* 1904.
R. E. Lawhon [L. S.]
Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA.

Colt COUNTY.
I, *R. E. Lawhon* hereby authorize
John A. Harty of *Marietta Ga*
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 *Jan 4th* 1905.
R. E. Lawhon [L. S.]
Executed in the presence of
John A. Harty

(FOR THOSE ALREADY ENROLLED.)

No. 328

DISABLED
SOLDIER'S PENSION
1904.

Name *R. E. Lawhon*
County *Colt*
Co. *F. 23rd* Regiment *1st Hb*
Disability *Left leg gone, right disabled*
Amount *\$157.28*
Jan 25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

JOHN W. LINDSEY, STATE PRINTER, ALABAMA.

no date

(FOR THOSE ALREADY ENROLLED.)

No. 336

DISABLED
SOLDIER'S PENSION
1905.

Name *R. E. Lawhon*
County *Colt*
Co. *F. 23rd* Regiment
Disability
Amount *\$157.28*
Jan 25 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

John A. Harty

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Chick County.

Personally appears, N. C. Lawhon of Chick

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 *Jan* 1860; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Sergeant* in Company *E*, of *23*th Regiment of *Georgia* Volunteers *DeKalb*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *30*th day of *August* 1863, he was wounded, injured or diseased as follows:

By explosion of shell on account of which left leg was amputated below the knee also hand and forefinger to right leg remaining the said right leg useless

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1904. I have heretofore, under said law, as a resident of *Chick* County, been allowed an invalid pension of *\$150* Dollars, for the year 1903.

Sworn to and subscribed before me, this *1st* day of *January* 1904.

N. C. Lawhon
Post-office

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

STATE OF GEORGIA,

Chick County.

I, *John P. Heston* Ordinary of said County, do certify that I am well acquainted with *N. C. Lawhon* 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 *1st* day of *January* 1904.

John P. Heston
Ordinary.

Chick County.

Note. Fill all blanks and of Company and Regiment.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Chick County.

Personally appears, *N. C. Lawhon* of *Chick*

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 *Jan* 1840; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Sergeant* in Company *H*, of *23*th Regiment of *Georgia* Volunteers *DeKalb*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *30*th day of *August* 1863, he was wounded, injured or diseased as follows:

By explosion of shell, left leg was amputated below knee, also hand and forefinger to right leg remaining the said right leg useless

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1905. I have heretofore, under said law, as a resident of *Chick* County, been allowed an invalid pension of *\$150* Dollars, for the year 1904.

Sworn to and subscribed before me, this *1st* day of *January* 1905.

N. C. Lawhon
Post-office

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

STATE OF GEORGIA,

Chick County.

I, *John P. Heston* Ordinary of said County, do certify that I am well acquainted with *N. C. Lawhon* 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 *4th* day of *January* 1905.

John P. Heston
Ordinary.

Chick County.

Note. Fill all blanks and of Company and Regiment.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY. }
 I, *W. E. Lawhon* hereby authorize
John Lindsey of *Marble*
 to receive and receipt for the pension paid hereon, and request that he remit same to
 by *himself*
 at *his office*
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *17*
 day of *Aug* 1906.

Executed in the presence of

W. E. Lawhon [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY. }
 I, *W. E. Lawhon* hereby authorize
John Lindsey 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 *Aug* 1907.

Executed in presence of

W. E. Lawhon [L. S.]

Code Section 1290.

FOR THOSE ALREADY ENROLLED.

No. *314*

DISABLED SOLDIER'S PENSION 1906.

Name *W. E. Lawhon*
 County *Cobb*
 Co. *F. 28* Regiment *94th*
 Disability
 Amount, \$

1906.

JOHN W. LINDSEY.

Commissioner of Pensions.

WARRANT HANDED TO

The Pension Office and Pensions Office, State of Georgia, 1906.

in date

Lawhon, B. E.

P. E. 11

Code Section 1290.
 (FOR THOSE ALREADY ENROLLED)

No. *231*

DISABLED SOLDIER'S PENSION 1907.

Name *W. E. Lawhon*
 County *Cobb*
 Co. *F. 28* Regiment
 Disability *By release*
 Amount, \$ *10.00*

1907.

JOHN W. LINDSEY.

Commissioner of Pensions.

WARRANT HANDED TO

The Pension Office and Pensions Office, State of Georgia, 1907.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears R. E. Lawton of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18 that he enlisted in the military service of the Confederate States, (or of the State of Georgia) during the war between the States, and served as a Private in Company 4, of 23rd Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of Georgia, on the 18 day of 1864 he was wounded, injured or diseased as follows:

Lost leg and total disability;

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 150⁰⁰ Dollars, for the year 1906.

Sworn to and subscribed before me, this the 1 day of January, 1907.

Post-Office John A. Dwyer

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

State of Georgia,

Cobb County.

I, John A. Dwyer, Ordinary of said County, do certify that I am well acquainted with R. E. Lawton 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 17

day of January, 1907.

Ordinary John A. Dwyer County.

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

Note.—All vouchers and affidavits must bear date after January 1st, 1907.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears R. E. Lawton of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18 that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company 4, of 23rd Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of Georgia, on the 18 day of 1864 he was wounded, injured or diseased as follows:

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Ordinary John A. Dwyer County.

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

Note.—All vouchers and affidavits must bear date after January 1st, 1907.

C. E. L.

Maimed Soldiers.

Voucher No. 1723

Amount \$ 150

Paid to R. E. Lannon

For Loss of left leg
& right leg disabled

March 30 1889

Included in Warrant No.
issued to Treasurer

1889

WARRANT CLERK

W. J. Campbell, State Printer, Constitution Job Office

R. E. Lannon

Gable

Maimed Soldiers.

Voucher No. 339

Amount \$ 150

Paid to R. E. Lannon

For Loss of left leg &
right leg disabled

July 6 1890

Included in Warrant No.
issued to Treasurer

18

WARRANT CLERK

W. J. Campbell, State Printer, Constitution Job Office

J. N. Lannon

Lannon, R. E.

1891.

Maimed Soldiers.

Voucher No. 1113

Amount \$ 150

Paid to R. E. Lannon

For Loss of left
leg & right leg

July 13 1891

Included in Warrant No.
issued to Treasurer

1891.

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta

J. N. Lannon

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT

No. 339

Atlanta, Ga. Dec 30 1889

Mr. *A. E. Lawhon* of the County
of *Cobb* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

Dec. 24, 1888, and the same having been allowed for *Loss of left leg
and right leg useless*
He is entitled to receive the sum of *One Hundred & Fifty* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889

The Treasurer will pay the same and hold his receipt on this voucher, and return same to
Executive Department for warrant



W. H. Harrison
GOVERNOR

By the Governor
W. H. Harrison

CLERK EXECUTIVE DEPARTMENT

1889

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred & Fifty & 00/100

Dollars

per above voucher, this *30th* of *March* 1889.

E. J. Branch

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT

No. 339

Atlanta, Ga. Feb. 6 1890

Mr. *R. E. Lawhon* of the County
of *Cobb* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

approved, Dec. 24, 1888, and the same having been examined and allowed for
Loss of left leg & Right leg disabled
He is entitled to receive the sum of *One Hundred & Fifty* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889

The Treasurer will pay the same and hold his receipt on this voucher, and return same
to Executive Department for warrant

W. H. Harrison
GOVERNOR

By the Governor,
W. H. Harrison

CLERK EXECUTIVE DEPARTMENT

\$ 150⁰⁰

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred & Fifty & 00/100

Dollars,

per above voucher, this *6* of *Feb.* 1890.

W. H. Harrison
for *R. E. Lawhon*

1891.
No. 1110

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. }

Atlanta, Ga. Feb. 18 1891.

Mr. *R. E. Lawhon* of the County
of *Cobb* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Acts
approved Dec. 24, 1888, and Nov. 11, 1889, and the same having been examined and allowed for
Loss of leg and dis. leg also
He is entitled to receive the sum of *One Hundred and Fifty* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

The Treasurer will pay the same and hold his receipt on this voucher and return same to
Executive Department for warrant.



K. J. Gordon
GOVERNOR.

By the Governor:

W. H. Harrison

SECY. EXECUTIVE DEPARTMENT

150

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

One Hundred and Fifty Dollars,

per above voucher, this *15* of *Feb* 1891.

R. E. Lawhon
by *J. H. Ketter* Attorney in fact

Lawrence, Eugene
OK for 1915

No.

Widow's Application

To Be Put on Roll in Her Own Right When
Husband Was on the Indigent Roll or
Put on Under Act of July 11, 1910.

County *Cobb*

Name *Lucinda Lawrence*

Widow of *Eugene Lawrence*

Company *None*

Approved

J. W. LINDSEY,
Commissioner of Pensions.

CHAR. P. BYRD, State Printer, Atlanta

11 1 1916

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Cobb County.

Personally before me comes Louinda Lawrence of said County who, after being duly sworn, on oath says, that she is the widow of Thomas Lawrence to whom in the County of Cobb State of GA she was married on the day of 1866 and that she remained his wife, and resided with him to the date of his death August 2 - 1916 and that she has not since his death remarried. At the time of his death he was a resident of Cobb County, in GA said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$60.00 in Cobb County for 1916 per annum, on account of being a soldier in Company South's Legion Regiment. (Volunteers of State Militia.)

At the death of Thomas Lawrence he was in the use and possession of the following property No property

What property of any kind and of any value have you in your use, control and possession now, and the cash value, (State fully and where situated.)

Acres land	\$
Horses and Mules	\$
Hogs, Cows, etc.	\$
Total Cash value of all property	\$

That she is now a bona fide resident citizen of said County of Cobb and she has so continuously resided since her day of 19

Sworn to and subscribed before me, this the 21 day of October 1916. } Louinda Lawrence mark

J. M. Hardage Ordinary, Cobb County.

Affidavit of Witnesses to Prove Marriage and to Whom--Date of Death of Husband.

STATE OF GEORGIA,

Cobb County.

Personally before me come J. M. Hardage known to be responsible and truthful persons, residing in Cobb County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. Louinda Lawrence who made the foregoing affidavit, is the lawful widow of Thomas Lawrence who died in Cobb County in said State of GA on 2 day of August 1916 and that she has not since remarried. That she became the wife of Thomas Lawrence on the 18 day of 1866 and that she and he had resided together as man and wife continuously since 1866 day of 18 and that the same man who was on the pension roll of said State. from Cobb County when he died.

Sworn to and subscribed before me, this the 21 day of October 1916. } J. M. Hardage
J. M. Hardage Ordinary, Cobb County.

Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910.

County

Cobb

Name

Louinda Lawrence

Widow of

Thomas Lawrence

Company

South's Legion

Approved

J. W. LINDSEY,
Commissioner of Prisons.

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Cobb County.

Personally before me comes J. M. Hardaway who after being sworn on oath says, that they are freeholders of said County, and that they know Rebecca Lawrence of said County and know her said husband John Lawrence at his death on the 2 day of April 1916, that she and he were in the use, possession and control of the following property at his death to wit: nothing

of the value of \$..... That she is now in the use, possession and control of the following property to wit:.....

of the value of \$.....

Sworn to and subscribed before me, this the

27 day of Oct 1916

J. M. Hardaway

J. M. Gamm Ordinary,

of Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

I, J. M. Gamm Ordinary of said County, do certify, that, I know Mrs. Rebecca Lawrence the applicant for this pension and that she is the person who represents herself to be, and that she is a bona fide continuing resident of said County and was on the first part 28 years

That I also know J. M. Hardaway witness as to marriage and I also know who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of Cobb County shows that tax returned property to the amount of \$0 for 1908 \$0 for 1909 \$0 for 1910 \$0 for 1911 \$0 for 1912 \$0 for 1913 \$0 for 1914 \$0 for 1915 \$0 for 1916

Sworn under my hand and official seal of office this 27 day of Oct 1916

(SEAL.)

J. M. Gamm Ordinary,

Cobb County.

- NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary.
4. Only widows who married prior to first January 1870, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by general reputation.