

Ex Sept
Atlanta Ga Feb 11/88

Has applicants wound
healed or is it still
an open sore?

Does he use crutch
or stick constantly?

Explain fully the
reasons for the con-
clusion that the
leg is substantially
healed

W. H. Harrison
(Check)

Riddling, Martin V.
Riddling, Martin V.
Cobb Co

No. 783
Application for Allowance

FOR

Leg Disabled

Applicant M. V. Riddling
County Cobb.

Amount 25

Date of Warrant Mch 6/88

Entered on Record,
Mch 6 1888.

W. H. Harrison
Secretary Executive Department.

The wound is still open
& never will heal.
Applicant uses a stick
or crutch at home.
The leg is substantially
useless by reason of the
wound in foot. The
bone of the foot was
broken, the heads of
leg were affected, the
leg swells up now and
then. On close examina-
tion we find that the
wound will never
heal, but that the
when the swelling
takes place that
the leg & foot are
essentially and sub-
stantially useless.
This swelling was caused
by reason of this wound.
Swerth and had subscribed
for me Mch 9, 1888.

E. J. Edge M.D.

W. M. Hammett
Drawing

Set this down in
some of the books
similar to those of the
the State of Georgia
see 202 (Mch 9) and
the State of Georgia
Mch 9

STATE OF GEORGIA,
Cobb County

PERSONALLY appears Martin V. Riddings 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 15th day of June 1843; 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 38th Regiment of Georgia Volunteers, 1st Florida Brigade; that whilst engaged in such military service, at the battle of Fredericksburg in the State of Virginia, on the 11th day of May, 1863, he was wounded as follows: He was shot through the foot, the bones of the foot broken all to pieces, many of them came out, the foot and the leg are rendered substantially and essentially useless by reason of the wound - dependent is rendered practically unable to perform manual labor, which wound permanently disables dependent

Dependent 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 the 31th day of July, 1888,
M. V. Riddings
John B. Stenard Ordway

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,
Cobb County.

PERSONALLY came before me John Baxter of the county of DeKalb State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company "D", of 38th Regiment of Georgia Volunteers, and that dependent knows Martin V. Riddings 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 Riddings, as stated by him in said affidavit. Dependent further states that said Riddings is a *bona fide* citizen of this State, and resides in Cobb county.

Sworn to and subscribed before me, this 31th day of January, 1888.
John B. Stenard John Baxter
Ordway

The foregoing affidavit, changed 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 citizens should be furnished.

Application for Allowance

No. 183
FOR
Leg Riddings

Applicant, M. V. Riddings
County, Cobb.

Amount, 25

Date of Warrant, March 6/88
Entered on Record,
March 16, 1888.

W. H. Stenard
Secretary Executive Department

W. H. Stenard
Chas.

W. H. Stenard
Ordway

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 state-
ments in his affidavit are true.

Sworn to and subscribed before me, this
day of _____ 1888

STATE OF GEORGIA, |
Cobb County. |

PERSONALLY comes before me *H. M. Hammett* Ordinary of said county,
Dr. A. A. Goble and *Dr. E. J. Selze*, both known to

me as reputable physicians of said County, who, being severally sworn, say on oath that they have
carefully examined *Martin V. Riddling* and after such examination say that the
applicant has been injured as follows: *He was shot through the*

foot, the bones were broken all to pieces
the foot and the leg are rendered substantially
and essentially useless by reason of the wound
the applicant is physically disabled and un-
able to perform manual labor.

Sworn to and subscribed before me, this
31st day of *Jan* 1888

H. M. Hammett

ORDINARY.

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

STATE OF GEORGIA, }
Cobb County. }

I, *H. M. Hammett* Ordinary of said county,
do certify that I am well acquainted with *Martin V. Riddling* 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 31 day of *Jan* 1888
H. M. Hammett
Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA }
Cobb County. }

Know all men by these presents, That I *Martin V. Riddling*
of *Cobb Co*
county, in said State, do hereby appoint *R. C. Irwin*
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 Confed-
erate 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 *Jan* 1888

M. V. Riddling [L. S.]

Executed in the presence of us:

H. M. Hammett
Ordinary

STATE OF GEORGIA,

Cobb

County.

PERSONALLY appears *M. V. Riddling* 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 *15th* day of

June 1863; 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 *Copied* in Company *"A"* of *38th* Regiment of *Ga* Volunteers *Horton's* Brigade; that whilst engaged in such military service, at the battle of *Fredericksburg* in the State of *Virginia*, on the *4th* day of *May* 1863, he was wounded as follows: *He was shot through the ankle, the bone was broken and crushed to pieces - the muscles and tendons were displaced - applicant was a cripple, the leg is stiff and pushed away, and the leg cannot foot an usually and substantially useless and has been since the injury.*

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 ending October 26, 1889.

Sworn to and subscribed before me, this the

8th day of *March* 1889

J. M. Stone Ordinary

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,

Cobb

County.

PERSONALLY comes before me *Geo. W. Stone* Ordinary of said county, *Dr. A. A. Gode* and *E. L. Seize*, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *M. V. Riddling* and after such examination say that the applicant has been injured as follows: *He was shot through the left ankle, the bone was broken, the muscles and tendons were displaced, the leg has pushed away, the leg is stiff, applicant was a cripple or crutch, the foot and leg is and has been usually and substantially useless since the injury.*

Sworn to and subscribed before me, this the

8th day of *March* 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.

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889.

1889

Sept. 1889

M. V. Riddling

Cobb

50

April 11

11

1889

M. V.

Stone

Ordinary

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STATE OF GEORGIA,

Coos County. I, *J. M. Stone* Ordinary of said county, do certify that I am well acquainted with *M. V. Riddling* 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 *8th* day of *March* 188*9*

J. M. Stone
Ordinary *Coos* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Coos County. I, *M. V. Riddling* of *Coos* County, in said State, do hereby appoint *A. S. Riddling* of *Coos* 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 *8* day of *March* 188*9*

M. V. Riddling (L. S.)

Executed in the presence of us:

J. 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,

Cobb County.

I, J. M. Stone Ordinary of said county,
do certify that I am well acquainted with M. V. Redding 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 14 day of July 1891

J. M. Stone Ordinary Cobb County.

STATE OF GEORGIA,

Cobb County.

I, J. M. Stone Ordinary of said County,
do certify that I am well acquainted with M. V. Redding 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 14 day of July 1891

J. M. Stone Ordinary Cobb County.

Redding M. V.
M. V. Redding
Cobb Co.

1890.

Redding M. V.

No. 1199
APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1891.

Leg disabled

Applicant M. V. Redding

County Cobb

Amount \$50.00

Date of warrant March 1 - 1890

Entered on record March 1 1891

Clark

Warrant

Warrant

Warrant

Warrant

1891.

Redding M. V.
Cobb Co.
PAID 1891.

No. 1199
Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

Leg disabled

Applicant M. V. Redding

County Cobb

Amount \$50.00

Date of Warrant March 1 1891

Entered on record March 1

Clark

Warrant

Warrant

Warrant

Warrant

Redding M. V.
Cobb Co.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County. }
PERSONALLY appears *M. V. Ridling* 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 *15* day of
June 18*60*; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a *Corporal* in Company *A*, of *38*th Regiment
of *Georgia* Volunteers *Gordon*'s Brigade; that whilst engaged
in such military service, at the battle of *Fredricksburgh* in the State
of *Virginia*, on the *4*th day of *May* 1863, he was
wounded as follows: *By being struck with a musket ball in*

hollow of left foot passing through foot and coming out on
inside of same thereby leaving hole of foot with hole
that came more true, because foot has been rendered stiff
The leg being so affected that often has pain in leg and hip. By reason
of this wound deponent has been rendered practically incompetent to
perform the ordinary manual vocations 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, 1890. I have heretofore been allowed a pension
of *50* dollars.

Sworn to and subscribed before me, this the *14* day of *January* 1890 }
W. C. Stone Ordway

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, *M. V. Ridling*
of *Cobb* County,
county, in said State, do hereby appoint
of *Cobb* & *Georgia* 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;
herby 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 *Feb* 1890

Executed in the presence of us:

W. C. Stone Ordway
W. C. Stone Ordway

Send money to me as follows, by

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County. }
PERSONALLY appears *M. V. Ridling* 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 *15*
day of *June* 18*49* that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a *Corporal* in Company *A*, of *38*th Regiment
of *Georgia* Volunteers *Gordon*'s Brigade; that whilst engaged
in such military service at the battle of *Fredericksburgh* in the State
of *Virginia*, on the *4*th day of *May* 1863, he was
wounded as follows: *By bullet striking the left*

foot in the hollow and passing through
through the foot and coming out on
inside of foot leaving the hole - the whole leg is
so damaged up to the hip that said leg
is practically incompetent to perform the ordinary
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, 1891. I have heretofore been allowed a pension of

50 dollars, for *total disability*

Sworn to and subscribed before me, this, the *14* day of *Feb* 1891 }
W. C. Stone Ordway

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, *M. V. Ridling*
of *Cobb* County,
County, State of Georgia, do hereby appoint
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 author-
izing my said attorney to receipt in my name for any Warrant that may be issued by the Gover-
nor, 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 *Feb* 1891

Executed in the presence of us:

W. C. Stone Ordway
W. C. Stone Ordway

Send money to me as follows, by

to

County, Georgia.

P. O.

STATE OF GEORGIA.

I, John H. Thompson Ordinary of said county,
do certify that I am well acquainted with M. V. Ridings 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 10 day of March 1892

John H. Thompson Ordinary Cobb County.

POWER OF ATTORNEY. STATE OF GEORGIA.

Cobb County, Georgia.
Know all Men by these Presents, That I M. V. Ridings
of Cobb County, State of Georgia, do hereby appoint
of John H. Thompson my true and lawful attorney in fact for
and 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, and to execute and
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 March 1892

Executed in the presence of us:
John H. Thompson
John H. Thompson

Send money to me as follows, by Post Office to P. O.
Cobb County, Georgia.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name, M. V. Ridings
County, Cobb
Disability, Dis. Co. 9
Amount, \$ 50
Entered on record, March 23 1892.
W. H. HARRISON,
Secretary of Agriculture Department
AGENT,
M. V. Ridings
(Seal of "General, State Printer, Atlanta, Ga.")

Ridings M. V.
Cobb Co.
1893.
No. 619
Application for Advance
Dis. Co. 9
Amount, 50
Date of Warrant, March 23 1892
Entered on record, March 23 1892
Secretary of Agriculture Department
M. V. Ridings
(Seal of "General, State Printer, Atlanta, Ga.")

STATE OF GEORGIA.
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

County.

186. he was wounded as follows :

Sworn to and subscribed before me this the 15th day of June 1892.)
 Dollars for Sold bond
W. C. Riddings

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

Know all Men by these Presents, That I

IN WITNESS WHEREOF, I have hereunto set my hand and seal this
day of Nov. 26 1892.

Executed *in* the presence of us:

Send money to me as follows, by

County, Georgia.

STATE OF GEORGIA

PERSONALLY appears M. V. Kildine of _____

wounded as follows: *Left leg and ankle from the foot and ankle and across the whole leg. Shift and almost useless. - Robert Deponent is unable to perform the ordinary manual duties of life.*

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

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 S. [Signature] Ordinary of said County,
certify that I am well acquainted with M. T. Redding the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
affidavit are true, and that he is disabled, to the extent he claims, and I know he is the in-
dividual he represents himself to be, and that he resides in this County.

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

Given under my official signature and seal, this 10 day of March 1893
John Starn
 Ordinary
Cooper County

STATE OF GEORGIA
 COMMISSIONER OF AGRICULTURE

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.
Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint
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 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
M. V. Ridling
M. J. Robertson

DIRECTIONS.

Send money to me as follows, by

to
County, Georgia.

P. O.

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.

[L. S.]

Executed in presence of us

DIRECTIONS.

Send money to me as follows, by

to
County, Georgia.

P. O.

Ridling, M. V.

Cobb Co.

(For Those Already Enrolled.)

No. 644

Soldier's Pension.

1894.

Name M. V. Ridling
County Cobb
Disability Dis. Leg
Amount, \$ 50.
3/4

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

M. J. Robertson

Geo. W. Harrison, State Printer, Atlanta.

Ridling, M. V.

Cobb Co.

(For Those Already Enrolled.)

No. 332

SOLDIER'S PENSION.

1895.

Name M. V. Ridling
County Cobb
Disability Dis. Leg
Amount, \$ 50.
3/4

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

M. J. Robertson

Geo. W. Harrison, State Printer, Atlanta.

M. J. Robertson

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County, }
Personally appears *M. V. Riedling* 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 *1840* 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 *A*, of *38th* Regiment of *Ga.* Volunteers *Jordan*'s Brigade; that whilst engaged in such military service at the battle of *Fredericksburg* in the State of *Virginia* on the *4* day of *May* *1862*, he was wounded as follows:

By gunshot in left foot and ankle, cutting the muscles of the leg and breaking the bones of the ankle thereby causing deformity to be perceptible incontinently, and rendering him unable to perform the ordinary manual

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

30 dollars, for the year *1893*

Sworn to and subscribed before me, this, the *17th* day of *March* *1894*. } *M. R. Riedling*

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. M. Stone* Ordinary of said County,

do certify that I am well acquainted with *M. V. Riedling* 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* *1894*.



J. M. Stone
Ordinary *Cobb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County, }
Personally appears *M. V. Riedling* 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 *1840* 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 *A*, of *38th* Regiment of *Ga.* Volunteers *Jordan*'s Brigade; that whilst engaged in such military service at the battle of *Fredericksburg* in the State of *Virginia* on the *4* day of *May* *1862*, he was wounded as follows:

By bullet striking left foot & leg, thereby causing deformity to be perceptible incontinently, and rendering him unable 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 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 *1894*

Sworn to and subscribed before me, this, the *17th* day of *March* *1895*. } *M. R. Riedling*

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. M. Stone* Ordinary of said County,

do certify that I am well acquainted with *M. V. Riedling* 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 *17th* day of *March* *1895*.



J. M. 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.

[L. S.]

Executed in presence of us _____

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.

[L. S.]

Executed in presence of _____

Ridling, M. V.
Cobb Co

(For Those Already Enrolled.)

No. 3137

SOLDIER'S PENSION.

1896.

Name *M. V. Ridling*
County *Cobb*
Disability *Leg & foot*
Amount, \$ *50.*

3/12 1896

RICHARD JOHNSON,

Secretary Executive Department

WARRANT HANDED TO

Appt

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No later

Ridling, M. V.
Cobb County

ACT OF OCT. 186.

(For Those Already Enrolled.)

No. 2667
(Go further 1898)

INVALID

SOLDIER'S PENSION.

1897.

Name *M. V. Ridling*
County *Cobb*
Disability *Leg & foot*
Amount, \$ *50.*

2/26 1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Appt

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No later

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears M. V. Ridling 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 15 day of June 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 Private in Company A, of 38th Regiment of Volunteers, Jordan's Brigade; that whilst engaged in such military service in the State of Georgia, on the 4 day of May 1863 he was wounded, injured or diseased as follows:

By bullet through the left foot and leg fracturing the bones & muscles &c.
Deponent is permanently 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, 1896. I have heretofore as a resident of Cobb county been allowed a pension of \$50 dollars, for the year 1895.

Sworn to and subscribed before me, this, the 12 day of March 1896. M. V. Ridling
J. L. Stone Ord.

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, J. L. Stone Ordinary of said County, do certify that I am well acquainted with M. V. Ridling 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 March 1896.



Ordinary J. L. Stone Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears M. V. Ridling 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 15 day of June 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 Private in Company A, of 38th Regiment of Volunteers, Jordan's Brigade; that whilst engaged in such military service in the State of Georgia, on the 4 day of May 1863, he was wounded, injured or diseased as follows:

By gunshot striking the left foot & leg, fracturing the bones & muscles &c.
that I applicant is permanently 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, 1897. I have heretofore under said law as a resident of Cobb county been allowed an invalid pension of \$50 Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 16 day of July 1897. M. V. Ridling
J. L. Stone Ord. POST OFFICE Roswell Ga

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, J. L. Stone Ordinary of said County, do certify that I am well acquainted with M. V. Ridling 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 July 1897.



Ordinary J. L. Stone Cobb County.

Audited April 12 1889.

Wm R M g h
CONTROLLER GENERAL

Gobb
Maimed Soldiers.
Voucher No 1884
Amount, \$ 50
Paid to M V Riddling
For Left leg
Disabled
April 11 1889

Included in Warrant No
issued to Treasurer

1889.

WARRANT CLERK.

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

R. C. Dorman

Cobb
Maimed Soldiers.
Voucher No. 2129
Amount \$ 50.
Paid to M. V. Riddling
For Leg disabled
March 1 1890

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK.

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

A. S. Clay

Riddling M. V.
Cobb
1891.

Maimed Soldiers.
Voucher No. 1199
Amount \$ 50
Paid to M V Riddling
For Leg dis.

July 19 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

A. S. Clay

No. 18811

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. April 11 1889.

Mr. *M. V. Riddling* 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
Left leg disabled
He is entitled to receive the sum of *Eighty 80 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. Hammon

CLERK EXECUTIVE DEPARTMENT.

50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Eighty 80 00

per above voucher, this

11th

of *April*

R. C. Inman

Dollars,

1889.

No. 3129

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. *March* 1 1890.

Mr. *M. V. Riddling* 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 *Eighty 80 00* 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. Hammon

CLERK EXECUTIVE DEPARTMENT.

50 00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Eighty

per above voucher, this

1

of

March 18 90

Dollars,

*M. V. Riddling per
A. S. Clay his atty at law*

1891.

No. 1199

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. July 19 1891.

Mr. M. V. Riddling 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
Seymour

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 for this voucher and return same to
Executive Department for warrant.



H. J. Wooten,
GOVERNOR.

By the Governor,

W. H. Harrison

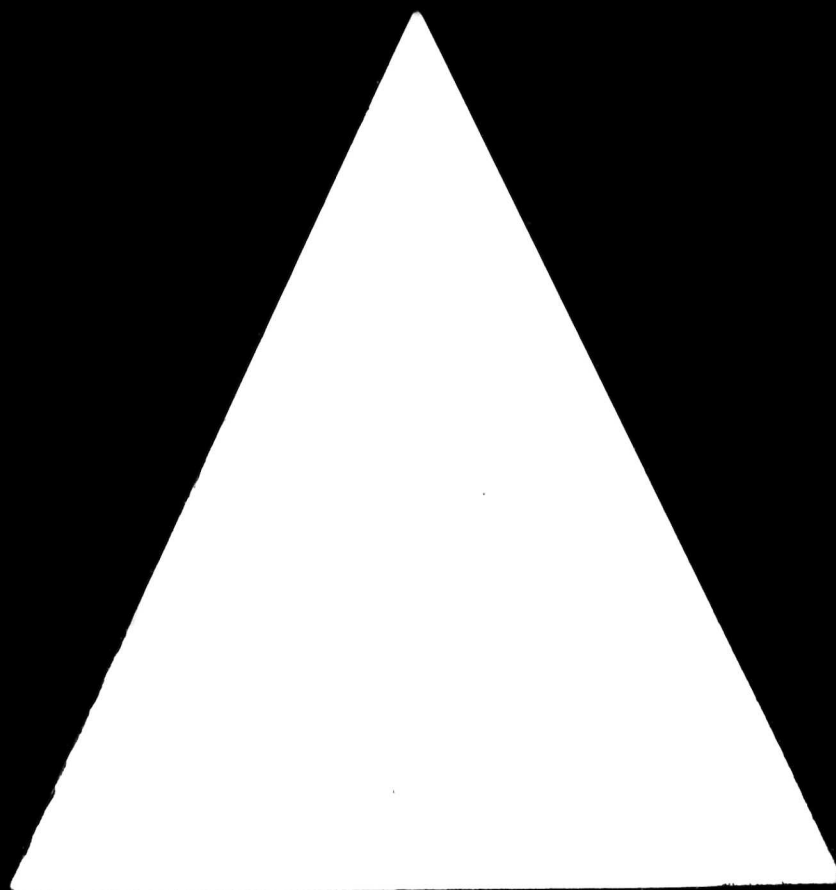
SECY. EXECUTIVE DEPARTMENT.

\$ 50

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

Fifty 00 Dollars,
per above voucher, this 19 of July 1891.

M. V. Riddling per
A. S. Clay his
Atty in fact.



*Robertson, R. M.,
Cobb County
Approved for 1927*

CONFEDERATE SOLDIER'S APPLICATION

Under Act of 1910—As Amended by Act of
1919, and Constitutional Amendment
of 1920.

County *Cobb*
Name *Allen Roberts*
Company *1st Ga. State Troop*
Regiment
Approved *John W. Clark*
31 Jan'y. 27

*Reconsidered and
Approved for 4 Lr.*

Commissioner of Pensions.

12-31-'26

STATE OF GEORGIA.

Ordinary's Certificate

COUNTY.

I, *John W. Clark*, Ordinary of said County, certify that I know the applicant for pension, that he is the person he represents himself to be, and that he has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know the witness, who swears to the service; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this *31* day of *Jan'y*, 19 *27*.

(SEAL OF ORDINARY)
of *Cobb* County

Instructions:

1. Before any question 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 give shall be the whole truth. So help you God."
2. The applicant and the witness shall be sworn in the presence of the Ordinary.
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.
4. Fill out the back of the application carefully.

Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendment of 1920.

STATE OF GEORGIA,

Adair COUNTY.

1. What is your name and where do you reside? (Give County and Post Office)

2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? From 1961 to the present

3. Did you enlist in the Army of the Confederate States, or in the organized militia, of this State from 1861 to 1865? *No*

4. When and where, and in what Company and Regiment did you enlist? (State the arm and class of service, and give name of Colonel and Captain.) *Jan 2 1862 Co. D 1st Regt. N.Y. Inf.*

5. How long did you remain in the actual military service with said Company and Regiment?
(Give date of discharge.) 19 Dec 1918

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

7. Were you personally present with your Command when it was surrendered or discharged?

8. If you were not actually present, state specifically and clearly where you were

10. Where was your Command when you left it?

b. When did you leave the Command?

c. For what cause did you leave? - *Have want cut for W & A R. and*
used the Camp. We were not cut for W & A R. and
used the Camp. We were not cut for W & A R. and

d. By whose authority did you leave? *So small ability*

e. For how long was your leave of absence granted? In what way? *For 10 days*

f. Why did you not return to your Command after leave expired? *Said that he was not allowed to return to his command because he was not a member of the command.*

h. What effort did you make to return? *Went to the office and made a report to the manager.*

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

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? If so, for what cause was it not allowed? *No*

Sworn to and subscribed before me, this the
20th day of Dec, 1926. Applicant.

Ordinary
County

(SEAL OF ORDINARY.)

CONFEDERATE

SOLDIER'S APPLICATION

Under Act of 1910—As Amended by Act of 1919, and Constitutional Amendment of 1920.

County

Nature

Company

Regiment

Approved

John W. Lohr
31 Jan. 27

Reconsidered and
Approved for 4 Sr.

SA Thompson

Commissioner of Pensions.

12-31-'26

Ordinary's Certificate

STATE OF GEORGIA.

COUNTY.

I, _____, Ordinary of said County, certify that I know _____ the applicant for pension; that he is the person he represents himself to be, and that he has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know _____, the witness; who swears to the service; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and they are _____ truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 4 day of June 1901

(CHEAL. OF ORDINARY.)

of _____ County

Instructions:

1. Before any question is 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 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.
4. Fill out the back of the application carefully.

STATE OF GEORGIA, COUNTY OF COBB.

Personally appeared before the undersigned attesting officer, A.J. Rogers of said State and County, and who being duly sworn, on oath deposes and says with reference to the matters hereinafter set out as follows:

Affiant is a resident of said State and County, and is years of age and can remember the days and happenings of the Civil War, and was and had been a resident of Cobb County prior to said Civil War, though he was not of full age at that time, but can remember various and many men of his acquaintance of that day and period who enlisted and served in said war in the 60's. He recalls the incidents of their departure for the service and many of their returns and information received from them and about them while in the service.

Affiant now knows A.M. Roberts who he knew at the time of said Civil War, then knowing him and other members of his family, and has known him ever since said time, he residing in this County since said War closed, and had been residing here as a young man or boy at time of the commencement of said War.

Affiant knows that said A.M. Roberts was a soldier in the Service of the Confederate Army in said war, and affiant saw him in service in the City of Atlanta in Georgia, in the year , he then being under arms and in having on the uniform of a Confederate Soldier, and on duty as such.

Affiant was at that time young, but was connected with a certain barber shop, and during the disturbed conditions incident to the war and the activity and movements of the armies, this barbershop where affiant was working was being looted and taken away by some parties who were taking advantage of the exposed conditions of personal rights and properties, and they had removed certain of the furniture and fixtures, and mirrors, and had them loading on a wagon for removal. At that time the said A.M. Roberts, then a young soldier in Confederate uniform, having a gun, appeared and made the parties give up the fixtures and property of the barbershop, which he had to do by force and authority. His incident was in this way forcefully impressed on the mind and came to the attention of affiant, and which he well remembers to this day. After the war affiant has been seeing the said A.M. Roberts in said County and in Marietta all the time until this date and knows that he is the same man whom he saw and who aided him in time of said War in the City of Atlanta. Affiant has since said Civil War for many years operated a barber shop in Marietta in said County, as such has waited on the said A.M. Roberts immediately after and for many times following the close of said war and knew him then as the man who assisted affiant and his barbershop in Atlanta.

Affiant makes the above statement knowing the facts therein set out and has no interest in the granting or allowing of a pension to the said A.M. Roberts.

Sworn to and subscribed before me, this January 14, 1926.

J. M. Gann
Ordinary, Cobb Co.

I, J.M. Gann, Ordinary of Cobb County hereby certify that I am personally acquainted with A.J. Rogers who makes the above affidavit, and have known him for many years and know him to be of good character and that his statement are entitled to full faith and credit.

J. M. Gann
Ordinary Cobb Co.
Ga.

STATE OF GEORGIA, COUNTY OF COBB.

Personally appeared before the undersigned attesting officer, George C. Roberts, who being sworn, on oath deposes and says with reference to the matters hereinafter set out as follows:

Affiant is a brother of A.M. Roberts of said County, and knows that he was in the service of the Confederate Army in the late Civil War, and can recall when he went to the war, he going to some point near Chattanooga, and knows that he was there for several months and that as the armies proceeded toward Atlanta and arrived at Kennesaw Mountain and at Kennesaw Georgia, that the said A.M. Roberts was then with them and in the service. Affiant knows that for a while he was sick and in a hospital at Marietta as a soldier. Affiant was then too young to be in the service but saw his brother in the service when the armies were reaching Kennesaw Ga. and Kennesaw Mountain and knows that he did garrison duty at Marietta as a soldier.

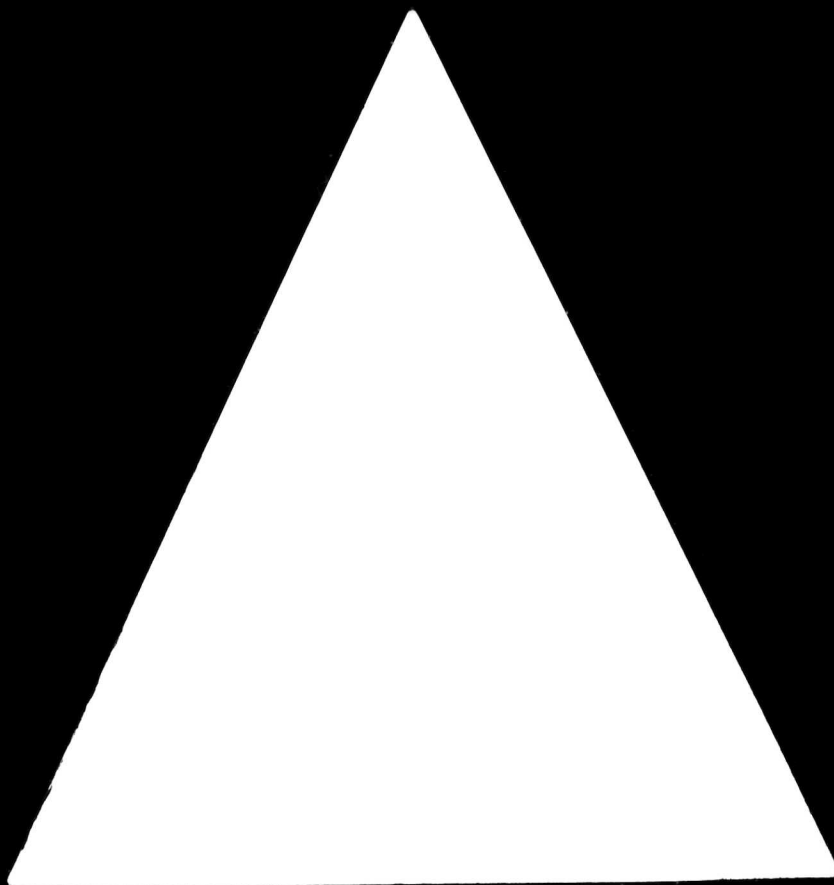
Affiant says that the home of affiant and his family and the home of the said A.M. Roberts, being the same home, was then near Kennesaw Ga. and directly and immediately in the path of the armies, and was for a while between and just at the lines of intrenchments and the battle line, and the family of affiant who were remaining at home had to remove from this section, owing to the dangerous surrounding attending the occupancy of the section by the armies. Affiant knows that the said A.M. Roberts was detailed as a soldier to go from his command to the home and family and assist them in removing from the war zone and to escort them out and which he did, and that the said family removed to Camack Ga. in their removal for their safety. The said A.M. Roberts then left the family there and left to report to his command, ~~at Marietta~~ and affiant knows that he was afterwards with the army as a soldier at Jonesboro. *After he left home he visited home and saw the family and the said A.M. Roberts.*

Affiant knows that for a part of the time in this service the said A.M. Roberts was detailed for duty as a guard for the railroad properties of the Western & Atlantic Railroad, and that after the armies passed Marietta and into Atlanta that he was for much of the time in service as a guard for wagon train and that he came back and returned home after the close of the war and was then in the uniform of a Confederate soldier.

Sworn to and subscribed before me this July 14, 1927
J. M. Gann
I, J. M. Gann, Ordinary of Cobb County hereby certify that I am personally acquainted with G. C. Roberts who makes the above affidavit, and have known him for many years and know him to be of good character and that his statements are entitled to full faith and credit.

J. M. Gann
Ordinary, Cobb County, Georgia.

U. S. G. A.



NOTES.

In order to avoid unnecessary delay 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 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.
7. The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

APPLICATION FOR ALLOWANCE

FOR

Right Arm Dis.
Applicant John S. Roberts

County Co. 60

Amount 150

Date of Warrant May 24

Entered on record

May 24 1889

W. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

E. M. Mitchell

Physicians must state facts to show disability more clearly. What is applicant's occupation? What kind of work has he done for six or eight years past? What work is he doing now? Why did he not apply for bounty last year? What is applicant's motto and motto these questions under name.

See 2nd Sept

May 6th 89

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,

Cobb County

PERSONALLY appears John S. Roberts 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 15 day of

August 1861; 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 *54*th Regiment
of *Georgia* Volunteers *Murcor*'s Brigade; that whilst engaged

in such military service, at the battle of Kennesaw Mountain in the State of Georgia, on the 26th day of June 1864, he was

[illegible]

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 15 day of March 1889, John E Roberts
R M. Mitchell

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,

Fulton County

PERSONALLY came before me L. H. Green of the county
of Fulton State of Georgia, who, being duly sworn, says that he was

a commissioned officer in Company B, of 54th Regiment of Mass
Volunteers, and that deponent knows John Roberts, 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 John S. Roberts

as stated by him in said affidavit. Deponent further states that said John J. Roberts is a bona fide citizen of this State and resides

in 6005 county.

Detachment up Dalton St. Dr. Green Capt Co "C" 574 Ga

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:

Physics and math is state tests
to show disability more
clearly. That is applicants
overachievers. That is with
a work has be done for
six or eight years last?
That work is be during master
why did he not apply for
before last year? Is it
application must answer
then questions under
with. See a help
my bth 39

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,

bro A Smith

and Geo W. Smith

, 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:

Gun shot wound
One in the right wrist which broke and fractured
the bones of said wrist which would render
said arm substantially and essentially useless
also Gun shot wound in the right ankle which
would be injured the right leg as to render said
leg substantially and essentially useless

Sworn to and subscribed before me, this
day of 188

10 March 188
R M Mitchell

G W Smith M.D.
A Smith 10

addition to the above I have been informed by
matter John S Roberts that the ball entered his arm
just above the wrist and passed through breaking
both bones and tearing loose the ligaments, mending
his wrist perfectly stiff and causing the arm

STATE OF GEORGIA,

County. }

I,

John S Roberts

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

R M Mitchell

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 1st day of April 188

John S Roberts

Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

Know all Men by these Presents, That I, John S Roberts
of Cobb
county, in said State, do hereby appoint R M Mitchell
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 30th day of March 188

Executed in the presence of us:

R M Mitchell

John S Roberts (L.S.)

his wrist perfectly stiff and causing the arm to
be much smaller

STATE OF GEORGIA

Colt

County.

PERSONALLY comes before me *R M Mitchell J. R.* Primary of said county,
bro A Smith and *Geo W. Smith*, both known to

me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined *John F. Roberts* and after such
examination say that the applicant has been injured as follows:

Gun shot wound
One in the right wrist which broke and fractured
the bones of said wrist which would render
said arm substantially and essentially useless
also Gun shot wound in the right ankle which
would so injure the right leg as to render said
leg substantially and essentially useless

Sworn to and subscribed before me, this
10 day of March 1889
R M Mitchell J. R.

G. W. Smith M.D.
C. Smith M.D.

bro A Smith and
addition to the foregoing
matter of John F. Roberts that the ball entered his arm
just above the wrist and passed through breaking
both bones and tearing the ligaments rendering
his wrist perfectly stiff and causing the arm
to perish away and become much smaller
thirty rendering the arm substantially and
essentially useless - Also the ball entered the
right leg just above the ankle and passed through
the leg breaking both bones and tearing the
ligaments - leaving thirty rendering the ankle
perfectly stiff and causing the leg to become
smaller - and rendering it substantially
and essentially useless -
Sworn to and subscribed before
me this 20th Mar 1889
R M Mitchell J. R.

G. W. Smith M.D.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *J. S. Roberts* hereby authorize *J. H. Stone*
County of Cobb State of Georgia
 to receive and receipt for the pension paid hereon and request that he remit same to
 by *himself*
 at *Acworth Ga*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *1*
 day of *March* 1899. *J. S. Roberts* [L. S.]

Executed in presence of

J. H. Roberts
Cobb County Ga

(For Those Already Enrolled.)

No. *3355*
Do 1899
 INVALID

SOLDIER'S PENSION.

1899.

Name *J. S. Roberts*
 County *Cobb*
 Disability *Wounds*
 Amount, \$ *50.*
3/4 1899.

RICHARD JOHNSON,
 Commissioner of Pensions.

WARRANT HANDED TO

J. H. Stone

SEC. W. HARRISON, STATE PRINTER, ATLANTA

No debt

Georgia { Person *Roberts* appeared before me
Cobb County { *R. M. Mitchell* Justice of the Peace
 in and for said County *John S.*
Roberts, who says on oath that his occupation is
 that of a farmer. He has been doing what he
 could at farm work for the past six or eight
 years past. He is now on a farm doing what
 he can doing and other light work. He
 did not apply for bounty heretofore because
 he was informed and believed that those
 who had a limb amputated were entitled.
 He further says on oath that both his right
 leg and right arm are substantially and
 essentially useless and the right foot and hand
 simply supply the place of artificial limbs.
Seen to and certified before me this 17th 1899
R. M. Mitchell J. P.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. B. Roberts* 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 *15* day of *August* 18*33* 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 *54th* Regiment of *Ga* Volunteers, *Meyer*'s Brigade; that whilst engaged in such military service in the State of _____, on the *23rd* day of *June* 18*64*, he was wounded, injured or diseased as follows:

By gunshot striking the right wrist and the right arm, which application is pending for the purpose of performing the ordinary manual avocations of life.

Deponent makes application for the pension to which he is entitled for the year ending October 20*th* 1890. 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, *25th* day of *July* 1890, POST OFFICE *Acworth Ga.*

NOTE.—Substantially 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. Stone* Ordinary of said County, do certify that I am well acquainted with *J. B. Roberts* 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 *25th*

day of *July* 1890.
Ordinary *J. M. Stone* *Cobb* County.

Put
your
seal
here

Audited *May 24* 1889.

Wm. H. Mitchell
COMPTROLLER GENERAL

Cobb

Deceased Soldiers.

Voucher No *2300*

Amount, \$ *50*.

Paid to *John S. Roberts*
For *Right arm*
disabled

May 24 1889

Included in Warrant No.

issued to Treasurer

1889.

WARRANT CLERK

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

R. M. Mitchell

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. B. Roberts* 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 *15* day of *August* 18*33* 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*, *85th* Regiment of *Georgia* Volunteers, *Meigs*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *23rd* day of *June* 18*64*, he was wounded, injured or diseased as follows:

By gunshot striking the right wrist and the right ankle, whereby 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 24*th* 1899. 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 *25th* day of *July* 1899, at *Acworth Ga.* POST OFFICE *Acworth Ga.*

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, *J. M. Stone* Ordinary of said County, do certify that I am well acquainted with *J. B. Roberts* 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 *25th* day of *July* 1899.



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

No. *2300*

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Atlanta, Ga May 24 1889

My *John P. Roberts* of the County *Cobb* having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act,

December, 1888, and the same having been allowed for

Right Arm disabled
He is entitled to receive the sum of *Twenty & 00/100* 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.

J. B. Gordon
GOVERNOR.

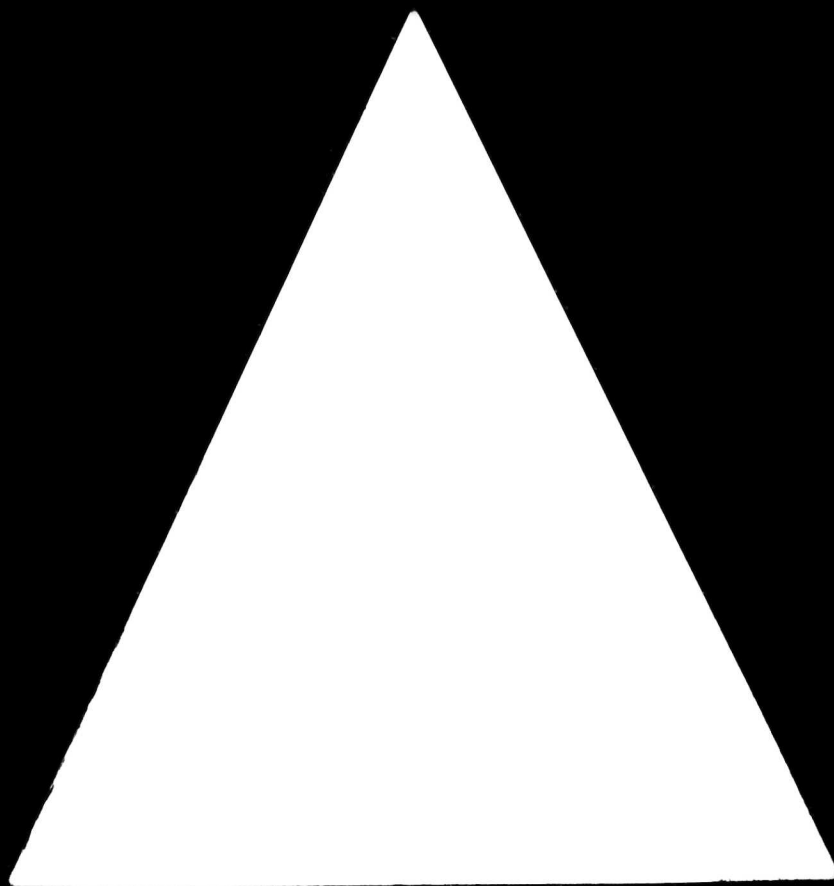
By the Governor

A. A. Harrison
CLERK EXECUTIVE DEPARTMENT.

50
RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

Twenty & 00/100 Dollars,
per above voucher, this *24* of *May* 1889.

John S. Roberts
R. M. Mitchell



POWER OF ATTORNEY.

STATE OF GEORGIA.

Wm. M. C. Roberts
Wm. M. C. Roberts
 Know all Men by these Presents That I, *Wm. M. C. Roberts*

County, in said State, do hereby appoint
Wm. M. C. Roberts

of *Wm. M. C. Roberts*
 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
12 day of *May* 1891

[L. S.]

Executed in the presence of us:

Wm. M. C. Roberts
Wm. M. C. Roberts

DIRECTIONS.

If allowed, send amount by

me at

and oblige.

to



Roberts Nancy C.
Cobb County

47 1891.

No. *3632*

Widows' Pension

— PAID TO —

Ms. Nancy Roberts
 OF *Cobb*, COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

Form No. 5.

Know all Men by these Presents, That I,

at Kanihalla

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of *June* 189*7*

W. C. Stone & Son

DIRECTIONS.

If allowed, send amount by
me at

, and oblige.



AND HANDLED TO

1891

Warrant Issued

S.T.O.O.P.

COUNTRY

Widows' Pension

7662. 012.

Roberts Nancy C.
Coll County
1891.

Form No. 1.

In person came before me, the undersigned Ordinary

County of _____

in and for the County of Clatsop

Mrs. Mary E. Roberts, who being sworn according to law, says under oath that she is the widow of Reuben Roberts, who was a soldier in the service of the Confederate States, and served as a member of Company 24, of the

7 ⁵⁶ Regiment of ^{Volunteer} Volunteers; that he enlisted in said service on or about the 31st day of ^{June} 1861, and was in the ^{6th} Army up to ^{10th} 1861. That while in the Army, he was on the 6th day of ^{June} 1861. (See Note No. 1)

My man reported to me, coming in since
of July 21st, of the battle of the "Wilderness",
in the State of Virginia, in 1862.
Struck with a Cannon ball near
top of Pikes, killed instantly on
said battle-field.

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 24th day of *Nov. of* 18*64*, and that she has resided in Georgia continuously since *Nov. 24th of* 18*64*; 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
16th day of May 1891.

Ordinary

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 *Cobb*

In person came before me, the undersigned Ordinary

in and for said County, witnesses *Jas. W. Reed*

and *W. C. Osburn* (each known to said Attesting Officer as truthful,

reliable, and reputable citizens), who severally say under oath, that, from their own personal knowledge,

Mrs. *Nancy C. Roberts*, of the County of *Cobb*,

State of Georgia, is the widow of *E. J. Roberts*, who was a soldier in

Company *76* of the *4th* Regiment of *Ga.* Volunteers.

That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or

about the *31st* day of *May*, 186*1* That while in said service, or by

reason of said service in the Army, he lost his life as follows:

While in line of battle at the Battle of the Wilderness in the State of Virginia on the 6th day of May 1862 E. J. Roberts was struck with a cannon ball, and soon to pieces - killed instantly - he was struck so suddenly and soon to pieces so that he did not know what killed him.

Jas W Reed & Jasper L. Gantt
- We the witnesses, *W. C. Osburn*, in the same Company with *E. J. Roberts* and were present on the battle field, and saw him killed and saw him after he was killed.

W. C. Osburn swears that he was a member of adjoining Company in the same Regiment, and was an eye witness to the above facts.

We further swear that Mrs. *Nancy C. Roberts* was the wife of said soldier during the 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, the

16th day of *May*, 18*91*.

J. M. Stone

Ordinary.

Jas. W. Reed

Jasper L. Gantt

B. W. Osburn

m. K.

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. *N. C. Roberts*

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

16th day of *May*, 18*91*.

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, 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. 9.

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.
Elizabeth Stansell 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. Stansell 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
11th day of July, 1893.

REAL

J. M. Stone

Ordinary.

POWER OF ATTORNEY.

Form No. 8.

STATE OF GEORGIA, Cobb County.
KNOW ALL MEN BY THESE PRESENTS, That I, Nancy Roberts
of Cobb County, in said State, do hereby appoint J. M. Stone
of Marshall, 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 affi-
davit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be
issued by the Governor, or for any sum of money which may be coming to me for the reason
aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10th
day of July, 1893. Nancy Roberts [L. S.]

Executed in the presence of us:

E. L. Powers
E. M. Fleming

DIRECTIONS.

Send amount by _____ to
me at _____, and oblige

Geo. W. Harrison, State Printer, Atlanta.

AND HAND TO

Warrant Issued

1893

COUNTY.

for year ending February 15th, 1893.

Widows' Pension,

No. 783

1893.

FOR THOSE HERETOFORE PAID TO

WARRANT ISSUED

1894.

Geo. W. Harrison, State Printer, Atlanta.

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
Cobb State of Georgia, hereby certify that I am acquainted with Mrs.
Nancy Roberts 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 Jackson Roberts 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 7th day of July, 1894.

REAL

J. M. Stone

Ordinary.

POWER OF ATTORNEY.

Form No. 8.

STATE OF GEORGIA, Cobb County.
KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. Nancy Roberts
of Cobb County, in said State, do hereby appoint J. M. Stone
of Marshall, 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 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 February, 1894. Nancy Roberts [L. S.]

Executed in the presence of us:

E. M. Fleming

DIRECTIONS.

Send amount by _____ to
me at _____, and oblige

for year ending February 15th, 1894.

WIDOWS' PENSION,

No. 808

1894.

FOR THOSE HERETOFORE PAID TO

PAID TO

WARRANT ISSUED

1894.

Geo. W. Harrison, State Printer, Atlanta.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *Cobb*

Personally comes Mrs.

Nancy Roberts

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

1840

That she is the Widow of

Jackson Roberts

who was a Soldier in Company

*4*of the *7th*

Regiment of

Georgia

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

1861 and served in the Army up to*May 6th**1864*

That he lost his

life on the

6th

day of

*May**1864* (State here

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

*In the battle of the Wilderness, in
Virginia, by being shot, and killed
while in
said Battle on May 6th 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 *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

*10th*day of *February*, 1893.*J. H. Stone* Ordinary.*Nancy Roberts*Post-office *Marietta, Ga.*

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *Cobb*

Personally comes Mrs.

Nancy Roberts

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

1840

That she is the Widow of

Jackson Roberts

who was a Soldier in Company

*46*of the *7th*

Regiment of

Georgia

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

1862 and served in the Army up to*May 6th**1864* That he lost his

life on the

6th

day of

*May**1864* (State here

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

*That while in the Confed-
erate Army, in the State of
Virginia, on the 6th day
of May 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 *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

*10th*day of *February*, 1894.*J. H. Stone* Ordinary.*Nancy Roberts*Post-office *Marietta, 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
State of Georgia, hereby certify that I am acquainted with Mrs.
Nancy Roberts 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 Jackson Roberts 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 22nd day of Jan, 1895.

{ SEAL }

Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, County of Cobb
KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. Nancy C. Roberts
of Cobb County in said State, do hereby appoint
Manetta Ga. 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 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 22nd
day of Jan, 1895. N. C. Roberts [L. S.]

Executed in the presence of us:

G. M. Fleming

DIRECTIONS.

Send amount by
me at

, and oblige

to

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.
Nancy Roberts 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 Jackson Roberts
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 22nd day of Jan, 1896.

{ SEAL }

Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, County of Cobb
I, Nancy Roberts hereby authorize J. M. Stone
of Cobb County to receive and receipt for the pension paid hereon and request
that he remit same to Me by Bank

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

Executed in the presence of

G. M. Fleming

Roberts, Nancy C.
Cobb County
FOR THOSE HERETOFORE PAID.

1896.

No. 3526

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO

Nancy Roberts

of

Cobb County,
Jackson Roberts

WARRANT ISSUED

1896.

AND HANDED TO

G. M. Fleming

Geo. W. Harrison, State Printer.

FOR THOSE HERETOFORE PAID.

1895.

No. 478

WIDOW'S PENSION,

for year ending February 15th, 1895.

PAID TO

Nancy C. Roberts

of

Cobb County,
Jackson Roberts

WARRANT ISSUED

24 Jan 1895.

AND HANDED TO

G. M. Fleming

Geo. W. Harrison, State Printer.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of

Personally Comes Mrs.

Cobb 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

1840 That she is the Widow of Jackson Roberts who was a Soldier in Company H of the 7th Regiment of Ga.

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

1862 and served in the Army up to May 1864 That he lost his life on the 6th day of May 1864 (State here

full 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 killed at the battle of the Wilderness on the 6th day of May 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 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, 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 May 1895.

J. M. Stone Ordinary.

Post-office

Marietta Ga.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of

Personally Comes Mrs.

Cobb 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 1840 That she is the Widow of

H. Jackson Roberts who was a Soldier in Company H of the 7th Regiment of Ga.

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

1862 and served in the Army up to May 1864 That he lost his life on the 6th day of May 1864 (State here

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

That while in the battle of the Wilderness in the State of Va. on the 6th day of May 1864, he was shot 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 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 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

25th day of May 1896.

J. M. Stone Ordinary.

Post-office

Marietta Ga.

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

STATE OF GEORGIA, County of Cobb
 I, Wm. Stone Ordinary in and for said County of
Cobb State of Georgia, hereby certify that I am acquainted with Mrs.
M. C. Roberts 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 Jackson Roberts
 deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.

In Witness Whereof, I have heretofore set my hand and affixed the seal of my office, this
 the 25th day of July, 1897.

(- -)
 (- -)
 (- -)

Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, County of Cobb
 I, Mary Roberts hereby authorize Wm. Stone
Marionette Hu to receive and receipt for the pension paid heron and request
 that he remit same to me at Wm. Stone

In Witness Whereof, I have heretofore set my hand and seal, this
 day of July, 1897.

Executed in the presence of

Wm. Stone

[L. S.]

POWER OF ATTORNEY.

State of Georgia, County of Cobb
 I, Mrs. M. C. Roberts hereby authorize P. C. Linn
Marionette Hu to receive and receipt for the pension paid heron and request
 that he remit same to Wm. Stone at Marionette Hu
 In Witness Whereof, I have heretofore set my hand and seal, this
 day of March, 1898.

Wm. Stone [L. S.]

Executed in the presence of

For Those Heretofore Paid.

1898.

NO. 3758

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. M. C. Roberts

OF

Cobb County,
Widow of Jackson Roberts

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

3/23 1898.

AND HANDED TO

P. C. Linn

SIO W. HARRISON, STATE PRINTER, ATLANTA.

WARRANT ISSUED

2/25 1897.

AND HANDED TO

Wm. Stone

RICHARD JOHNSON,

Commissioner of Pensions.

WIDOW'S PENSION,
 For year ending February 15th, 1897.

NO. 3759

1897.

FOR THOSE HERETOFORE PAID.

Roberta Nancy C.
Cobb County

Widow of

Mary Roberts
Cobb County,
Widow of Jackson Roberts

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of

Cobb } Personally Comes Mrs. Nancy Roberts

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 1840 That she is the Widow of

H Jackson Roberts who was a Soldier in Company of the 7th 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 6th day of May 1864 (State here full particulars of the husband's death, when, where and from what cause.)

That he was killed on the field at the battle of the Wilderness May 6th 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 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 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 Feb 1897. J. B. Roberts Ordinary. Post-office Marietta Ga.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of

Cobb } Personally Comes Mrs. N. C. Roberts

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 1840 That she is the Widow of

H Jackson Roberts who was a Soldier in Company of the 7th 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 6th day of May 1864 (State here full particulars of the husband's death, when, where and from what cause.)

That while in battle on the 6th day of May 1864 he was struck with a cannon ball and killed dead on the 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, and that she became his wife in the year 1864

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 Feb 1898. J. B. Roberts Ordinary. Post-office Marietta Ga. State of Georgia, Cobb County. I, J. B. Roberts Ordinary of said County, certify that I am well acquainted with Mrs. N. C. Roberts 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 6th day of May 1840

(Given under my official signature and seal this the 7th day of Feb 1898.

Official Seal.

Ordinary of Cobb County.

POWER OF ATTORNEY.

State of Georgia,

Cobb County.

I, Mrs. N. C. Roberts hereby authorize

of

Jul Stone
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

1899.

N C Roberts

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, Nancy Roberts hereby authorize

of

J. M. Stone
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

1900.

N C Roberts

[L. S.]

Executed in presence of

N J Hamby

Roberts, Nancy C.
Cobb County
For Those Heretofore Paid

1899.

NO. 3271

WIDOW'S PENSION,

For year ending February 15th, 1899.

Mrs. N. C. Roberts

Cobb County
Widow of Jackson Roberts

RICHARD JOHNSON,

Commissioner of Pensions

WARRANT ISSUED

2/8

AND HANDED TO

Jul S

GEORGE W. HARRISON, STATE PRINTER, ATLANTA

Roberts, Nancy
Cobb County
For Those Heretofore Paid

1900.

NO. 2107

WIDOW'S PENSION,

For year ending February 15th, 1900.

Mrs. Nancy Roberts

Cobb County
Widow of Jackson Roberts

JNO. W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

Feb 16

AND HANDED TO

Stone

GEORGE W. HARRISON, STATE PRINTER, ATLANTA

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs.

Nancy Roberts

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. 1840 That she is the Widow of

Jackson Roberts

of the 7th Regiment of Georgia
Volunteers, that he enlisted in said regiment on or about the month of
1863 and served in the Army up to May 1864 That he lost his
life on the 6th day of May 1864 (State here

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

That while engaged at the battle of the Wilderness in the State of Va. on May 6th 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, and that she became his wife in the year 1864.

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. M. Stone Ordinary.

N. C. Roberts
Post Office Marietta Ga.

State of Georgia,

Cobb County.

}

J. W. Stone

Ordinary of said County, certify that I am well acquainted

with Mrs. Nancy Roberts 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

10th day of Feb 1899.

{ Official
Seal }

Ordinary of

Cobb County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs.

Nancy Roberts

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. 1840 That she is the Widow of

Jackson Roberts

of the 7th Regiment of Georgia
Volunteers, that he enlisted in said regiment on or about the month of
1862 and served in the Army up to May 1864 That he lost his
life on the 6th day of May 1864 (State here

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

That while engaged at the battle of the Wilderness in the State of Va. on May 6th 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, and that she became his wife in the year 1864.

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
10th day of Feb 1900.
N. C. Roberts Ordinary.

N. C. Roberts
Post Office Marietta, Ga.

State of Georgia,

Cobb County.

}

J. W. Stone

Ordinary of said County, certify that I am well acquainted

with Mrs. Nancy Roberts 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

10th day of Feb 1899.

{ Official
Seal }

Ordinary of

Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Chas County. }
I, Nancy Roberts hereby authorize
John Anthony of Marionetta
to receive and receipt for the pension paid hereon and request that he remit same to
me at Marionetta

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 14th
day of January 1901.

Nancy Roberts [L. S.]

Executed in presence of

Jas M Lann

Roberts, Nancy
Chas Co

To Those Heretofore Paid.

1901.

No. 148.

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs. Nancy Roberts

Chas County.
Widow of John Roberts

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

Jan. 15 1901,
AND HANDED TO

Anthony

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Chas County. }
I, Nancy Roberts hereby authorize
John Anthony 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 14th
day of Jan 1902.

Nancy Roberts [L. S.]
Chas

Executed in presence of

Roberts, Nancy
Chas Co

To Those Heretofore Paid.

1902.

No. 248

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO
Mrs. Nancy Roberts

Chas County.

Widow of

Co. _____

Regiment _____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/16 1902

AND HANDED TO

Ordy

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Nancy Roberts

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 1840. That she is the Widow of

H of the 7th Jackson Roberts who was a soldier in Company Georgia Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of

1862 and served in the Army up to May 1864. That he lost his life on the 6th day of May 1864 (State here

particulars of the husband's death, when, where and from what cause) That while engaged at the battle of the Wilderness in the State of Va on May 6th 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, and that she became his wife in the year 18 64

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

14th day of January, 1901.John Astrey Ordinary.

Post Office *

Nancy Roberts

State of Georgia,

Cobb County.I John Astrey Ordinary of said County, certify that I am well acquainted

with Mrs. Nancy Roberts, 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 14th day of January, 18 64.

Given under my official signature and seal, this the 14th day of January, 1901.

Official Seal.

Ordinary of

Cobb

County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Nancy Roberts

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 1840. That she is the Widow of

H of the 7th Jackson Roberts who was a soldier in Company Georgia Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of

1862, and served in the Army up to May 1864. That he lost his life on the 6th day of May 1864 (State here

particulars of the husband's death, when, where and from what cause) That while engaged at the battle of the Wilderness in the State of Virginia on May 6th 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, and that she became his wife in the year 18 64.

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 14th day of January, 1902.John Astrey Ordinary.

Post-Office

Nancy Roberts

State of Georgia,

Cobb County.I John Astrey Ordinary of said County, certify that I am well acquainted

with Mrs. Nancy Roberts, 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 14th day of January, 18 64.Given under my official signature and seal, this the 14th 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,

County, Cobb

I, Nancy C. Roberts, hereby authorize
John A. Roberts of
Atlanta at

In Witness Whereof, I have hereunto set my hand and seal, this 3
day of Jan 1903.

Executed in presence of
M. L. Linn Nancy C. Roberts [L. S.]

Roberts, Nancy C.
Cobb, County

To Those Heretofore Paid.

1903.

No. 222

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO
Mrs. Nancy C. Roberts

County, Cobb
Widow of Jackson, Mort
A. 9th of
Regiment Ga. Inf.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/23 1903.
AND HANDED TO
body

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

Allowed Pensions.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, Cobb

I, Nancy C. Roberts, hereby authorize
John A. Roberts of
Atlanta at

In Witness Whereof, I have hereunto set my hand and seal, this 23
day of January 1904.

Executed in presence of
Mrs. N. C. Roberts [L. S.]

Roberts, Nancy C.
Cobb, County

TO THOSE HERETOFORE PAID.

1904.

No. 271

WIDOW'S PENSION

FOR
YEAR-ENDING DECEMBER 31, 1904.

PAID TO
Mrs. Nancy C. Roberts

County, Cobb
Widow of Jackson, Mort
A. 9th of
Regiment Ga. Inf.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/25 1904.
AND HANDED TO
body

Geo. W. Harrison, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb }

PERSONALLY COMES MRS.

Nancy Roberts

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 1840.

That she is the Widow of Jackson Roberts who was a soldier in Company 7th of the 64th Regiment of GA

Volunteers, that he enlisted in said regiment on or about the month of May 1864, and served in the Army up to May 1864. That he lost his life on the 6 day of May 1864. (State here

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

First while engaged at the battle of the Wilderness in the State of Virginia on May 6, 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, and that she became his wife in the year 1864

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 3 day of Jan 1903. John Hurley Ordinary.

Nancy C. Roberts
Post Office Maritta

State of Georgia,

Cobb County.I, John Hurley

Ordinary of said County, certify that I am well acquainted with Mrs. Nancy Roberts, 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 3 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, 1904.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb }

PERSONALLY COMES MRS.

Nancy Roberts

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 1840.

That she is the Widow of Jackson Roberts who was a soldier in Company 7th of the 64th Regiment of GA

Volunteers, that he enlisted in said regiment on or about the month of May 1864, and served in the Army up to May 1864. That he lost his life on the 6 day of May 1864. (State here particulars of the husband's death, when, where and from what cause.)

While engaged in the battle of the Wilderness in the State of VA on May 6, 1864. He was killed

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 1864

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 23 day of Jan 1904. John Hurley Ordinary.

Mrs. N. C. Roberts
Post Office Maritta

State of Georgia,

Cobb County.I, John Hurley

Ordinary of said County, certify that I am well acquainted with Mrs. Nancy C. Roberts, 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 Many years

Given under my official signature and seal, this 23rd 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,

Cobb COUNTY.

I, Nancy C. Roberts, hereby authorize
John W. 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 14
day of January 1905. A. C. Roberts [L. S.]

Executed in presence of
McLann

Roberts, Nancy C.
Cobb County

To Those Heretofore Paid.

1905.

No. 362

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO
Mrs. N. C. Roberts
OF
Cobb County,

Widow of _____
Co. _____ Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
143 1905.
AND HANDED TO
only

This Pension is payable to the Pensioner only.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Nancy C. Roberts, hereby authorize
John W. 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. Nancy C. Roberts [L. S.]

Executed in presence of
McLann

Roberts, Nancy C.
Cobb Co.

To Those Heretofore Paid.

1906.

No. 165

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO
Mrs. N. C. Roberts
OF
Cobb County,
Widow of N. C. Roberts
Co. 2nd Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
162 1906,
AND HANDED TO
only

This Pension is payable to the Pensioner only.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Nancy Roberts

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 1840. That she is the Widow of Jackson Roberts who was a soldier in Company A of the 7th 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 day of 18 (State here particulars of the husband's death, when, where and from what cause.)

That while engaging at the battle of the Wilderness he was killed

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 1864.

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 1905.
Ordinary.

Post Office

N. C. Roberts

State of Georgia,

County.

I, _____ 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 thé day of 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.

Nancy Roberts

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 1840. That she is the Widow of J. C. Roberts who was a soldier in Company A of the 7th 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 day of 18 (State here particulars of the husband's death, when, where and from what cause.)

Killed at the Wilderness

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 1864.

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 1906.
Ordinary.

Post Office

Nancy Roberts

State of Georgia,

County.

I, _____ Ordinary of said County, certify that I am well

acquainted with Mrs. Nancy Roberts, 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 1906.

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,

Appl COUNTY.

I, N. C. Roberts 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 10

day of Jan 1907.

N. C. Roberts [S.]

Executed in presence of

J. M. Garris

Roberts, Nancy C.
Appl County
To those Herebefore Paid

1907.

No. 168

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO

Mrs. N. C. Roberts

OF

Appl County,

Widow of N. C. Roberts

Co. Regiment

JOHN W. LINDSEY,

Commissioner of Penitentiaries

WARRANT ISSUED

126 1907,
AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES Mrs.

N. C. Roberts

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 1896. That she is the Widow of

D. F. Roberts who was a soldier in Company A of the 7 Inf Regiment of

Volunteers, that he enlisted in said regiment on or about the month of July 1896, and served in the Army up to 1896. That he lost his life on the 10 day of January 1897. (State here particulars of the husband's death, when, where and from what cause.)

Killed at Wilderness

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 1896.

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 January 1907.

John A. Trotter Ordinary.

Post Office

N. C. Roberts

State of Georgia,

County of CobbI, John A. Trotter Ordinary of said County, certify that I am well acquainted with Mrs. N. C. Roberts, 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 January 1896.

Given under my official signature and seal, this the 10 day of January 1907.

{ Official
Seal }

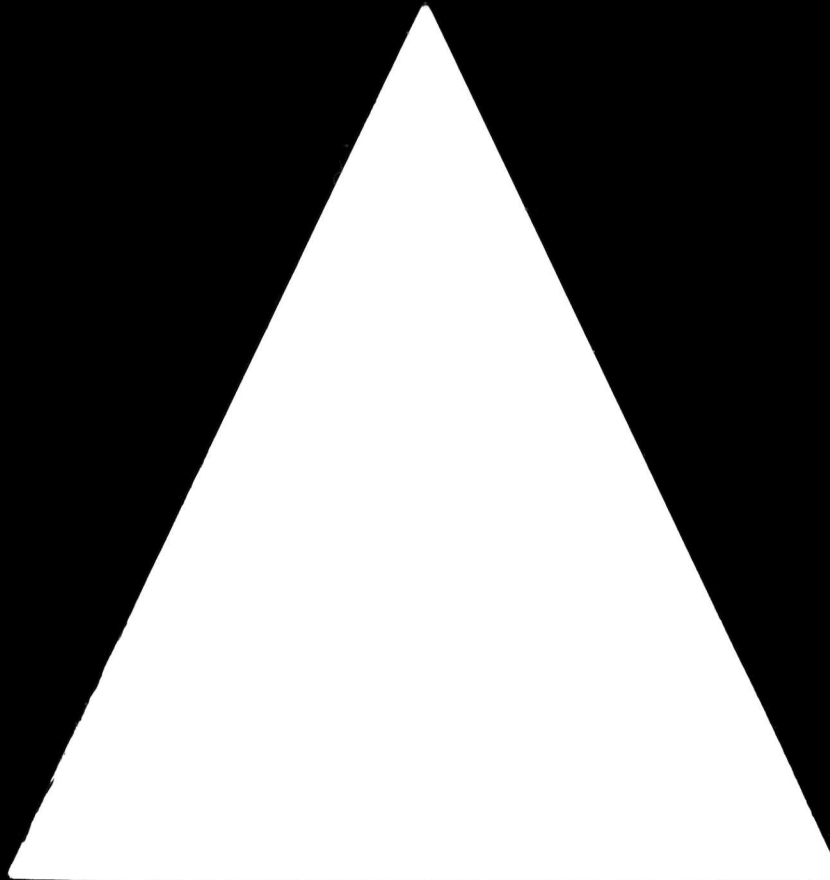
Ordinary of

Cobb

County.

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

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



Ordinary's Certificate

STATE OF GEORGIA.

CITY

I, W. B. Roberts Ordinary of said County, certify that I know

the applicant W. B. Roberts 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 29 day of Oct 1919

W. B. Roberts Ordinary

of Cobb 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 true and correct and you will not be guilty of perjury if you swear falsely."

2. 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.

Roberts W. B. Cobb Co.

No. 29-1

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1910.

County Cobb

Name W. B. Roberts

Company A

Regiment 1st La. Battalion

Approved _____

ERC 1, 31

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-30-1919

Ordinary's Certificate

STATE OF GEORGIA,

(Cobb) COUNTY }
 I, J. M. Lamm Ordinary of said County, certify that I know
 the applicant W. S. Roberts 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 29 day of Oct 1919
J. M. Lamm Ordinary
 of Cobb County }
 (SEAL)

NOTES: 1. But to 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 space is 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.

Application for Soldier's Pension Under Act 1910

Amended by Act 1919

Questions For Applicants to Answer

STATE OF GEORGIA,

(Cobb) COUNTY }
W. S. Roberts 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).
W. S. Roberts Lawrenceville, Cobb Co.
2. How long and since when have you been a continuous resident citizen of this State?
Since 1865
3. Did you enlist in the Army of the Confederate States or in 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).
Sept. 1862, Lawrenceville, Cobb Co., 1st Regt. Cobb Co. Inf.
5. How long did you remain in the actual military service with said Company and Regiment? (Give
 date of discharge).
March 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service?
March 1865, Lawrenceville, Cobb Co., 1st Regt. Cobb Co. Inf.
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?
Good Company, 1st Regt. Cobb Co. Inf., Lawrenceville, Cobb Co.
 - b. When did you leave the command?
March 1865
 - c. For what cause did you leave?
Discharged
 - d. By whose authority did you leave?
Myself
 - e. For how long was your leave granted? In what way?
None
 - 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?
No
 - j. If so, when, and where? In what prison were you held and when were you released?
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?
No

Sworn to and subscribed before me, this the
13 day of Oct 1919
J. M. Lamm Ordinary
 of Cobb County }
 (SEAL)

Order to, W. S. Roberts

No. _____

Confederate
Soldier's Application
 Under Act 1910—As Amended by Act of 1919.

County Cobb
 Name W. S. Roberts
 Company A
 Regiment 1st Regt. Cobb Co. Inf.
 Approved _____
ERL

J. W. LINDSEY,
 Commissioner of Pensions,
 Byrd Printing Co., State Printers, Atlanta.

10-3-1919

CONFEDERATE
SOLDIER'S APPLICATION

Under Act of 1910—As Amended by
Act of 1919, and Constitutional
Amendment of 1920.

County *Cobb*
Name *W. S. Roberts*
Company *A. Co. Cavalry*
Regiment
Approved *John S. Gamm*
20 July 26
Ordinary's Letter Attached

Commissioner of Pensions.

10-29-25-E-

Ordinary's Certificate

STATE OF GEORGIA

Cobb
COUNTY
I, *J. M. Gamm*
W. S. Roberts

Ordinary of said County, certify that I know
the applicant for pension that he is the person he repre-
sents himself to be, and that he has been, continuously, a bona fide resident citizen of said State since
January 1st, 1920, that I also know
the witness, who swears
to the service, that both of them are now residents of said County and were duly sworn by me before
signing the foregoing affidavits, and they are truthful and trustworthy and their statements are enti-
tled to full faith and credit.

Sworn under my hand and official seal of office this *27* day of *Oct* 19*25*
J. M. Gamm Ordinary
Cobb County

(SEAL OF ORDINARY.)

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
give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are sufficient.
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.
4. Fill out the back of the application carefully.

APPLICATION FOR PENSION BY A SOLDIER

Under Act of 1910, as Amended by Act of 1919, and Constitutional
Amendment of 1920.

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

Cobb

COUNTY

Personally appears before me, *W. S. Roberts* 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 Amendment of 1920, and submits testimony to support 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*
W. S. Roberts Marietta Ga
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of
Georgia? *At My. L. 4*
3. Did you enlist in the Army of the Confederate States, or in the organized militia of this State, from
1861 to 1865? *In the Militia*
4. When and where, and in what Company and Regiment did you enlist? (State the arm and class of
service, and give name of Colonel and Captain.) *Company A. Cavalry*
First Col. Runnels Bonzer. Captain Mangel
5. How long did you remain in the actual military service with said Company and Regiment? (Give
date of discharge.) *April 1864 to April 1865 Was captured*
6. When and where was your Company and Regiment surrendered or discharged from the Service?
Do not know
7. Were you personally 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 *Milledgeville*
Ga. on Fitch's
a. Where was your Command when you left it? *at Macon Ga.*
where I was captured
b. When did you leave the Command? *In April 1865*
c. For what cause did you leave? *I was captured*
d. By whose authority did you leave?
e. For how long was your leave of absence granted? In what way?
- f. Why did you not return to your Command after leave expired?
g. In what way were you prevented? *Was captured*
h. What effort did you make to return?
i. Were you captured by the enemy at any time *yes*
j. If so, when, and where? *Apr 1865 at Macon* In what prison were
you held and when were you released? *Was not in prison*
9. Are you drawing a pension of any amount from the State of Georgia, or any other State, or the
United States? *no*
10. Have you ever applied for the Georgia Pension and had it refused? If so, for what cause was it
not allowed? *no*

Sworn to and subscribed before me, this the

27 day of *Oct* 19*25*

J. M. Gamm Ordinary

Cobb County

(SEAL OF ORDINARY.)

W. S. Roberts

Applicant.

No Evidence obtained

J. M. Gamm

Georgia } Personally appeared before
Cobb Co } the undersigned attesting
Officer Mrs Ellen A. Thayer
who being sworn an oath
says that her home was with
John Roberts of Cobb County
who was the father of Hyley Roberts
That she knows of her own personal
knowledge that Hyley Roberts was in
the war between the States that he
entered the Service in 1st Ga Regiment
under Major Capen in Co. A.
Captain Victor Mearns. he was
a Cadet at the Georgia Military
Inst. of Marietta Ga. he was a nephew
of affiant. and he and affiant
communicated by letter up to the
close of the war he returned to the
family at the close of the war at
Camden Ga. where the family had
refused to. in April or 1st May
1865 - I was there when he returned

Sworn to and
Subscribed before Mrs Ellen A. Thayer
the Nov 19th 1925 -
J M Garner
Ordinary

State of Florida
Pinellas County -

Personally before me the undersigned officer
in & for the County & State above written -
James R. Brumby S^r who being duly
sworn deposes & says that he was a
member of Company "D" Seventh Regiment
of Cavalry of Georgia Volunteers which
regiment was in the service of the Confederate
States in the Army of Northern Virginia.
& further that to the best of his recollection
one, Hyley Roberts, was also a member
of said Company. Writes his hand
& seal

Sworn to before me this } J. R. Brumby S^r
the 19 day of January, 1922 }

J. R. Brumby
Clerk Circuit Court

OFFICE OF
J. M. GANN,
ORDINARY
COBB COUNTY, GA.

MARIETTA, GA.,

February 11, 1926.

Hon. J. W. Clark
Atlanta, Ga.

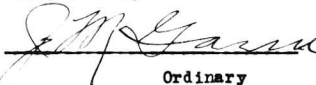
Dear Sir:

I have endeavored to get evidence
in the case of ~~W. S.~~ ^{W. S.} Roberts ~~whose~~ whose application is
on file in your office. I am unable to find anyone that
can give me any information that will amount to much.

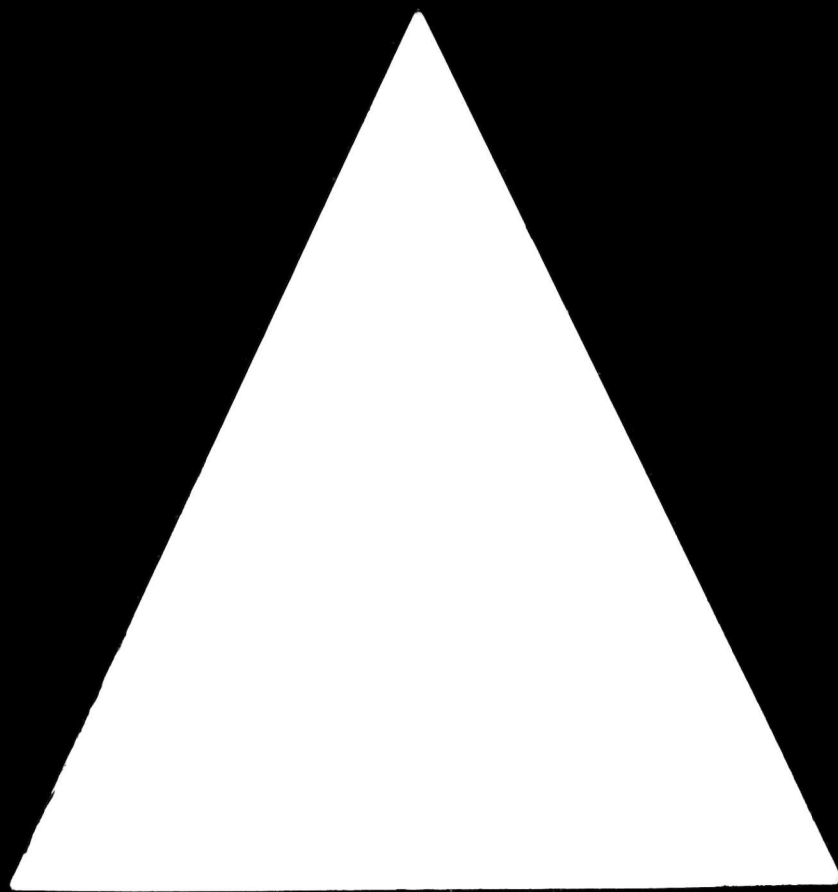
I am enclosing a letter that this
family received from J. R. Brumby several years ago, but
was never turned into this office until this morning.
This old man is in such conditions that he is unable to
aid in any way toward making proof of his service. He
has been in bed for the past six years and has but little
mind.

I am satisfied from the general
information I get that there is no question but what he
performed the service claimed but am unable to get any proof,
further than I am sending you.

Respectfully


Ordinary

JMG/P



Atlanta, Ga., Sept. 1, 1937.
403 State Capital.

Wiley S. Roberts enlisted as
a private in Co. A, Battalion
Georgia Military Institute
Cadets May 10, 1884. Surren-
dered, Augusta, Ga., May 20,
1865.

Lillian Green Vernon
Director Confidante
Record Division

Robt Wiley S.
Record & Co.
Cobb Co. Elor
1938

Widow's Application

Under Act of 1910—As Amended by Act of
1919, and Constitutional Amendments
of 1920 and 1937.

County COBB
Name Mrs. Wiley S. Roberts
Widow of Wiley S. Roberts
Date of Marriage Dec 29, 1903
Date of Husband's Death June 17, 1926
Company A
Regiment Bat. Ga. Inst. Cadets
Approved DEC 27 1937 193
Lillian Green Vernon
Director.

AUG 13 1937

Ordinary's Certificate

STATE OF GEORGIA.

Cobb

COUNTY.

I, Jas. J. Ventell, Ordinary of said County, do certify
that I know Mrs. Wiley S. Roberts 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. V. Bishop,
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 6th day of August, 1937.
(SEAL OF ORDINARY) J. J. Ventell, 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 give true answers make to each of the questions asked you and the evidence you shall give will be the truth, and no falsehood." 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. 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. If any questions are asked by the Ordinary, the applicant must make in writing throughout the State. A short sample form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

Atlanta, Ga., Sept. 1, 1937.
403 State Capitol.

Wiley S. Roberts enlisted as
a private in Co. A, Battalion
Georgia Military Institute
Cadets May 10, 1864. Surren-
dered, Aug. 24, 1864. May 20,
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. Wiley S. Roberts
Widow of Wiley S. Roberts
Date of Marriage Dec. 24 1903
Date of Husband's Death Jan. 17 1926
Company A
Regiment But. for Inst. Cadets
Approved Dec. 27 1937 193
Director.

Ordinary's Certificate

STATE OF GEORGIA,

Cobb COUNTY.

I, Jas. J. Daniell, Ordinary of said County, do certify
that I know Mrs. Wiley S. Roberts 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. V. Bishop
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 6th day of August, 1937.
(SEAL OF ORDINARY) Jas. J. Daniell 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 affidavit 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. Wiley S. Roberts 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. Wiley S. Roberts, R. F. D. 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 life
Give date, or year, of your birth Apr. 30 1868 Age? 69
3. (1) When, (2) where and (3) to whom were you married?
See. 29, 1903, Cobb Co. Wiley S. Roberts
a. Have you married since the death of first and soldier husband? No
b. When and where did your first husband die? June 12, 1926
c. Were you residing together when he died? Yes
d. If not, how long had you resided apart? Yes
e. Are you now a widow? Yes
f. Have you or your husband heretofore been paid a pension by the State? Yes
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.

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?
6. What was his physical condition when he left his Command?
7. What effort did he make to return to his Command?
8. In what way was he prevented from going back to his Command?
9. Was he captured by the enemy at any time?
10. If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the
6th day of Aug, 1937.
Jas. J. Daniell Ordinary
of Cobb County.
(SEAL OF ORDINARY)

Mrs. Wiley S. Roberts
Applicant.

An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,
County of Cobb

Before me, the Ordinary of said County, comes Mrs. Wiley S. Roberts, 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 August, 1937

Ordinary,

County:

Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA

Cobb COUNTY.

J. V. Bishop of said State and County is hereby presented as a witness in support of the application of Mrs. Wiley S. Roberts 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) J. V. Bishop, Cartersville, Bartow Co., Ga.
 2. How long and since when have you known Mrs. Wiley S. Roberts applicant forty-five years
 3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State? Cobb Co., Ga. Resident of Ga. all her life.
 4. When and to whom was she married? Wiley S. Roberts How do you know? they both together as man and wife.
 5. How long and since when did you know Wiley S. Roberts her husband? from 1903 to time of his death.
 6. When and where did Wiley S. Roberts the husband of applicant, die? June 14, 1926 at Kennesaw, 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
- Were they divorced? No
- 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 enlist?
 10. How did you obtain your information of this service?
 11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.)
 12. When and where was his Command surrendered or discharged? (Give date and place.)
 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? 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 6 day of August, 1937.
J. V. Bishop Ordinary
of Cobb County.
(SEAL OF ORDINARY)

J. V. Bishop
(Witness)
as to questions Nos. 1 to 8 inclusive

COURT OF ORDINARY, COBB COUNTY
JAS. J. DANIELL, ORDINARY
MARIETTA, GA.

CERTIFICATE

This certifies that the name of W. S. Roberts appears in the Pension Roll book of this office for Ex-Confederate soldiers of Cobb County entitled to pensions in the years 1920 to 1926, the name appearing as if entitled to draw for the year 1926, but no record is shown of a payment. By the name is the word "Dead" written with ink different from the ink used in writing the name, so evidently written at a later date.

Signed at Marietta, Georgia,
this August 6, 1937.

Jas. J. Daniell
Ordinary



THE VETERANS SERVICE OFFICE

403 STATE CAPITOL

ATLANTA, Ga., June 22, 1937.

L. T. PEE GILLEN,
DIRECTOR
C. ARTHUR CHEATHAM,
ASST. DIRECTOR
MISS LILLIAN HENDERSON,
ASST. DIRECTOR

Mr. J. V. Bishop,
Cartersville, Ga.,

Dear Mr. Bishop:

Records on file in this office show that Wiley S. Roberts enlisted in Co. A, Battalion Georgia Institute Cadets, May 10, 1864. Surrendered, Augusta, Ga., May 20, 1865.

Trusting that Mrs. Roberts will have no difficulty in securing her pension, I am,

Very truly yours,

Lillian Henderson
Assistant Director.

AFFIDAVIT

GEORGIA, COBB COUNTY.

Now comes George C. Roberts, a citizen of said state and county, personally known to the undersigned official as a man whose statement is worthy of full faith and credit, who, after being duly sworn, deposes and says:

1. That he is a younger brother of one Wiley S. Roberts who was a citizen of Cobb County until the time of his death which occurred June 12, 1926.
2. That said Wiley S. Roberts was a student at Marietta Military Institute in 1864 and was a soldier in Company A in a battalion made up partly of students from said Marietta Military Institute, which battalion and said Wiley S. Roberts rendered military service in Georgia for the Confederacy. That he remembers distinctly his brother in soldier uniform, with army belt, and ammunition.
3. That the widow of said Wiley S. Roberts is Mrs. Fannie Roberts, now living in Cobb County, Georgia.

G. C. Roberts

Sworn and subscribed to before me
at Marietta, Georgia, August 9, 1937.

Jas. J. Daniell
Ordinary

COURT OF ORDINARY, COBB COUNTY
JAS. J. DANIELL, ORDINARY
MARIETTA, GA.

Georgia, Cobb County.

This is to certify that Wyley Roberts and Fannie Goodson were married on the 29th day of December, 1903, as found in Marriage Record Book E, page 348, Cobb County Records of Marriages.

Given under my hand and seal of office, this 6th day of August, 1937.

Jas. J. Daniell
Ordinary

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

Honorable James J. Daniel, Ordinary,
Cobb County,
Marietta, Georgia.

WHEREAS:

MRS. WILEY S. ROBERTS, WIDOW OF WILEY S. ROBERTS,

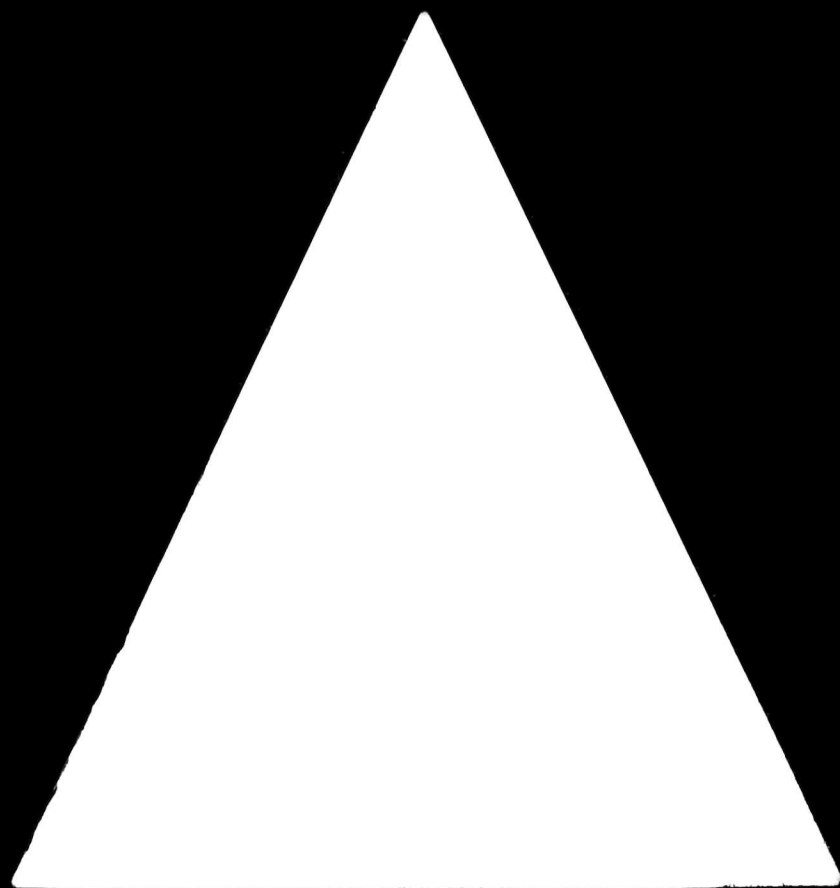
has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married 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 1937.

L. H. Gillan
Director, Confederate Division
State Department of Public
Welfare



Robertson, G. M.
Cobb Co.

CODE SEC. 1254.

(For Those Already Enrolled.)

No. 2511

INDIGENT
SOLDIER'S PENSION,
1899.

Name

County

WARRANT ISSUED

1/21

1899

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

G. J. Haubey

Geo. W. Harrison, State Printer, Atlanta.

No date

POWER OF ATTORNEY.

STATE OF GEORGIA,

County,

G. M. Robertson, hereby authorize
G. M. Robertson of
to receive and receipt for the pension allowed, and request that he remit same to

by

me

Witness my hand and seal this 1st day of May 1899.

Executed in presence of

G. M. Robertson (L.S.)

Pay to G. M. Haubey
for not pay to Stone

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

John M. Robertson, hereby authorize
John Stone of *Monroe*
 to receive and receipt for the pension allowed, and request that he remit same to
me
 by *him*

Witness my hand and seal this *1st* day of *May* 1899.

Executed in presence of

John Robinson (L. S.)

Pay to J. F. Hamby
John Stone

Robertson, J. M.
Cobb Co.

CODE SEC. 1284.
 (For Those Already Enrolled.)

No. *2511*

INDIGENT

SOLDIER'S PENSION,

1899.

Name *J. M. Robertson*
 County *Cobb*

WARRANT ISSUED

1899

1st
 RICHARD JOHNSON,
 Commissioner of Pensions.

WARRANT HANDED TO

J. F. Hamby
 Geo. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County,
Personally appears G. M. Robinson
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 14th day of Decr 1890 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 Georgia) during the war between the States, and served for the term of 3 yrs in Company A, of 1st Regiment of Regt. Va vols; that his physical condition is as follows:

On account of age
Infirmary and 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 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, the 14th day of Jan 1899. } G. M. Robinson
J. M. Stone Ordinary Lost Mt.

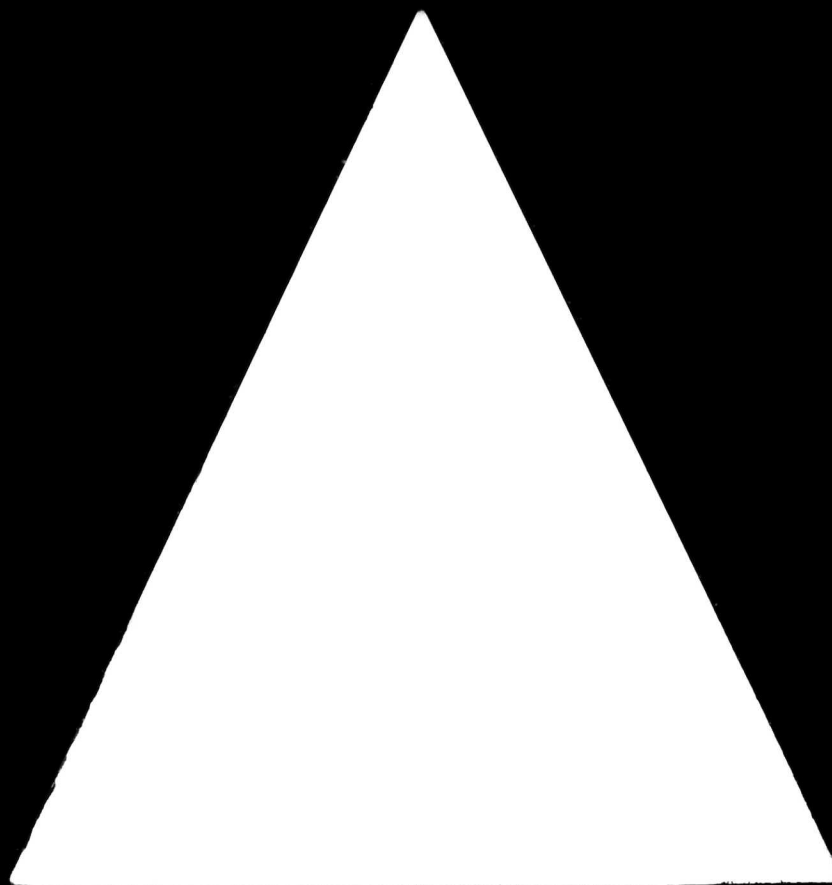
State of Georgia,

Cobb County,
I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with G. M. Robinson 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 14th day of Jan 1899.
J. M. Stone
Ordinary Cobb County.



NOTE.—The blank spaces must be filled.
NOTE.—A affidavit should not be attested before January 1st, 1899.



POWER OF ATTORNEY.

STATE OF GEORGIA.

Worth County.

I, *Mary A. Robertson* hereby authorize *John Henry Adams* of *Worth* County, to receive and receipt for the pension allowed and that he remit the same to me at *Milledgeville Ga* by his check or registered mail.

Witness my hand this *7th* day of *February* 1901.

Executed in presence of

Ordinary,

County.

Mary A. Robertson L. S.
mark

{
seal
}

Robertson Mary A
Cobb Co

C. K. No. _____

WIDOW'S Indigent Pension. 1901.

Name *Mary A. Robertson*

County *Cobb*

Widow of *William J. Robertson*
Co A 1st Va Regt

Approved *4/8* 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

1901.

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

3/7/01

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County. }
I, Mary R. Robertson, hereby authorize John Lindsey Ordinary
of Cobb County, to receive and receipt for the pension allowed and that he
remit the same to me at Thasalon Ga by his check or registered mail.
Witness my hand this 7th day of February 1901

Executed in presence of

Ordinary,

County,

Mary R. Robertson L. S.
mark

(--)
SEAL
(--)

WIDOW'S

Indigent Pension.

1901.

Name Mary R. Robertson
County Cobb

Widow of William J. Robertson
Co A 24th Va Regt

Approved 4/8 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

1901.

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

3/7/01.

Questions for Applicant.

STATE OF GEORGIA,

County.

Mary R. Robertson 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 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.)
Mary R. Robertson Cobb Co. Georgia Marietta Ga
2. How long and since when have you been a resident of this State?
67 years
3. When and where were you born?
in Gwinnett Co Ga
4. When and where was your husband born—state his full name, and when were you and he married?
was born in Gwinnett Co Ga Holland J. Robertson
We were married in Gwinnett Co Ga 1857
5. When and where, and in what Company and Regiment did your husband enlist or serve during the
war between the States? Loraineville Ga in Co H 24th Regiment
Georgia Volunteers
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?
They surrendered Appomattox Virginia
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?
10. When and where did your husband die? in Gwinnett Co Ga Feb 7th
1881
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
and infirmity
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 have not been able to earn my support for 7 years
13. What has been your occupation since your husband's death? I worked as
the house as laundress was able to do but little
14. How much can you earn gross, by your own exertion or labor? Two or Three dollars
15. What property, real or personal, or income do you have or possess, and its gross value?
I have no property of any kind
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?
I had no property whatever
17. In what counties did you reside in 1899 and 1900, and what property did you return for taxation?
in Cobb Co Ga I had no property
18. How have you been supported since death of husband, and especially for 1899 and 1900?
I have been supported by my children for 7 years
19. How much did your support cost for each of those years, and how much did you contribute by your
own labor or income? about one hundred dollars I contributed nothing
20. What was your employment during 1899 and 1900—how much did you receive for each year?
I had no employment for I could find nothing if wanted
21. Have you a family? If so, who compose such family? Give their means of support. Have they
any lands or other property? I have no family
22. Have you ever made an application for pension before? None
23. How many applications have you made for a Pension, and under what class?
I have never applied before

Sworn to and subscribed before me this

day of Feb 1901.

of Cobb County.

Ordinary,

Questions for Witnesses.

STATE OF GEORGIA,

Gwinnett County.

George M. Millard & James Bradford of said State and County, having been presented as a witness in support of the Application of Mrs. Mary R. Robertson for a Pension under the Act of 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? *George M. Millard & James Bradford both of Gwinnett County Ga*
2. Are you acquainted with the applicant, Mrs. Mary R. Robertson? *all his life*
3. Where does she reside, and how long and since when has she been a resident of this State? *in Cobb County Ga since 1832 for 68 years*
4. When and where was she born? *1832 in Gwinnett County*
5. Were you ever acquainted with her husband? *Yes was*
6. Where did he reside in 1861? *in Gwinnett County*
7. When and to whom was he married? *in 1857 in Gwinnett County*
8. When and where was he born? *in Gwinnett County*
9. How long have you known him? *all his life*
10. When and where did *Hilliard G. Robertson* enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? *in Gwinnett County in 1862 in Co H 24 Regt Ga vol*
11. Were you a member of the same Company and Regiment? *Yes was*
12. How long did he perform regular military duty? *until the close of the War*
13. When and where was his Company and Regiment surrendered and discharged from service? *at Appomattox Va. in April 1865*
14. Were you with the command when it surrendered? *Yes was*
15. Was *Hilliard G. Robertson* the husband of applicant present? *he was*
16. If not present, where was he? *he was Prisoner*
17. When and where did he leave his Command? *_____*

For what cause? *_____*
By whose authority he left? *_____*
How do you know all this? (State fully and clearly.) *we was there with him*

18. When and where did *Hilliard G. Robertson* die? *in Gwinnett about 1880*
19. Where did he reside at his death and how long had he been a resident of Georgia at his death? *in Gwinnett Co all his life*
20. Do you of your own knowledge know that applicant is the lawful widow of *Hilliard G. Robertson*? *we do*
21. Has she remained unmarried since her soldier husband's death, and is now his widow? *she has*
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? *Nothing*
23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? *Nothing*
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*
25. What is applicant's physical condition and her chances and ability to earn a support? *she is in bad health and is old*

26. Is applicant able to earn a support at labor of any sort, if not why? *she is not able to earn a support on account of old age and bad health*
27. How was she supported for 1899 and 1900? *by her children*
28. How much did applicant contribute to her support for last two years? *Nothing*
29. Give a full and complete statement of applicant's physical condition? *she is old and feeble and general debility*
30. What interest have you in the recovery of this pension by the applicant? *Nothing*

Sworn to and subscribed before me this *5* day of *Feb* 190*1*
John D. Webb Ordinary,
Gwinnett County.
George M. Millard
James Bradford
Witnesses.

Affidavits of Physicians.

STATE OF GEORGIA,
Cobb County.
Personally before me comes *T. J. Mass M.D.* and *J. H. Ramsey M.D.* both known to me to be reputable Physicians of said county, who, being severally sworn, say on oath that they have examined carefully Mrs. *Mary R. Robertson* applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this *General bad health being quite weak and infirm*

and we have no interest in said pension if allowed.
Sworn to and subscribed before me this *7* day of *February* 190*1*
John C. Way Ordinary,
Cobb County.
T. J. Mass M.D.
J. H. Ramsey M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Gwinnett County.
I, *John D. Webb*, Ordinary in and for said county, hereby certify that the applicant, Mrs. *Mary R. Robertson* resides in said county, and has been a bona fide resident of this State since _____ day of _____ 18____, and that the witnesses, Mr. *George M. Millard* and *James Bradford* 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 _____ county shows that applicant returned for taxation in her own name in 1899 _____ dollars worth of property, and in 1900 _____ dollars worth of property.
Witness my hand and official seal, this *5* day of *Feb* 190*1*
John D. Webb Ordinary,
Gwinnett 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, 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 28th April, 1865, not entitled.
5. _____ Witnesses and two Physicians are necessary to make out claims.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

I, *M R Robertson*, hereby authorize
John Arting of _____
 to receive and receipt for the pension paid heron, and request that he remit same to
 at _____

In Witness Whereof, I have hereunto set my hand and seal, this *10*
 day of *Jan* 1902.

M R Robertson [L. S.]

Executed in presence of
J M S m

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

I, *M R Robinson*, hereby authorize
John Arting 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 *16*
 day of *Jan* 1902.

M R Robinson [L. S.]

Executed in presence of
J M S m

Robertson Mary R.
Cobb County

To Those Heretofore Paid.

1902.

No. *136*

INDIGENT
 WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

M R Robinson

Cobb County,

Widow of

Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1902

AND HANDLED TO

Roby

GEO. W. HARRISON CIVIL SERVICE ACCOUNT, GA.

Robertson Mary R.
Cobb County

To Those Heretofore Paid.

1902.

No. *154*

INDIGENT
 WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

M R Robinson

Cobb County,

Widow of *M R Robinson*

Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1902

AND HANDLED TO

Roby

GEO. W. HARRISON CIVIL SERVICE ACCOUNT, GA.

FOR INDIGENT 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 Cobb State of Georgia, and that she has RESIDED in said State continuously ever since Birth in 1833. That she is the Widow of

H. J. Robertson

who was a soldier in Company

F

of the

14

Regiment of

Georgia

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

1862

and served in the Army up to

March1865

That he died

on the

7th

day of

February1881

Dying to age infirmity and poverty Deponent is unable 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 1851.

I have been a widow and dependent pension as a resident of Cobb County, Georgia, Act 1900, for the year 1902, and now apply for the pension provided by law for the year ending December 31, 1902.

Sworn to and subscribed before me, this 16th day of Jan 1902, at Post Office North Georgia.

State of Georgia.

County of CobbOrdinary of said County, certify that I am well acquainted with Mrs. M. R. Robertson 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 10th day of Jan 1902.

Official Seal

Ordinary of

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.

Mary R. Robinson

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

H. J. Robinson

who was a soldier in Company

A

of the

26

Regiment of

Georgia

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

1862

and served in the Army up to

April1865

That he died

on the

day of

18

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 1851.

I have been allowed an Indigent pension as a resident of Cobb County, under Act 1900, for the year 1902, and now apply for the pension provided by law for the year ending December 31, 1902.

Sworn to and subscribed before me, this 16th day of Jan 1902, at Post Office North Georgia.

State of Georgia.

County of CobbOrdinary of said County, certify that I am well acquainted with Mrs. M. R. Robinson 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 16th day of Jan 1902.

Official Seal

Ordinary of

County.

NOTE.—All blanks must be filled.

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

OFFICE OF
JOHN AWTRY,
ORDINARY, COBB COUNTY

Marilla, Ga., July 7th, 1904.

This certifies that Mrs. Mary R. Robertson, applicant for inclusion under the indigent widows act of 1900, is a bona fide citizen of Cobb County, and has been for several years.

I further certify that before answering the question applicant took the oath required by law, and the full text of the affidavit was read to applicant before same was signed and subscribed by her.

I further certify that the tax digest of Cobb County shows that applicant returned for taxation in her own name in 1899 no property, and in 1900 no property.

Witness my hand and official seal,
this 7th day of July, 1904.

John Awtry,
Ordinary,
Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

I, Mary R. Robertson hereby authorize
John Awtry 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 23
day of July, 1904.

Executed in presence of

McGann

Mary R. Robertson [L. S.]
mar

Robertson, Mary R.
Cobb County

TO THOSE HERETOFORE PAID.

1904.

No. 248

INDIGENT
WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs. Mary R. Robertson

or

Cobb County

Widow of M. R. Robertson

Co. A 26 th Regt Inf

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT ISSUED

JAN 25 1904.

AND FORWARDED TO

Order

Geo. W. Harrison, State Printer, Atlanta.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

PERSONALLY COMES MRS.

County of CobbMary L. Robinson

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 Cobb. That she is the Widow of

W. J. Robinson who was a soldier in Company 4 of the 26 Regiment of Ga. Vol.

Volunteers, that he enlisted in said regiment on or about the month of _____ 186____, and served in the Army up to April 1865____. That he died on the _____ day of _____ 18____.

Owing to age infirmity and poverty she is unable 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 1857.

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 23 day of January 1904. Mary L. Robinson
John H. Atney Ordinary. Post Office _____

State of Georgia,

I, John H. AtneyCobb

County.

Ordinary of said County, certify that I am well

acquainted with Mrs. Mary L. Robinson, 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____.

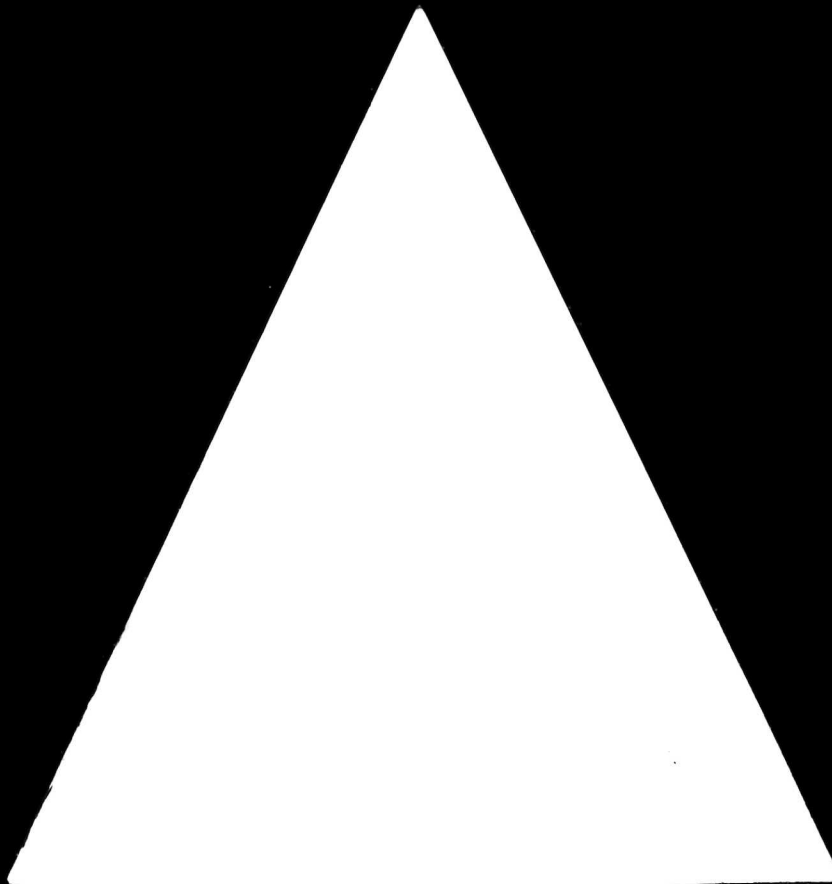
Given under my official signature and seal, this the 23 day of January 1904.



John H. Atney
 Ordinary of Cobb County

NOTE.—All blanks must be filled.
 Vouchers and Affidavits must bear date after January 1st, 1904.

County of _____ State of _____
NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1904.



Form No. 5.

CHORLEY,

Know a Member who's Providing That?

County, in said State, do hereby certify

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the said Court, at the City of New York, this 20th day of May, 1906.

Executed in the presence of us:

W. H. H. H. H.

DIRECTIONS.

If allowed, send amount by

and oblige.

[illegible]

Robertson, Nancy
 refused
 to be
 the Governor
 1891.

No.

Widows' Pension

PAID TO—

William H. Johnson
OF
1106
COUNTY

\$100.00.

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA.

Know all Men by these Presents, That I,

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 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:

It allowed, sent amount by
me at

and oblige.

DIRECTIONS.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

County of

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

Mrs. Nancy J. Robertson, who being sworn according to law, says under
oath that she is the widow of J. W. Robertson, who was a soldier in
the service of the Confederate States, and served as a member of Company B,
37 Regiment of Alabama Volunteers; that he enlisted in said
service on or about the day of May 1862, and was in the
Army up to Nov. 1864. That while in the

Army, he was on the day of 1864 (See Note No. 1)

Union with Gustaf and
to Robert at Montgomery, Ala.
He was continually sick with said disease
from the time of its incipency until
his death.
He died of said disease July 14th
1870 in Way County, Alabama.

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 1st day
of May 1876, and that she has resided in Georgia continuously since the
day of Nov 1874; 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,

day of Dec 1891.
Nancy J. Robertson
Ordinary.

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.

Widows' Pension

PAID TO

\$100.00.

Warrant Issued

AND HANDED TO

1891

1891.

210.

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

STATE OF GEORGIA,

County of *Wich*in and for said County of *Cobb*

Ordinary

State of Georgia, hereby certify that I am acquainted with Mrs. *Nancy J. Robertson*, 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

day of *June* 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.

Affidavit for Three Witnesses.

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. *Nancy J. Robertson*, of the County of *Cobb*, State of Georgia, is the widow of *Gas W. Robertson*, who was a soldier in Company *B* of the *34th* Regiment of *Alabama* Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the day of *May* 1862. That while in said service, or by reason of said service in the Army, he lost his life as follows:

We further swear that Mrs. *Nancy J. Robertson* was the wife of said soldier during the 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, the
day of *June* 1891.

W. E. McGehee
Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, Nancy J. Robertson hereby authorize John Anthony of Cobb County, Georgia, to receive and receipt for the pension allowed and that he remit the same to me at Acworth Ga by his check or registered mail.

Witness my hand this 14 day of April 1901.

Executed in presence of John Anthony Ordinary, Cobb County.

N J Robertson L. S.

(SEAL)

Office Col. of Pensions,
Washington, D.C.
The notice is present from com-
mittee to take an place
surrendered and a sick furlough
is being given. His excuse for
being away.
At State when and
where the furlough was given
for how long for what cause,
and in what way he was prevented
from returning to his command?
Prove all this to be true by a
witness that of his own knowl-
edge knows. Hearsay and belief
will not answer for positive
proof.

J. W. Lindsey.

Col. of Pensions.

WIDOW'S

Indigent Pension.

1901.

Name Nancy Robertson

County Cobb

Widow of J. Robertson

Cobb. 37-ale

Approved 1901

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO.

1901

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

5/9/01
17/10/01

Questions for Applicant.

STATE OF GEORGIA,

Cobb County.

I, Mrs. Nancy J. Robertson 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 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) *Nancy J. Robertson and residence in Georgia Cobb County Acworth.*
2. How long and since when have you been a resident of this State? *Since 21st years ever since 1875.*
3. When and where were you born? *1809 in Georgia near Marietta 28th of March.*
4. When and where was your husband born—state his full name, and when were you and he married? *John Robertson my husband was born in Clay County Alabama 1833. We were married in 1857.*
5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States? *May 1862 at Ochsler's Independent Company Alabama 50th 37th Ala Regt.*
6. How long did your husband serve in said Company and Regiment? *Until the spring of 1865.*
7. When and where did your husband's Company and Regiment surrender and was discharged? *In April 1865 at Sumter S.C.*
8. Was your husband present at the time and place when his Company and Regiment surrendered? *He was not present.*
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 at home sick on regular furlough of proper officer.*
10. When and where did your husband die? *He died in April 1878 in a new asylum in Clay County Alabama.*
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 and 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 have been unable to earn a support for myself for sixteen years and have no property.*
13. What has been your occupation since your husband's death? *I have been cured for my children and they have cured for me.*
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 County Georgia and have no property.*
18. How have you been supported since death of husband, and especially for 1899 and 1900? *By labor of my children for 1899 & 1900.*
19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income? *The cost was for food and clothing, contributing nothing.*
20. What was your employment during 1899 and 1900—how much did you receive for each year? *Sitting around in the house.*
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 no family.*
22. Have you ever made an application for pension before? *Yes, times only one.*
23. How many applications have you made for a Pension, and under what class? *under first class.*

Sworn to and subscribed before me this 14 day of April 1901 } N J Robertson
John Anthony Ordinary,
Cobb County.

Questions for Witnesses.

STATE OF GEORGIA,

Williamson County.

Shos J. Strickland of said State and County, having been presented as a witness in support of the Application of Mrs. Mary J. Robertson 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? Shos J. Strickland

2. Are you acquainted with the applicant, Mrs. Mary J. Robertson? Yes

If so, how long have you known her? ever since 1856

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

4. When and where was she born? 1839 in Ga.

5. Were you ever acquainted with her husband? Yes

6. Where did he reside in 1861? Davidson Fullaposa Co. Ala

7. When and to whom was he married? A. P. Cook in 1854

8. When and where was he born? State of Ga. Feb 8th 1833

9. How long have you known him? Since 1849

10. When and where did P. H. Robertson enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? Davidson Fullaposa Co. Ala Co. B. 37th Ala Regt of Heavy Artillery

11. Were you a member of the same Company and Regiment? Yes

12. How long did he perform regular military duty? until the Spring of 1865

13. When and where was his Company and Regiment surrendered and discharged from service? April 1865 Greensborough etc.

14. Were you with the command when it surrendered? I was

15. Was not present at the time of the surrender of the husband of applicant present? Not present at the time of the surrender of the husband of applicant present

16. If not present, where was he? At home in Ala. after the war for his duties

17. When and where did he leave his Command? Spanish Fort, Ala

For what cause? Sickness

By whose authority he left? by the authority of officers in command

How do you know all this? (State fully and clearly.) Because I was present

18. When and where did P. H. Robertson die? near Ashland, Ga. Co. 4th Ala Cavalry July 12th 1873

19. Where did he reside at his death and how long had he been a resident of Georgia at his death? Bar. Ashland Ala

20. Do you of your own knowledge know that applicant is the lawful widow of P. H. Robertson? Yes

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? nothing other than I give her

23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? had 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? none that I know of

25. What is applicant's physical condition and her chances and ability to earn a support? very poor

26. Is applicant able to earn a support at labor of any sort, if not why? because of her Age & inability

27. How was she supported for 1899 and 1900? by her Son-in-law

28. How much did applicant contribute to her support for last two years? \$1.00 of nothing

29. Give a full and complete statement of applicant's physical condition? very poor

30. What interest have you in the recovery of this pension by the applicant? none at all

Sworn to and subscribed before me this 27th day of March 1901

W. J. Smith Jr. Ordinary, Williamson County, Georgia

Witnesses, Shos J. Strickland

Affidavits of Physicians.

STATE OF GEORGIA,

County.

Personally before me comes E. M. Bailey and both known to me to be reputable physicians of said county, who, being severally sworn, say on oath that they have examined carefully Mrs. Mary J. Robertson applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this

she is old and infirm and has suffered from a catarrh condition of the stomach for several years

she is not physically able to make a living for herself

and we have no interest in said pension if allowed

Sworn to and subscribed before me this 9th day of May 1901

John A. Smith, M.D. Ordinary, Williamson County, Georgia

E. M. Bailey M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

I, John A. Smith, Ordinary in and for said county, hereby certify that the applicant, Mrs. Mary J. Robertson resides in said county, and has been a bona fide resident of this State since 1900, and that the witnesses, Mr. W. J. Smith and E. M. Bailey 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 said county shows that applicant returned for taxation in her own name in 1899 \$0.00 dollars worth of property, and in 1900 \$0.00 dollars worth of property.

Witness my hand and official seal, this 9th day of May 1901

John A. Smith Ordinary, Williamson County, Georgia

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, 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 28th April, 1865, not entitled.

5. Witnesses and two Physicians are necessary to make out claims.

OFFICE OF
JOHN AWTRY,
ORDINARY, COBB COUNTY.

Marietta, Ga.,

1901.

Williamson County, Texas.

Personally appeared before me a
Notary Public in and for Williamson
County Texas, Thos. J. Thickland, who being
duly sworn depose and say in addition
to his former evidence for pension application
of Mrs. Nancy J. Robertson, that Jas. M. Robertson
husband of applicant, was sent from Spanish Fort, Ala.
to hospital at Montgomery, Ala. in February 1865. He
was then furloughed home for 30 days. During his
stay at home he was operated on for gravel and
prostate in duo, and his food and urine passed
out through the wound the remainder of his life.
On this account he was never able to return
to his Command.

Thos. J. Thickland.

Sworn to and subscribed before me, this 10th Dec^r
1901. And I certify that Thos. J. Thickland
is a citizen of above State of Texas, whose evidence
is worthy of full faith and credit. J. P.
Expressing, Public.

Cobb County, Ga.
Personally appeared
before me Mrs. Nancy J. Robertson
who being duly sworn before
me say in addition to her
former evidence for pension
application that Jas. M. Robertson
her husband was sent from
Spanish Fort Ala. to hospital
at Montgomery Ala. in February
1865. He was then furloughed
home for 30 days. During his
stay at home he was operated
on for gravel and prostate in
duo and his food and urine
passed out through the wound
the remainder of his life. On
this account he was never able
to return to his command.

Sworn to and subscribed
before me this Dec. 14th 1901.
John Awtry, Ordinary.

Additional affidavit of Mrs. J. Strickland,
in answer to interrogatories in red ink.

The State of Alabama } Personally appeared before
Talladega County } me, E. C. Miller, Judge of Pro-
bate in and for said County, Thos. J. Strickland, personally
known to me, who being by me duly sworn, says as fol-
lows:

I do not know that the war caused Mr. Robertson
to have fistula, but I do know that he did not have fis-
tula when he enlisted in the service of the Confederacy, &
I do know that he did have it when the war ended.

I do not know that he would not have had
such trouble if there had been no war.

I first knew he had such fistula about October
1863. I know such to be the fact because Dr. Olin
(Surgeon of 37th Ala. Regiment Co. B,) so told me while he
was treating him in the service. I did not make
during the war a personal examination, but soon after the
war - (about 1865) he was operated on for fistula in anus,
& I was one of the parties who helped to nurse & attend to
him during such operation.

I was present in 1873 when he died.

The physician attending him said the fistula killed
him, & that he had no other disease.

I knew other men who had fistula in anus,
after the war, but do not know that the same was caused
by service in the war.

I do not know why others who went through
the war did not have fistula in anus, (nor do I know
why Shep Malere was shot down by the enemy, while
standing by my side & holding to my arm, when I myself
was not touched!)

I do know, absolutely, that he had no other
disease after the war, which contributed to his
death.

I do not know, whether he had any other

The State of Alabama, before me, E. C. Miller, Judge of
Probate in and for said County, Thos. J. Strickland, personally
known to me, who being by me duly sworn, says as fol-
lows: I do not know that the war caused Mr. Robertson
to have fistula, but I do know that he did not have fis-
tula when he enlisted in the service of the Confederacy, &
I do know that he did have it when the war ended.

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& I was one of the parties who helped to nurse & attend to
him during such operation.

I was present in 1873 when he died.

The physician attending him said the fistula killed
him, & that he had no other disease.

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after the war, but do not know that the same was caused
by service in the war.

I do not know why others who went through
the war did not have fistula in anus, (nor do I know
why Shep Malere was shot down by the enemy, while
standing by my side & holding to my arm, when I myself
was not touched!)

I do know, absolutely, that he had no other
disease after the war, which contributed to his
death.

I do not know, whether he had any other

Subscribed and sworn to before me this 1st day of May 1874.
E. C. Miller
Judge of Probate

of the fistula before he entered the army, but I do know that he was duly enlisted in the service, & made as good and brave a soldier as any man in the war, & at the Missionary Ridge Battle, while suffering with fistula in ano, he, in a hand-to-hand conflict with the enemy, captured a federal flag, & delivered it to one of our Generals.

Subscribed and sworn to before me this July 6th 1891.

E. K. Miller,
Judge of Probate Court,
Talladega County, Alabama.

Thos. J. Strickland

The State of Alabama,
Talladega County.

Clerk of the Probate Court

1. M. D. Dwyer

in and for said county, the same being a court of record under the laws of Alabama and having a seal, do hereby certify that

foregoing E. K. Miller whose name is signed to the affidavit & jurat and whose signature is known to me to be genuine, was, at the time of signing the same, the Judge of the Probate Court in and for said county and State, duly commissioned and sworn, and that all his official acts are entitled to full faith and credit.

WITNESS my hand and seal of office at Talladega, Alabama, this

the 6th day of July 1891.

M. D. Dwyer
Clerk Probate Court Talladega Co. Ala.
Our Mountain Home Print, Talladega, Ala.

The State of Alabama,
Talladega County.

1. M. D. Dwyer

Clerk of the Probate Court

in and for said county, the same being a court of

record under the laws of Alabama and having a seal, do hereby certify that

foregoing E. K. Miller whose name is signed to the affidavit & jurat and whose signature is known to me to be genuine, was, at the time of signing he same, the Judge of the Probate Court in and for said county and State, duly commissioned and sworn, and that all his official acts are entitled to full faith and credit.

WITNESS my hand and seal of office at Talladega, Alabama, this

the 28th day of April 1891.

M. D. Dwyer
Clerk of Probate Court
Talladega County
Alabama
Our Mountain Home Print, Talladega, Ala.

of the fatalo before he entered the army, but I do know
that he was duly enlisted in the service, & made as
good and brave a soldier as any man in the army,
& at the Missionary Ridge Battle, while suffering
with fatalo in arms, he, in a hand-to hand conflict
with the enemy, captured a federal flag, & delivered it
to one of our Generals.

Subscribed and sworn to
before me this July 6th 1891

J. H. Miller,

Judge of Probate Court,
Talladega County, Alabama

Thos. J. Shio Ward

The State of Alabama,
Talladega County.

M. D. Ivory
Clerk of the Probate Court in and for said county, the same being a court of
record under the laws of Alabama and having a seal, do hereby certify that

J. H. Miller whose name is signed to the
foregoing *affidavit & final* and whose signature
is known to me to be genuine, was, at the time of signing the same, *the Judge*
of the Probate Court in and for said county and
State, duly commissioned and sworn, and that all his official acts are entitled to full faith and
credit.

WITNESS my hand and seal of office at Talladega, Alabama, this
the 6th day of *July* 1891.

M. D. Ivory
Clerk Probate Court Talladega Co. Ala

Our Mountain Home Print Talladega Ala

The State of Alabama,
Talladega County.

M. D. Ivory
Clerk of the Probate Court in and for said county, the same being a court of
record under the laws of Alabama and having a seal, do hereby certify that
E. K. Miller whose name is signed to the
foregoing *affidavit & final* and whose signature
is known to me to be genuine, was, at the time of signing the same, *the Judge of*
the Probate Court in and for said county and
State, duly commissioned and sworn, and that all his official acts are entitled to full faith and
credit.

WITNESS my hand and seal of office at Talladega, Alabama, this
the 28th day of *April* 1891.

M. D. Ivory
Clerk Probate Court
Talladega County
Alabama

Our Mountain Home Print Talladega Ala

State of Alabama } Probate Court
Chambers County }

Personally came
before me J. J. Robinson Judge of the
Probate Court for said County. Wm
A. Robertson known to me to be
a truthful and respectable citizen
who being duly sworn says on oath
that from his own personal knowledge
Mrs. Nancy J. Robertson of the County of
Cobb State of Georgia is the widow of
James W. Robertson who was a soldier
of Co B of 37th Reg Ala Vols. That said
soldier enlisted in said Company about
the month of Feb'y 1862 and that said
Company became a part of said Reg-
iment about the month of May 1862
That while in the service of the Con-
federate States and shortly before the
investment of Vicksburg by the Federal
arm said soldier contracted the dis-
ease of fistula in ano from which
he was a constant sufferer until
he died in 1873. That affiant was
with him a good portion of that time
He further swears that Mrs. Nancy J.
Robertson was the wife of said Jas W.
Robertson the soldier aforesaid during
the service, that she has not intermarried
since his death & that she resides in Cobb
County State of Georgia

W. A. Robertson

Sworn to & subscribed before me this May 6th 1891 in witness
whereof I have set my hand and seal of Office

J. J. Robinson
Judge of the Probate Court

State of Alabama }
Chambers County }

Personally came
before me J. J. Rob-
inson Judge of the Probate Court
for said County W. A. Robertson
who being duly sworn says on
oath that he was well acquainted
with James W. Robertson prior to
the year 1861 that he was sound
about and in good health and
that he had no fistula or any
evidence of it at that time
That he entered the service of
the Confederate States as a member
of Co B. 37th Reg Ala Vols. and that
during the year 1863 during the
Siege of Vicksburg Miss. he
contracted the disease of fistula
and suffered with it until
his death in the year 1873. He
says that he lived near J. W. Rob-
ertson since the close of the war
and was with him during a
great deal of time of his sickness
and that his death was caused
from said disease

W. A. Robertson

Sworn to and subscribed before
me this 26th day of January 1892

J. J. Robinson
Judge of Probate

Sworn to & subscribed before me this May 6th 1891 in witness
whereof I have set my hand and seal of Office
J. J. Robinson
Judge of the Probate Court

Form No. 2.
Certificate of Ordinary of the County of Applicant's Residence.

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.
Elizabeth Robinson 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,
1899, and has not lived out of the State since that date. That she is the widow of
Robert Robinson 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
13th day of Feb., 1893.

Ordinary.

Form No. 2.
POWER OF ATTORNEY.

STATE OF GEORGIA, County of Cobb
KNOW ALL MEN BY THESE PRESENTS, That I, Elizabeth Robinson
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 affi-
davit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be
issued by the Governor, or for any sum of money which may be coming to me for the reason
aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 13th
day of February, 1892. Elizabeth Robinson [L.S.]

Executed in the presence of us:

J. H. Ponce
J. M. Fleming

DIRECTIONS:

Send amount by _____ to _____
me at _____, and oblige _____

Robinson Elizabeth
Cobb County
FOR THOSE HERETOFORE PAID

1893.
Feb 13 1891
No. 3031

Widows' Pension,
for year ending February 15th, 1893.

PAID TO
Mrs. Elizabeth Robinson
OF
Cobb COUNTY.

Warrant Issued
2/18 1893

AND HANDED TO
J. M. Stone

Geo. W. Harrison, State Printer, Atlanta.

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. Elizabeth Robinson 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 H. W. Robinson 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 13th day of July, 1893.

Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Elizabeth Robinson of Cobb County, in said State, do hereby appoint J. M. Stone Ordinary 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 13 day of February 1893 Elizabeth Robinson [L.S.]

Executed in the presence of us:

J. M. Stone

DIRECTIONS.

Send amount by me at _____, and oblige _____ to

Widow's Pension,
for year ending February 15th, 1893.
PAID TO—
Elizabeth Robinson
OF—
Cobb County.
Warrant Issued
J. M. Stone
AND HANDLED TO
1893
FOR THOSE HERETOFORE PAID
7 Feb 1893.
210. 30 31
Robinson, Elizabeth
Cobb County
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. Elizabeth Robinson 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 H. W. Robinson 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 19th day of July, 1894.

Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Elizabeth Robinson of Cobb County, in said State, do hereby appoint J. M. Stone Ordinary 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 19 day of July 1894. Elizabeth Robinson [L.S.]

Executed in the presence of us:

J. M. Stone

DIRECTIONS.

Send amount by me at _____, and oblige _____ to

Widow's Pension,
for year ending February 15th, 1894.
PAID TO—
Elizabeth Robinson
OF—
Cobb County.
Warrant Issued
J. M. Stone
AND HANDLED TO
1894.
FOR THOSE HERETOFORE PAID
Robinson, Elizabeth
Cobb County
FOR THOSE HERETOFORE PAID
1894.
No. 811
WIDOWS' PENSION,
for year ending February 15th, 1894.
PAID TO—
Elizabeth Robinson
OF—
Cobb County.
Warrant Issued
J. M. Stone
AND HANDLED TO
1894.
FOR THOSE HERETOFORE PAID

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *Cobb*

Personally comes Mrs.

Elizabeth Robinson

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

1839 That she is the Widow of

H. W. Robinson

who was a Soldier in Company

of the *42*

Regiment of

Georgia

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

March

1862 and served in the Army up to

April 12

1863 That he lost his

life on the *2* day of *April* 1863 (State here

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

He died from smallpox, on 12 day of April 1863, in "smallpox hospital" No 2, Vicksburg Mississippi.

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 1836; 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 *February* 1893.

Ordinary.

Post-office

Cumworth, Ga.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *Cobb*

Personally comes Mrs.

Elizabeth Robinson

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

1839 That she is the Widow of

H. W. Robinson who was a Soldier in Company*"B."* of the*42*

Regiment of

Georgia

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

March

1862 and served in the Army up to

April

1863 That he lost his

life on the *12th* day of *April* 1863 (State here

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

He died of diarrhea in Smallpox Hospital No 2 in Vicksburg Miss.

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 1836; 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

19th day of *July* 1894.

Ordinary.

Post-office

Cumworth 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
State of Georgia, hereby certify that I am acquainted with Mrs. Elizabeth Robinson 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 H. W. Robinson 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 7th day of July, 1895.

J. M. Stone Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, County of Cobb

KNOW ALL MEN BY THESE PRESENTS, That I, Elizabeth Robinson of Cobb County in said State, do hereby appoint Manietta Yal 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 July, 1895. Elizabeth Robinson [L.S.]

Executed in the presence of us:

Send amount by authorizing R. C. J. in
me at to receive and sign for
me the above
petition & warrant
J. M. Stone

Geo. W. Harrison, State Printer.

R. C. J.

WARRANT ISSUED
AND HANDED TO
24 July
1895.

widow of

Elizabeth Robinson
Cobb County.

PAID TO
Elizabeth Robinson

for year ending February 15th, 1895.

WIDOW'S PENSION,

No. 481

1895.

FOR THOSE HERETOFORE PAID.

Robinson & Elizabeth
Cobb Co

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. Elizabeth Robinson 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 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 4th day of March, 1896.

J. M. Stone Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, County of Cobb

I, Elizabeth Robinson authorize J. M. Stone of Manietta Yal 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 4th day of March, 1896.

Elizabeth Robinson [L.S.]
Executed in the presence of
G. W. Harrison

Geo. W. Harrison, State Printer.

AND HANDED TO
Elizabeth Robinson

WARRANT ISSUED
3/20
1896.

widow of

Elizabeth Robinson
Cobb County.

PAID TO
Elizabeth Robinson

for year ending February 15th, 1896.

WIDOW'S PENSION,

No. 3849

1896.

FOR THOSE HERETOFORE PAID.

Robinson, Elizabeth
Cobb, County

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs.

Elizabeth Robinson

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 18 39 That she is the Widow ofW. W. Robinson who was a Soldier in Company B. of the 42nd Regiment of Ja. Mch Volunteers, that he enlisted in said Regiment on or about the month of April 1862 and served in the Army up to April 1863 That he lost his life on the 12th day of April 1863 (State herefull particulars of the husband's death, when, where and from what cause.) (andwhile in the service of the Confederate States as a soldier he was taken with dysentery and carried to the small pox hospital in Vicksburg Miss. where he died April 12th 1863 - of said disease.Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 , that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this

7th day of July 1895.J. M. Stow Ordinary.Elizabeth Robinson Post-office Acworth Ga

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs.

Elizabeth Robinsonwho 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 18 39 That she is the Widow ofW. W. Robinson who was a Soldier in Company B. of the 42nd Regiment of Ja. Mch Volunteers, that he enlisted in said regiment on or about the month of April 1862 and served in the Army up to April 1863 That he lost his life on the 12th day of April 1863 (State here

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

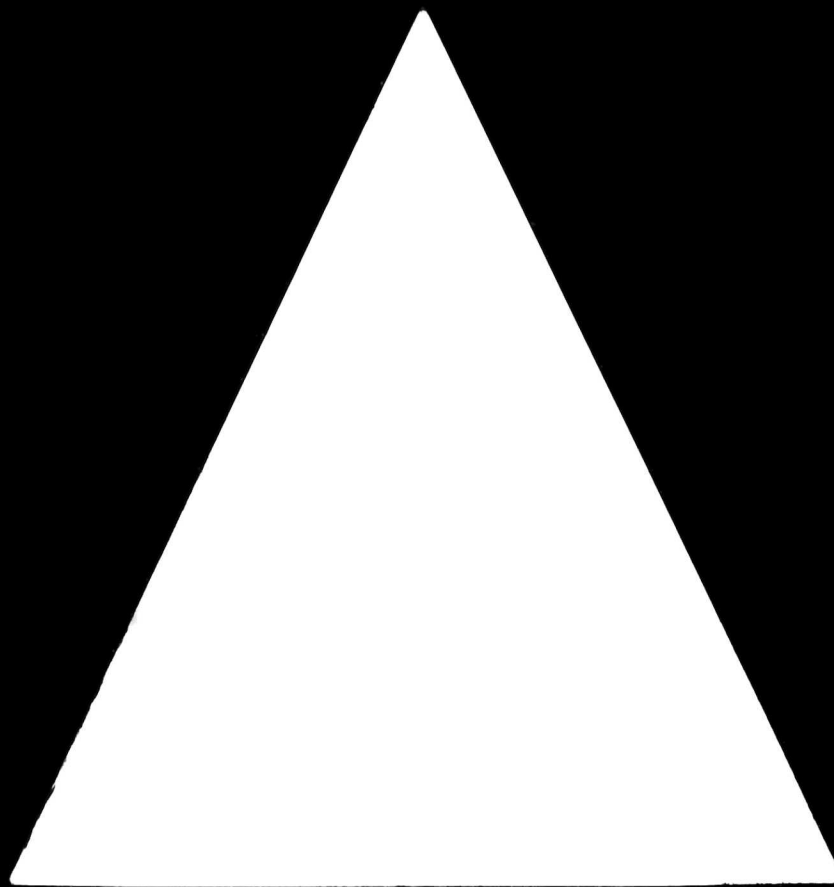
that while in the Confederate Army at Vicksburg Miss. he was attacked with cholera diarrhoea and died from said disease on the 12th day of April 1863.Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 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 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 May 1896.J. M. Stow Ordinary.

Post-office

Elizabeth Robinson
Acworth Ga



Robinson, Florida
County Clerk
Apr 1918

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. *Cable*
Name *Florida Robinson*
Widow of *W. W. Robinson*
Company *B 1st Co. Sta. 6. 5*

Approved

J. W. LINDSEY,
Commissioner of Pensions.

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 Florida Robinson
Widow of Wm Robinson
Company B 1st Regt Ala C 7
Approved _____
J. W. LINDSEY,
Commissioner of Pensions.
CHAS. F. BYRD, State Printer, Atlanta.

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Cobb County.

Personally before me comes Mrs Florida Robinson of said County, who, after being duly sworn, on oath says, that she is the widow of Wm Robinson to whom in the County of Cobb State of Ga she was married on the 25 day of Oct 1865 and that she remained his wife, and resided with him to the date of his death Nov 7 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 Ind Pension Roll of the State and paid a pension of \$6.00 in Cobb County for 1916 per annum, on account of being a soldier in Company B Regiment 1st Ala C 7 (Volunteers of State Militia.)

At the death of Wm Robinson 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.) _____

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 _____ and she has so continuously resided since _____ day of _____ 19 _____

Sworn to and subscribed before me, this the 25 day of Sept 1917 } Florida Robinson
J M Gault 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 J M Gault 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. Florida Robinson who made the foregoing affidavit, is the lawful widow of Wm Robinson who died in Cobb County in said State of _____ on 7 day of Nov 1916 and that she has not since remarried. That she became the wife of _____ on the _____ day of _____ 18 _____ and that she and he had resided together as man and wife continuously since _____ day of _____ 18 _____ and that the _____ 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 _____ day of _____ 1917 } J M Gault
J M Gault Ordinary,
of Cobb County.

Talladega, Ala. May 31st. 1917

Mrs. W.W. Roberson,

Smyrna Ga.

The following recorded papers are herewith enclosed you. As prompt settlement is required with the State and County. I ask that you kindly remit the amount shown below by return mail.

E. A. HAMMETT, Judge of Probate.

Transcript Marriage License Roberson*Smith

October 25th. 1865 -Widow Confederate Veteran NO CHARGE.

Probate Court Talladega County

E. A. HAMMETT
JUDGE
Talladega, Alabama

May 31st. 1917

Mr. W.O. Robinson,
Smyrna Ga.

Dear Sir:

Replying to your letter of the 30th. I take pleasure in enclosing herewith certified copy of the marriage license referred to in your letter.

We make no charge for any work done for Confederate Veterans or their widows.

Yours very truly,

E. A. Hammett
Judge of Probate.

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,

County.

Personally before me comes..... who after being sworn on oath says, that they are freeholders of said County, and that they know..... of said County and knew her said husband..... at his death on the..... day of..... 191..... that she and he were in the use, possession and control of the following property at his death to wit:.....

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.....

day of..... 191.....

Ordinary,

of..... County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

I,..... Ordinary of said County, do certify, that, I know Mrs. Wanda Roberson..... 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 20 years to John Roberson..... That I also know..... 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..... County shows that..... returned property to the amount of \$..... for 1908 \$..... for 1909 \$..... for 1910 \$..... for 1911 \$..... for 1912 \$..... for 1913 \$..... for 1914 \$..... for 1915 \$..... for 1916 \$.....

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

(SEAL.)

Ordinary.

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 Alabama

Talladega County.

To Any of the Judges of said State, any Justice of the
Peace of said County, or any other person legally authorized:

These are to authorize you or either of you, to
Solemnize the Rites of Matrimony between William W. Roberson
and Miss Florida M. Smith of said County, agreeably to the
Statute in such cases made and provided.

Given at the Office of the Judge of Probate of said
County, this 25 day of October, 1865.

Wm. H. Thornton, Judge of Probate.

By virtue of the above license, I have Solemnized the Rites
of Matrimony between the above named persons, the 25 day of
October, 1865.

S. E. Swope, M. C.

State of Alabama

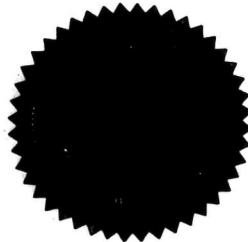
Talladega County.

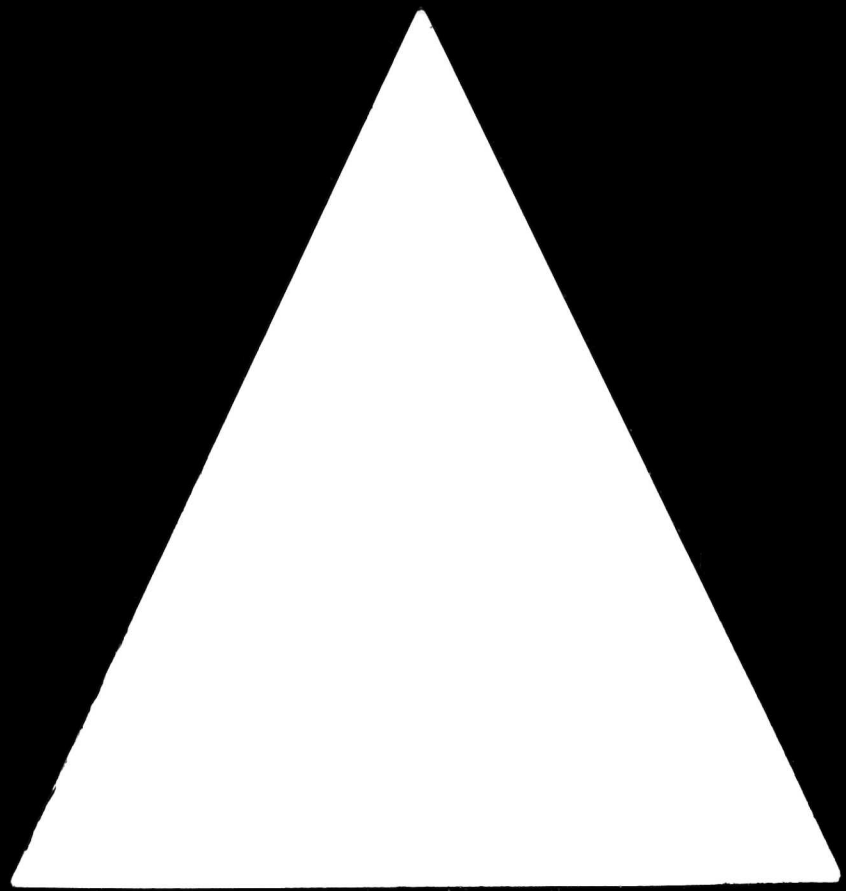
Office of Judge of Probate.

I, E. A. Hammett, Judge of Probate in and for said
County, in said State, hereby certify that the foregoing
is a true and literal copy of the record as it appears in
this Office in Marriage Record Vol. "B-34" at page 89.

In witness whereof I hereunto set my hand and the
Seal of this Office this the 31st. day of May, 1917.


Judge of Probate.





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 such phrase in the Act; the phrase "substantially and essentially" is used, and the law must be interpreted in accordance with 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."
4. If the application is for a wounded 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 crutch or stick, 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.

Robinson, W.M.
Cobb Co

No. 1947

APPLICATION FOR ALLOWANCE

FOR
Loss of one finger
Applicant, W.M. Robinson
County Cobb
Amount \$5
Date of Warrant APR 12
Entered on record APR 12 1889
W.M. Robinson
SECRETARY EXECUTIVE DEPARTMENT.
Applicant

By Capt Atlanta
March 29 1889

Capt McCurdy will
please explain into
minutes in which
applicant lost his
finger -
was it lost by appli-
cant while in line
of duty as a soldier.
Where you with appli-
cant at Camp Douglas,
W.H. Harrison
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.

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 _____ Volunteers _____'s Brigade; that whilst engaged in such military service, at the battle of _____ in the State of _____, on the _____ day of _____ 186____, 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 _____ 188____

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:

APPLICATION FOR ALLOWANCE

No. 1944

Loss of one finger

Applicant, W. H. H. H.

County, W. H. H.

Amount, \$5.00

Date of Warrant, April 12, 1889

Entered on record, April 12, 1889

SECRETARY EXECUTIVE DEPARTMENT.

Applicant

Ex. Sept. Attach March 29 1889

Edith McCune will

please explain in

minutes in which

applicant lost his

finger—

Was it lost by appl.

Can't write in line

of duty as a soldier.

Were you with appl.

at that time & night,

W. H. H. H.

Can't

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 _____ 1889

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: *The index finger of the right hand has been amputated at the second joint. Two phalanges having been removed, only one remains. (Two from three leaves one; under salt)*

Sworn to and subscribed before me, this

day of

1889

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 signatures thereto are genuine.

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

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 _____ 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

1889

Executed in the presence of us:

Ex Deft 19 July 1895.
 The law is plain &
 unmistakable in its
 terms - The applicant
 must show that he
 is in the rule, that
 is - he cannot form
 "provisional" support him-
 self - So long as he
 owns or has any in-
 terest in the land
 a pension cannot
 be granted to him
 Rich Johnson
 Sec

Robinson, George M.
Cobb County
 No. 2128

INDIGENT PENSION
1895

Name *G M Robinson*
 County *Cobb*

Ground
 7/1 1895

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

J M Stone

Geo. W. Harrison, State Prison, Atlanta.

1/21 97

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

Witness my hand and seal this _____ day of _____ 1895.
 Executed in presence of _____

STATE OF GEORGIA,
Cobb County.

POWER OF ATTORNEY.

I, _____ hereby authorize

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

1806.

Executed in presence of

INDIGENT PENSION

1895

Name G. M. Robinson

County Cobb

Ground

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

COB COUNTY, GEORGIA, JANUARY 1897

1/21/97

Ex. Dept 19 July 1895.
The law is plain & unmistakable in its terms - The applicant must show that he is in the rule, that is - he cannot form "poverty" except by his wife - so long as he owns a house in town or has any in town for the time being a pension cannot be given.
Rich a. Johnson Sec

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

County. }

G. M. Robinson

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)

Lost Mountain Cobb Co Ga

2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?

The same place seventy years

3. When and where were you born? in Ga 1824 - I E

4. Did you volunteer in the Confederate Army or in the Georgia Militia? in Confederate army

5. When and where did you enlist? Lost Gaines in 62

6. In what company and regiment did you enlist? 1 Confederate infantry

7. How long did you remain in that company and regiment? about 10 1/2 years

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? Remained till war closed

9. For how long a period did you discharge regular military duty? 2 1/2 years

10. When, where and under what circumstances were you discharged from service? At the close of the war when the army disbanded & came home

11. What is your present occupation? farmer

12. How much can you earn per annum by your own exertions or labor? nothing too great

I am 72 years of age have Rheumatism & deg.

13. What has been your occupation since 1865? farmer drop out and now am old unable to work can scarcely get about had to sell all to pay debts have nothing left

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? 75 dollars have no income

have 2 wife & 2 years 1 daughter 20 health affected & op us unable to do any thing under 20 15 years

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

I,

Wm. Stone

Ordinary in and for said County, hereby certify that

the applicant

L. M. Robinson

resides in said County, and was a bona

fide resident of the State on the first day of January, 1894, and that the witnesses, viz:

A. A. Griggs, W. M. Kemp and W. D. Wright

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,

\$434.

dollars

of property, and in 1894,

\$383.

dollars of property.

Witness my hand and seal of office, this

10th

day of

June

1895.

Wm. 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."

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

I worked nearly hard all my life spent nothing for tobacco women or wine am worn entirely out been failing fast 10 years had grip 4 years ago like to have died and never get over it - was always poor but raised a large family all left wife and 1 sick daughter had to borrow money to pay doctor then sell my poor worn out 40 acres of land for dirt will not get 1 dollar out of it sold by sheriff would not have paid out near all worn out, had none to work it

16. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second "infirmity and poverty" or third "blindness and poverty?" *age infirmity and poverty to blind and nearly deaf*

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?

10 years - Rheumatism nearly all the time since the war with other diseases am too weak to make 10 cents a day nothing but pain and no dollar have 1 sick family never drink whisky nor chew tobacco haven't 1 monthly ration and hardly any clothes trying to pay debt

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? *no other poor broken worn out land and some cattle 1 mule - had to sell all to pay doctor wages and other debt over 25¢ on money left*

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb

County.

A. S. Griggs, of said State and County, having been presented as a witness in support of the application of G. M. Robinson 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? *Archibald, A. Griggs in Cobb County State of Georgia*
2. Are you acquainted with G. M. Robinson, the applicant, if so how long have you known him? *40 years*
3. Where does he reside, and how long has he been a resident of this State? *at Eastman has been a resident of Georgia in said county 40 years*
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? *Served in Confederate army with Robinson*
5. When, where and in what company and regiment did he enlist? *1st Sergeantal Regiment Co H 1st Georgia Cavalry, Jackson, Georgia*
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? *He served at Robinson. Had a time. Soldier was at New Port at all calls he served 14 1/2 years in the Coast. The balance of his time was in Johnson Army in Georgia*
8. What property, effects or income has the applicant? (Give your means of knowledge.) *Mr Robinson has been a free man all the time since a large family all left but one daughter & wife has been a hard labor all the time till disabled*
9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? *Has land on 40 acres of said all the time 40 years has barred money on said land to live on for a long time the land is worn out and washed away*

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb County.

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

He find applicant now suffering from chronic Rheumatism. Palpitation of the heart. And chronic Diabetes. and General Senile Debility

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 *17* day of *June* 1895.

J. M. Stone
Ordry.

W. D. Wright M.D.
W. D. Wright M.D.

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

The same Cobb

21. How were you supported during the years 1893 and 1894? never had a little and hoard money - hoarded out them papers as sum of what I owe I also owe Colonel "Law" of Charlotte 150 dollars 150

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? I don't know, many little I had I have took all to pay him hoard guano and hoard against to sell my land - many sets, some more than - forable property

23. What was your employment during 1893 and 1894? What pay did you receive in each year? I piece of bread

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?

I have a wife living 22 years old 1 daughter 36 years means of support I don't know - my wife follows but poor I dead

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

none

26. Are you receiving any aid from your County, and if so, how much? Did you ever apply for such aid?

nothing tried to be a little

as far as possible to the world - my wife has catarrh of head and chest so I can hear her catch a quart of a mile nearly every day distressing to all

Sworn to and subscribed before me this the

17th day of June 1895.

J. M. Stone Ordinary

of Cobb County.

G. M. Robinson Applicant.

10. What is the applicant's occupation and physical condition? His occupation

when able to work was that of a farmer

Robinson is an old man 72 years old and having been a hard labor all his life and some way severely has had smallpox, some skin disease, has had rheumatism and has rheumatism at this time

11. Is the applicant unable to support himself by labor of any sort, if so, why? old age and general disability

12. How was he supported during the years 1893 and 1894? With pay to work and boxing money

13. What portion of his support for these two years was derived from his own labor or income? He had known 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? I will say that

General disability and having to pay his bills for 15 years on him self and daughter

15. What interest have you in the recovery of a pension by this applicant? none

Sworn to and subscribed before me, this

the 17th day of June 1895.

J. M. Stone Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colt Co. County.

I, *George M. Robinson* hereby authorize

John M. Stone Ordinary of *Colt Co.* County,

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

M. Robinson at *Lost Mountain* by

Witness my hand and seal this *5th* day of *January* 1897.

Executed in presence of *George M. Robinson*

RO.

INDIGENT PENSION

1897.

Name

County

Approved

1897.

WARRANT HANDED TO

AND W. BAKER, STATE PRINTER, ATLANTA.

Questions for Applicant.

STATE OF GEORGIA,

Colt Co. County.

George M. Robinson 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) *George M. Robinson, Post Mountain, Colt Co. Georgia.*
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? *Post Mountain, Colt Co. Georgia. Have lived in Georgia since January 1st, 1894.*
3. When and where were you born? *of January 1834 in Post Mountain, Colt Co. Georgia.*
4. When and where and in what company and regiment did you enlist or serve? *Enlisted in Regt of Infantry in December 1862 - at Post Mountain, Georgia.*
5. How long did you remain in such company and regiment? *Remained in the Regiment until June 1864 when I was Capt. and succeeded to the Regiment, Colt Co. Georgia. What carried to Chicago and returned and fought the close of the war.*
6. For how long a period did you discharge regular military duty? *Discharged regular duty and then from Camp Douglas as a prisoner in July 1865.*
7. When, where and under what circumstances were you discharged from service? *Was discharged from Camp Douglas as a prisoner in July 1865.*
8. What is your present occupation? *Farmer.*
9. How much can you earn (gross) per annum by your own exertions or labor? *Comparatively nothing.*
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"? *Old age, poverty and infirmity.*
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 unable to earn my own support for three years, I am severely lame from age and the suffering from Chronic Rheumatism. Contracted Rheumatism while in prison at Camp Douglas. Since being released from prison I have been increasing with my years until I am unable to work. I have no property, effects or income do you possess and its gross value? *No property, effects or income.**
13. What property, effects or income do you possess and its gross value? *No property, effects or income.*
14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? *In 1894 I received \$384, of which I paid for taxes including for some of land which I sold to the State for taxes. On 1st made no return in 1895 or in 1896, because I had not own any property.*
15. In what County did you reside during those years and what property did you then return for taxation? *I resided in Colt County and also sold.*
16. How were you supported during the years 1895 and 1896? *In the winter I have been supported by my children.*
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 have no labor or income. I have been supported by my children. Nothing has been contributed by my own labor.*
18. What was your employment during 1895 and 1896? What pay did you receive in each year? *No regular employment. I have done what I could around the home of my children. I have not returned to the Army.*
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? *I have my own family, I have a wife and daughter. My wife's name is Eliza J. Robinson and she has three children. I have a homestead in Post Mountain, Georgia. I have a good crop of corn and wheat.*
20. Are you receiving any pension, if so what amount and for what disability? *I receive no pension.*

Sworn to and subscribed before me this the

29th day of *December* 1897

John M. Stone Ordinary.

of *Colt Co.* County.

Applicant.

Every Question MUST be Answered.

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 George W. Robinson 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? My name is Thomas W. Griffin. I reside at Mt. Pleasant, Cobb County, Ga.
2. Are you acquainted with George W. Robinson, the applicant, is of how long have you known him? I have known him for thirty or more years.
3. Where does he reside, and how long has he been a resident of this State? He resides at Mt. Pleasant, Cobb County, Ga. and has lived there ever since he came here.
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? I know that he went into the 1st Confederate Regiment of Georgia, and that he was recognized as a soldier by the Union Army. He was captured and taken to the Union lines, and he was held there for some time.
5. When, where and in what company and regiment did he enlist? He left this County to enlist in the 1st Confederate Regiment, and he was captured in the latter part of 1862. He was held in the Union lines for some time.
6. Were you a member of the same company and regiment? No.
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 until the close of the war, in the ranks and in prison.

I know these facts from the fact that such was recognized by the Union Army, and he was captured and taken to the Union lines, and he was held there for some time.

8. What property, effects or income has the applicant? (Give your means of knowledge.) He has no property or effects, and he has a little household furniture.
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 owned no property in 1895 or 1896.
10. What is the applicant's occupation and physical condition? He is seventy years old and is very infirm, from age and rheumatism.
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, and he is very infirm.

12. How was he supported during the years 1895 and 1896? In the winter he has been supported by his children during 1895 and 1896.
13. What portion of his support for these two years was derived from his own labor or income? He had no income. He was unable to do anything for his labor.
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 seventy years of age, and is very infirm from this reason, and from rheumatism and other infirmities. He is physically incapable of labor.

15. What interest have you in the recovery of a pension by this applicant? I have none.

Sworn to and subscribed before me, this 13th day of May, 1897. T. B. Griffin Ordinary.

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 George W. Robinson 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? My name is Thomas W. Griffin. I reside at Mt. Pleasant, Cobb County, Ga.
2. Are you acquainted with George W. Robinson, the applicant, is of how long have you known him? I have known him for thirty or more years.
3. Where does he reside, and how long has he been a resident of this State? He resides at Mt. Pleasant, Cobb County, Ga. and has lived there ever since he came here.
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? I know that he went into the 1st Confederate Regiment of Georgia, and that he was recognized as a soldier by the Union Army. He was captured and taken to the Union lines, and he was held there for some time.
5. When, where and in what company and regiment did he enlist? He left this County to enlist in the 1st Confederate Regiment, and he was captured in the latter part of 1862. He was held in the Union lines for some time.
6. Were you a member of the same company and regiment? No.
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 until the close of the war, in the ranks and in prison.

I know these facts from the fact that such was recognized by the Union Army, and he was captured and taken to the Union lines, and he was held there for some time.

8. What property, effects or income has the applicant? (Give your means of knowledge.) He has no property or effects, and he has a little household furniture.
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 owned no property in 1895 or 1896.
10. What is the applicant's occupation and physical condition? He is seventy years old and is very infirm, from age and rheumatism.
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, and he is very infirm.

12. How was he supported during the years 1895 and 1896? In the winter he has been supported by his children during 1895 and 1896.
13. What portion of his support for these two years was derived from his own labor or income? He had no income. He was unable to do anything for his labor.
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 seventy years of age, and is very infirm from this reason, and from rheumatism and other infirmities. He is physically incapable of labor.

15. What interest have you in the recovery of a pension by this applicant? I have none.

Sworn to and subscribed before me, this 13th day of May, 1897. T. B. Griffin Ordinary.

POWER OF ATTORNEY.

State of Georgia.

Cobb County.
I, *J. M. Robinson*
Robinson

hereby authorize

of

J. M. Stone
Martha Ga.

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

1898.

Robinson

[L. S.]

Executed in presence of

G. M. Fleming

Robinson, J. M.

Cobb Co.

NOT OF DURESS

(For Those Already Enrolled.)

NO.

2171

INDIGENT

SOLDIER'S PENSION,

1898.

Name *J. M. Robinson*
County *Cobb*

WARRANT ISSUED

J. M.

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

J. M. Stone

Geo. W. Harrison, State Printer, Atlanta

Printed

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I,

J. M. Robinson hereby authorize
J. M. Stone of *Martha Ga.*

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

by

him

Witness my hand and seal, this

15th

day of

May

1900.

J. M. Robinson [L. S.]

Executed in presence of

D. J. Hamby

Robinson, J. M.

Cobb Co.

CODE SEC. 1254.

(For Those Already Enrolled.)

NO.

811

INDIGENT

SOLDIER'S PENSION,

1900.

Name *J. M. Robinson*

County

Cobb

WARRANT ISSUED

1900.

May 8

JOHN. W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDS TO

J. M. Stone

Geo. W. Harrison, State Printer, Atlanta

Printed

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Personally appears

Cobb County, }
G. M. Robertson 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 *5th* day of *May* 18*94*; that he is *74* years old and
 by occupation a *farmer*; that he enlisted in the military service of the Confed-
 erate States (or of the State of) during the war between the States,
 and served for the term of *2 1/2 yrs* in Company *A*, of *1st Confederate*
Regt. Ga. Vols.; that his physical condition is as
 follows: *On account of age, infirmity*
and disease he is unable to
support himself by labor of any sort.
 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 189*7*

Sworn to and subscribed before me, this, the

13th day of *May*
M. Stone

1898.

Ordinary.

State of Georgia,

I, _____

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

Given under my official signature and seal, this *13th*
 day of *May* 1898.



Ordinary.

M. Stone
Cobb County.

NOTE.—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Personally appears

Cobb County, }
G. M. Robertson 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*86*; that he is *76* years old and
 by occupation a *farmer*; that he enlisted in the military service of the Confed-
 erate States (or of the State of) during the war between the States,
 and served for the term of *3 years* in Company *D*, of *1st Confederate*
Regt. Ga. Vols.; that his physical condition is as
 follows: *An account of age, infirmity and*
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 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,

I, _____

Cobb County, }
M. Stone Ordinary of said County,
 do certify that I am well acquainted with *G. M. Robertson* 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.



Ordinary.

M. Stone
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,

Cobb County.

I, *G. M. Robertson* hereby authorize
John Aubrey of *Marietta Ga.*

to receive and receipt for the pension allowed and request that he remit same to
me at *Marietta*
by *hand*

Witness my hand and seal, this *4* day of *January* 1901.
G. M. Robertson [L. S.]

Executed in presence of

John Aubrey

For Those Already Enrolled.

238

INDIGENT

SOLDIER'S PENSION.

1901.

Name *G. M. Robertson*

County *Cobb*

WARRANT ISSUED

Jan. 10 1901.

JOHN W. LINDSEY,

WARRANT HANDED TO

John Aubrey

Geo. W. Harrison, State Printer, Atlanta.

Robinson G. M.
Cobb County

CODE SECTION 124.
(FOR THOSE ALREADY ENROLLED.)

No. *583*

INDIGENT

SOLDIER'S PENSION

1902.

Name *G. M. Robinson*

County *Cobb*

Co. *8* Regiment *1st*

WARRANT ISSUED

1/16 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Handy

Geo. W. Harrison, State Printer, Atlanta.

no later

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *G. M. Robertson* hereby authorize
John Aubrey of *Marietta*

to receive and receipt for the pension allowed and request that he remit same to
me at *Marietta*
by *hand*

Witness my hand and seal, this *1st* day of *Jan* 1902.

G. M. Robertson [L. S.]

Executed in presence of

John Aubrey

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *GM Robinson* 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 *Dec* 1826; 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 *Georgia*) during the war between the States, and served for the term of *3 years* in Company *H*, of *13th* *Confederate* *Regt Va Vols*; that his physical condition is as follows: *On account of age, infirmity, and poverty he is unable to make support*

that his property consists of the following items:

Nothing

of the value of *No* 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 the *5th* day of *Jan* 1901.

STATE OF GEORGIA,

Cobb County.

I, *John A. Wooten* Ordinary of said County, do certify that I am well acquainted with *GM Robinson* 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 *January* 1901.



Note - The blank space must be filled.
Note - Affidavit should not be attested before January 1st, 1901.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *GM Robinson* 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 *December* 1826; 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 *Georgia*) during the war between the States, and served for the term of *3 years* in Company *H*, of *13th* *Confederate* *Regt Va Vols*; that his physical condition is as follows: *On account of age, infirmity and poverty he is unable to make a support*

that his property consists of the following items:

Nothing

of the value of *No* 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 the *12th* day of *Jan* 1902.

STATE OF GEORGIA,

Cobb County.

I, *John A. Wooten* Ordinary of said County, do certify that I am well acquainted with *GM Robinson* 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* 1902.



Note - The blank space must be filled.
Note - Affidavit should not be attested before January 1st, 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, G. M. Robinson hereby authorize

of

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

by Hand at

by

Witness my hand and seal, this 1 day of Jan 1903.

[L. S.]

Executed in presence of

G. M. Robinson

(FOR THOSE ALREADY ENROLLED.)

No. 301

INDIGENT

SOLDIER'S PENSION
1903.

Name G. M. Robinson

County Cobb

Co. B Regiment 1st

WARRANT ISSUED

1/23 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Cord

Geo. Harrison, State Printer, Atlanta.

11, 1903

Robinson G. M.
Cobb Co

(FOR THOSE ALREADY ENROLLED.)

No. 6248

INDIGENT

SOLDIER'S PENSION
1904.

Name G. M. Robinson

County Cobb

Co. B Regiment 1st

WARRANT ISSUED

7-35 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Cord

Geo. W. Harrison, State Printer, Atlanta.

in data

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, G. M. Robinson 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 1 day of Jan 1904.

[L. S.]

Executed in presence of

G. M. Robinson

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb

County.

Personally appears

J M Robertson 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 *December* 1876; that he is *79* 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 *4*, of *106*th Regiment of *Confederate Vols.*; that his physical condition is as follows: *On acct of age infirmity & poverty he is unable to 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 *Cobb* county been allowed a pension for the year *1902*

Sworn to and subscribed before me, this the _____ day of _____ 1903.

STATE OF GEORGIA,

Cobb

County.

I,

John Darity

Ordinary.

J M Robertson

do certify that I am well acquainted with *J M Robertson* 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 Darity

Ordinary

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 M Robinson 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 *49* 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 *1 3/4* in Company *4*, of *1*th Regiment of *Confederate Infantry*; that his physical condition is as follows: *On acct of age infirmity and poverty applicant unable to support himself*

that his property consists of the following items:

Nothing

of the value of *60* 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 *1*

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

STATE OF GEORGIA,

Cobb

County.

I,

John Darity

Ordinary.

do certify that I am well acquainted with *J M Robinson* 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 Darity

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.

I, G. M. Robinson hereby authorize
John 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 July 1905.

Executed in the presence of

M. L. Lindsey

Robinson, G. M.
Cobb Co

(FOR THOSE ALREADY ENROLLED.)

No. 753.

INDIGENT SOLDIER'S PENSION 1905.

Name G. M. Robinson

County Cobb

Co. F Regiment 1st Conf.

WARRANT ISSUED

JAN 22 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. HARRISON, MANAGER FOR STATE PRINTER, ATLANTA.

no data

Robinson, G. M.
Cobb County

Code Section 1234.
(FOR THOSE ALREADY ENROLLED.)

No. 718

INDIGENT SOLDIER'S PENSION 1906.

Name G. M. Robinson

County Cobb

Co. F 1st Regiment 1st Conf.

WARRANT ISSUED

11/22 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

The Franklin Printing and Publishing Co., Geo. W. Harrison, Manager.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, G. M. Robinson hereby authorize
John 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 July 1906.

Executed in the presence of

M. L. Lindsey

Name G. M. Robinson

County Cobb

Co. F 1st Regiment 1st Conf.

WARRANT ISSUED

11/22 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

The Franklin Printing and Publishing Co., Geo. W. Harrison, Manager.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears G.M. Robinson 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 _____ 1826; that he is 74 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 3 years in Company 4 of 1st Confederate of _____; that his physical condition is as follows: use infirmity and 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, 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 _____ day of _____ 1905. G.M. Robinson Ordinary.

STATE OF GEORGIA,

Cobb County.

I, John A. Wray Ordinary of said County, do certify that I am well acquainted with G.M. Robinson 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 _____ 1905.



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 G.M. Robinson 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 _____ Regiment of Georgia; 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 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 _____ 1906. G.M. Robinson Ordinary.

State of Georgia,

Cobb County.

I, John A. Wray Ordinary of said County, do certify that I am well acquainted with G.M. Robinson 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 _____ 1906.



Ordinary. Cobb County.

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

Audited April 12 1889

Wm R. M. Giffin

Gobb

Maimed Soldiers.

Voucher No 1947

Amount, \$ 5

Paid to

J. M. Robinson

for

Loss of

One finger

Apr 12 1889

Included in Voucher No.

Wm R. M. Giffin

1889

Wm R. M. Giffin

Applicant.

Georgia Cobb County:
J. B. Guffin a resident
of said County who on oath
says he is acquainted with
and a neighbor to J. M. Robin-
son the Applicant for Pension
in this Application, who on
oath says that the said J. M.
Robinson does not own any
land - that he owned 40
acres of land, but sold it
in August or September 1894.
He sold it to J. V. Rob-
inson for value received
the same being a bona fide
trade, the transaction being
in good faith. I was
a witness to the deed.

J. B. Guffin

Given to and Subscribed
before me this 14th day
of Decr. 1895.

J. M. Stone

I Certify that J. B. Guffin
is worthy of Faith and sold it
as a witness. J. M. Stone
Ordry

No. 1771
STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.)

Atlanta, Ga. April 12 1889.

Mr. *G. M. Robinson* 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
Levy on the property
He is entitled to receive the sum of *Five & 00/100* 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. Hamner

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Five & 00/100

per above voucher, this

12 of *April*

G. M. Robinson

Dollars,

1889.



State of Georgia,
Executive Office,
Atlanta.

W. T. ATKINSON, GOVERNOR.
J. W. WARREN, SECRETARY EXECUTIVE DEPARTMENT.
RICHARD JOHNSON, PRIVATE SECRETARY.
F. E. GALLAWAY, CONFIDENTIAL CLERK AND STENOGRAPHER.

7 Dec 1895

G. M. Robinson

Lost Mountain Ga

Dear Sir -

Before your insurance
claim can be approved, you must
by sworn proofs show that you
have no interest in the 40 acres
or land - Your letters will
not answer - Why can't you
take some disinterested witnesses
before the Ordinary & make a
showing as to the possession & own-
ership of the land - ?

Jas Rich Johnson

Georgia) George McRobinson
 (Cobb County)) comes before the
 undersigned and
 being duly sworn says that he
 is indebted to Miss Kate S. Wynn
 of Marietta Ga one hundred and
 fifty dollars (\$150.00) for borrowed
 money, and that she bears a
 mortgage deed to his land to secure
 the same; that he is also indebted
 to Watson & Bartlett the sum of
 forty seven dollars and twenty
 five cents (\$47.25); and that he
 is also indebted to M. P. Pickens
 the sum of sixty dollars (\$60.00);
 all this, besides some other small
 amounts to other parties.
 Deponent says he owes the debts
 to Watson & Bartlett & M. P.
 Pickens, and \$102.00 of the debt
 to Miss Wynn, besides other small
 debts, at the time he gave in his
 taxes for last year.

Sworn to and subscribed

before me this June 17. 1895

J. H. Stone
 Clerk

G. M. Robinson

I have known G. M. Robinson 38 years he is a
 Bonaparte citizen of Cobb County he served as a
 Private soldier in the 1st Georgia Brigade Co. F. 3rd
 United States Cavalry 1st Cavalry Regt. was captured
 in the battle near Marietta Ga & was with
 him in prison at Camp Douglas where he
 got his finger accidentally maimed so it had to
 be cut off he served two years & 24 months
 served in prison one year Robinson was sick
 when captured came near dying when sick in
 prison I nursed him while sick in prison

Signed J. C. Morton

Georgia

June 20

Personally came before me G. M. Robinson to a
 Justice of the Peace in Cobb County Ga &
 known who being sworn says that the above
 foregoing statements are true in every particular
 to the best of his knowledge & belief
 This 24th of 1895

J. C. Morton

Signed to and subscribed before me
 this 24th of 1895
 J. C. Morton

IN MATTER OF

VERSUS

ENOCH FAW,

ATTORNEY AT LAW.

Practices in State and Federal Courts.

OFFICE IN MASONIC BUILDING.

Macon Ga June 17, 1895

This is to state that Geo. M.
Robinson owes Mrs Kate S.
Winn \$150.00 & that she has
added to his old land tax
North Down.

Dallas Ga May 28, 1895

Mr E M Robinson

Dear Sir East Mountain Ga

Your card of the 27

Just in regard to the amount
you are due us received. The amount
due us is Forty Seven & 1/2 dollars

\$47.25 Yours Truly

Nelson & Bartlett

OFFICE OF
JOHN M. STONE,
ORDINARY,
COBB COUNTY.

Macon Ga April 12, 1899

I, J. M. Stone, Ordinary Cobb
County, Certify that Geo. M.
McAlmuth, before whom J. C.
Morton makes affidavit, is a
Notary Public & is Officer
of Cobb County, Georgia, & is
Commissioned by the Authority
of the State of Georgia as
such.

Witness my Signature & Seal
of Office.

J. M. Stone
Ordinary

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

Bremen, England, 1890.
 My dear Mr. [illegible]
 I have just received your letter
 of the 10th inst. and am
 glad to hear from you.
 I am well and hope
 this finds you the same.
 I have not much news
 to write at present.
 I am, dear Mr. [illegible],
 very respectfully,
 Yours, [illegible]

* Mr. Arnold
B. N. Hill
Mr. H. C. Hooper
The Hon. J. B. Harrison
Hon. Wm. A. Rorer
Hon. J. M. McKim
Hon. J. M. McKim
Hon. J. M. McKim

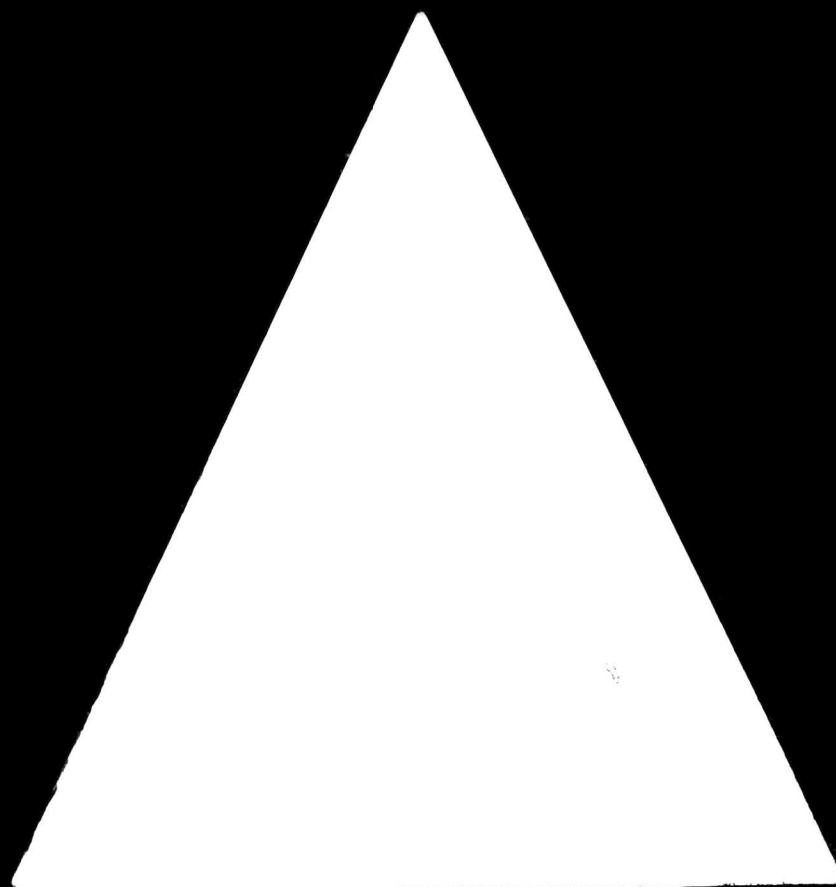
Lost 167 May 28 1895
 by Gilbertson
 from the
 of the
 of the

Bremen, 18th Dec. 1846.
 My dear friend
 I have just received your letter
 and am glad to hear that
 you are well and happy.
 I am also well and hope
 to hear from you soon.
 With kindest regards
 I remain
 Your friend
 F. D.

all I remember

this 12 of march 17 night
as the sun was
about 4 o'clock

D. I. the night of march
to her father the land to
my son & the land
about the land on record
until the young man
left the mortgage
of Robinson



Handwritten notes on the left side of the document, including "Cobb Co. Ga." and "1913".

Robinson, J. M.
Cobb Co. Ga.
July 4, 1913

No. 1

**Confederate
Soldier's Application.**

UNDER ACT 1910.

County Cobb
Name J. M. Robinson
Company A. S. C. Co.
Regiment 14th S. C. B. Co.

Approved _____

J. W. LINDSEY,
Commissioner of Pensions

CHAR. P. BYRD, State Printer, Atlanta.

8/3/10 3/26-1913

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,

County.

J. M. Robinson 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. M. Robinson *Bainbridge* *Colt Co*
2. How long and since when have you been a continuous resident citizen of this State? *Ever since April 4 1845.*
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) *November 1862. in Colt Co., 1st Regt. Cavalry, 1st Div., Army of the South.*
5. How long did you remain in the actual Military Service in said Company and Regiment? (Give date of discharge) *Until Summerville at Bentonville, N.C.*
6. When and where was your Company and Regiment surrendered or discharged from the Service? *In April 1865 at Bentonville, N.C.*
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? *We surrendered at Bentonville, N.C. and all went home.*

- a. When did you leave the Command? *In April 1865*
- b. For what cause did you leave? *War was over, I am a soldier.*
- c. By whose authority did you leave? *As I was ordered, I was discharged.*
- d. For how long was your leave granted? In what way?

- e. Why did you not return to your Command after leave expired?
- f. In what way were you prevented?
- g. What effort did you make to return?
- h. Were you captured during the war?
- i. 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.)

32 lbs of corn 200.00. Belonging to my wife
1 horse 50. Horse and value 25.00
1 cow 25. Wagon and tools 10.00

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).

32 lbs of corn 200.00 belonging to my wife
1 horse 50. Horse and value 25.00
1 cow 25. Wagon and tools 10.00

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

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

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? *Yes. An affidavit showing 40 years service.*

Sworn to and subscribed before me, this the

2nd day of August 1912

J. M. Robinson
J. M. Robinson

Ordinary,

of County.

Soldier's Application.

UNDER ACT 1910.

Confederate

No

Robinson, J. M.
Colt Co.
April 4 1845

County

Name

Company

Regiment

Approved

J. W. LINDSEY

Commissioner of Pensions

STATE OF GEORGIA

8-2-11

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

Fulton County.

N. H. Smith said State and County is hereby presented as a witness in support of the application of J. M. Robinson 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? N. H. Smith
66 Ash St Atlanta Ga

2. How long and since when have you known J. M. Robinson the applicant?
47 years since 1863

3. Where does he now reside, and since when has he been a bonafide, continuing resident in this State and how do you know? Cable Co Ga, all his life - I have known him for 47 years

4. When, where and in what Company and Regiment did J. M. Robinson enlist during war from 1861 to 1865? (Give date and place). 1862, Cable Co Ga, A - 14th NC Inf (Pikes)

5. How did you obtain your information of this service?
I was a member of same Company

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) until surrender in 1865 about 9 years

7. When and where was his Command surrendered or discharged (give date and place)
April 1865 - Bentonville NC

8. Were you personally present at the Surrender? Yes

9. If not, where were you and how came you there? I was there

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 there

12. When did he leave his Command? at surrender Where was his Command when he left it?

By whose authority did he leave? for what cause did he leave?

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? No If so, when and where?

In what prison was he held? and when released?

Sworn to and subscribed before me, this the 6th day of August 1910

N. H. Smith Ordinary.
of Fulton County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Fulton County.

Personally before me comes 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.) 32 acres

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 6th day of August 1910

N. H. Smith Ordinary.
of Fulton County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

Harrell H. Anderson Ordinary of said County, certify that I know the applicant N. H. Smith for pension in the person he represents himself to be and resides in said County. That I also know N. H. Smith the witness swearing to the service and who are free holders that

residents of said County and sworn by me before signing the foregoing affidavit and

all truthful and trustworthy and the statements are entitled to full faith and credit. That the

Tax Returns shows that and who

value for tax is in 1908 for 1908 for 1910 for 1910

Harrell H. Anderson Ordinary
of 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 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.

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 bonafide, 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 *Joe A. Cheney & J. B. Brown* 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.)

37 Acres value \$80.00
4 Acres 52.00
10000
25.00

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.)

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

Ordinary.

of County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

I, 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 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 Return of shows that and wife value for tax is in 1908 for 1909 for 1910

Sworn under my hand and official seal of office this day of 1910

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 and wife, affidavits of Free holders unnecessary.

OK Robinson, J. M.
Cobb County
1923

Application for Pension Due Deceased Pensioner

(UNDER ACT 1904)

(To pay expenses of last illness or funeral)

For Cobb Ordinary
of J. M. Robinson County
Old or New Class? Ord
Died May 11 1923
Amount \$ \$100

Approved and ordered paid.

J. M. Robinson 1923
J. M. ROBINSON
Ordinary

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.

Index Printing Co., Atlanta, Ga.

STATEMENT

DECATUR, GA., January 12 1923

A. S. TURNER

FUNERAL DIRECTOR AND EMBALMER

PHONE DECATUR 98

NIGHT AND SUNDAY CALLS DECATUR 99

Mr. John M. Robinson

by for Mrs. J. M. Robinson

| | | |
|------------|-------|--------|
| Funeral | 12.00 | 40.00 |
| Embalming | 20.00 | |
| Casket | 12.50 | |
| Gravestone | 18.00 | |
| | | 112.50 |

Georgia, DeKalb County,

personally appeared before me, A. S. Turner,

Funeral Director, who being duly sworn, says on oath: That the above funeral account of John M. Robinson, deceased, is just, true, due and remains unpaid.

Sworn to and subscribed before me

this the 12th day of January, 1923.

Notary Public, State of Georgia

My Comm. Expires Dec. 31, 1925

Marietta, Ga.

August 15, 1923.

Received of J. M. Robinson, Ordinary, Cobb County, Ga., check for One Hundred Dollars, to apply on above account.

(Signed) A. S. Turner

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, Cobb County.

Personally before me, the Ordinary of said County, comes
J. A. Robinson of said County, who, after being sworn, on oath says
that he knew J. M. Robinson of said County, and that said pensioner
was on the Indigent Pension Roll of Cobb County at the
time of death, which occurred in DeKalb County, in this
State, on the 11 day of January 1923, and that
a Pension of One hundred Dollars was due pensioner and
unpaid at the time of pensioner's death. That he left no widow or dependent children surviving, and
no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$140.
per sworn statement fully and completely itemized, hereto attached.

Sworn to and subscribed before me

this 8 day of August 1923 } J. A. Robinson
J. M. Gamm Ordinary
Cobb County.

AFFIDAVIT OF ORDINARY

GEORGIA, Cobb County.

I, J. M. Gamm Ordinary of said County, do certify
that I personally know J. A. Robinson, who is a resident
citizen of said County, and that said person is of a truthful and trustworthy character, entitled to full
faith and credit.

I also knew J. M. Robinson while in life and that this
was the same person whose name appears on the Indigent Pension
Roll of Cobb County, and was paid a Pension
of One hundred Dollars in said County for 1922, and
I now believe said pensioner to be dead.

Given under my hand and official seal, this 8 day of August, 1923
J. M. Gamm Ordinary.
Cobb County.

INSTRUCTIONS:
1st. For use in all cases where pensioner died after January 1st, had not been out of State longer than twelve months,
and died without leaving sufficient property to pay such expenses. The widow of a soldier, if she is living, has prior claim
over these expenses, and must make application on yellow blank.
2nd. Require those claiming accounts for expenses of last illness, and expenses of funeral, to make out their account
in fully itemized form, giving each item and the value of it, and each date.
3rd. Running accounts cannot be paid—only those connected with the last illness, just before death when pensioner
gave wages to die.
4th. 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 J. A. Robinson, who died without leaving sufficient property to pay this bill."
5th. 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.
6th. The completed voucher, this blank and the bills must be sent to the Pension Office for approval and no money
must be paid out until it is returned to you as your authority to make the payment.
7th. The Ordinary signs pay-roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.
8th. Accept no bills for nursing until you write the Pension Office, stating the circumstances in very great detail.
Pensioners' children, or children-in-law, must not charge the State for doing only what the law and common humanity de-
mand of them.
9th. Return this application, and attached bills, with your final settlement to the Pension Office.
10th. Ordinary should see that the back of this blank, when folded, is filed out.
11th. Funeral expenses of deceased "new" pensioners covering all or part of both the 1920 and 1921 pensions require two
separate sets of this voucher and bills—one set to be filed in the Pension Office with the pension papers of each year.



MOULTRIE, GA. July 22, 1911

Hon. J. W. Lindsey,
Atlanta, Ga.

Dear Sir:

If consistent with your rules will you please return to me the
application of J. H. Lewis, of this county for pension, which was dis-
approved and filed by you on the 30th day of September, 1910. If
you should desire that the application be returned to your office I
will do so.

Yours truly,

T. H. Parker
Ordinary.

FRANK L. NEUFVILLE
ATTORNEY AND COUNSELLOR AT LAW
315 EMPIRE BUILDING
ATLANTA, GA.

TELEPHONE MAIN 9426
CABLE ADDRESS: FRANKU

Vinings Ga.
Feb'y 26th, 1913.

The Commissioner of Pensions,
State Capitol.
Atlanta Ga.

Dear Sir:

In re the application of John M. Robinson, of Vinings, Cobb County Georgia, for a pension, I respectfully submit that the record on file in your office, i.e. the communication from General F.C. Ainsworth A.S.A. and more particularly the last paragraph thereof, shows: that this man "enlisted Feb'y 18th, 1862 and was reported present the date of the last roll of file, Dec. 31st 1864." True there is a slight difference in the way the name is spelled, but I believe the reasons for this difference in spelling if fully accounted for in the additional evidence which I have this day filed with you. Certainly there was but one Cobb county Robinson or Robertson in Co. A. Lucas' Battalion S.C. Heavy Artillery.

Very respectfully,

E. L. Neufville

Georgia:

Fulton County:

Before the undersigned attesting officer personally appeared Jas. L. Smith who upon oath deposes and says:

" I am acquainted with John M. Robinson of Vinings district, Cobb county Georgia. I served with him in Company A Lucas' Battalion South Carolina Heavy Artillery. He became a member of the company about *spring of* 1862 and was discharged about *May* 1865. He did not desert but served until he was released or discharged. I know this because I was with him off and on all the while being a member of the same company. The Robinson above mentioned was the only Cobb county Ga. man of that name in company A. I do not know how his name was written on the company rolls. It might have been written as Robinson, Robertson or something like that because John cannot read or write and dont know how to spell his name. A mistake in the spelling would not be unreasonable. He was discharged at Bentonville N.C. He did not desert.

Sworn to and subscribed before me
this the 26th day of Feb'y. 1913.

John R. Wilkinson
Ordinary

Jas. L. Smith

Georgia:

Cobb County:

Before the undersigned attesting officer personally appeared E. S. D. Byrd who upon oath deposes and says:

" My name is E. S. D. Byrd. I live in Vinings district, Cobb county. I know John M. Robinson. I have been acquainted with him about 56 years. I remember when he went to the war in 1862. At that time he was about sixteen years old. He went with John Simpson, William Simpson and Jep. Simpson. As I recollect they left about ~~Spring~~ ^{in the Spring} time. I do not remember the exact date. The enrolling officers name was Shafer. John Robinson was gone about three years. I always heard that he served through the war to the end. I am well acquainted in Cobb county and he is the only John Robinson that I ever heard about joining the heavy artillery in Cobb county and serving at Charleston.

" John Robinson was born and raised in Cobb county and has lived there all of his life except the time he was in the war. He has always stayed at home. He cannot read or write and dont know how to spell his name or any other word. His boys and folks spell his name as Robinson, although in pronouncing his name John speaks it as though it were spelled Roberson or Robertson. I never heard of his deserting until he applied for a pension. I know there must be some mistake. I am satisfied it is wrong. John is an honorable man. He pays his debts, works hard when he is able, and always tells the truth. He is the only Robertson, Robinson or Roberson that I ever heard about serving in Lucas' Heavy Artillery. He is the Cobb county man of that name who did.

E S D Byrd

Sworn to and subscribed before me this the 25th day of Feby 1913.

J M Gamm
Ordinary Cobb County

Benjamin Cobb County
J M Gamm ordinary
that E S D Byrd is a citizen
of said County and that
his statements are entitled
to full faith & credit
J M Gamm
ordinary

Georgia:

Cobb County:

Before the undersigned attesting officer personally appeared John M. Robinson who upon oath deposes and says:

" My name is John M. Robinson. I do not know how my name should be spelled because I can neither read nor write. I live in Vinings district Cobb county and have lived there all my life. I have never been away from home for any length of time except during the war. In 1862 about Christmas time, at Lemons Court grounds, I was enrolled for the Confederate service by one Sargeant Shafer. At that time I was about sixteen years old and I was urged to go to the war by John Simpson, William Simpson, and Jep. Simpson. When I enlisted the enrolling officer carried us to Charleston S.C. and we were placed in Company A Lucas' Battalion South Carolina Heavy Artillery. I served from then until the close of the war with the Confederate Army. I did not desert but was faith ful to the end. ~~and was~~ ^{and was} ~~deserted~~ ^{deserted} at ~~Anderson~~ ^{Anderson} S.C.

I do not know how my name was written by the enrolling officer. I could not read or write and could not tell him how it should be written. I was the only Cobb county man of that name in the command. I am entitled to a pension and should have it, and I am done a great injustice by being accused of being a deserter. I did not desert.

The Simpson boys who went to the war with me are now dead.

John M. Robinson

Sworn to and subscribed before me this the 25th day of Feby 1913.

J M Gamm
Ordinary Cobb County

Georgia:

Fulton County:

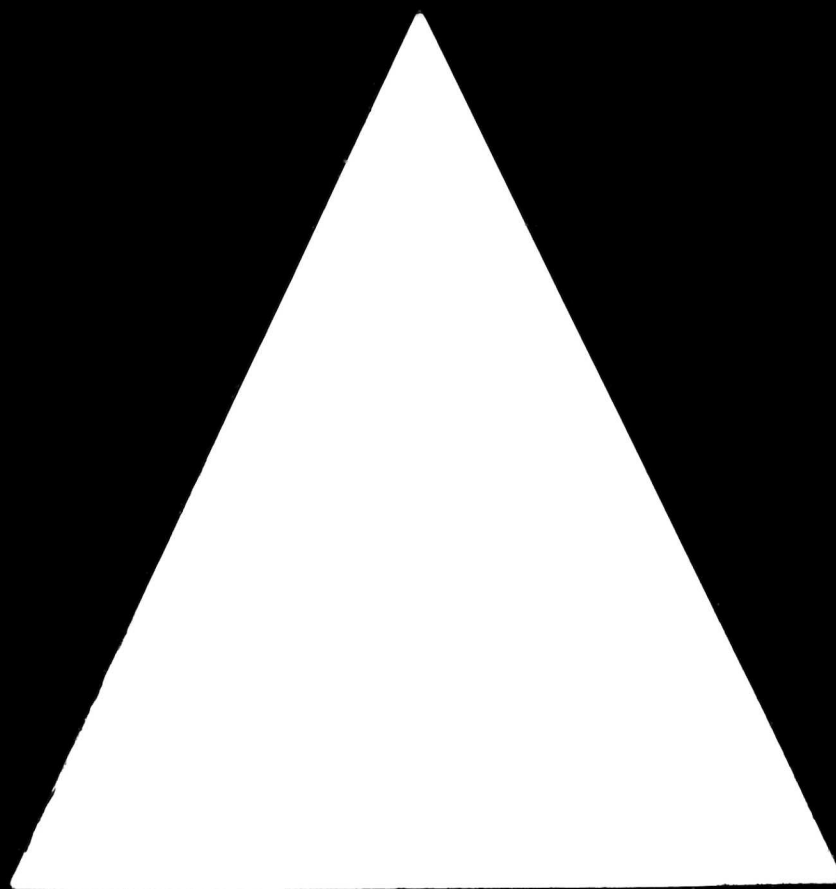
Before the undersigned attesting officer personally appeared N.H. Smith who upon oath deposes and says:

" I am acquainted with John M. Robinson, of Vinings district, Cobb County Georgia. I served with him in Company A Lucas Battalion South Carolina Heavy Artillery. He became a member of the company about *Spring* 1862 and was discharged about *May* 1865. He did not desert but served until he was released & discharged. I know this because I was with him off and on all the while being a member of the same company. The Robinson above mentioned was the only Cobb county Ga. man of that name in Co. A I do not know how his name was written on the company rolls. It might have been written as Robinson, Robertson, or even Roberts. because John cannot read or write and dont know how to spell his name. A mistake like that would not be unreasonable. Anyway the John M. Robinson whose pension papers I have signed served until he was discharged. He certainly did not desert.

Sworn to and subscribed before me
this *the* day of Feb'y 1913.

N.H. Smith

John P. Weiskuson
Ordinary



POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

Know all Men by these Presents, That I,

Theresa Robinson
Wife of S. G. Mayes

County in said State, do hereby appoint S. G. Mayes 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
78 day of April, 1891
Theresa Robinson

Executed in the presence of us:

W. B. Rogers
J. L. Shaw

DIRECTIONS.

If allowed, send amount by

me at

, and oblige

to



Robinson, Theresa
Cobb County
For Mrs. Robinson

1891.

A. Robinson

No. 2094

Widows' Pension

PAID TO

Mrs. Theresa Robinson

Cobb

COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

POWER OF ATTORNEY.

STATE OF GEORGIA,

W. C. C. A. County: }
 Know all Men by these Presents, That I, *Theresa Robinson*

County in said State, do hereby appoint *S. H. Hayers*
 of *Lost Mountain 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 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 *April*, 1891
Theresa Robinson

[L. S.]

Executed in the presence of us:

W. C. C. A.
W. C. C. A.

DIRECTIONS.

If allowed, send amount by _____ to
 me at _____, and oblige



AND HANDED TO

1891

Warrant Issued

\$100.00.

COUNTY.

W. C. C. A.

Theresa Robinson
W. C. C. A.

Widow's Pension

2100⁰⁰ 2094

1891

Theresa Robinson
W. C. C. A.

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. *Theresa Robinson*, who being sworn according to law, says under
 oath that she is the widow of *John Robinson*, who was a soldier in
 the service of the Confederate States, and served as a member of Company *F*, of the
1st Confederate Regiment of *Georgia* Volunteers; that he enlisted in said
 service on or about the *8th* day of *May*, 1862, and was in the
 Army up to *June*, 1864. That while in the

Army, he was on the *7th* day of *June*, 1864. (See Note No. 1)

While in line of duty at Kennesaw
Mountain Cobb County Ga. Attacked
with Jaundice, and was taken to
the Hospital at Macon Ga.
And soon after died at said
Hospital

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 *11th*
 day of *August*, 1857, and that she has resided in Georgia continuously since the
7th day of *March*, 1826; 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 *April*, 1891.
John H. Hayers
 Ordinary.

POST OFFICE.

Theresa Robinson
Lost Mountain 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 known 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,

County of *Cobb* in and for said County, witnesses
A. J. McMurtry *A. A. Griggs* and
B. W. Florence (each known to said Attesting Officer as truthful,
 reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge,
 Mrs. *Theresa Robinson*, of the County of *Cobb*
 State of Georgia, is the widow of *John Robinson*, who was a soldier in
 Company *H* of the *1st Confederate* Regiment of *Georgia* Volunteers.
 That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or
 about the *8* day of *May* 1862. That while in said service, or by
 reason of said service in the Army, he lost his life as follows:

*While in line of duty at or near
 Genesaw Mountain in Cobb County
 Georgia, in June 1864, he was
 attacked with jaundice, was
 taken to the Hospital at Macon
 Georgia, and after remaining
 there about one week he died of
 said disease.*

Our opportunity for knowing the facts stated in reference to death of applicant's husband were

*we were on the same Co and we
 know of the above stated facts
 B. A. Griggs put the said Johnson on ambulance at
 Genesaw Mountain and brought him to Macon and fully
 knew the same came from the same.*
 We further swear that Mrs. *Theresa Robinson* was the wife of said
 soldier during the 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, the

28 day of *April* 1891.*J. M. Stow* Ordinary.

NOTE. Witnesses must not testify about things they may believe, but confine their statements to such facts as they personally know.

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

State of Georgia,

County of *Cobb* in and for said County of *Cobb*
 State of Georgia, hereby certify that I am acquainted with Mrs. *Theresa Robinson*
 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

28 day of *April* 1891.

J. M. Stow
 Ordinary.

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 of their County and testify. The attestation of a Justice of the Peace or Notary will not answer.

If proofs must be made out of the State, the witnesses must be sworn before a Judge of a Court of Record under seal, and the witnesses must be certified to as reliable, and that their signatures are genuine.

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

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

By order of the Governor.

W. H. HARRISON,

Sec. Ex. Department.

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.
Mrs. J. Robinson 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
John Robinson 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
2nd day of July, 1893.
J. M. Stone Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, County of Cobb
 Know ALL MEN BY THESE PRESENTS, That I, Mrs. J. Robinson
 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 affi-
 davit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be
 issued by the Governor, or for any sum of money which may be coming to me for the reason
 aforesaid.

In Witness Whereof, I have hereunto set my hand and seal, this
2nd day of July, 1893. Mrs. J. Robinson [L.S.]

Executed in the presence of us:

S. H. Mayo
R. J. Harris

DIRECTIONS.

Send amount by _____ to
 me at _____, and oblige

Robinson, J. Robinson, J. Robinson
 FOR THOSE HERETOFORE PAID.
 1893.
 270. 75
 WIDOWS' PENSION,
 for year ending February 15th, 1893.
 PAID TO—
Mrs. J. Robinson
Cobb COUNTY.
 Warrant Issued
270
 AND HANDED TO
J. M. Stone
 1893
 Geo. W. Harrison, State Printer, Atlanta

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.
Mrs. J. Robinson 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 John Robinson 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 _____ day of July, 1894.
J. M. Stone Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, County of Cobb
 Know ALL MEN BY THESE PRESENTS, That I, Mrs. J. Robinson
 of Cobb County in said State, do hereby appoint
Martin 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
7th day of July, 1894. Mrs. J. Robinson [L.S.]

Executed in the presence of us:

J. M. Stone

DIRECTIONS.

Send amount by _____ to
 me at _____, and oblige

Robinson, J. Robinson, J. Robinson
 FOR THOSE HERETOFORE PAID.
 1894.
 1804.
 No. 804
 WIDOWS' PENSION,
 for year ending February 15th, 1894.
 PAID TO—
Mrs. J. Robinson
Cobb COUNTY.
 WARRANT ISSUED
271.2
 AND HANDED TO
J. M. Stone
 1894.
 Geo. W. Harrison, State Printer, Atlanta

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally comes Mrs.

Theresa Robinson

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 7th March 1836 That she is the Widow ofJohn Robinson who was a Soldier in Company
of the 1st Confederate Regiment of Georgia

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

1862 and served in the Army up to June 1864 That he lost his

life on the day of June 1864 (State here

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

That while in said service
near Kennesaw Mountain Ga.
he was taken sick and sent
to the Hospital at Milledgeville Ga.
and died there in June 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 1857 that Georgia is her home and she resided in this State 23d day of December,
1890, and has not lived in any other State or locality since that date. I have been allowed a
pension for the year ending February 15th, 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.

Theresa Robinson

Post-office Lost Mountain Ga.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally comes Mrs.

Theresa Robinson

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 7th March 1836 That she is the Widow ofJohn Robinson who was a Soldier in Company
of the 1st Confederate Regiment of Georgia

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

1862 and served in the Army up to June 1864 That he lost his

life on the day of June 1864 (State here

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

That while in the Confed-
erate Army at near
Milledgeville Ga. he contracted
jaundice, was sent to the
Hospital at Milledgeville Ga. at
which place he died from
said disease on or about
25th day of June 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 1857 that Georgia is her home and she resided in this State 23d day
of December, 1890, and has not lived in any other State or locality since that date. I have
been allowed a pension for the year ending February 15th, 1893, and now apply for the
allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this

7th day of July, 1894.

J. H. Stone Ordinary.

Theresa Robinson

Post-office Octavia Ga.

Cobb Co.

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. Theresa Robinson 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 John Robinson 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 31st day of July, 1895.
J. M. Stone Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.
 KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. Theresa Robinson
 County in said State, do hereby appoint Monetta G. Stone
 of 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 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. Theresa Robinson [L. S.]
 Executed in the presence of us:
S. J. Mayo

DIRECTIONS.

Send amount by _____ to _____
 me at _____, and oblige _____

FOR THOSE HERETOFORE PAID.
1895.
 No. 479
WIDOW'S PENSION,
 for year ending February 15th, 1895.
 PAID TO—
Mrs. Theresa Robinson
of Cobb County.
 Warrant issued
24 July
 AND HANDED TO
W. H. H. H.
 1895.
 Geo. W. H. H. H., State Printer.

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.
Theresa Robinson 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 John Robinson
 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 4th day of July, 1896.
J. M. Stone Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.
 I, Theresa Robinson hereby authorize Monetta G. Stone
 of Cobb to receive and receipt for the pension and hereon and request
 that he remit same to me by J. M. Stone
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
 day of July, 1896.
Theresa Robinson [L. S.]
 Executed in the presence of
G. M. H. H.

FOR THOSE HERETOFORE PAID.
1896.
 No. 3547
WIDOW'S PENSION,
 for year ending February 15th, 1896.
 PAID TO
Mrs. Theresa Robinson
of Cobb County.
 Warrant issued
24 July
 AND HANDED TO
W. H. H. H.
 1896.
 Geo. W. H. H. H., State Printer.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Theresa Robinson

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 1836

That she is the Widow of John Robertson who was a Soldier in Company 1st Cav. Regiment of Ga.

Volunteers, that he enlisted in said Regiment on or about the month of June 1862 and served in the Army up to June 1864 That he lost his life on the day of June 1864 (State here

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

That while in the Confederate Army he contracted dysentery, was sent to the hospital at Macon Ga. and there died of said disease in June 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 1857 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 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 June 1895.

J. M. Brown Ordinary.

Theresa Robinson

Post-office

Lost Mountain Ga.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Theresa Robinson

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 1836

That she is the Widow of John Robertson who was a Soldier in Company 1st Cav. Regiment of Ga. Volunteers, that he enlisted in said regiment on or about the month of June 1862 and served in the Army up to June 1864 That he lost his life on the day of June 1864 (State here

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

That while in the Confederate Army at Kennesaw Mt. in Ga he took dysentery, was sent to the hospital at Macon Ga. and there died of said disease about the last of June 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 1857 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not

lived in any other State or locality since that date. I have been allowed a pension 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.

Theresa Robinson

Post-office

Ordinary.

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

Form No. 2.

STATE OF GEORGIA, County of Cobb
 I, John Stone Ordinary in and for said County of
Cobb State of Georgia, hereby certify that I am acquainted with Mrs.
Maria Robinson 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 John Robinson
 deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.
 In Witness Whereof, I have heretofore set my hand and affixed the seal of my office, this
6th day of July 1897.
John Stone Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, County of Cobb
 I, Mrs. Maria Robinson hereby authorize John Stone
Monetta H. to receive and receipt for the pension paid hereon and request
 that he remit same to me by himself
 In Witness Whereof, I have heretofore set my hand and seal, this
6th day of July 1897.
Maria Robinson X [L. S.]
 Executed in the presence of
John Stone

WARRANT ISSUED
John Stone
 AND HANDED TO
John Stone
 1897.
 RICHARD JOHNSON,
 Commissioner of Pensions.

WIDOW'S PENSION,
 for year ending February 15th, 1897.
 PAID TO
Maria Robinson
 OF Cobb County,
 1897.
John Stone
 FOR THOSE HERETOFORE PAID.

POWER OF ATTORNEY.

State of Georgia, County of Cobb
 I, Mrs. Maria Robinson hereby authorize John Stone
Monetta H. to receive and receipt for the pension paid hereon and request
 that he remit same to me by himself
 In Witness Whereof, I have heretofore set my hand and seal, this
6th day of July 1897.
Maria Robinson X [L. S.]
 Executed in the presence of

Maria Robinson
Cobb County
 For These Heretofore Paid
 1898.
 No. 3663
 WIDOW'S PENSION,
 For year ending February 15th, 1898.
 PAID TO
Maria Robinson
 OF Cobb County,
 Widow of John Robinson
 RICHARD JOHNSON,
 Commissioner of Pensions.
 WARRANT ISSUED
John Stone
 AND HANDED TO
John Stone
 1898.
 GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Came Mrs.

Theresa Robinson

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 1836 That she is the Widow of John Robinson who was a Soldier in Company of the 1st Confederate Regiment of Volunteers, that enlisted in said regiment on or about the month of June 1862 and served in the Army up to June 1864 That he lost his life on the day of June 1864 (State here full particulars of the husband's death, when, where and from what cause.)

That while in the Army at Petersburg, Mt. Yu - he contracted jaundice - was taken to the Hospital at Macon, Yu, and died there from said disease in June 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 1857 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension 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 6th day of July 1897. J. M. Stone Ordinary. Theresa Robinson X Post-office Octavia P.O. X

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Came Mrs.

Theresa Robinson

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 1836 That she is the Widow of John Robinson who was a Soldier in Company of the 1st Confederate Regiment of Volunteers, that he enlisted in said regiment on or about the month of June 1862 and served in the Army up to June 1864 That he lost his life on the day of June 1864 (State here full particulars of the husband's death, when, where and from what cause.)

He died between the middle and last of June 1864 of yellow jaundice in the Hospital at Macon, 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, and that she became his wife in the year 1857.

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 July 1898. Theresa Robinson X J. M. Stone Ordinary. Post-office Octavia Ga. X

State of Georgia,

County of Cobb

Ordinary of said County, certify that I am well acquainted

with Mrs. Theresa Robinson 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 June 1836.

Given under my official signature and seal this 7th day of July 1898.

Official Seal.

Ordinary of Cobb County.

POWER OF ATTORNEY.

State of Georgia,

Cobb County,
I *Theresa Robinson* 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

day of

July

1899.

Theresa Robinson X [L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County,
I *Theresa Robinson* 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

day of

July

1900.

Executed in presence of

Theresa Robinson X [L. S.]

Robinson, Theresa
Cobb County
For Those Heretofore Paid.

1899.

NO. 3274

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO

Mrs Theresa Robinson

County

Cobb
Widow of *John Robinson*

RICHARD JOHNSON,

Commissioner of Pensions

WARRANT ISSUED

1899.

278

AND HANDLED TO

J. M. S.

Geo. W. Harrison, State Printer, Atlanta

Robinson, Theresa
Cobb County
To Those Heretofore Paid.

1900.

NO. 2002

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO

Mrs Theresa Robinson

County

Cobb
Widow of *John Robinson*

JNO. W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

1900.

Feb 16

AND HANDLED TO

Stone

Geo. W. Harrison, State Printer, Atlanta

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs.

Theresa Robinson

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 March 1836 That she is the Widow of John Robertson who was a soldier in Company 1st of the 1st Co. Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of June 1862 and served in the Army up to June 1864 That he lost his life on the day of June 1864 (State here

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

That while in the Confederate Army at Kennesaw Mt. Ga. in June 1864, he contracted Yellow Jaundice and died from said disease at Macan Ga. in June 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 1857.

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. W. Stone
Ordinary.

Post Office

Ostoria Ga.

State of Georgia,

Cobb County.

Ordinary of said County, certify that I am well acquainted

with Mrs. Theresa Robinson 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

day of March 18361st day of Feb. 1899.J. W. Stone

Ordinary of

Cobb

County.

Official
Seal.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cobb

Personally Comes Mrs.

Theresa Robinson

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 March 1836 That she is the Widow of John Robinson who was a soldier in Company 1st of the 1st Co. Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of June 1862 and served in the Army up to June 1864 That he lost his life on the day of June 1864 (State here

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

That while in the Confederate Army at Kennesaw Mt. Ga. he contracted Jaundice and died of said disease at Macan Ga. June 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 1857.

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

3rd day of Feb. 1900.
J. W. Stone
Ordinary.

Post Office

State of Georgia,

Cobb County.

Ordinary of said County, certify that I am well acquainted

with Mrs. Theresa Robinson 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

day of March 18363rd day of Feb. 1900.J. W. Stone

Ordinary of

Cobb

County.

Official
Seal.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }
I, *Theresa Robinson* hereby authorize
John Aubrey of *Cobb County*
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 _____ 1901.

Theresa x *Robinson* [L. S.]
Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }
I, *Theresa Robinson* 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*th
day of *May* 1902.

Theresa Robinson
Executed in presence of
John Aubrey

To Those Heretofore Paid.

1901.

No. 144

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs. Theresa Robinson

OF

Cobb County.

Widow of *John Robinson*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Jan. 15 1901,

AND HANDED TO

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

To Those Heretofore Paid.

1902.

No. 247

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs. Theresa Robinson

OF

Cobb County,

Widow of _____

Co. _____ Regiment _____

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

11 1902

AND HANDED TO

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

Theresa Robinson

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 March 1836. That she is the Widow of John Robinson who was a soldier in Company 5 of the 1st Calif. Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of June 1862 and served in the Army up to June 1864. That he lost his life on the June day of June 1864. (State here particulars of the husband's death, when, where and from what cause)

That while in the Confederate Army at Kennesaw Wt. Ga. he contracted jaundice and died of said disease at Macon Ga. June 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 1857

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 9th day of January 1901.
John Hooty Ordinary.

Theresa Robinson
Post Office

State of Georgia,

County of CobbI, John Hooty
Ordinary of said County, certify that I am well acquainted

with Mrs. Theresa Robinson, 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 March day of 1836.

Given under my official signature and seal, this the 9th day of Jan 1901.

{ Official
Seal }

John Hooty
Ordinary of Cobb County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Theresa Robinson

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 March 1836. That she is the Widow of John Robinson who was a soldier in Company 5 of the 1st Cal Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of June 1862 and served in the Army up to June 1864. That he lost his life on the June day of June 1864. (State here particulars of the husband's death, when, where and from what cause)

That while in the Confederate Army at Kennesaw Wt. Ga. he contracted jaundice and died of said disease at Macon Ga. June 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 1857.

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 9th day of January 1902.
John Hooty Ordinary.

Theresa Robinson
Post-Office Oakview Ga

State of Georgia,

County of CobbI, John Hooty

Ordinary of said County, certify that I am well acquainted with Mrs. Theresa Robinson, 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 March day of 1836.

Given under my official signature and seal, this the 9th 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,

Cobb COUNTY.

I, *Theresa Robinson*, hereby authorize
John Austin 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 *2nd*
 day of *January*, 1903.

Theresa Robinson

Executed in presence of _____

Robinson Theresa
Cobb County

To Those Heretofore Paid

1903.

No. *223*

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO
Mrs. Theresa Robinson

OF
Cobb

County,

Widow of *John Robinson*

Co. *4*

Regiment *1st*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1903.

1/23

AND HANDED TO

Cobb

Geo. W. Harrison State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, *Theresa Robinson*, hereby authorize
John Austin 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 *18*
 day of *January*, 1904.

Theresa Robinson [L.S.]

Executed in presence of _____

J. M. Gann

Robinson Theresa
Cobb County

TO THOSE HERETOFORE PAID.

1904.

No. *222*

WIDOW'S PENSION

FOR

YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs. Theresa Robinson

OF
Cobb

County,

Widow of *John Robinson*

Co. *4*

Regiment *1st*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1/23 1904.

AND HANDED TO

only

Geo. W. Harrison State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Theresa Robinson

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 March 1836. That she is the Widow of John Robinson who was a soldier in Company F of the 1st Cavalry Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of June 1862, and served in the Army up to June 1864. That he lost his life on the June 1864 (State here particulars of the husband's death, when, where and from what cause.)

That while in the Confederate Army at Kennesaw, Ga he contracted jaundice and died of said disease at Mason Ga June 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 1857

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 2 day of May 1903.

Theresa Robinson
Post Office Ostavia

State of Georgia,

County of CobbI, John Chotney

Ordinary of said County, certify that I am well

acquainted with Mrs. Theresa Robinson 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 2 day of March 1836

Given under my official signature and seal, this 2nd day of May 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.

Theresa Robinson

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 1836. That she is the Widow of John Robinson who was a soldier in Company F of the 1st Cav Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of June 1862, and served in the Army up to June 1864. That he lost his life on the June 1864 (State here particulars of the husband's death, when, where and from what cause.)

That while in the Army at Kennesaw, Ga he contracted jaundice and died of said disease at Mason Ga June 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 1857

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 18 day of Jan 1904.

Theresa Robinson
Post Office Ostavia

State of Georgia,

County of CobbI, John Chotney

Ordinary of said County, certify that I am well

acquainted with Mrs. Theresa Robinson 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 2 day of March 1836

Given under my official signature and seal, this the 18 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,

Cobb COUNTY.

I, Theresa Robinson, hereby authorize
John W. 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 12
day of January, 1905.

Theresa Robinson [L. S.]

Executed in presence of

John W. Lindsey

Theresa Robinson
Widow
To Those Heretofore Paid.

1905.

No. 372

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO Mrs. Theresa Robinson

OF Cobb

County,

Widow of _____

Co. _____ Regiment _____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

12 1905.

AND HANDED TO

Only

The Franklin Printing and Publishing Co. Atlanta,
Geo. W. Lindsey, Manager, 100 State Street.

Theresa Robinson
Cobb

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, Theresa Robinson, hereby authorize
John W. 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 January, 1906.

Theresa Robinson [L. S.]

Executed in presence of

John W. Lindsey

To Those Heretofore Paid.

1906.

No. 117

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO

Mrs. Theresa Robinson

OF

Cobb

County,

Widow of _____

Co. _____ Regiment _____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

11 2 1906,

AND HANDED TO

Only

The Franklin Printing and Publishing Co. Geo. W. Lindsey, Man.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Theresa Robinson

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 1896. That she is the Widow of John Robinson who was a soldier in Company G of the 1st Cavalry Regiment of Vol Volunteers, that he enlisted in said regiment on or about the month of June 1864 and served in the Army up to June 1864. That he lost his life on the June day of June 1864. (State here particulars of the husband's death, when, where and from what cause.)

Contracting Jaundice and died of said disease at Milledgeville 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 1897.

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 13 day of May 1905, John A. Wray Ordinary.

Post-Office

Theresa Robinson

State of Georgia,

Cobb County.

I, John A. Wray Ordinary of said County, certify that I am well acquainted with Mrs. Theresa Robinson 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 June 1896.

Given under my official signature and seal, this the 13 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.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Theresa Robinson

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 1896. That she is the Widow of John Robinson who was a soldier in Company G of the 1st Cavalry Regiment of Vol Volunteers, that he enlisted in said regiment on or about the month of June 1864 and served in the Army up to June 1864. That he lost his life on the June day of June 1864. (State here particulars of the husband's death, when, where and from what cause.)

Died in Milledgeville 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 1897.

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 13 day of May 1906, John A. Wray Ordinary.

Post-Office

Theresa Robinson

State of Georgia,

Cobb County.

I, John A. Wray Ordinary of said County, certify that I am well acquainted with Mrs. Theresa Robinson 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 June 1896.

Given under my official signature and seal, this the 13 day of May 1906.

Official Seal.

Ordinary of

County.

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

day of _____ 1905.
Given under my official signature and seal, this the 13 day of Jan

Official
Seal

John A. Hester
Ordinary of _____ County.

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

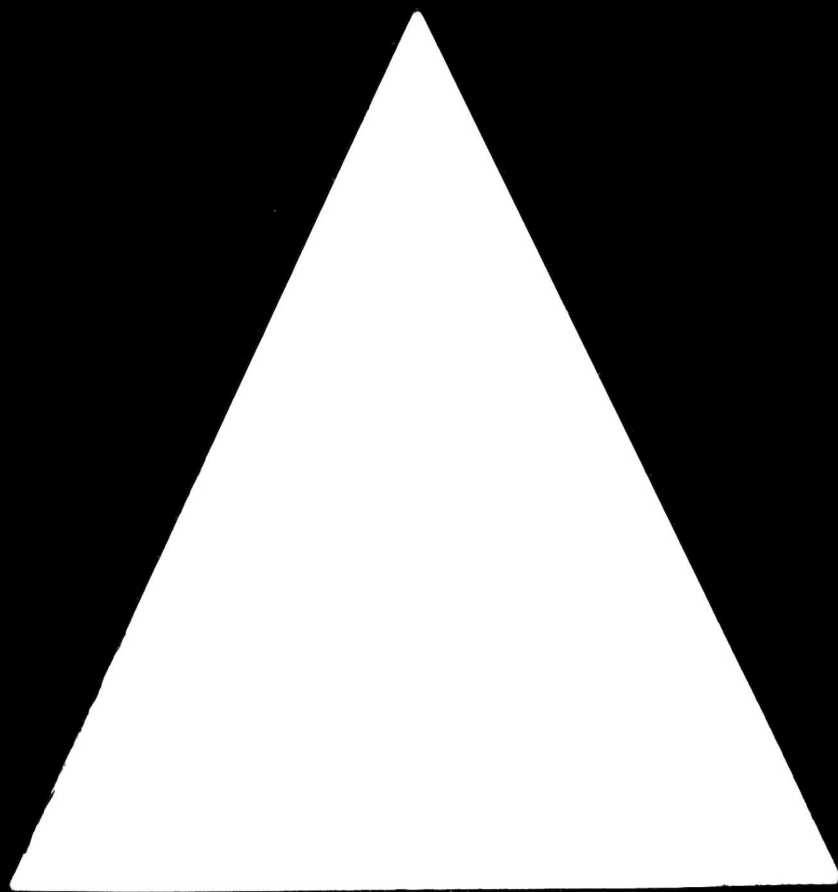
day of _____ 1906.
Given under my official signature and seal, this the _____ day of _____

Official
Seal

John A. Hester
Ordinary of _____ County.

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

Land Newton, Ga. Cobb Co. Ga.
Feb 4 1892
J. H. Harrison Sir
I will please pay the money
for Mrs. Thomas Robinson to Denton
L. Hayes I have by give him
leave to sign my name
I am with oblig
L. F. Hayes



Robinson, W. W.
Cobb Co.
Approved Sept 12th
1901.
No

INDIGENT PENSION,
1900.

Name *W. W. Robinson*
County *Cobb*
Co. D, 4th State Troops
Approved _____ 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

5/9-1901
9/12-1901

Pension Office --6--25--1901.

Applicant is not an aged man and no sufficient infirmity is shown that he is not able to earn his own support at some labor or calling.

J. W. Lindsey
Com. Of Pensions.
L.

Applicant is not an aged man and no sufficient infirmity is shown that he is not able to earn his own support at some labor or calling.

STATE OF GEORGIA,

County. }

Power of Attorney.

I, _____ of _____
do hereby authorize _____
to receive and receipt for the pension allowed, and request that he remit same to _____
at _____ day of _____ 1900.
Witness my hand and seal, this _____ day of _____ 1900.
Executed in presence of _____ [L.S.]

Power of Attorney.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____ of _____ County, Georgia, to receive and accept for the pension allowed, and request that he remit same to _____ at _____ day of _____ 1900.

Witness my hand and seal, this _____ day of _____ 1900.

Executed in presence of _____

Pension Office --6--25--1901.

Applicant is not an aged man and no sufficient infirmity is shown that he is not able to earn his own support at some labor or calling.

J. W. Lindsey
Com. of Pensions.

INDIGENT PENSION,

1900.

Name

County

Approved

1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Atlanta.

5/22-1901
4/12-1901

Robinson, W. W.
Cobb
Appointed 5/22/1901

Questions for Applicant.

STATE OF GEORGIA,

Cobb County.

W. W. Robinson 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)
W. W. Robinson. I reside in Cobb County, Ga.
2. How long and since when have you been a resident of this State? All my life.
3. When and where were you born? I was born on the 19th day of May, 1844, in Hall Co. Ga.
4. When and where and in what company and regiment did you enlist or serve? I enlisted in Company B, 1st La Regt State Troops in November 1862 in Company B, 1st La Regt State Troops
5. How long did you remain in such company and regiment? I remained in said Company and Regiment in active service until August 1864. When I became afflicted with acute rheumatism and was sent to the hospital at Dugway. I remained there until I was ordered by Gen. J. E. Johnston to a hospital at Richmond, Va. Regt. I was surrendered by Gen. J. E. Johnston to the U. S. I was still under hospital treatment which was removed from place to place in the Shenandoah Valley.
6. When and where was your company and regiment surrendered and discharged?
I was not present with my company and regiment when it was surrendered. I was not a member of the company.
7. Were you present with your company and regiment when it was surrendered? I was not.
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I have stated specifically in my answers to questions 5 and 6.
9. How much can you earn (gross) per annum by your own exertions or labor? About thirty dollars
10. What has been your occupation since 1865? Cropper
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? In my answers to questions 5 & 6 I stated my infirmity was acute rheumatism. My disease commenced as stated and continued in chronic rheumatism from which I have suffered ever since.
13. What property, real or personal, or income, do you possess, and its gross value? Household & kitchen furniture. I possess no income. Value of property.
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, by sale or gift, have you made of same? I owned during the years above mentioned, only household and kitchen furniture as stated in my answer to question 13. I disposed of none of it.
15. In what County did you reside during those years, and what property did you then return for taxation? I resided in Cobb County during the years mentioned. I returned the property above mentioned.
16. How were you supported during the years 1898 and 1899? Such support as I had was derived from what I could do, aided by my wife & the charity of friends.
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 kept no account, but my support did not exceed fifty dollars.
18. What was your employment during 1898 and 1899? What pay did you receive in each year? Cropper on a few acres. I recd no pay except the small interest I had in the crop.
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? I have a family. Composed of myself and wife who aids me all she can.
20. Are you receiving any pension? If so, what amount and for what disability? None
21. Have you ever made an application for pension before? I made an application, which was rejected because my wife, W. A. Wade, was qualified for a p. & r. defect in
22. How many applications have you ever made and under what class? Only the one mentioned.

Subscribed before me this the _____ day of _____ 1900.

John W. Lindsey
Ordinary,

County.

Cobb

Applicant,

Every Question MUST be Answered.

W. W. Robinson
Cobb
Ga. State Troops
I am not able to
earn his own
support at some
labor or calling.

in May 1865 -
I was present at the

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

COUNTY.)

W. W. Foster of said State and County, having been presented as a witness in support of the application of *W. W. Robinson* 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? *W. W. Foster. I reside in Cobb County, Ga.*
2. Are you acquainted with *W. W. Robinson*, the applicant; if so, how long have you known him? *I have known him since 1862.*
3. Where does he reside, and how long and since when has he been a resident of this State? *He resides in Cobb Co. Ga. Over time I became acquainted with him.*
4. When, where and in what company and regiment did he enlist, and how do you know? *He enlisted in Co. A 1st Regt. South Georgia, in Gainesville, Georgia, in Jan. Co. in Richmond, Va. Co. was discharged from Camp Meade & State Militia in November 1863.*
5. Were you a member of the same company and regiment? *I was.*
6. How long did he perform regular military duty? *He was in active service until August 1864.*
7. When and where was his command surrendered? *At Anderson, S. C.*
8. Were you present when it surrendered? *I was not present at the surrender but was in the place at that time.*
9. Was applicant present? *He was not as I am informed but was reported as being in the hospital.*
10. If he was not present, where was he? *When he left the company he went to Hospital at Anderson.*
- When did he leave his command? *August 1864.* For what cause? *Recreation.*
- By what authority he left? *Of Mr. James H. Simpson.* How do you know all of this? *I was a member of the same company and was Messmate.*
11. What property, effects or income has the applicant? (Give your means of knowledge.) *None.*
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 but as above mentioned. He has no property of any of it.*
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? *He has not.*
14. What is the applicant's occupation and physical condition? *Cropper in a very small way. He is afflicted with Rheumatism.*
15. Is the applicant unable to support himself by labor of any sort, if so, why? *He is unable to support himself by labor because of his affliction.*
16. How was he supported during the years 1898 and 1899? *Such support as he had was made by himself and his wife on a few rented acres and the help of neighbors.*
17. What portion of his support for these two years was derived from his own labor or income? *Very little, only being able to aid his wife all he could under his affliction.*
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? *I have stated that he was sent to Hospital at Anderson in Aug 1864 on account of Rheumatism. And that since I have been his neighbor he is still a sufferer.*
19. What interest have you in the recovery of a pension by this applicant? *None.*

Sworn to and subscribed before me, this *19th* day of *Jan*, 190*6*.

the *19th* day of *Jan*, 190*6*. *John Courtney* Ordinary.

Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

COUNTY.)

Personally came before me, *John H. Simpson* and *E. J. Sledge*, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully *W. W. Robinson*, applicant for pension under Section 1254, Code, and after

such personal examination say that his precise physical condition is as follows:

Has Chronic Rheumatism of Hips & Back and is unable to do any manual labor for greater part of year.

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 *19th* day of *March*, 190*6*.

John Courtney Ordinary.

Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

COUNTY.)

I, *John Courtney*, Ordinary in and for said County, hereby certify that the applicant *W. W. Robinson* resides in said County, and has been a bona fide resident of this State since the *19th* day of *Jan*, 189*6*, 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 affidavits 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 1898 *Dollars* and in 1899 *Dollars* of property, and in 1899 *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 *March*, 190*6*.

John Courtney 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 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.

W. W. Robinson hereby authorize
John Crosby of
to receive and receipt for the pension allowed and request that he remit same to
at

by
Witness my hand and seal, this 4 day of Jan 1902.

[L. S.]

Executed in presence of

John Crosby

CODE SECTION 124
(FOR THOSE ALREADY ENROLLED.)

No. 581

INDIGENT

SOLDIER'S PENSION

1902.

Name W. W. Robinson

County Cobb

Co. D Regiment 1st

WARRANT ISSUED

1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

no ka to

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

W. W. Robinson hereby authorize
John Crosby of
to receive and receipt for the pension allowed and request that he remit same to
at
by

Witness my hand and seal, this 2 day of Jan 1903.

[L. S.]

Executed in presence of

John Crosby

CODE SECTION 124
(FOR THOSE ALREADY ENROLLED.)

No. 500

INDIGENT

SOLDIER'S PENSION

1903.

Name W. W. Robinson

County Cobb

Co. D Regiment 1st

WARRANT ISSUED

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.)

Personally appears *W. W. Robinson* 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 *Jan* 18*84*; that he is *57* 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 *24* months in Company *D*, of *1st* Regiment of *State Troop*; that his physical condition is as follows: *Owing to Infirmity & Poverty Deponent 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 *1901*

Sworn to and subscribed before me, this *10th* day of *Jan* 1902. *W. W. Robinson*

John Cherry Ordinary.

STATE OF GEORGIA,

County.)

I, *John Cherry* Ordinary of said County, do certify that I am well acquainted with *W. W. Robinson* 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 *Jan* 1902.

Ordinary.

County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1902.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.)

Personally appears *W. W. Robinson* 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 *Jan* 18*84*; 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 *Georgia*) during the war between the States, and served for the term of *24* months in Company *D*, of *1st* Regiment of *State Troop*; that his physical condition is as follows: *Owing to Infirmity & Poverty*

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 *20th* day of *Jan* 1903. *W. W. Robinson*

John Cherry Ordinary.

STATE OF GEORGIA,

County.)

I, *John Cherry* Ordinary of said County, do certify that I am well acquainted with *W. W. Robinson* 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.

County.

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

POWER OF ATTORNEY.

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

day of Jan

1904.

Executed in the presence of

Wm. W. Robinson [L. S.]
Mon

(FOR THOSE ALREADY ENROLLED.)

No. 600

INDIGENT

SOLDIER'S PENSION

1904.

Name *Wm. W. Robinson*

County

Co. A

Regiment 1

WARRANT ISSUED

1904.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Wm. W. Robinson, State Printer, Atlanta

no date

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

day of Jan

1905.

Executed in the presence of

Wm. W. Robinson [L. S.]
Mon

(FOR THOSE ALREADY ENROLLED.)

No. 501

INDIGENT

SOLDIER'S PENSION

1905.

Name *Wm. W. Robinson*

County

Co. B

Regiment 1

WARRANT ISSUED

1905.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Wm. W. Robinson, State Printer, Atlanta

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears W. W. Robinson 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 1844 day of 1844; 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 2 1/2 in Company A, of 1st Regiment of State Troops; that his physical condition is as follows: Age Infirmitiy & poverty

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 12 day of Jan 1904. John A. Wiley Ordinary.

STATE OF GEORGIA,

County.

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

Given under my official signature and seal, this 8 day of Jan 1904. John A. Wiley 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,

County.

Personally appears W. W. Robinson 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 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 10 in Company A, of 1st Regiment of State Troops; that his physical condition is as follows: Infirmitiy and 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, 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 the 12 day of Jan 1905. W. W. Robinson John A. Wiley Ordinary.

STATE OF GEORGIA,

County.

I, John A. Wiley Ordinary of said County, do certify that I am well acquainted with W. W. Robinson 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 1905. John A. Wiley 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,

Cobb COUNTY.

I, W. W. Robinson, hereby authorize
John Aubrey 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 Jan 1906.
W. W. Robinson [L. S.]

Executed in the presence of

J. M. Gamm

Cons. Section 124
(FOR THOSE ALREADY ENROLLED.)

No. 706

INDIGENT SOLDIER'S PENSION 1906.

Name W. W. Robinson
County Cobb
Co. D 124 Regiment

WARRANT ISSUED
1/22 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
G. G. G.

The American Printing and Publishing Co., Geo. W. H. Harrison, Mgr.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, W. W. Robinson, hereby authorize
John Aubrey 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 Jan 1907.
W. W. Robinson [L. S.]

Executed in presence of

J. M. Gamm

Cons. Section 124
(FOR THOSE ALREADY ENROLLED.)

No. 646

INDIGENT SOLDIER'S PENSION 1907.

Name W. W. Robinson
County Cobb
Co. D 124 Regiment

WARRANT ISSUED
JAN 21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.
Personally appears W W Robinson 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 _____ of _____ Regiment of _____; 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.

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 _____ County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the _____ day of _____ 1906. W W Robinson 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 _____ 1906.



Ordinary _____ County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.
Personally appears W W Robinson 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 _____ of _____ Regiment of _____; 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.

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 _____ day of _____ 1907. W W Robinson Ordinary.

State of Georgia,

Cobb County.
I, John Andrew Ordinary of said County,

do certify that I am well acquainted with W W Robinson 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.



Ordinary Cobb County.

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

OFFICE OF
JOHN AWTREY

ORDINARY, COBB COUNTY.

Marietta, Ga., Sept. 12th, 1901.

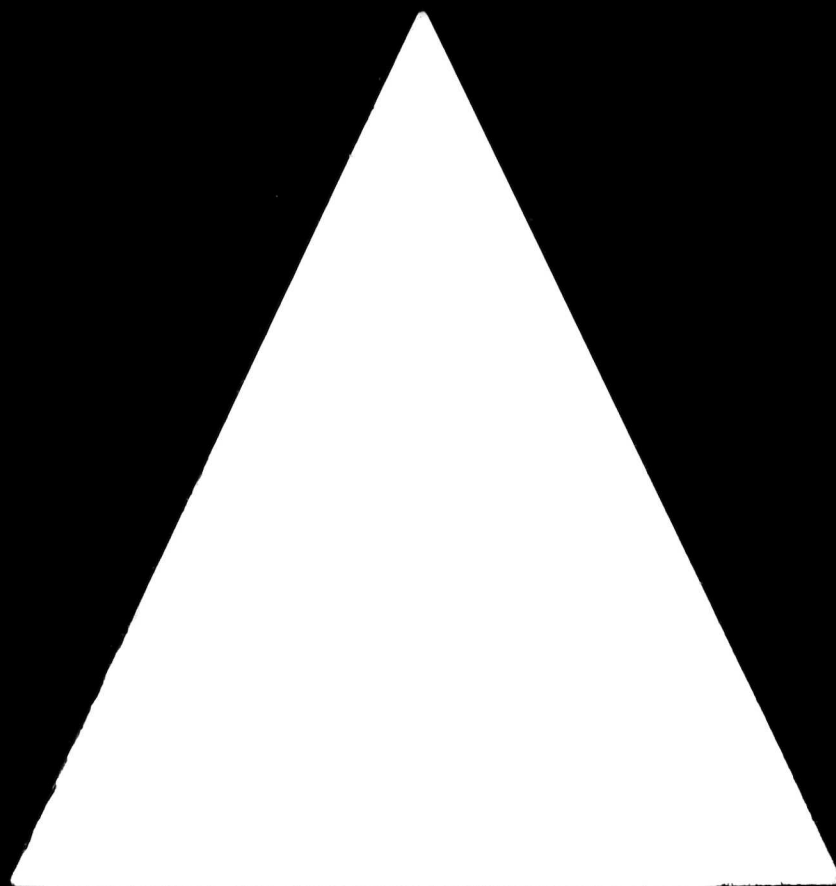
Personally appeared John Ashworth, J. M. Owens, and H. H. Shuler, who being sworn as witnesses on pension claim of W. W. Robinson, depose and say, that they have known applicant intimately for many years, living near him and knowing his Condition thoroughly. He has been afflicted with something in the nature of rheumatism for fifteen years or more. He is in bed a large part of the time, and is at no time able to do any work of any consequence. We are satisfied from our knowledge of his Condition, that he is unable to earn a support for himself. He has no property or income of any kind. While he is not very old, yet he is completely broken in health, and this Condition seems to be permanent.

Known to and subscribed
before me, this Sept 12th, 1901,
and I certify that the subscribing
witnesses are residents of Cobb

County, whose evidence is worthy of full
faith and credit.

John Ashworth,
J. M. Owens
H. H. Shuler

John Awtrey,
Ordinary.



POWER OF ATTORNEY.

Form 5.

STATE OF GEORGIA.

Know ALL MEN BY THESE PRESENTS, That I, Alexander Roddy

of Wilkes County, do hereby appoint

County, in and for the State, do hereby appoint

of James H. B. Johnston 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 1893.

Executed in the presence of us:

James H. B. Johnston

John B. Watson

DIRECTION.

If allowed, send amount by Robt. H. Watson to

me at Robt. H. Watson

to

Roddy, Alexander
Cobb Co.
No. 3137

Soldier's Pension.
Trans. to Fulton
1893. 194

Name Alexander Roddy

County Cobb

Disability Big Arms

Amount, \$ 50
March 1893

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

J. B. Watson

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

Form 5.

STATE OF GEORGIA,

Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I,

Alexander Roddy

County, in the State, do hereby appoint

of *Russell* 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 *20th* day of *March*, 1893.

Alexander Roddy [L. S.]
mark

Executed in the presence of us:

Jul. Stone
O. W.

DIRECTION.

If allowed, send amount by me at *Russell Ga.* and oblige,

John B. Matson to

Alexander Roddy
mark

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

Form 1.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears, *Alexander Roddy* 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 continuously since the *21st* day of

July, 1863, that he enlisted in the military service of the Confederate States (or the State of

) during the war between the States, and served as a *Private* in Company *C*, of *42nd* Regiment

of *Georgia* Volunteers *Stovall* Brigade; that whilst engaged

in such military service, at the battle of *New Hope Church* in the State

of *Georgia*, on the *May* day of *1864*, he was

disabled as follows: *gun shot wound. Ball entered*

the right thigh near the hip joint from

the back. Part through the thigh then

through the right testicle cutting

the cord. The right testicle has

newly disappeared by sloughing

away. It often rises or inflames

and keeps him confined to his room

for several weeks, and is a continual

pain and further states that he is

unable to do any kind of work

that he is capable of performing

Deponent desires to participate in the benefits of the Act approved October 24th, 1887,

and the Acts amendatory thereof, and makes application for the allowance to which he is entitled

for the year thereunder, ending October 26th, 1893.

Sworn to and subscribed before me this the

10th day of *March*, 1893.

Alexander Roddy
mark

Ordinary.

NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. If claim is based on disease, give full and connected history of disease, tracing it directly to the service.
NOTE.—Do not trouble to mention wounds which do not disable.

Soldier's Pension.
James to Fulton
1893.

Name *Alexander Roddy*

County *Cobb*

Disability *Priv. Wound*

Amount, \$ *50*

March 31 1893.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

J. B. Matson

Geo. W. Harrison, State Printer, Atlanta.

Roddy, Alexander
Cobb Co.
Mo. 11/17

Affidavit for Witnesses.

STATE OF GEORGIA,

County of Cobb

PERSONALLY appears before me, the undersigned, Ordinary in and for said County,

Isaac N. Parier Harry A. Parier and
E. B. Thomson each of whom, being duly sworn according to law,severally say, under oath, that they are personally well acquainted with AlexanderRoddy whose application is herewith presented for a pension,
and that they served with him in the army, and from our personal knowledge he was injured by
the service as follows: (give full statement, and tell in your own language how badly applicant is
disabled from work. If he does any labor, or can do any, state what.) I N ParierSworn says that he served in the Confederate army
and is personally acquainted with Alexander
Roddy, being in the same Co with him, and
knows that he was shot through the thigh ^{near the hip} at
the Battle of Vine Hills Church in May 1864
and knows he was permanently disabledE. B. Thomson swears that he was in the
same company Alexander Roddy, and that
he was wounded in forearm that night of
May, ball going through hip and private, and
Roddy was wounded down where was
Vine Hills Church in the State of Ga.I N Parier & Harry A. Parier Sworn say that
he is personally acquainted with Alexander
and knows that he was shot in the thigh at Vine Hills Church, but returned
next day, and was informed by members of the
company that he was wounded and that
he had been in charge of his wound and that
We personally know above stated facts. We were with him in the army and have knownhim ever since. 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

19 day of Mar 1893. J. L. Ganice
J. M. Stone Harry A. Parier
ORDINARY. E. B. ThomsonNOTE.—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.Not. G. B. Thomson Sworn to
before me March 15-1893.
J. B. McChesley Ord.

PHYSICIAN'S AFFIDAVIT.

STATE OF GEORGIA,

County of CobbPERSONALLY comes before me J. M. Stone Ordinary of said County,E. B. Thomson and J. G. Green, M.D., both known to
me as reputable physicians of said County, who being severally sworn, say on oath that they
have carefully examined Alexander Roddy and after such personal examination
say that the applicant has been injured as follows:Gun Shot wound - Ball entered the mus-
cular part of his right thigh & came
out on the in side of the same thigh - entered
the Scrotum on the right side - Cutting the
Spermatic Cord of right testicle & passed
out in front of the left Spermatic Cord.
the right testicle is injured as to cause
constant pain & sometimes frequent rising -
the right testicle is almost gone, for want of
natural support & frequent inflammation. Hence
he is permanently disabled & will never workWe have treated applicant professionally for 2 1/2 years.

Sworn to and subscribed before me this

20 day of Mar 1893. J. G. Green, M.D.
J. M. Stone E. B. Thomson
Ordinary.NOTE.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability result-
ing therefrom.NOTE 2.—If claim is for disability resulting from disease, state how the disease is known to result from the service as a soldier.
Also state how long physicians have known and treated applicant.

STATE OF GEORGIA,

County of CobbI, J. M. Stone Ordinary of said County,do certify that I am well acquainted with Alexander Roddy the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents
himself to be, and that he resides in this County. I also certify that the foregoing witnesses
are persons of respectability, and that their statements are worthy of full credit and belief.Given under my official signature and seal this 20 day of Mar 1893.J. M. Stone
Ordinary Cobb County.

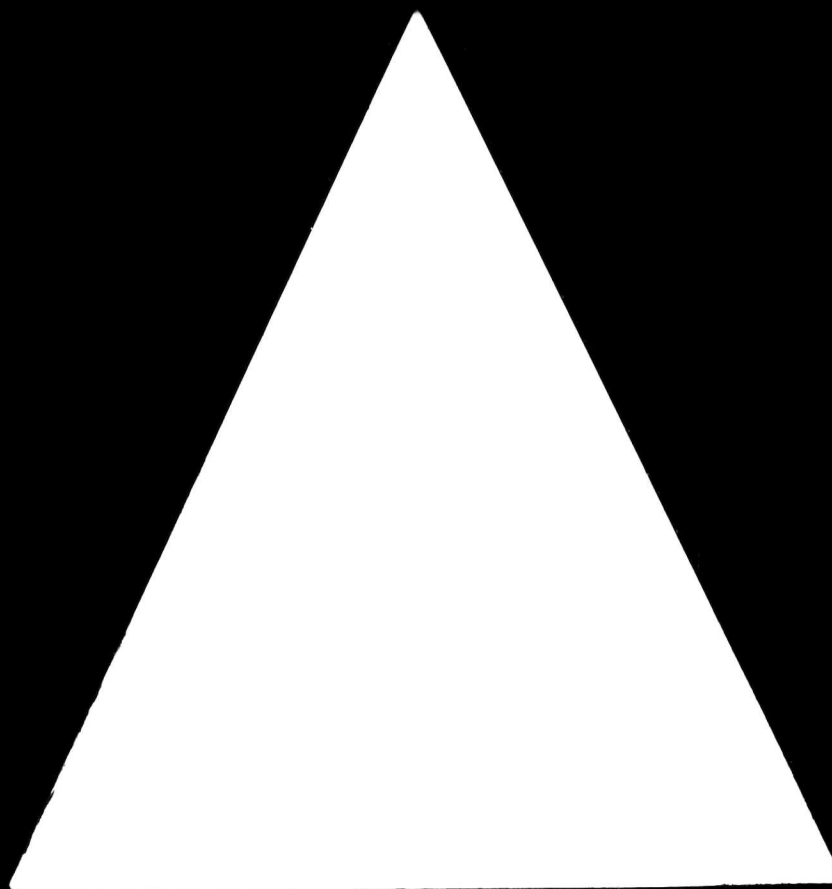
Georgia. Personally appears before
Hilton County, Me J V Roddy, who on
oath ^{swears} that he is personally well acquainted
with Alexander Roddy and that he
served with him in the Army, and
from his personal knowledge he was
injured by the services as follows
Shot in the hip, ball entering behind and
coming out in front passing through
his private, said wound rendered
applicant incompetent to perform
and manual labor, that applicants is
unable to do farm work cannot
plow but a little while at a
time, said Alexander Roddy, resided
his wound at New Hope Ga on

Sworn to before me, J. M. V. Roddy
March 13, 1893.
P. D. McClellan, Clerk.

Georgia, Hilton County.

I P. D. McClellan, Clerk for said County
do hereby Certify that I am personally well
acquainted with J V Roddy who made the
above affidavit, and that he is a truthful
and reliable citizen of said County, and worthy
of belief. Given under my hand and seal of
office March 15 1893. P. D. McClellan, Clerk.

observed March 15 1893. PDM. Celest Key. Ind.



Russell, B. E.
Cobb Co.

No. 347.

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889

Right of ^{FOUR} ~~Applicable~~
Applicant *J. E. Russell*
County *Cobb*

Amount *50.*

Date of Warrant *Dec 11/89*

Entered on *22nd*

July 11 1889

W. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

Applicant

STATE OF GEORGIA,

PERSONALLY appears *W. E. Kossel* of *Liberty* 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 *1862* day of *September* 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 12th* Regiment of *Georgia* Volunteers (*Youngs*)'s Brigade; that whilst engaged in such military service, at the battle of *Ponchartraine* in the State of *La.* on the *11th* day of *June* *1864*, he was wounded as follows: *By two Bullets entering the right leg, passing through the leg, fracturing the bones, thereby rendering the leg substantially and essentially useless.*

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 26, 1889.

Sworn to and subscribed before me, this the 11th day of Feb. 1889 J. E. Rouse
Jur. Plow
Ordway
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,

[illegible]

Sworn to and subscribed before me, this
11th day of *Feb*, 188*9*
J. W. Thom
ORDINARY.
Ed. Schaefer, Mod.
John H. Simpson M.D.

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.

APPLICATION FOR ALLOWANCE

FOUR YEAR ENDING OCTOBER 26 1954

| | | | |
|------|--|---|-------------------------------------|
| FOUR | Right to be paid
Applicant, J. Dorcel
(Country) Cuba | Amount \$0.
Date of Warrent Decy 11/89
Entered on record Decy 11 1889
No. 11 | NEW YORK
SUPERINTENDENT'S OFFICE |
|------|--|---|-------------------------------------|

THE REFRACTOR EXCLUSIVE DEPARTMENT.

STATE OF GEORGIA,

Colth County, *J. M. Stong* Ordinary of said county,
do certify that I am well acquainted with *E. C. Rosser* 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 *11th* day of *July*, 188 *9*

J. M. Stong
Ordinary *Colth* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, *Colth*

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

(L. S.)

Executed in the presence of us:

)
)

DIRECTION:

Send money to me as follows, by

to

P. O.

County, Georgia.

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 at the residence of the applicant. The certificate of any other will not be received in any case.

STATE OF GEORGIA,

Baldwin County.

I, J. M. Stone Ordinary of said county, do certify that I am well acquainted with E. J. Rouse 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 1890

J. M. Stone Ordinary Baldwin County.

1890.

No. 979
APPLICATION FOR ALLOWANCE.
FOR THE YEAR ENDING OCTOBER 31, 1890.

Leg. dis. disabled
Applicant, E. J. Rouse
County, Baldwin
Amount, \$50.00
Date of warrant, Feb 11
Entered on record, Feb 11 1890

20 H H
WARRANT HANDED TO
Applicant

STATE OF GEORGIA,

Baldwin County.

I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with E. J. Rouse 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 7th day of Feb 1891

J. M. Stone Ordinary Baldwin County.

1891.

PAID 1891, No
20 H H
Applicant

No. 979
Application for Allowance
FOR THE YEAR ENDING OCTOBER 31, 1891.

Leg. dis. disabled
Applicant, E. J. Rouse
County, Baldwin
Amount, \$50.00
Date of Warrant, Feb 11
Entered on record, Feb 11 1891

20 H H
WARRANT HANDED TO
Applicant

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears *E. J. Russell* 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 *17th* day of *Sept* 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 *1*, of *Col. S. J. Simons' Calvary* of *30* Volunteers *Young's* Brigade; that whilst engaged in such military service, at the battle of *Leila Court House* in the State of *va*, on the *14th* day of *July* 1864, he was wounded as follows: *by minnie ball through right leg below knee severely fracturing bones & rendering the leg much of the time useless & rendering applicant unfit to follow the ordinary avocations 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, 1890. I have heretofore been allowed a pension of *15* dollars.

Sworn to and subscribed before me, this the *10th* day of *Feb* 1891.

Not a 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 *10th* day of *Feb* 1891.

[L. S.]

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,

Cobb County.

PERSONALLY appears *W. B. Russell* 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 *15th* day of *September* 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 *1*, of *Col. S. J. Simons' Calvary* of *30* Volunteers *Young's* Brigade; that whilst engaged in such military service at the battle of *Leila Court House* in the State of *va*, on the *14th* day of *July* 1864, he was wounded as follows: *by minnie ball through right leg below knee & ankle severely fracturing bones & rendering the leg much of the time useless & rendering applicant unfit to follow the ordinary avocations 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, 1891. I have heretofore been allowed a pension of *15* dollars, for *which disability*.

Sworn to and subscribed before me, this the *10th* day of *Feb* 1891.

Not a 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 *10th* day of *Feb* 1891.

[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, Wm. H. Harrison Ordinary of said county,
do certify that I am well acquainted with L. E. Russell 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 1892

Ordinary.

County.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892

Name.

County.

Disability.

Amount. \$

Entered on record

1892.

W. H. HARRISON.

Secretary of Executive Department.

AGENT.

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

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
of my true and lawful attorney in fact, for
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

at Atlanta, Georgia

Executed in the presence of us:

Witnesses

Witnesses

Witnesses

Witnesses

Witnesses

Witnesses

Witnesses

Witnesses

Witnesses

Witnesses

Witnesses

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Witnesses

Witnesses

STATE OF GEORGIA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Russell, L. E.
Colt Co
1893.

No. 618
Application for Advances
For the Year Ending October 26, 1892
Dis. 50
Applied to Russell
County, Colt Co
Amount, 50
Debt of Warrent, 3/8
Entire sum paid, 3/8
1893.
Warrant Handled on
1/10

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County, } *W. E. Roszel*
 PERSONALLY appears *W. E. Roszel*
 of *W. E. Roszel* 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 *19th* day of *Sept*, 186*0*; 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 *Volunteers* in the *1st* *Virginia* *Infantry* *Regiment*
 Brigade, that whilst engaged in such military service at the battle of *Shiloh*
 in the State of *Virginia*, on the *14th* day of *April*, 186*2*, he was wounded as follows:

*Between the trunk striking the right leg
 between the ankle and knee - causing
 a continuous burning pain - Am Com-
 pletely unable to walk - I have been
 since - Dependent is rendered practically
 incompetent to perform the ordinary manual
 labor.*
 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 *the year ending October 26, 1892*
 Sworn to and subscribed before me this *19th* day of *Sept*, 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, }
 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
19th day of *Sept*, 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,

County, } *Cobb*
 PERSONALLY appears *W. E. Roszel* 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 *Sept*, 186*0*; 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 as a *Private* in Company *2*, of *the 1st* *Virginia* *Infantry* *Regiment*
 of *Volunteers* in the *1st* *Virginia* *Infantry* *Regiment*
 Brigade; that whilst engaged in such military service at the battle of *Shiloh* in the State
 of *Virginia*, on the *14th* day of *April*, 186*2*, he was
 wounded as follows:

*By gunshot striking right
 leg below the knee, fracturing the
 bones and tearing the muscles - Dependent
 is at times compelled to go on crutches
 is dependent is practically incompetent
 to perform the ordinary manual
 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, 1893. I have heretofore been allowed a pension of

\$30 dollars, for *the year ending October 26, 1893*
 Sworn to and subscribed before me, this, the *19th* day of *Sept*, 1893.

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,

County, } *Cobb*
 I, *W. E. Roszel* Ordinary of said County,
 do certify that I am well acquainted with *W. E. Roszel* the

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

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

Given under my official signature and seal, this *19th* day of *Sept*, 1893.
W. E. Roszel
 Ordinary *Cobb* County.

STATE OF GEORGIA,
 POWER OF ATTORNEY.

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.

P. O.

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.

[L. S.]

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 *G. E. Roscoe*
County *Collier*
Disability *Dis d 10 11*
Amount, \$ *50*
375

1894.

W. H. HARRISON.

Secretary Executive Department.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Atlanta.

Roscoe, G. E.
Collier Co.

(For Those Already Enrolled.)

334

No.

SOLDIER'S PENSION.

1895.

Name *G. E. Roscoe*
County *Collier*
Disability *Dis*
Amount, \$ *50*

1895.

RICHARD JOHNSON.

Secretary Executive Department.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Atlanta.

W. H. Harrison

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Cobb County.
PERSONALLY appears *J. E. Roesel* 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 *Sept* 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 *Private* in Company *D*, of *2nd Legion Cavalry*, of *Ma* Volunteers, *Young*'s Brigade, that whilst engaged in such military service at the battle of *Spinning Station* in the State of *Va*, on the *19* day of *July* 1864, he was wounded as follows:

the right leg between knee and ankle fracturing the bones &c. Deponent is now dead 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 allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of *\$50* dollars, for the year 1893.

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

J. M. Stone Ordinary.

STATE OF GEORGIA.

Cobb County.
I, *J. M. Stone* Ordinary of said County, do certify that I am well acquainted with *J. E. Roesel* 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 *March* 1894.



J. M. Stone Ordinary *Cobb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Cobb County.
PERSONALLY appears *J. E. Roesel* 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 *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 *Private* in Company *D*, of *2nd Legion Cavalry*, of *Ma* Volunteers, *Young*'s Brigade, that whilst engaged in such military service at the battle of *Spinning Station* in the State of *Va*, on the *19* day of *July* 1864, he was wounded as follows:

the right leg between knee and ankle fracturing the bones of the leg - the wounds have never healed & produces a continuous pain. Deponent is, therefore, 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 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, the *15* day of *March* 1895.

J. M. Stone Ordinary.

STATE OF GEORGIA.

Cobb County.
I, *J. M. Stone* Ordinary of said County, do certify that I am well acquainted with *J. E. Roesel* 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 *March* 1895.



J. M. 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.

[L. S.]

Executed in presence of us _____

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.

[L. S.]

Executed in presence of _____

Rowell, J. E.
Left 5
ACT OF 3 OCT. 1887.
(For Those Already Enrolled.)

No. *620*

SOLDIER'S PENSION.

1896.

Name *J. E. Rowell*
County *Polk*
Disability *Right leg*
Amount, \$ *50*
2/25

1896

RICHARD JOHNSON,

Secretary, Executive Department.

WARRANT HANDLED TO

Alper

Geo. W. Harrison, State Printer, Atlanta.

W. data

Rowell, J. E.
Thos. Rowell
ACT OF 3 OCT. 1887.
(For Those Already Enrolled.)

No. *2892*

INVALID

SOLDIER'S PENSION.

1897.

Name *J. E. Rowell*
County *Polk*
Disability *Right leg*
Amount, \$ *50*
3/3

1897

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

Alper

Geo. W. Harrison, State Printer, Atlanta.

W. data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Personally appears

Cobb County.

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of

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 , of the Regiment

of Volunteers, 's Brigade; that whilst engaged

in such military service in the State of on the 16th day

of July 1864 he was wounded, injured or diseased as follows:

By gunshot striking the right leg below the knee fracturing the leg and ankle of the wound has never healed and renders said leg useless

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 \$50 dollars, for the year 1895.

Sworn to and subscribed before me, this, the

15th day of July 1896.

G. E. Roessel

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, J. M. Stone, Ordinary of said County, do certify that I am well acquainted with G. E. Roessel 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 25th day of July 1896.



Ordinary J. M. Stone Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears

Cobb County.

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of

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 , of the Regiment

of Volunteers, 's Brigade; that whilst engaged

in such military service in the State of on the 16th day

of July 1864 he was wounded, injured or diseased as follows:

By gunshot striking the right leg and ankle fracturing the same and rendering the applicant practically incapacitated to perform the ordinary manual operations 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, 1897. I have heretofore under said law as a resident of Cobb county been allowed an invalid pension of \$30 Dollars, for the year 1896.

Sworn to and subscribed before me, this, the

2nd day of March 1897.

G. E. Roessel

POST OFFICE Marietta Ga

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, J. M. Stone, Ordinary of said County, do certify that I am well acquainted with G. E. Roessel 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 March 1897.



Ordinary J. M. 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 1898.

[L. S.]

Executed in presence of

ACT OF MARCH 1888.
(For Those Already Enrolled.)

No. 2644

INVALID

SOLDIER'S PENSION.

1898.

Name *G. E. Roessel*

County *Cobb*

Disability *Right Leg*

Amount, \$ *30.*

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Appt

Geo. W. HARRISON, STATE PRINTER, ATLANTA

data

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

CODE SECTION 126.
(For Those Already Enrolled.)

No. *2681*
To Fulton 1900

INVALID

SOLDIER'S PENSION.

1899.

Name *G. E. Roessel*

County *Cobb*

Disability *Leg*

Amount, \$ *50*

1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

appt

Geo. W. HARRISON, STATE PRINTER, ATLANTA

data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

- Cobb County.

Personally appears S. E. Roessel 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 19th day of Sept. 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 S, of th Regiment of Cobb's Brigade; that whilst engaged in such military service in the State of Virginia, on the 14th day of July 1864, he was wounded, injured or diseased as follows:

By gun shot in right leg in the calf of the leg. And rendering applicant practically incompetent to perform 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

Forty \$50 Dollars, for the year 1897

Sworn to and subscribed before me, this, the 15th day of Feb. 1898. POST-OFFICE Marionetta Ga.

Not to 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 S. E. Roessel 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 Feb. 1898.



Ordinary J. W. Stone Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

- Cobb County.

Personally appears S. E. Roessel 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 19th day of September 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 S of Cobb's Brigade; that whilst engaged in such military service in the State of Ga., on the 14th day of July 1864, he was wounded, injured or diseased as follows:

By gun shot striking right leg just below knee and fracturing bone thereby rendering applicant 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, 1899. 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, the 15th day of Feb. 1899. POST OFFICE Marionetta Ga.

Not to 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 S. E. Roessel 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 Feb. 1899.



Ordinary J. W. Stone Cobb County.

Audited

Feb. 11

1889.

Wm. A. Mighels
COMPTROLLER-GENERAL

Gobb
Maimed Soldiers.

Voucher No. *347*

Amount \$ *50*

Paid to *E. E. Rosel*
For *Right Leg dis-*
abled

July 11 1889.

Included in Warrant No.
issued to Treasurer.

1889.

WARRANT CLERK.

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

Applicant

Gobb
Maimed Soldiers.

Voucher No. *909*

Amount \$ *50*

Paid to *E. E. Rosel*
For *Leg disabled*

July 11 1890

Included in warrant No.
issued to Treasurer.

1890

WARRANT CLERK.

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

Applicant

Rosel, E. E.
Gobb

1891.

Maimed Soldiers.

Voucher No. *971*

Amount \$ *50*

Paid to *E. E. Rosel*
For *Leg dis-*

July 9 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Applicant

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 3117

Atlanta, Ga. Feb 11th 1889

Mr. *G. E. Rosel* 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

eight leg disabled
He is entitled to receive the sum of *Fifty & no/100* 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 & no/100

per above voucher, this

11 of *Feb*
G. E. Rosel

Dollars.

1889.

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 909

Atlanta, Ga. Feb 11 1890

Mr. *E. G. Rosel* 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* 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

per above voucher, this



Feb 11 1890
G. E. Rosel

Dollars.

STATE OF GEORGIA.
EXECUTIVE DEPARTMENT. }

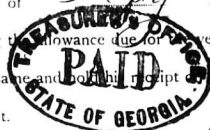
1891.

No. 271

Atlanta, Ga. July 9 1891.

Mr. J. E. Roedel 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
\$49.00
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, 1891.

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



W. J. Withers,
GOVERNOR.

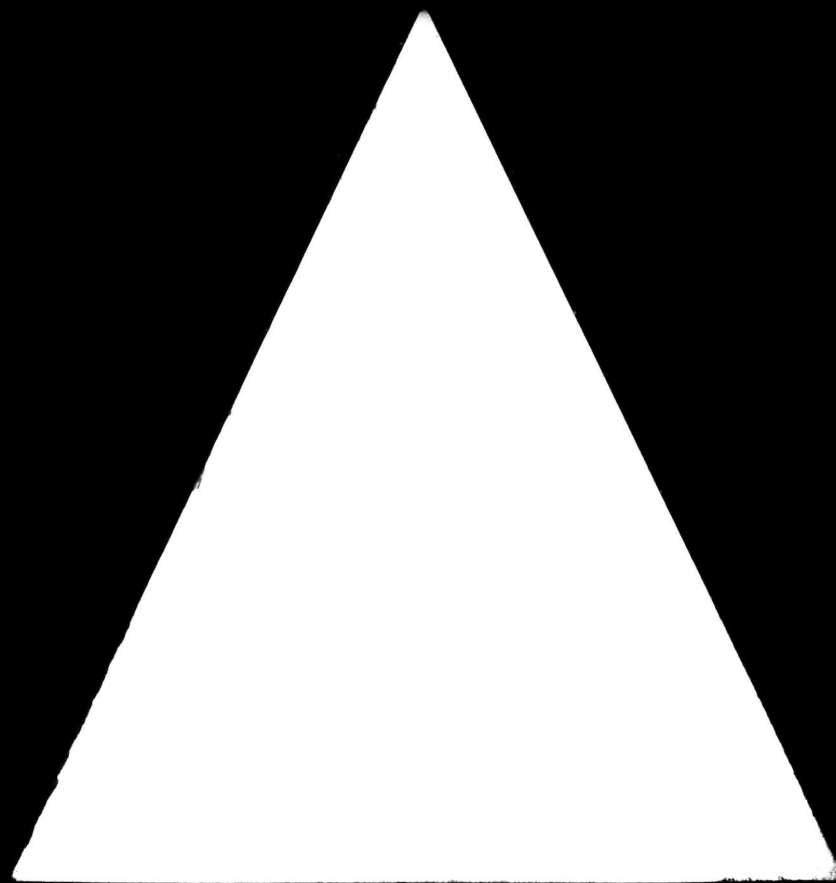
By the Governor

W. N. Harrison
Sec'y EXECUTIVE DEPARTMENT.

\$50

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

Fifty 00/ Dollars,
per above voucher, this 9 of July 1891.
J. E. Roedel



TO PAY -
1930. \$
Cig. & C. Tax. \$
TOTAL

VETERAN SERVICE OFFICE
A. L. HENSON, Director

FILED

APPROVED
FOR APRIL, 1933
Rogers, Easter - Mrs.
WIDOW'S APPLICATION

To Be Put on Roll in Her Own Right When
Husband Was on the Pension Roll
of Georgia.

County Bald
Name Mrs. Easter Rogers
Widow of L. B. Rogers
Company _____
Regiment _____
Date of Husband's Death June 11, 1933
Date of Marriage Oct 3, 1872
Approved _____

JOHN W. CLARK,
Commissioner of Pensions.

6/22/33

ORDINARY'S CERTIFICATE

STATE OF GEORGIA
Bald COUNTY.

I, Geo. J. Danville Ordinary of said County, do certify that I know Mrs. Easter Rogers the applicant for pension; that she is the person she represents herself to be, and that she is contingently a bona fide resident of said County since January 1st, 1920; that I also know J. C. Thibodeau 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 24 day of June, 1933.
(SEAL OF ORDINARY) Geo. J. Danville Ordinary,
Bald 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 space 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. Attached certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.



VETERANS SERVICE OFFICE

SUCCEEDING TO THE DUTIES FORMERLY DEVOLVING UPON

THE PENSION COMMISSION
THE ROSTER COMMISSION
THE VETERANS SERVICE OFFICE

STATE CAPITOL
ATLANTA

A. L. HENSON, DIRECTOR

IN RE: Application for pension for
Mrs. Easter Rogers, widow of
G. B. Rogers; Cobb County, Georgia:

It appearing that the late husband of this applicant established his right to a pension as a Confederate veteran and was such a pensioner at the time of his death; that applicant was married to said pensioner prior to the year 1881, and that she lived with her said husband to the date of his death and has not since remarried, this application is approved, and it is ordered that she be enrolled as a pensioner of Cobb County, Georgia, for the month of April, 1933, and thereafter, and that she receive the \$127.00, balance due her husband on his pension for 1930, if and as such balance may hereafter become payable.

This the 22nd day of June, 1933.

Director.

TO PAY -
1930, \$
Cig. & C. Tax: \$
TOTAL

VETERANS SERVICE OFFICE
A. L. HENSON, Director

FILED

APPROVED
For APRIL, 1933
Rogers, Easter - Mrs.
Cobb Co.
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. Easter Rogers |
| Widow of | G. B. Rogers |
| Company | |
| Regiment | |
| Date of Husband's Death | June 11, 1933 |
| Date of Marriage | Oct 3, 1872 |
| Approved | |

JOHN W. CLARK
Commissioner of Pensions.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
Cobb COUNTY.

I, Jas. J. Daniell, Ordinary of said County, do certify that I know Mrs. Easter Rogers, 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. P. Trasure, 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 30 day of June, 1933.
(SEAL OF ORDINARY)

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.

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 Mrs. Easter Rogers of said County, who, after having been duly sworn, says that she is the widow of G. B. Rogers to whom, in the County of Cobb State of Georgia she was married on the 3rd day of Oct 1872, and that she remained his wife, and resided with him to the date of his death in June 11 1933 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 \$ 30.00 per mo. in Cobb County for 1933, on account of being a soldier in Company _____

Regiment _____ (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 all her life and Cobb Co day of 16 years 1922

Sworn to and subscribed before me, this the 17 day of June 1933 } W. J. Daniell Ordinary } Mrs. Easter Rogers (Applicant) her of Cobb County. } Witness Ruby McCliskey (SEAL OF THE ORDINARY.)

Affidavit of Witness to Prove Marriage and Date of Death of Husband.

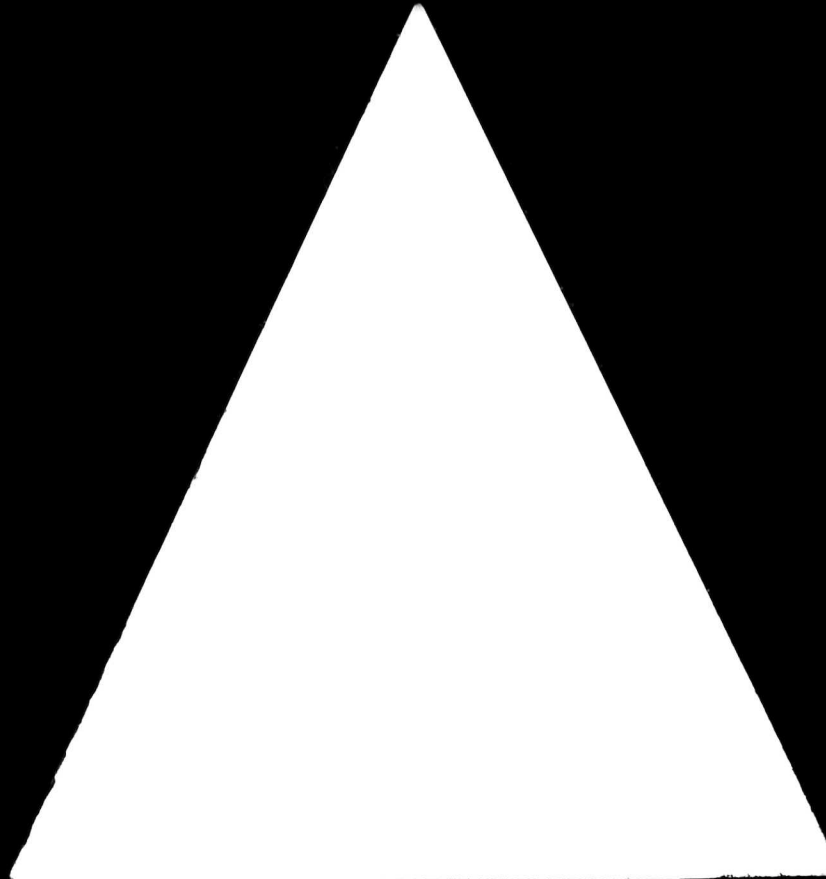
STATE OF GEORGIA,

Cobb COUNTY.

Personally before me comes J. P. Frasure 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. Easter Rogers, who made the foregoing affidavit, is the lawful widow of G. B. Rogers who died in Cobb County in said State of Georgia on the 11th day of June 1933 and that she has not since remarried; that she became the wife of G. B. Rogers on the 3rd day of Oct 1872; that she and he had resided together as husband and wife, continuously, since 3rd day of Oct 1872, and that he 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 20 day of June 1933 } W. J. Daniell Ordinary } J. P. Frasure of Cobb County. } (SEAL OF ORDINARY)

of Cobb County. [Signature]
(SEAL OF ORDINARY)



Rollins, C. F.
Voucher No. 11

No. 670

Application for Allowance

FOR

Left arm disabled

Applicant C. F. Rollins

County of Coll.

Amount \$5

Date of Warrant Feb 6/88

Entered on Record,

Feb 6 1888
H H H

Secretary Executive Department

STATE OF GEORGIA, }
Cobb County }

PERSONALLY appears *A. L. Rollins* 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 _____ 1867; 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 "*e*", of the _____th Regiment of *Georgia* Volunteers *Drummond's* Brigade; that whilst engaged in such military service, at the battle of _____ in the State of *Georgia*, on the *20th* day of *September* 1863, he was wounded as follows: *He was shot through the hand and arm by a shell, one finger torn off, the hand and the finger badly injured, both rendered stiff, the arm was also rendered stiff and the arm and hand have by reason of the wounds been rendered substantially and essentially useless, which wound permanently dis- abilitates him and renders him practically incompetent to perform manual labor.* Deponent 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 the }
17 day of *January* 1888 } *A. L. Rollins*
He is a bona fide citizen

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. }
Cobb County }

PERSONALLY came before me *A. J. Landon* of the county of *Douglas* State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company *e*, of the *11th* Regiment of *Georgia* Volunteers, and that deponent knows *A. L. Rollins*, 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 *A. L. Rollins*, as stated by him in said affidavit. Deponent further states that said *A. L. Rollins* is a *bona fide* citizen of this State, and resides in *Cobb* county.

Sworn to and subscribed before me, this *17th* day of *January* 1888.

The foregoing affidavit, changed 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 citizens should be furnished.

Application for Allowance

No. *6970*

Rollins, A. L.
Drummond's

Left arm disabled

Applicant

County

Amount *95*

Date of Warrant *Oct 6/88*

Entered on Record.

Oct 7 6 1888

11 H H

Notaries Expiration Day certain

STATE OF GEORGIA,

Coobb County

PERSONALLY came

Simmon Edwards, A. L. Rollins
and *H. A. Edwards & J. C. Rollins*

citizens of

Coobb

county, in said State,

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

A. L. Rollins

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

Coobb

County, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this

17 day of *July* 1888
W. H. Mathews

Simmon Edwards
H. A. Edwards

STATE OF GEORGIA,

Coobb County

PERSONALLY comes before me

N. M. Hammett

Ordinary of said county,

A. A. Goker

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 *A. L. Rollins* and after such examination say that the

applicant has been injured as follows: *He was shot the stomach with*

a shell in the hand and arm, the hand and
arm are stiff and both have by reason of the wounds

been rendered substantially and permanently useless
he is unable to perform the duties of the applicant and renders
him practically incompetent to perform manual labor.

Sworn to and subscribed before me, this

17 day of *July* 1888

N. M. Hammett

ORDINARY

E. J. Setze

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

STATE OF GEORGIA,

Coobb

County.

I, *N. M. Hammett*

Ordinary of said county,

do certify that I am well acquainted with

A. L. Rollins

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, *and that he is a citizen of the U. S. of A. Co.*

I further certify that

I am Ordinary

before whom the foregoing

affidavits were made and power of attorney was signed, as a

of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this

17

day of

July

1888

N. M. Hammett

Ordinary

Coobb

County.

POWER OF ATTORNEY.

STATE OF GEORGIA

Coobb

County.

Know all men by these presents, That I

A. L. Rollins

Coobb

county, in said State, do hereby appoint

of

Coobb

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 Confed-

erate 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

July

1888.

A. L. Rollins

[L. S.]

Executed in the presence of us

N. M. Hammett

Oray

STATE OF GEORGIA,

Lebo

County.

PERSONALLY appears

A. L. Rollins of

Lebo and

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

Nov

1846; that he enlisted in the military service of the Con-

federate States (or of the State of

States, and served as a

of *4a* Volunteers *Johnson's* Brigade; that whilst engaged

in such military service, at the battle of *Chickamauga* in the

of *4a* on the *20* day of *Sept* 1863, he was

wounded as follows: *He was shot through the left arm and hand, the bone was broken, the muscles and leaders of the arm destroyed, the arm rendered perfectly stiff, all of the fingers are useless, the arm and hand are substantially and essentially useless and have been since the injury.*

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 ending October 26, 1889.

Sworn to and subscribed before me, this the

8th

day of *March* 1889

J. M. Stone Ordry.

A. L. Rollins

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,

Lebo

County.

PERSONALLY comes before me

J. M. Stone

Ordinary of said county,

Dr. A. J. Hober

and *E. J. Eise*

both known to

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

A. L. Rollins

and after such

examination say that the applicant has been injured as follows: *He was shot through the left arm, the ball crushed the bone, the muscles and leaders were destroyed, the arm rendered perfectly stiff, all of the fingers are useless, the arm and hand are substantially and essentially useless and have been since the injury.*

Sworn to and subscribed before me, this

8th

day of *March* 1889

J. M. Stone Ordry.

E. J. Eise

A. J. Hober

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.

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889

NAME

Left arm of

Applicant, *A. L. Rollins*

County *Lebo*

Amount *50*

Date of Warrant *April 11*

Entered on record *April 11*

1889

SECRETARY EXECUTIVE DEPARTMENT.

My additional data

P. C. Stone

Hollins, A. L.

1889

1889

Levod

County

PROBATIONALLY appeared

A. L. Rollins

of Good and 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 2^d day of

Nov 1846; 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 "B", of *4*th Regiment
of *La* Volunteers *Douson's* 's Brigade; that whilst engaged

in such military service, at the battle of Chickamauga in the State of Georgia
of 42 years, on the 20 day of Sept 1863, he was

wounded as follows: He was shot through the left arm

and hand, the bone was broken in middle and leaders of the arm destroyed, the arm rendered perfectly stiff, all of the fingers are useless, the arm and hand are substantially and essentially useless and have been since the injury.

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 ending October 26, 1889.

Sworn to and subscribed before me, this the

8th day of March 1889
J. M. Stone ordng.

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

STATE OF GEORGIA,

Leob

County

PERSONALLY comes before me
Dr. A. A. Guber

and Mrs M. Stone
E. J. Scher

Ordinary of said county

me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined *A. L. Rollins* and after such

examination say that the applicant has been injured as follows: *He was shot*

known on the left arm, in full view and
on the bone, the muscles and tendons are
destroyed, the arm rendered P.B. off. a
of the fingers are destroyed, this arm
and hand are both essentially
substantially useless.

Sworn to and subscribed before me, this

8th day of *March* 1889

ORDINARY

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

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1989

2100

FOR
Sept Ann Dearden
Applicant, J. G. Robbins

County

Amount

Date of Warrant *April 11*

Entered on record

5881

SECRETARY EXECUTIVE DEPARTMENT.

no additional data
P. C. Brown

STATE OF GEORGIA,

Worth

County

I,

Wm. M. Stow

Ordinary of said county,

do certify that I am well acquainted with *A. L. Rollins* 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

8th day of *March* 1889

Ordinary

County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Worth

County

Know all Men by these Presents, That I,

of

A. L. Rollins
Legat. Co.

county, in said State, do hereby appoint
of *Legat. 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

8th

day of

March

1889

A. L. Rollins (L. S.)

Executed in the presence of us:

Wm. M. Stow
Ordinary

DIRECTION:

Send money to me as follows, by

to

P. O.

County, Georgia.

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, J. M. Stone Ordinary of said county, do certify that I am well acquainted with A. L. Rollins 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 M. R. Power 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 10 day of February 1890

Ordinary

County.

STATE OF GEORGIA,

County.

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

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

Given under my official signature and seal, this 10 day of Feb 1890

Ordinary

County.

A. L. Rollins
1890
1890.

Am. dis
1890

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1890.

Am. dis
Applicant, A. L. Rollins
County, Col. Co.
Amount, \$50.00
Date of warrant, Feb 11

Entered on record

Met 1 1890

M. R. Power

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

A. L. Rollins

Rollins
1891
Rollins
Col. Co.

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

FOR

Am. dis
Applicant, A. L. Rollins
County, Col. Co.
Amount, \$50.00
Date of Warrant, 2/19
Entered on record 2/19 1891

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

A. L. Rollins

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears

County.

A. L. Rollins 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 continually since the

24 day of

November 1846 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 38, of 11th Regiment

of Georgia Volunteers, 1st Division, 1st Brigade; that whilst engaged

in such military service, at the battle of Chickamauga in the State

of Georgia, on the 20 day of September 1863, he was

wounded as follows: Piece of bomb shell

struck his left hand in the back

hand, tearing it around, causing

the hand to draw down stiffen and

perish, away thereby rendering him practi-

cally incompetent to perform the ordinary

manual vocations 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, 1890. I have heretofore been allowed a pension

of \$5.00 dollars.

Sworn to and subscribed before me, this the

13 day of February 1891

A. L. Rollins

NOTE. State fully nature of wound or 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,

of

W. S. Clay

county, in said State, do hereby appoint

of *Marion Ga* 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

13 day of February 1891

A. L. Rollins

[L. S.]

Executed in the presence of us:

J. D. Power

W. S. Clay

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears

County.

A. L. Rollins 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

24 day of

November 1840 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 1, of 11th Regiment

of Georgia Volunteers, 1st Division, 1st Brigade; that whilst engaged

in such military service at the battle of Chickamauga in the State

of Georgia, on the 20 day of September 1863 he was

wounded as follows: Piece of bomb shell striking

the left arm, arm bone tearing up, and

spilling out, causing arm to be

lost, and pushing away, leaving the muscles &

bone & leaving the arm to pieces, rendering

arm essentially and substantially

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

\$5.00 dollars, for said disability.

Sworn to and subscribed before me, this the

14 day of February 1891

A. L. Rollins

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,

A. L. Rollins

of

County, State of Georgia, do hereby appoint

of *W. S. Clay*

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 February 1891

A. L. Rollins

[L. S.]

Executed in the presence of us:

J. D. Power

W. S. Clay

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

STATE OF GEORGIA,

I, John M. Stone County, Colt Ordinary of said county, do certify that I am well acquainted with A. R. Rollins 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 10 day of March 1892

John M. Stone County, Colt Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,

Know all Men by these Presents, That I John M. Stone County, State of Georgia, do hereby appoint

of Colt 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 March 1892

Executed in the presence of us:

John M. Stone County, State of Georgia, P. O.

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

John M. Stone County, Georgia.

John M. Stone County, Georgia.

John M. Stone County, Georgia.

John M. Stone County, Georgia.

John M. Stone County, Georgia.

John M. Stone County, Georgia.

John M. Stone County, Georgia.

John M. Stone County, Georgia.

John M. Stone County, Georgia.

John M. Stone County, Georgia.

John M. Stone County, Georgia.

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John M. Stone County, Georgia.

John M. Stone County, Georgia.

John M. Stone County, Georgia.

John M. Stone County, Georgia.

John M. Stone County, Georgia.

John M. Stone County, Georgia.

John M. Stone County, Georgia.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 30, 1892.

Name A. R. Rollins County Colt Disability War Arm Amount, \$ 50 Entered on record March 18 1892. W. H. Harrison Secretary of Revenue Department. AGENT. A. J. Mook Geo. W. Harrison, State Printer, Atlanta, Ga.

Rollins, A. R. Colt Co. 1893. No. 631 Application for Allowance FOR War Arm Applicant A. R. Rollins County Colt Amount, 50 Date of Warrant, 3/20 Entered on record 3/20 1893. W. H. Harrison Secretary of Revenue Department. WARRANT HANDED TO Applicant A. R. Rollins Geo. W. Harrison, State Printer, Atlanta, Ga.

STATE OF GEORGIA.

FOR APPLICANTS HERETOFORE ALLOWED PENSION.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

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 1858 day of Nov; 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 1th Regiment of Ch Volunteers Sworn's Brigade; that whilst engaged in such military service at the battle of Quickamanga in the State of Georgia, on the 28 day of Sept, 1863, he was wounded as follows:

By fire of shell striking left hand and arm bursting and severing the bones & muscles, causing said arm & hand to be of no use. Deponent is rendered practically incompetent to perform the ordinary manual operations 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, 1892. I have heretofore been allowed a pension of

\$50. Dollars for Said Disability

Sworn to and subscribed before me this 14 day of Nov, 1892.

J. M. 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

of Maletown 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 Nov, 1892.

Executed in the presence of us:

J. M. Stone Ordinary.

Send money to me as follows, by

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

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 State, and has resided therein continuously ever since the 28 day of Nov, 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 4th Regiment of Ma Volunteers Sworn's Brigade; that whilst engaged in such military service at the battle of Quickamanga in the State of Georgia, on the 28 day of Sept, 1863, he was wounded as follows:

By fire of shell striking left arm and hand, bursting and fracturing the said arm and hand so that said arm and hand is essentially and substantially useless.

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 Said Disability

Sworn to and subscribed before me, this, the 14 day of Nov, 1893.

J. M. Stone 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, J. M. Stone Ordinary of said County,

do certify that I am well acquainted with A. R. Rollins 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 Justices of the Peace for said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 14 day of Nov, 1893.

J. M. Stone Ordinary.

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.

[L. S.]

Executed in the presence of us

DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

(For These Already Enrolled.)

No. 617

Soldier's Pension.

1894.

Name A. L. Rollins
County Colt
Disability Right Arm
Amount, \$ 50
1894.
W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
Colt County. }

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County, State of Georgia, do hereby appoint

of

Maritta Y. A. S. Clay 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 Feb 1895.

Executed in presence of us

Rollins, A. L.
Clay

DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

(For These Already Enrolled.)

No. 333

SOLDIER'S PENSION.

1895.

Name A. L. Rollins
County Colt
Disability Right Arm
Amount, \$ 50
3/4
1895.
RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Cobb County.

PERSONALLY appears A. L. Rollins 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. 1840 that he enlisted in the military service of the Con-

federate States (or of the State of) during the war between the States, and served as a Private in Company D, of 4th Regiment of Ga. Volunteers, Wilson's Brigade; that whilst engaged in such military service at the battle of Chickamauga in the State of Georgia on the 20th day of Sept. 1863 he was wounded as follows:

By pieces of shell striking the left arm and hand bursting the bones & muscles and rendering the arm & hand 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 allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of \$30.00 dollars, for the year 1893

Sworn to and subscribed before me, this, the

day of March 1894.

J. M. 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, J. M. Stone Ordinary of said County, do certify that I am well acquainted with A. L. Rollins 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

Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Cobb County.

PERSONALLY appears A. L. Rollins 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 1844 that he enlisted in the military service of the Con-

federate States (or of the State of) during the war between the States, and served as a Private in Company D, of 4th Regiment of Ga. Volunteers, Wilson's Brigade; that whilst engaged in such military service at the battle of Chickamauga in the State of Georgia on the 20th day of Sept. 1863, he was wounded as follows:

By pieces of shell striking the left arm and hand bursting the bones & muscles and rendering the arm & hand 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 allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of \$30.00 dollars, for the year 1894

Sworn to and subscribed before me, this, the

day of March 1895.

J. M. 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, J. M. Stone Ordinary of said County, do certify that I am well acquainted with A. L. Rollins 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 Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *A. L. Rollins* hereby authorize *William A. G...*
of *me* by *him*

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 *12*

day of *March* 1896. *A. L. Rollins* [L. S.]

Executed in presence of us

G. M. Fleming

Rollins, A. L.
Cobb Co.

(For Those Already Enrolled.)

No. *3207*

SOLDIER'S PENSION.

1896.

Name *A. L. Rollins*
County *Cobb*
Disability *Left Arm*
Amount, \$ *50.*
320

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

W. A. G...

W. A. G...

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. [L. S.]

Executed in presence of

Rollins, A. L.
Cobb Co.

(For Those Already Enrolled.)

No. *3108*

INVALID

SOLDIER'S PENSION.

1897.

Name *A. L. Rollins*
County *Cobb*
Disability *Left Arm*
Amount, \$ *50.*
310

1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

W. A. G...

W. A. G...

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *A. L. Rollins* *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 *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 *1*, of *4th* Regiment of *Volunteers*, *Georgia's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *22nd* day of *Sept*, 1863, he was wounded, injured or diseased as follows:

By shell striking the left arm and hand fracturing the bones of the bone arm and hand - wholly dependent 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 as a resident of *Cobb* county been allowed a pension of *\$30.* dollars, for the year 1889.

Sworn to and subscribed before me, this, the *1st* day of *March*, 1890. *A. L. Rollins*

Wm Stone Only

STATE OF GEORGIA,

Cobb County.

I, *Wm Stone* Ordinary of said County, do certify that I am well acquainted with *A. L. Rollins* 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 *March*, 1890.



Wm Stone *Cobb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *A. L. Rollins* *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*, 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 *1*, of *4th* Regiment of *Volunteers*, *Georgia's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *22nd* day of *Sept*, 1863, he was wounded, injured or diseased as follows:

By shell striking the left arm and hand fracturing the bones of the bone arm and hand - wholly dependent 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, 1897. I have heretofore under said law as a resident of *Cobb* county been allowed an invalid pension of *\$30.* Dollars, for the year 1886.

Sworn to and subscribed before me, this, the *3rd* day of *March*, 1897. *A. L. Rollins* *Wm Stone Only*

Wm Stone Only

STATE OF GEORGIA,

Cobb County.

I, *Wm Stone* Ordinary of said County, do certify that I am well acquainted with *A. L. Rollins* 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*, 1897.



Wm 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 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

ACT OF APRIL 1887
(For Those Already Enrolled.)

No. 2934

INVALID

SOLDIER'S PENSION.

1898.

Name *A. L. Rollins*
County *Cobb*
Disability *Arms*
Amount, \$ *2/25* 1898.

RICHARD JOHNSON,
Commissioner of Pensions

WARRANT HANDED TO

appt
REG. W. HARRISON, STATE PRINTER, ATLANTA

ACT OF APRIL 1887
(For Those Already Enrolled.)

No. 3367

INVALID

SOLDIER'S PENSION.

1899.

Name *A. L. Rollins*
County *Cobb*
Disability *Arms*
Amount, \$ *50* 1899.
3/9

RICHARD JOHNSON,
Commissioner of Pensions

WARRANT HANDED TO

appt
REG. W. HARRISON, STATE PRINTER, ATLANTA

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears A. L. Rollins 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 24th day of Nov, 1848; 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 4th Regiment of Ga. Volunteers, Iversen's's Brigade; that whilst engaged in such military service in the State of Ga., on the 20 day of Sept, 1863, he was wounded, injured or diseased as follows:

By shell striking left hand and arm just above index and second finger and rendering it necessary to amputate index finger and second finger, and rendering applicant practically incapable to perform 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 24th, 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 23rd day of Feb, 1898. } A. L. Rollins
POST OFFICE Upshaw, Ga.
J. M. 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, J. W. Stone Ordinary of said County, do certify that I am well acquainted with A. L. Rollins 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 23rd day of Feb, 1898.



J. W. Stone
Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears A. L. Rollins 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 24th day of Nov, 1848; 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 4th Regiment of Ga. Volunteers, Iversen's's Brigade; that whilst engaged in such military service in the State of Ga., on the 20 day of Sept, 1863, he was wounded, injured or diseased as follows:

By piece of shell striking left forearm and fracturing bone thereby rendering applicant totally incapable to perform the ordinary manual avocations of life.

Deponent makes application for the pension to which he is entitled for the year ending October 24th, 1899. 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, the 15th day of Feb, 1899. } A. L. Rollins
POST OFFICE Upshaw, Ga.
J. M. 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, J. W. Stone Ordinary of said County, do certify that I am well acquainted with A. L. Rollins 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 Feb, 1899.



J. W. 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 _____ 1900.

[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 _____ 1901.

[L. S.]

Executed in presence of _____

CODE SECTION 136

(For Those Already Enrolled.)

No. 3542

INVALID

SOLDIER'S PENSION.

1900.

Name A. L. Rollins

County Cobb

Disability Armed

Amount, \$ 50.

Warrant issued Mar 15 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Rollins, A. L.
Cobb Co
No Data

CODE SECTION 136

(For Those Already Enrolled.)

No. 1076

DISABLED

SOLDIER'S PENSION.

1901.

Name A. L. Rollins

County Cobb

Disability Armed

Amount, \$ 50

2/1 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Rollins, A. L.
Cobb Co
No Data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears A. L. Rollins 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 24th day of Nov. 1840; 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 4 th Regiment of Georgia Volunteers, Overton's Brigade; that whilst engaged in such military service in the State of Georgia, on the 20th day of September 1863, he was wounded, injured or diseased as follows:

By shell piece of shell striking left forearm and fracturing bone thereby rendering applicant totally 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, 1900. I have heretofore under said law as a resident of Cobb County been allowed an invalid pension of \$50. Dollars, for the year 1899.

Sworn to and subscribed before me, this, the 4th day of March 1900. A. L. Rollins POST OFFICE

J. M. Stone By

STATE OF GEORGIA,

Cobb County.

I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with A. L. Rollins 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 1900.



Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears A. L. Rollins 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 24th day of Nov 1840; 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 4 th Regiment of 40 Volunteers, Overton's Brigade; that whilst engaged in such military service in the State of Ga, on the 20th day of September 1863, he was wounded, injured or diseased as follows:

By piece of shell striking left forearm and fracturing bone thereby rendering applicant totally 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, the 28th day of January 1901. A. L. Rollins Postoffice

John Aubrey By

STATE OF GEORGIA,

Cobb County.

I, John Aubrey Ordinary of said County, do certify that I am well acquainted with A. L. Rollins 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 28th day of January 1901.



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

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

day of

1902.

Executed in presence of

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

1903.

Executed in presence of

(FOR THOSE ALREADY ENROLLED.)

No. 8244

DISABLED

SOLDIER'S PENSION

1902.

Name A. L. Rollins

County Cobb

Co. I Regiment 4th

Disability

Amount, \$ 30

1902.

JOHN W. LINDSEY,

(Commissioner of Pensions.)

WARRANT HANDED TO

Ordry

Geo. W. Harrison, State Printer, Atlanta.

no data

(FOR THOSE ALREADY ENROLLED.)

No. 291

DISABLED

SOLDIER'S PENSION

1903.

Name A. L. Rollins

County Cobb

Co. 4th Regiment 68th

Disability Left arm

Amount, \$50.00

1903.

JOHN W. LINDSEY,

(Commissioner of Pensions.)

WARRANT HANDED TO

Ordry

Geo. W. Harrison, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County,

Personally appears

A L Rollins

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* 18*40*; 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 *4th* Regiment of *2d* Volunteers, *Johnson's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *20th* day of *Sept* 186*3*, he was wounded, injured or diseased as follows:

By piece of shell striking left forearm about 1/2 way down. Bone thereby crushed, applicant totally 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, 1902. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$58* Dollars, for the year 1901.

Sworn to and subscribed before me, this the *13th* day of *Jan* 1902. *A L Rollins*

John Anthony, Ord.

STATE OF GEORGIA,

Cobb County,

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

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

AMs
your
own
here

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County,

Personally appears *A L Rollins* 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 *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 *D*, of *4th* Regiment of *2d* Volunteers, *Johnson's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *20th* day of *Sept* 186*3*, he was wounded, injured or diseased as follows:

By piece of shell striking left forearm and crushing bone. Applicant totally incompetent to perform ordinary 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 *\$58* Dollars, for the year 1902.

Sworn to and subscribed before me, this the *13th* day of *Jan* 1903. *A L Rollins*

John Anthony, Ord.

STATE OF GEORGIA,

Cobb County,

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

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

AMs
your
own
here

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, A. L. Rollins 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 18
day of Jan 1904.

Executed in presence of
A. L. Rollins [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, A. L. Rollins 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 10
day of July 1905.

Executed in the presence of
A. L. Rollins [L. S.]

Rollins, A. L.
Cobb Co

CODE SECTION 1260.
(FOR THOSE ALREADY ENROLLED.)

No. 217

DISABLED
SOLDIER'S PENSION
1904.

Name A. L. Rollins
County Cobb
Co. 2 Regiment 4
Disability Comm
Amount, \$ 50

JAN 25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Cobb

Geo. W. Harrison, State Printer, Atlanta.

no data

Rollins, A. L.
Cobb Co

CODE SECTION 1260.
(FOR THOSE ALREADY ENROLLED.)

No. 245

DISABLED
SOLDIER'S PENSION
1905.

Name A. L. Rollins
County Cobb
Co. 1 Regiment 4
Disability 23
Amount, \$ 50

JAN 23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Cobb

The Farmers Printing and Publishing Co., Atlanta.
Geo. W. Harrison, State Printer.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Obb County.

Personally appears *A L Rollins* of *Obb*

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* 1840; that he enlisted in the military service of the Con-

federate States (or of the State of) during the war between the

States, and served as a *Private* in Company *2* of *4*th Regiment

of *Volunteers* *Union*'s Brigade; that whilst engaged

in such military service in the State of *Ga*, on the *20*th day

of *September* 1863, he was wounded, injured or diseased as follows:

By piece of shell striking left forearm and fracturing bone thereby rendering applicant totally incompetent to perform ordinary manual avocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1904. I have heretofore, under said law, as a resident of

Obb County, been allowed an invalid pension of *\$500* Dollars, for the year 1903.

Sworn to and subscribed before me, this the

12 day of *May* 1904.

John A. Rollins

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,

Obb County.

I, *John A. Rollins* Ordinary of said County, do certify that I am well acquainted with *A L Rollins* 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 *May* 1904.

Am's your Seal here

John A. Rollins Ordinary *Obb* 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,

Obb COUNTY.

Personally appears *A L Rollins* of *Obb*

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* 1840; that he enlisted in the military service of the Con-

federate States (or of the State of) during the war between the

States, and served as a *Private* in Company *2* of *4*th Regiment

of *Volunteers* *Union*'s Brigade; that whilst engaged

in such military service in the State of *Ga*, on the *20*th day

of *September* 1863, he was wounded, injured or diseased as follows:

By piece of shell striking left forearm and fracturing bone thereby rendering applicant totally incompetent to perform ordinary manual avocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1905. I have heretofore, under said law, as a resident of

Obb County, been allowed an invalid pension of *\$500* Dollars, for the year 1904.

Sworn to and subscribed before me, this the

10 day of *May* 1905.

John A. Rollins

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,

Obb COUNTY.

I, *John A. Rollins* Ordinary of said County, do certify that I am well acquainted with *A L Rollins* 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* 1905.

Am's your Seal here

John A. Rollins Ordinary *Obb* 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,

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 _____

FORM SECTION 1250
(FOR THOSE ALREADY ENROLLED.)

No. 210

DISABLED SOLDIER'S PENSION 1906.

Name *A. A. Collins*
County *Colt County*
Co. *4th* Regiment
Disability *24*
Amount, \$ *50*
422 1906

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

THE PENSION PAYMENT OFFICE, ATLANTA, GA.

no data

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. 260

DISABLED SOLDIER'S PENSION 1907.

Name *A. A. Collins*
County *Colt County*
Co. *4th* Regiment
Disability *24*
Amount, \$ *50*
520 1907

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

THE PENSION PAYMENT OFFICE, ATLANTA, GA.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears A. L. Rollins 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) during the war between the States, and served as a in Company 4, of 4th Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of , on the day of 186, he was wounded, injured or diseased as follows:

Disables left arm

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 13th day of January 1906.

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

Given under my official signature and seal, this 13th day of January 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. L. Rollins 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) during the war between the States, and served as a in Company 4, of 4th Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of , on the day of 186, he was wounded, injured or diseased as follows:

Disables left arm

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 6th day of February 1907.

A. L. Rollins
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 Anthony Ordinary of said County, do certify that I am well acquainted with A. L. Rollins 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 February 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.

Audited April 12 1889.
Wm A Moulton
COMPTROLLER GENERAL

Gobb
Maimed Soldiers.

Voucher No 1886
Amount, \$ 50.
Paid to A. L. Rollins
for Left arm
disabled.
April 11 1889.

Included in Warrant No.
issued to Treasurer.
1889.

R. C. Orrin

Colb
Maimed Soldiers.

Voucher No. 2130
Amount \$ 50.
Paid to A. L. Rollins
For Amputated.

March 1 1890
Included in warrant No.
issued to Treasurer.

WARRANT CLERK.

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

A. S. Clay

Pallins, A. L.
1891.

Maimed Soldiers.
Voucher No. 1205
Amount \$ 50
Paid to A. L. Rollins
for Amputated.

July 17 1891.
Included in warrant No.
issued to Treasurer.
1891.

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta.

J. M. Bullard

No. 1835

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. April 11 1889.

Mr. *A. L. Rollins* 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 examined and allowed for
Left 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.

J. B. Gordon
GOVERNOR.

By the Governor

D. H. Harrison
CLERK EXECUTIVE DEPARTMENT.

50
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty Dollars,
per above voucher, this 11 of April 1889.
R. C. Irvine

No. 2130

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga., March 1. 1890.

Mr. *A. L. Rollins* 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

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.

D. H. Harrison
CLERK EXECUTIVE DEPARTMENT.

50
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty Dollars,
per above voucher, this 1 of March 1890.

A. L. Rollins
AS. Clk of his atty at Law

1891.

No. 1705

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. }

Atlanta, Ga. Dec 19 1891.

Mr. *C. S. Rollins* 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
Am dis
He is entitled to receive the sum of *Fifty 1001* Dollars
for such disability, the same being the amount due for the year ending October 24, 1891.

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

H. J. Vardine
GOVERNOR.

By the Governor.

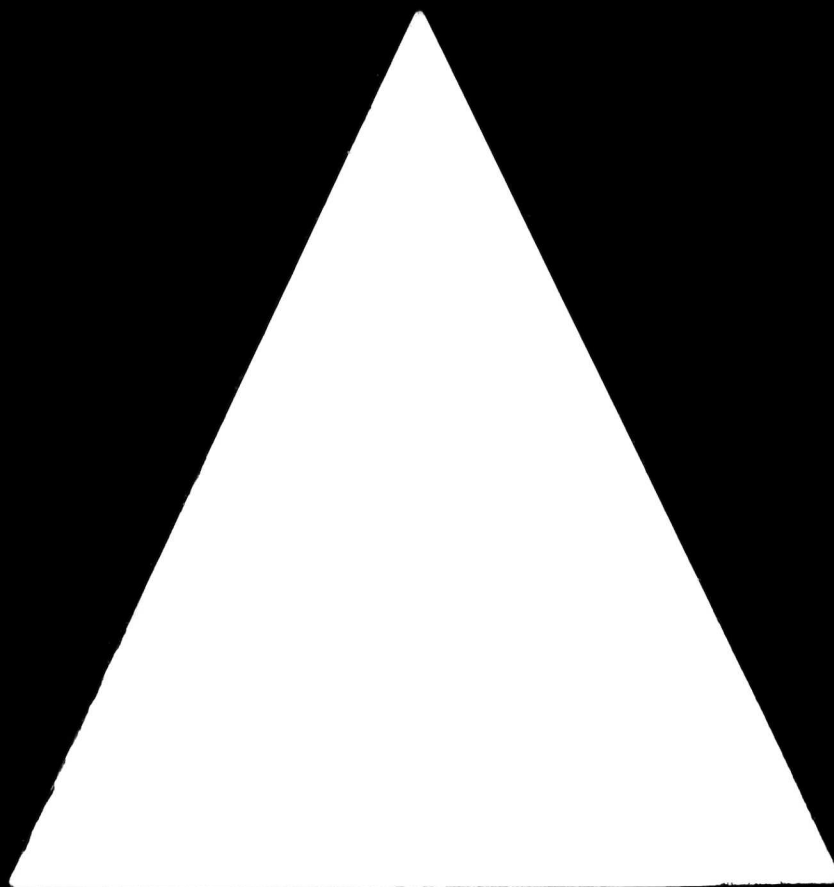
H. N. Harrison
Sec'y EXECUTIVE DEPARTMENT.

\$ *50*

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

Fifty 1001 Dollars,
per above voucher, this *14* of *July* 1891.

A. S. Hollings
by James M. Bullard Atty



Ordinary's Certificate

STATE OF GEORGIA,

COUNTY }

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 on the 4th November 1908, that I also know

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 _____ day of _____ 19____

(SEAL)

Ordinary,

County

NOTES: 1. Before any question 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 space are insufficient. 3. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary. 4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary. 5. Attach certified copies of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.

Approved (1)
1928
Rose Elizabeth
Widow's Pension
Under Act 1910 as Amended by Act of 1919.

County Cobb
Name Mrs. Elizabeth Rose
Widow of O. A. V. Rose
Company SC
Regiment 49
D.S. John W. Clark
Approved 22 Dec. 27.

Commissioner of Pensions.
Byrd Printing Co., State Printers, Atlanta.

10-29-27

"O. A. V. Rose,
Private, 1st. Lieut. and
Captain Co. K. 48th. Regt.
Ga. Inf. C&S.A.
Enlisted Mar. 4, 1862 and
was dropped from roll May 4,
1864 by Order of Secty. of
War."

(W.R.)

"Cashiered at Orange C.H.,
Va., Apr. 28, 1864."

~~He was killed in action,~~

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 on the 4th November 1908; that I also know _____ 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 _____ day of _____ 19____

(SEAL)

Ordinary,

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 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. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

"O. A. V. Rose, Private, 1st. Lieut. and Captain Co. K. 49th. Regt. Ca. Inf. C&S.A. Enlisted Mar. 4, 1862 and was dropped from roll May 4, 1864 by Order of Secty. of War."

(W.R.)

"Cashiered at Orange C.H., Va., Apr. 28, 1864."

This is a Washington record.

Have no other data

Widow's Pension

Under Act 1910 - as amended by Act of 1919

County Cobb

Name Mrs. Elizabeth Rose

Widow of O.A.V. Rose

Company 49

Regiment 49

Des. John W. Black Approved 22 Dec. 27.

Commissioner of Pensions

Bred Printing Co. State Printer, Atlanta.

10-29-27C

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

Questions for Applicant

STATE OF GEORGIA

COUNTY.

Personally before me comes Elizabeth Ann Rose 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:

- What is your name, and where do you reside? Elizabeth Ann Rose - Austell, Ga.
- How long and since when have you been a continuing resident of the State of Georgia? Fifty Years.
- When, where and to whom were you married? 1870 Tuskegee, Ala. Rev Geo Price. To Captain O.A.V. Rose Atlanta Ga
 - Have you married since the death of first and soldier husband? No
- 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.) 1862 Hawkinsville Ga 49th Infantry Volunteers Co. H.
- When and where did the commands of your husband surrender or discharge from the army? Dont know.
- Was your husband personally present at the time of the surrender or discharge of this command? No Absent at surrender.
- If he was not present state clearly where he was?
- Where was his command when he left?
 - For what cause did he leave his command?
 - By whose authority did he leave his command?
 - For how long was he granted leave of absence?
 - What was his physical condition when he left his command?
 - What effort did he make to return to his command?
 - In what way was he prevented from going back to Command
 - Was he captured by the enemy at any time? No
 - If so, when and where captured and where held as a prisoner, and when and for what cause released?
- When and where did your first husband die? Aug 25. 1908. Waterford, Conn
- Were you residing together when he died? No he was with sister in Conn
- If not, how long had you resided apart? Several years for health
- Are you now a widow? Yes ever since his death.
- Have you or your husband heretofore been paid a pension by the State? No.

If so, when and for what cause were you or your husband placed on the roll? Average History of the Page 675 Md Atty. Gen. except that it was not paid by the State.

Sworn to and subscribed before me this the _____ day of _____ 19____

J.M. Gann Ordinary
Cobb County.

(SEAL)

Elizabeth Ann Rose

"
Private, C
Captain, C
Ca. Inf.
Enlisted
was dropp
1864 by C
War."

"Cassier
Va., Ay

this
wash
record

have
other

of (✓) Cobb County }
(SEAL)

August 20, 1928.

Hon. J. M. Gann,
Ordinary of Cobb County,
Marietta, Ga.

My dear Judge:

The name of Mrs. Elizabeth Rose was reported
to you as approved in error, as this application was not
approved nor will it be possible to approve it on account
of the record of Capt. O. A. V. Rose.

Mrs. Rose will not be requested to refund the
two payments made to her, as her enrollment was the result
of a misunderstanding in the Pension Office, but it will
be necessary for her name to be removed from the roll.

I regret this more than I can say, but be-
cause of the official record it will not be possible to
enroll Mrs. Rose as a pensioner.

With kind regards,

Very truly yours,

Commissioner of Pensions

OFFICE OF
J. M. GANN
ORDINARY
COBB COUNTY, GA.

Marietta, Ga.,

Hon. John W. Clark,

Atlanta, Ga.

Dear Sir:

Inclosed find application of Mrs.

Elisabeth Rose. Please see if you can get any record of his service
I have been trying for some time, but have failed to get any evidence
of service after he was elected Captain in 1862. The applicant has
promised to get an affidavit that she was the wife of Capt. Rose at
the time of his death. I will press her up to get this affidavit, and
I will send it to you.

Yours truly

JMG/LC

Oct. 27th, 1927

Lawman, Georgia
October 1, 1900

Mrs. Ernest Levy,
Marietta, Georgia

Dear Sir:-

I have the pleasure to do a thing for a daughter of
my old friend Capt. Rose. He and I were always
close personal friends. When I was promoted to Major
your father made me a present of two stars made out of
gold. These silver stars I have to this day and
will treasure them. With best wishes for your future
prosperity, I am,

Yours very truly,

W. J. Williams

Austell, Ga. October 29th. 1927

TO WHOME IT MAY CONCERN:-

This is to certify that I have known Mrs.
Elisabeth Rose of Austell, Ga. for over thirty years, and know
that she is the widow of Captain. O.A.V. Rose, and know that she
has never re-married since the death of Captain Rose.

Sworn to and subscribed before
me, this 1st day of November, 1927.

W. J. Williams
Notary Public

Chief of Police

COPY

Austell, Georgia
Cobb County

Re: Mr. Ernest Levy's Concern:

This is to certify that my husband Origen A. V. Rose, Captain of the 4th Georgia Infantry, Co. B, gave me the following information during the 1870s after our marriage in 1870.

His first wife, dying during the first year of their marriage, while he was in the army, caused him, when the news reached him, to go completely out of his mind.

Also later, during the war (I refer in both cases to the Civil War) while he was ill with fever and chills, having high fever, he was sent to the Salt Water Battery for a vacation, and hearing there, that the war was over, he returned to his sister's home in Waterford, Connecticut, where he was ill for some time. His family, being Port Yorkers, were not concerned in notifying his sisters. These two occurrences explain his absences. I, the daughter of a loyal Confederate soldier married him after the war and he was immediately connected in business, social and fraternal circles during his residence in Atlanta. He was a Knight Templar, Socur de Lion and a member of the Grand Lodge.

I have no further information to clear up any misunderstandings. I am now 90 years old.

I need

Mrs. E. A. Rose

Mrs. E. A. Rose
Secretary Public

State Department of Public Welfare

STATE BOARD OF PUBLIC
WELFARE

J. HALLMAN BELL, RICHMOND
DR. J. B. GOLDEN, JASPER
ARTHUR LUCAS, ATLANTA
A. T. MINCHEW, PEABODY
FRANK W. SPENCER, SAVANNAH
DR. J. R. WILSON, THOMSON

HURT BUILDING

ATLANTA



October 20th, 1937.

See letter Cobb County dated 3-2-1937
Mrs. Ernest Levy,
C/o Mrs. E. A. Rose,
Austell, Georgia.

Dear Mrs. Levy:

I am in receipt of your letter of October 18, which was written on the back of my letter to you, dated August 14, 1937.

It appears that on October 29, 1927, application for pension was received from Judge J. M. Gann, Ordinary, Cobb County, for Mrs. Elizabeth Rose, widow of O. A. V. Rose, late of Company K, 49th Georgia Regiment, and that the application was approved for the year 1928, and that she was paid \$50. for each of the two first and second quarters of 1928.

In the file is a copy of a letter to Judge Gann, under date of August 20, 1928, which appears to have been written during the administration of Commissioner of Pensions John W. Clark, from which I quote as follows:

"The name of Mrs. Elizabeth Rose was reported to you as approved in error, as this application was not approved nor will it be possible to approve it on account of the record of Capt. O. A. V. Rose.

"Mrs. Rose will not be ~~summed~~ to refund the two payments made to her, as her enrollment was the result of a misunderstanding in the Pension Office, but it will be necessary for her name to be removed from the roll.

"I regret this more than I can say, but because of the official record it will not be possible to enroll Mrs. Rose as a pensioner."

I deeply regret that I cannot give you more encouraging information.

With kindest regards,

Yours very truly,

L. Theo. Gillen, Director,
Confederate Division.

...COPY OF MARRIAGE LICENSE.

THE STATE OF ALABAMA, MACON COUNTY.

TO ANY ORDAINED MINISTER OF THE GOSPEL, JUDGE OF THE CIRCUIT COURT?
OR PROCLATE COURT OR JUSTICE OF THE PEACE OF SAID COUNTY.

YOU are hereby authorized to celebrate the Rites of Matrimony
between O.A.V. Rose and Miss Elizabeth Wright, and this shall
be your sufficient authority for so doing.

GIVEN UNDER MY HAND this 14 day of May, in the year of our Lord,
One thousand eight hundred and seventy.

J.T. Menefee

Judge of Probate.

I hereby certify that the Rites of Matrimony were celebrated between
the above named persons on the 14 day of May, 1870., at Mrs. McAye's
residence.

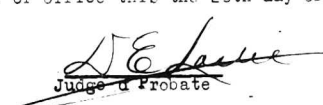
G.W.F. Price.

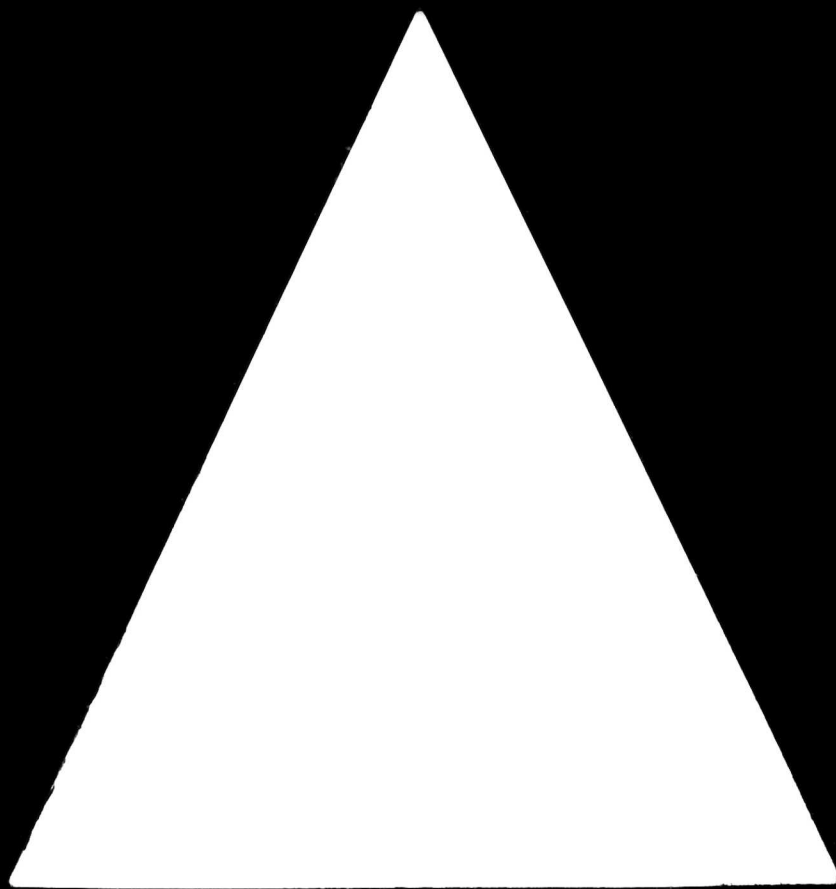
M.G.

State of Alabama, Macon County.

I, D.E. Laslie, Judge of Probate in and for said state and county
hereby certify that the above and foregoing transcript is a true
and correct copy of marriage license of O.A.V. Rose and Miss
Elizabeth Wright, as the same appears in record in this office,
in volume for years 1858- 1879, page 483. Probate Office, Macon
County, Alabama.

Given under my hand and seal of office this the 26th day of Sept.
1927.


Judge of Probate



Prossignal, Henry
Cobb County
OK for 1906

No. 20 Fulton Co-1906

INDIGENT PENSION.

190

Name Henry Prossignal

County Cobb

Co. Surgeon 52nd Ga. 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.

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

6/14/05

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 _____ day of _____ 190 _____

Witness my hand and seal, this _____ day of _____ 190 _____

[L. S.]

Executed in presence of _____

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 _____ 190 _____

Executed in presence of _____

[L. 8.]

No. 20 Fulton Co-1906

INDIGENT PENSION.

190

Name Nancy Rossignol

County Cobb

Co. Surgeon 52nd Ga. Regt.

Approved 190

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

6/10/06

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

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

6/12/05

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

____ COUNTY.

I, Nancy Rossignol 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, depose and answers as follows:

1. What is your name and where do you reside? (Give State County and Post-office).
Nancy Rossignol, Marietta, Cobb County, Ga.
2. How long and since when have you been a resident of this State?
Since June 18th 1825.
3. When and where were you born?
June 15th 1825, Augusta, Ga.
4. When and where and in what company and regiment did you enlist or serve?
At Chattanooga, Tenn. February 1863, 1st Assistant Surgeon - 52nd Ga. Regt. - Discharged about Aug. 1st 1864, transferred to 52nd Ga. Regt. July 1st 1864 - then transferred to 52nd Ga. Regt. as Captain of said Regt. till Wilson's Surrender at Greensboro, N.C. with Johnson's Army, April 1865.
5. How long did you remain in such company and regiment?
Remained in 52nd Ga. Regt. till about July 1st 1864 - then transferred to 52nd Ga. Regt. as Captain of said Regt. till Wilson's Surrender at Greensboro, N.C. with Johnson's Army, April 1865.
6. When and where was your company and regiment surrendered and discharged?
Greensboro, N.C. with Johnson's Army, April 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?
Was absent.
9. How much can you earn (gross) per annum by your own exertions or labor?
Nothing.
10. What has been your occupation since 1865?
Doctor of medicine.
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"?
All three.
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 80 years old and as a result am very weak & unable to perform any kind of labor - In addition, my eyesight has been failing for about twelve months, and I am now almost totally blind.
13. What property, real and personal, or income, do you possess, and its gross value?
Nothing at all.
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 the years, and what property did you then return for taxation?
I lived at various places with my children on Cobb, Richmond, Fulton and Marietta - had no property to return.
16. How were you supported during the years 1899, 1900, 1901 and 1902?
By my children.
17. How much did you support cost for each of those years, and what portion did you contribute thereto by your own labor or income?
I don't know. I contributed nothing.
18. What was your employment during 1898, 1899, 1901 and 1902, and what pay did you receive for each year?
Had none - has not able to do anything.
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?
None - My wife is dead and children all married & have families except my daughter who is all alone & supporting themselves working for wages.
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 _____ 190 _____

of _____ County.

Nancy Rossignol

Applicant.

Every Question MUST Be Answered.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb COUNTY.
C. D. Phillips of said State and County, having been presented as a witness in support of the application of *Henry Rossignol* 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?
Martha, Cobb County, Ga.
2. Are you acquainted with *Henry Rossignol*, the applicant; if so, how long have you known him?
Yes, since childhood.
3. Where does he reside, and how long and since when has he been a resident of this State?
He resides in Marietta, Ga. Has lived in State all his life.
- When, where and in what company and regiment did he enlist, and how do you know?
He was assigned to My Regt. 52nd Ga. At Atlanta, Ga. about July, 1864.
5. Were you a member of the same company and regiment?
Yes.
6. How long did he perform regular military duty?
is close of war.
7. When and where was his command surrendered?
Greensboro, N.C. April 1865, with Johnson's Army.
8. Were you present when it surrendered?
No.
9. Was applicant present?
Yes - My record shows it & he has his discharge.
10. If he was not present, where was he?
When did he leave his command?
- By what authority he left?
For what cause?
How do you know all of this?

11. What property, effects or income has the applicant? (Give your means of knowledge.)
None -
12. 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?
None -
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
No - Had none to convey.
14. What is the applicant's occupation and physical condition?
He has no occupation - His physical condition is very bad - He is quite feeble & almost blind.
15. Is the applicant unable to support himself by labor of any sort; if so, why?
He is unable - From want of age, infirmity & blindness.
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902?
By his children.
17. What portion of his support for these four years was derived from his own labor or income?
None -
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 88 years old, very feeble and almost totally blind.
19. Who composes family? What property have they? Children's age and their earning capacity?
He has none at home. They are all of age and scattered in various States.
20. What interest have you in the recovery of a pension by this applicant?
None -

Sworn to and subscribed before me, this 12th day of June, 1905.
John D. Phillips Witness.
John D. Phillips Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb COUNTY.
 Personally came before me *Gilbert Lument* and *E. J. Setze*, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully *Henry Rossignol*, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

He has a Cataract in his left eye, already formed and another forming in right eye. He is over eighty years of age and is without means of support and unable to at his profession or otherwise any part of support but is dependant on daughters who have families of their own and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this 12th day of June, 1905.
John D. Phillips Ordinary.
Gilbert Lument M.D.
E. J. Setze M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb COUNTY.
 I, *John D. Phillips*, Ordinary, in and for said County, hereby certify that the applicant, *Henry Rossignol*, resides in said County, and has been a bona fide resident of this State since the 12th day of *June*, 1865, and that the witnesses, viz.: *C. D. Phillips* 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 1899 *No* Dollars of property, and in 1900 *No* Dollars of property; in 1901 *No* Dollars of property; in 1902 *No* Dollars of property.

In my opinion the foregoing claim is made in good faith.
 Witness my hand and seal of office, this 12th day of June, 1905.
John D. Phillips 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.

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

None -

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 80 years old, very feeble and almost totally blind -

19. Who composes family? What property have they? Children's age and their earning capacity?

He has none at home. They are all of age and scattered in various places.

20. What interest have you in the recovery of a pension by this applicant?

None -

Sworn to and subscribed before me, this the

12th day of June, 1905

John D. Phillips

Ordinary.

Witness.

Dollars of property.

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

Witness my hand and seal of office, this 12th day of June, 1905.

Ordinary,

of

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.

GREENSBORO, NORTH CAROLINA.

September 1, 1865.

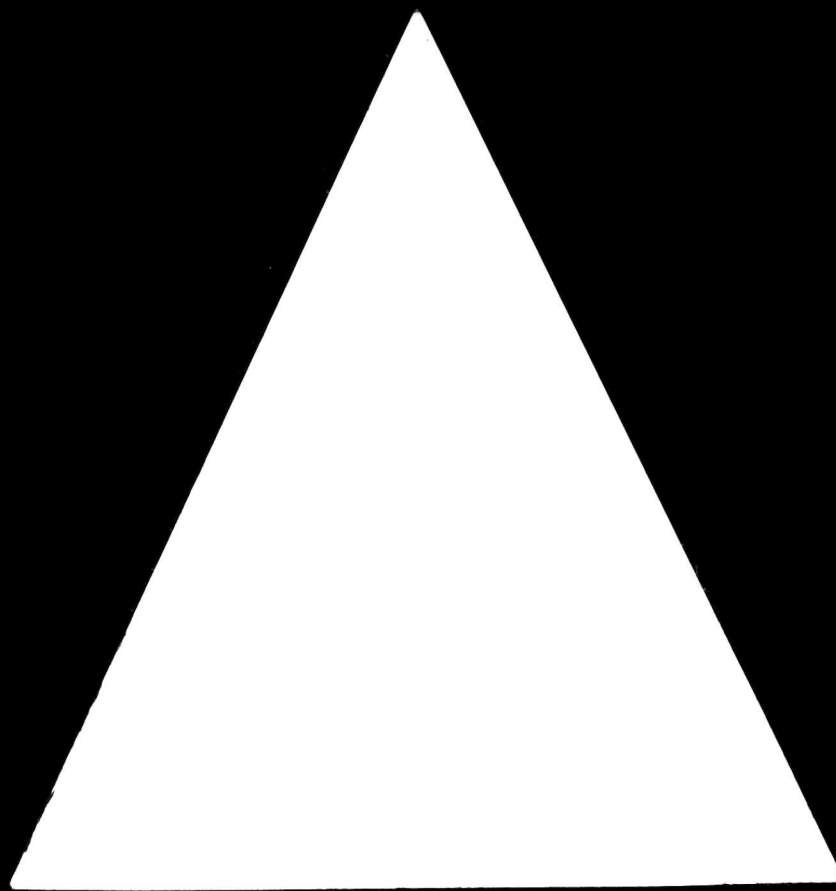
In accordance with the terms of the Military Convention, entered into on the twenty sixth day of April, 1865, between General John A. Johnston, Commanding the Confederate Army, and Major General W. F. Smith, Commanding the United States Army in North Carolina, *John A. Johnston* has given his solemn obligation not to take up arms against the Government of the United States until properly released from this obligation; and is permitted to return to his home, not to be disturbed by the United States authorities so long as he observe this obligation and obey the laws in force where he may reside.

U. S. A.,

Special Commissioner.

C. S. A.,

Commanding.



Ruff H.C.
Cobb Co.
No. *1467*

**INDIGENT PENSION,
1903.**

Name *H. C. Ruff*
County *Cobb*
Co. *E - 1st B. Att'n* Regt.
State Troop
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.

01.10.01
9/21/06

Pension office 7/21/03

Not an aged man, and Drs. qualify his infirmity to manual labor. Must say if true, as a result of this infirmity that he cannot earn his support at any kind of labor or calling. When and where he was given a furlough, for how long, when did he have to go to get horse, and what effort did he make to do this and get back to his command. Prove every statement to be true.

J. W. Lindsey
Com. Of Pensions.

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 _____, 1903.

Executed in the presence of _____ [L.S.]

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 1903.

Executed in the presence of

Pension office 7/21/05

Not an aged, non-ard, Dr. small
has his infirmity to manual labor,
must say if true, as a result of
his infirmity that he cannot earn
his support at any kind of labor or
calling. When and where he was given
a furlough, for how long, where did he
have to go to get horse, and what
effort did he make to do this and
get back to his command. Prove every
statement to be true.

J. W. Lindsey

Com. of Pensions.

INDIGENT PENSION.

1903.

Name *H. C. Ruff*
County *Cobb*
Co. *1st B. Artillery*
State Troops
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.

John W. Harrison, State Printer, Atlanta.

10/1/05
9/21/06

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

County.

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).
H. C. Ruff, near Suyma, Cobb County, Ga.
2. How long and since when have you been a resident of this State? *All my life, since 1845.*
3. When and where were you born? *Near Suyma, Cobb County, Ga. April 23rd 1845.*
4. When and where and in what company and regiment did you enlist or serve? *Atlanta, Ga. March 1863, 1st Batt. merged into 1st Ga. Batt. State Troops, Co. C.*
5. How long did you remain in such company and regiment? *Until close of war.*

6. When and where was your company and regiment surrendered and discharged? *Macon Ga. April 1865.*
7. Were you present with your company and regiment when it was surrendered? *No.*
8. If not present, state specially and clearly where you were, when you left your command, for what cause and by whose authority? *At home on furlough from the Co. for the purpose of getting a remount for my horse.*
9. How much can you earn (gross) per annum by your own exertions or labor? *Scarcely anything.*
10. What has been your occupation since 1865? *Mechanic & laborer.*
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 & 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? *Has injured in my army by a horse falling on me & have never recovered - Had a chill of fever several years ago which undermined the health & have been in account since - Have had heart trouble following the fever.*
13. What property, real and personal, or income, do you possess, and its gross value? *None. Had goods & milk cows - None value about one hundred dollars.*
14. What property, real and 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? *Had about same as above - sold a horse which died last year, & some hogs, which are gone - I paid taxes until this year on some personal property belonging to my son.*
15. In what County did you reside during those years, and what property did you then return for taxation? *Cobb County - No real property mentioned above, as explained there.*
16. How were you supported during the years 1899, 1900, 1901 and 1902? *Partially by my son but 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 - I contributed about one third.*
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year? *Working my son on a mill when able. Not able to do much.*
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? *My wife - Have no means - have no property - Wife 54 years - Has no employment.*
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 *Sept* 1903.
H. C. Ruff Applicant.
John W. Harrison Ordinary,
County.

Every Question MUST be Answered.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb COUNTY.

H. C. Huff of said State and County, having been presented as a witness in support of the application of *H. C. Huff* 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? *H. C. Huff 111 N. Race, Augusta Ga.*
 2. Are you acquainted with *H. C. Huff*, the applicant; if so, how long have you known him? *Yes About 45 years.*
 3. Where does he reside, and how long and since when has he been a resident of this State? *Near Augusta, Ga. Cobb County. Since on State Prison before the war, last known.*
 4. When, where and in what company and regiment did he enlist, and how do you know? *Co. C. 1st Batt. Morgan's 1st La. Batt. 1st Corps, Atlanta Ga. March 1863.*
 5. Were you a member of the same company and regiment? *Yes.*
 6. How long did he perform regular military duty? *Little over two years to the Surrender.*
 7. When and where was his command surrendered? *Macon Ga. After Lee's Surrender, latter part of April 1865.*
 8. Were you present when it surrendered? *He was furloughed at the time.*
 9. Was applicant present? *No, he was at home on furlough.*
 10. If he was not present, where was he? *Home on furlough.*
- When did he leave his command? *After April 1st 1865. For what cause? *On furlough for purpose of getting a furlough.**
- By what authority he left? *Furloughed by Gen. Cobb.* How do you know all of this? *He were present.*

11. What property, effects or income has the applicant? (Give your means of knowledge.) *Nothing but a little household goods. Milk Cow. He is over eighty.*
12. What property, effects or income did the applicant possess in 1898, 1897, 1898, 1899, 1900, 1901 and 1902, 1903 and what disposition, if any, did he make of same? *About same he has now (H. C. Huff).*
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? *None, had none to convey. (Race)*
14. What is the applicant's occupation and physical condition? *Laborer as long as able. He has heart trouble & Sciatic pains from an injury in the army, from which he has never recovered.*
15. Is the applicant unable to support himself by labor of any sort, if so, why? *He is unable on account of heart trouble & the injury referred to above. He gets gradually worse each successive year. He had a spell of severe nervous prostration and has had no sleep since.*
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? *By his married sons.*
17. What portion of his support for these four years was derived from his own labor or income? *Probably from 1/3 to 1/4. He cannot give exact figures.*
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? *He considers him as practically an invalid from heart trouble, nervous prostration, the nervous and loss of health from fever.*
19. Who composes family? What property have they? Children's age and their earning capacity? *Hisself & wife. Family has nothing. No children with him.*

20. What interest have you in the recovery of a pension by this applicant? *None whatever.*

Sworn to and subscribed before me, this the 30th day of September 1904. *J. M. Moore* Witness.
John Anthony Ordinary. *H. C. Huff*

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb COUNTY.

Personally came before me *J. M. Moore M.D.* and

both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully

H. C. Huff, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

We have this day examined applicant and find him suffering from Valvular trouble of the heart and also the effect of an injury to left hip which totally incapacitates him from manual labor. and The same is permanent, he is unable to perform any kind of manual labor

Sworn to and subscribed before me, this the 30th day of September 1904.

J. M. Moore M.D. Ordinary. *J. D. Maloni M.D.*

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb COUNTY.

I, *J. M. Moore* Ordinary, in and for said County, hereby certify that the applicant *H. C. Huff* resides in said County, and has

been a bona fide resident of this State since the day of 189 and that the witnesses, viz. *J. M. Moore and H. C. Huff*

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 show that applicant returned for taxation in his name in 1898 *100* Dollars of property, and in 1900 *Same* Dollars of property, in 1901 *Same* Dollars of property, in 1902 *Same* Dollars of property.

1903. *Nothing* Dollars of property.

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

Witness my hand and seal of office, this 30th day of Sept 1904. *John Anthony* 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,

Cobb COUNTY.

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

WITNESS my hand and seal, this 18 day of Aug 1907.

Executed in presence of

W. L. Lindsey

[L. S.]

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb 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. Huff Ordinary, in and for said County, hereby certify

that the applicant John A. Huff resides in said County, and has

been a bona fide resident of this State since the all his life 189 _____

and that the witnesses, viz: J. M. Moore, W. H. P. and

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 _____ County shows that applicant
returned for taxation in his name in 1901 100⁰⁰ Dollars of

property, and in 1902 100⁰⁰ Dollars of property; in 1902

1903-50⁰⁰ Dollars of property; in 1904

nothing Dollars of property; in 1905

nothing Dollars of property.

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

Witness my hand and seal of office, this 30th day of August 190 6

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.

(FOR THOSE ALREADY ENROLLED)

No. 1047

INDIGENT

SOLDIER'S PENSION

1907.

Name

County

Co. 1st Regiment

WARRANT ISSUED

JAN 21

1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Gen. W. HARRISON STATE PRINTER, ATLANTA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.
Personally appears W. B. Ruff 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 2, of 15th Battalion of 2nd Regiment; that his physical condition is as follows: Inferior

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 18 day of April, 1907. John H. Hooten Ordinary.

State of Georgia,

Cobb County.
I, John H. Hooten Ordinary of said County,

do certify that I am well acquainted with W. B. Ruff 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 April, 1907.



John H. Hooten Ordinary Cobb County.

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

Georgia }
Cobb County } Personally appeared before
Me. W. H. Pace and on oath
Says that he was in the same Company
and regiment that H. C. Ruff belonged
to

2nd That he remembers that H. C. Ruff
was furloughed sometime between April
the 12th and 20th 1865, at Macon, Ga. to go
home in Cobb County, to get a horse. he
having lost his horse, that the furlough was
for 15 days, and that the Company and regiment
surrendered about the 22nd of April 1865
near Macon and all the Command
was pay rolled, and went home. I have
previously given evidence as to the service
of said H. C. Ruff and recode this
as an amendment to the same.
I reached home on the 28th day of
April following, and found that H.
C. Ruff had secured a horse and
was preparing to return to his Company
at expiration of his furlough.

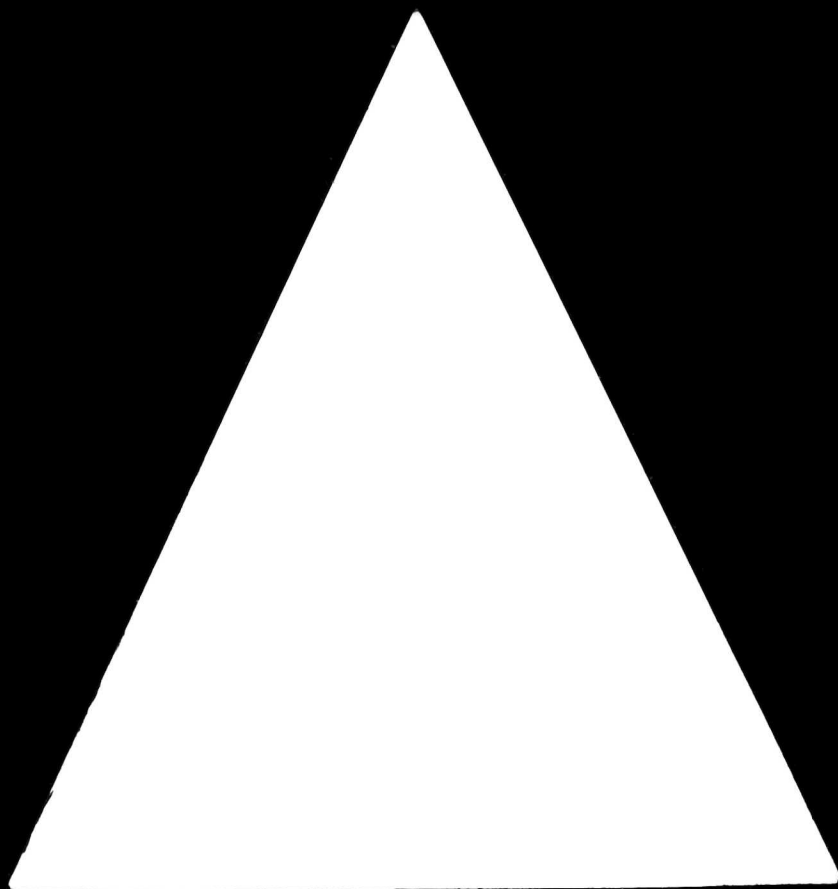
W. H. Pace

Sworn to and Subscribed

before me

This September 25th 1905.

John W. Wray
Ordinary



POWER OF ATTORNEY.

STATE OF GEORGIA,

Golds County,

I, *James H. Ruff*

of *Maitha Ma*

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

Witness my hand and seal this

6th day of *April* 1895.

Expected in presence of

John Stone

James H. Ruff

*pay to J. M. Stone
July 10 1895 - J. H. Ruff*

Approved by Richard Johnson Sec
Ruff James H

INDIGENT PENSION

1895.

Name *James H. Ruff*
County *Cobb*

Ground

July 1st 96 1895

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Judge Stone

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, Jas H. Ruff, hereby authorize
A. S. Clay of Macon Ga.

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

at by A. S. Clay
6th day of April 1895.

Witness my hand and seal this
Executed in presence of
J. M. Stone
F. M. Stone

Pay to J. M. Stone
July 10 1895 - A. S. Clay

INDIGENT PENSION

1895.

Name, Jas. H. Ruff
County, Cobb

Ground

July 1st 96

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HAND TO

Judge Stone

Geo. W. Harrison, State Printer, Atlanta.

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Cobb County.

I, Jas H. Ruff, 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)
Smyrna, Cobb Co. Ga
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?
In Ga and have been in Ga 63 years.
3. When and where were you born? I was born in 1831 in Ga
4. Did you volunteer in the Confederate Army or in the Georgia Militia? In Confederate Army.
5. When and where did you enlist? In the City of Atlanta in July 1862.
6. In what company and regiment did you enlist? In Co E 99th Artillery Battalion
7. How long did you remain in that company and regiment? Till 9th April 1865-
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? The entire time after 1862.
10. When, where and under what circumstances were you discharged from service?
Discharged by the Surrender of Gen R. E. Lee
11. What is your present occupation? Farmer
12. How much can you earn per annum by your own exertions or labor? Nothing
13. What has been your occupation since 1865? From 1865 to 1878 - I was farming and contributing to my support for this period a year and how much are you able to contribute thereto either in labor or income? \$125 per year - Nothing
15. What is your present physical condition and how long have you been in such condition? I am now paralyzed and unable to do any kind of work. I was paralyzed in 1878 in my left side arm & shoulder and am now almost unable to get about.
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 & 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? I have not been able to earn a living in 20 years - Since I was paralyzed -
18. What property, effects or income do you possess? None
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? None whatever
20. In what County did you reside during those years and what property did you then return for taxation?
In Cobb and no property
21. How were you supported during the years 1893 and 1894?
By my brothers and sisters who have helped as best they could -
22. How much did your support cost for each of the years, and what portion did you contribute thereto by your own labor or income? Nothing
23. What was your employment during 1893 and 1894? What pay did you receive in each year?
I was unable to labor.
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? I have no family

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

Sworn to and subscribed before me this the

3rd day of April 1895.

of

Cobb

County.

Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb County.

J. H. Henderson, of said State and County, having been presented as a witness in support of the application of Jas. H. Ruff 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? *An Marietta, Cobb Co. Ga*
2. Are you acquainted with Jas. H. Ruff, the applicant, if so how long have you known him? *Yes*
3. Where does he reside, and how long has he been a resident of this State? *He resides near Smyrna Cobb Co. Ga and has all of his life.*
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? *I served with him in the same Co and we missed together.*
5. When, where and in what company and regiment did he enlist? *In Co E-9 Ga Infantry Battalion*
6. Were you a member of the same company and regiment? *Yes*
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 July 1862 till the surrender in April 1865 and made a good, faithful soldier.*

8. What property, effects or income has the applicant? (Give your means of knowledge.) *none*
9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? *None, I think*

10. What is the applicant's occupation and physical condition? *He has farmed - he is now paralyzed and not able to work or earn a living.*

11. Is the applicant unable to support himself by labor of any sort, if so, why? *Yes - because he has been paralyzed.*

12. How was he supported during the years 1893 and 1894? *I think by his brother.*

13. What portion of his support for these two years was derived from his own labor or income? *I do not see how he made any thing.*

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? *May, years ago Mr. Ruff was paralyzed - and he has gradually been getting worse - he is now unable to work.*

15. What interest have you in the recovery of a pension by the applicant?

Sworn to and subscribed before me, this

the 3rd day of April 1895.

Applicant.

as to Henderson and C. D. Phillips

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb

County.

Personally came before me

Dr. J. M. Moore

and

Dr. J. D. Malone

, both known to me as reputable physicians

of said county, who being severally sworn, say on oath that they have examined carefully.

Jas. H. Ruff, applicant for pension under the Act of 1894, and after such personal examination, say that his precise physical condition is as follows:

We have known applicant for more than 20 years. He has suffered for many years with hemiplegia and is now suffering from same, and its effects, which renders him unable to earn a support.

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

Sworn to and subscribed before me, this

the 2nd day of April 1895.

J. H. Stone

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb

County.

I, John M. Stone, Ordinary in and for said County, hereby certify that the applicant Jas. H. Ruff 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: *Jas. H. Henderson - C. D. Phillips - J. H. Stone - J. M. Moore - J. D. 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 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, *no property* dollars

of property, and in 1894, *no property* dollars of property.

Witness my hand and seal of office, this 3rd day of April 1895.

J. H. Stone

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."

POWER OF ATTORNEY.

STATE OF GEORGIA,

Robt. Ruff
County.

hereby authorize

of

Marquette Ga.

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

by

him

at

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

16th

day of

July

1897.

Robt. Ruff

[L. S.]

Executed in presence of

James H. Ruff

(For Those Already Enrolled.)

No.

964

INDIGENT

Soldier's Pension.

1897.

Name

County

Robt. Ruff
Marquette

1897.

4/6

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

James H. Ruff

REC'D W. HARRISON, STATE PRINTER, ATLANTA.

no date

POWER OF ATTORNEY.

State of Georgia,

Robt. Ruff County.

I,

James H. Ruff

hereby, authorize

of

Robt. Co

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

by

at *Smymna*

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

The 18th

day of

January

1898.

James H. Ruff

[L. S.]

Executed in presence of

Mrs. Bert G. Ruff
Mrs. Blanche Ruff

(For Those Already Enrolled.)

No.

2325

INDIGENT

SOLDIER'S PENSION,

1898.

Name

County

Robt. Ruff
Robt. Co

WARRANT ISSUED

1898.

1/25

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Robt. Ruff

REC'D W. HARRISON, STATE PRINTER, ATLANTA.

no date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County,

Personally appears

James H. Ruff 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 *29th* day of *July* 18*32*, 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 *3 Yrs* in Company *E*, of *9th* ^{*Batt*} Regiment of *Ma. Artillery*; that his physical condition is as follows: *On account of age, infirmity, and disease he is unable to do any work but little.*

that his property consists of the following items

None

of the value of *2* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1897. I have heretofore as a resident of *Cobb* county been allowed a pension for the year 189*6*.

Sworn to and subscribed before me, this, the

16th day of *May* 1897.

James H. Ruff Ordinary.

STATE OF GEORGIA,

Cobb County.

I,

James H. Ruff 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

16th day of *May* 1897.



James H. Ruff Ordinary. *Cobb* County.

NOTE—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County,

Personally appears

James H. Ruff 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 *29th* day of *July* 18*32*; 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

) during the war between the States, and served for the term of *3 Yrs* in Company *E*, of *9th* ^{*Batt*} Regiment of *Ma. Artillery*; that his physical condition is as follows: *On account of age, infirmity, and disease he is unable to support himself by labor of any sort.*

that his property consists of the following items

Nothing

of the value of *2* 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 189*7*.

Sworn to and subscribed before me, this, the

13th day of *May* 1898.

James H. Ruff Ordinary.

State of Georgia,

Cobb County.

I,

James H. Ruff 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

13th day of *May* 1898.



James H. Ruff Ordinary. *Cobb* County.

NOTE—The blank spaces must be filled.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, Jas H. Ruff, hereby authorize

Wm. Rice of Cobb Co

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

me at Longview

by me

Witness my hand and seal this 17th day of January 1899.

Executed in presence of Jas H. Ruff (L. S.)

Wm. Rice

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, Jas H. Ruff, hereby authorize

John Stone of Macretta Ga.

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

me

by me

Witness my hand and seal, this 17th day of Jan 1900.

Jas H. Ruff [L. S.]

Executed in presence of

T. J. Hawley

CODE SEC. 1284.

(For These Already Enrolled.)

No. 2471

INDIGENT

SOLDIER'S PENSION,

1899.

Name J. H. Ruff
County Cobb

WARRANT ISSUED

1899

RICHARD JOHNSON,

(Commissioner of Pensions.)

WARRANT HANDED TO

Wm. Rice

Geo. W. Harrison, State Printer, Atlanta.

no data

CODE SEC. 1284.

(For These Already Enrolled.)

No. 812

INDIGENT

SOLDIER'S PENSION,

1900.

Name J. H. Ruff
County Cobb

WARRANT ISSUED

1900.

January 18

JOHN W. LINDSEY,

(Commissioner of Pensions.)

WARRANT HANDED TO

J. H. Ruff

Geo. W. Harrison, State Printer, Atlanta.

no data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.
Personally appears J. H. Ruff 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 29th day of Feb. 1832; 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 E, of 9th Batt. Artillery Ga. Vols.; that his physical condition is as follows: On account of age

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 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, the 17 day of Jan. 1899, by Jas. H. Ruff Ordinary. Wickajack P.O.

State of Georgia,

Cobb County.
I, J. W. Stoue Ordinary of said County, do certify that I am well acquainted with J. H. Ruff 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 Jan. 1899.
J. W. Stoue Ordinary Cobb 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,

Cobb County.
Personally appears J. H. Ruff 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 29th day of Feb. 1832; 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 _____) during the war between the States, and served for the term of 3 years in Company E, of 9th Batt. Artillery 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 1899.

Sworn to and subscribed before me, this, the 15th day of January 1900, by Jas. H. Ruff Ordinary.

State of Georgia,

Cobb County.
I, J. W. Stoue Ordinary of said County, do certify that I am well acquainted with J. H. Ruff 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.
J. W. Stoue 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,

Cobb County.

I,

J. H. Ruff
John Anthony

hereby authorize

of

Maricetta

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

by *me*
hand

at

his office

Witness my hand and seal, this *8* day of *Jan.* 1901.

J. H. Ruff

[L. S.]

Executed in presence of

J. H. Ruff

(For Those Already Enrolled.)

No. *416*

INDIGENT

SOLDIER'S PENSION.

1901.

Name *J. H. Ruff*
John Anthony

County

WARRANT ISSUED

Jan 15 1901.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Pruby

Geo. W. Harrison, State Printer, Atlanta

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I,

J. H. Ruff
John Anthony

hereby authorize

of

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

by _____ at _____

Witness my hand and seal, this *8* day of *Jan.* 1902.

J. H. Ruff

[L. S.]

Executed in presence of

(FOR THOSE ALREADY ENROLLED.)

No. *184*

INDIGENT

SOLDIER'S PENSION

1902.

Name *James H. Ruff*

County

Co. *E* Regiment *9th Bat. 4th*

WARRANT ISSUED

116 1902.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Gady

Geo. W. Harrison, State Printer, Atlanta

no data

The said For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Personally appears

Cobb County, }
J. H. Ruff 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 *29th* day of *July* 1832, 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) during the war between the States, and served for the term of *3 yrs.* in Company *8*, of *9*th Regiment of *Art. Co. Vols.*; that his physical condition is as follows: *On account of age, 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 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 the

8th day of *January* 1901.

John A. Whaley

Ordinary.

Jas. H. Ruff

STATE OF GEORGIA,

Cobb County, }
 I, *John A. Whaley* Ordinary of said County, do certify that I am well acquainted with *J. H. Ruff* 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.



Ordinary

John A. Whaley
Cobb

County.

NOTE - The blank spaces must be filled.
 NOTE - Affidavit should not be attested before January 1st, 1901.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Personally appears

Cobb County, }
J. H. Ruff 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 *29th* day of *July* 1832, 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) during the war between the States, and served for the term of *3 yrs* in Company *8*, of *9*th Regiment of *Art. Co. 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 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

8 day of *January* 1902.

John A. Whaley

Ordinary.

Jas. H. Ruff

STATE OF GEORGIA,

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

Given under my official signature and seal, this

8 day of *Jan* 1902.



Ordinary

John A. Whaley
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,

Cobb County. }

I, J. H. Ruff hereby authorize P. M. Rice
County of Cobb

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

me at Nokapack
 by hand

Witness my hand and seal, this 16th day of June 1903.

J. H. Ruff [L. S.]

Executed in presence of

Homer C. Ashford

Ruff, J. H.
P. M. Rice
 (FOR THOSE ALREADY ENROLLED.)

No. 587

INDIGENT

SOLDIER'S PENSION
 1903.

Name J. H. Ruff
 County Cobb
 Co. 9th Regiment Artillery

WARRANT ISSUED
 1903.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO
P. M. Rice

Geo. Barrick, State Printer, Atlanta.
M. do it.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.)

Personally appears *J. H. Ruff* 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 *29* day of *July* 18*82*; 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 *3 yrs* in Company *E*, of *9*th *Regt. Art.* of *Ga. Inf.*; that his physical condition is as follows: *from age 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 *30* day of *January* 1903. *J. H. Ruff*
John A. Harty Ordinary.

STATE OF GEORGIA,

Cobb County.)

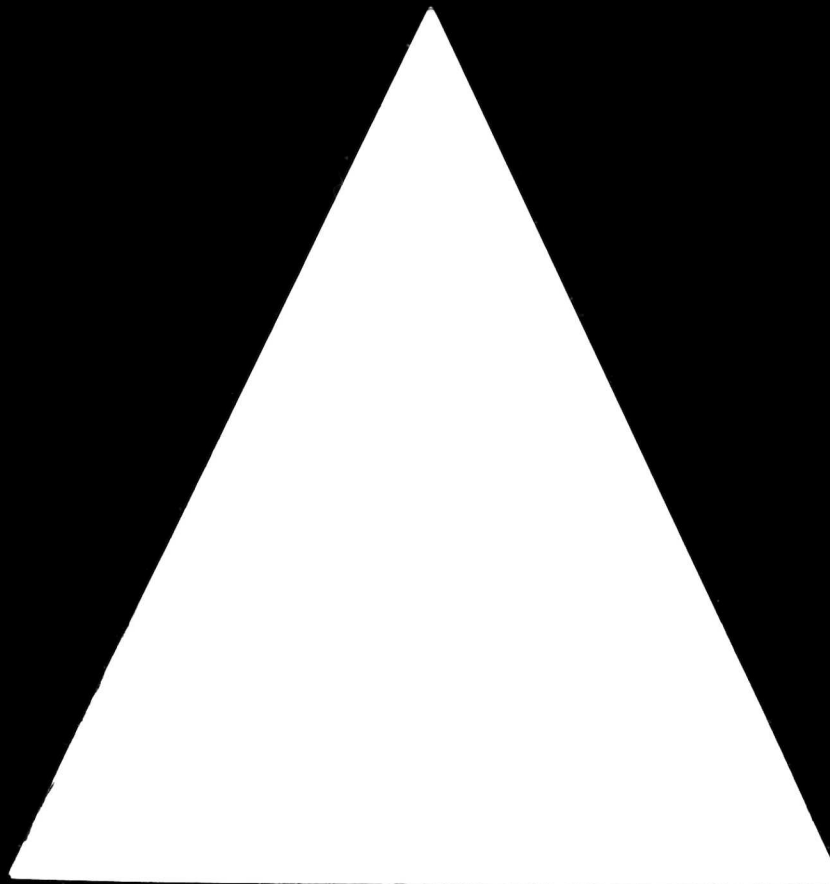
I, *John A. Harty* Ordinary of said County, do certify that I am well acquainted with *J. H. Ruff* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides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

Given under my official signature and seal, this *30* day of *January* 1903.
John A. Harty
Ordinary *Cobb* County.



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

NOTE.—THE DARK SPACES ARE TO BE REMOVED.
NOTE.—Affidavit should not be attested before January 1st, 1903.



Ordinary's Certificate

STATE OF GEORGIA

DeKalb COUNTY

I, W. H. Lindsey Ordinary of said County, do certify that I know William Rutherford the applicant for pension. She

is the person who represents herself to be and she is a bona fide confining resident citizen of said County and was on the 4th November 1908; that I also know William Rutherford

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 on 28 day of Oct 1919
(SEAL) W. H. Lindsey Ordinary,
DeKalb 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 taken at same time.
3. Ordinary shall be sworn in by the County Judge or County Clerk.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.
5. Actual 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 Cobb
Name William Rutherford
Widow of J. R. Rutherford
Company H
Regiment 28th Co. Infantry
Approved _____

ENTERED ROSTER OFFICE

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-30-1919

Encl. 62. See 10
Specimen (M)

Ordinary's Certificate

STATE OF GEORGIA,

Cobb COUNTY.

I, J. M. Gamm Ordinary of said County, do certify that I know Caroline Rutherford 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. S. Barreth 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 20 day of Oct 1919
(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. 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. 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.

No.

County Cobb
Name Caroline Rutherford
Widow of J. R. Rutherford
Company 74
Regiment 28th Co. Infantry
Approved _____

ENTERED REGISTER HERE

J. W. LINDSEY,
Commissioner of Pensions,
Byrd Printing Co., State Printers, Atlanta.

10-30-1919

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 Caroline Rutherford 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:

- What is your name, and where do you reside? Caroline Rutherford, Cobb Co. Ga.
- How long and since when have you been a continuing resident of the State of Georgia? All my life 73 years
- When, where and to whom were you married? April 11 1872 Cobb Co. Ga. J. R. Rutherford
- Have you married since the death of first and soldier husband? No
- 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 Spring 1862 Cobb Co. Ga. Co. 7, 23, Ga. Inftry
- When and where did the commands of your husband surrender or discharge from the army? April 26 1865 Bentonville, Ark.
- Was your husband personally present at the time of the surrender or discharge of this command? Yes
- If he was not present state clearly where he was? He was present
- Where was his command when he left? Bentonville, Ark.
- For what cause did he leave his command? Loss was over
- By whose authority did he leave his command? General order Joseph E. Johnston
- For how long was he granted leave of absence? _____
- What was his physical condition when he left his command? _____
- What effort did he make to return to his command? _____
- In what way was he prevented from going back to Command? _____
- Was he captured by the enemy at any time? No
- If so, when and where captured and where held as a prisoner, and when and for what cause released? _____
- When and where did your first husband die? August 7 - 1915
- Were you residing together when he died? Yes
- If not, how long had you resided apart? We were living together
- Are you now a widow? Yes
- Have you or your husband heretofore been paid a pension by the State? No

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

Sworn to and subscribed before me this the

9 day of Sept 1919

J. M. Gamm Ordinary

Cobb County.

(SEAL)

Caroline Rutherford
No Record of marriage on
Record J. M. Gamm Ordinary

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,

Cobb

COUNTY

Personally before me comes *J. D. Carruth* 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. Carruth, Carruth Cobb County Ga*
2. How long and since when have you known *Caroline Ruthierford* applicant? *About 60 years*
3. How long and since when has she continuously resided in this State? (Give date.) *All the time since I know her*
4. When and to whom was she married? *J. R. Ruthierford* How do you know? *I loved him then*
5. How long and since when did you know *J. R. Ruthierford* her husband? *60 years or more*
6. When and where did *J. R. Ruthierford* the husband of applicant, die? *Cobb Co. August 7, 1915*
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? *Not*
9. When, where and in what Company and Regiment did *J. R. Ruthierford* enlist? *Spring 1862, Cobb Co. in Co. F, 23 Co. Infantry*
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 April 26, 1865*
12. When and where did his Command surrender, and was discharged? *Bentonville, Mo. April 26, 1865*
13. Were you personally present when it was surrendered? *Yes* If not, where were you *I was present* and how came you there?
14. Was the husband of applicant personally present at surrender? *Yes* If not where was he? *He was present* 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? *I was with him and husband of applicant and myself some time together*
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? *War was over*
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

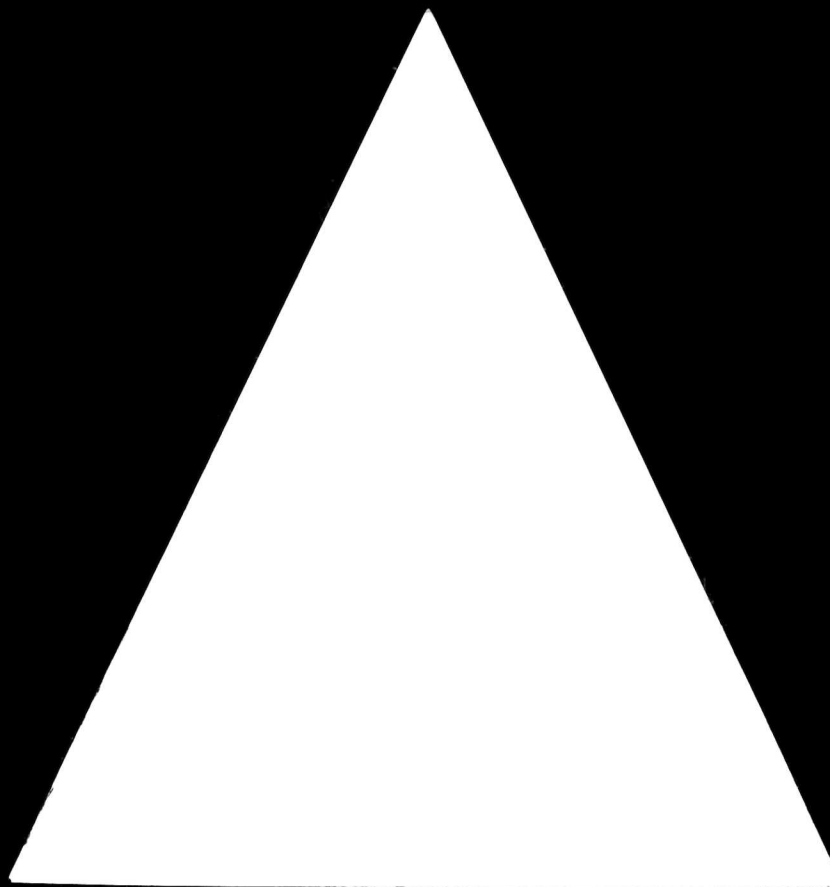
9 day of *Sept* 19*19*

J. M. Gamm Ordinary
Cobb County

(SEAL)

of Cook County }

(SEAL)



Rutherford, Cynthia
Cobb Co.

For Cobb County

1926

**Application for Pension
Due Deceased Pensioner**

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

J. M. Rutherford Ordinary

For Cynthia Rutherford

Date of Death April 28 1926

Amount \$ 100.00

Approved and ordered paid

John W. Clark

JOHN W. CLARK,

15 June 26 Commissioner of Pensions

Caroline Rutherford on
Roll 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.

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 C. H. Rutherford of said County, who, after being sworn, on oath says that he knew Cynthia Rutherford 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 20th day of April, 1926, and that a Pension of \$465 back pension (\$460) Dollars was due pensioner and unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ _____, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me
J. M. Eames, Ordinary
Cobb County

C. H. Rutherford

(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, Cobb County.

I, J. M. Eames, Ordinary of said County, do certify that I personally know C. H. Rutherford, 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 Cynthia Rutherford 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 \$465 on 1926 (\$ _____) Dollars in said County for 1926, 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 4th day of May, 1926.
J. M. Eames, Ordinary
(Seal or 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: (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 _____ 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. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.
- 6th. Return this application, and attached bills, with your final settlement, to the Pension Department.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.

STATEMENT

ACWORTH, GA. 5/4/26

M. Miss Cynthia Rutherford

IN ACCOUNT WITH

J. F. COLLINS' SONS

D. H. Collins

E. L. Collins

L. B. Collins

FURNITURE, HOUSE FURNISHINGS, STOVES, ETC.
FUNERAL DIRECTORS AND EMBALMERS

DAY PHONE 24

NIGHT PHONES 48 AND 49

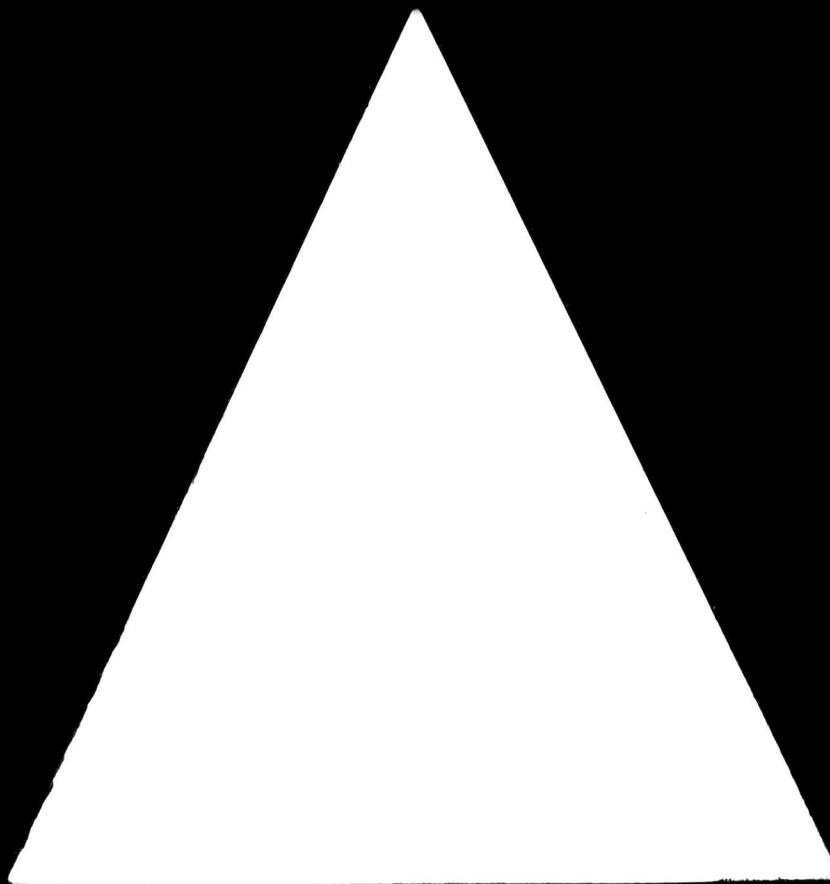
| | | |
|------|------------------|--------|
| 4/21 | Funeral Outfit | 120.75 |
| | To Wit: | |
| | Casket | 90.00 |
| | Hearse & Service | 15.00 |
| | Room | 15.00 |
| | Hire | 25.00 |
| | | 124.75 |

Recd. of J. F. Collins' Sons
the sum of \$124.75
for the funeral of
Miss Cynthia Rutherford who
died without having the money to
pay the same.

J. F. Collins' Sons
By D. H. Collins

Sworn to before me
May 6 1926
J. M. Eames
only

6th. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.
6th. Return this application, and attached bills, with your final settlement, to the Pension Department.
7th. Ordinary should see that the back of this blank, when folded, is filled out.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

Know all Men by these Presents, That I,

County of said State, do hereby appoint

Melissa Ruthford

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 18th day of June, 1891.

Executed in the presence of us:

Wm. H. Jones
Geo. H. Jones

DIRECTIONS.

If allowed, send amount by

me at

and oblige

to



Widows' Pension

PAID TO —
Mrs. Melissa Ruthford
— OF —
Cobb County.

\$100.00.

Warrant Issued

1891

AND HANDED TO

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,

Cobb County.

Know all Men by these Presents, That I,

County in said State, do hereby appoint

of *Mennessee 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 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

18th

day of

April

1891

Executed in the presence of us:

Wm. C. Brimer
Wm. C. Brimer
Wm. C. Brimer

DIRECTIONS.

If allowed, send amount by

me at

and oblige



Geo. W. Hartman, State Printer, Atlanta

AND HANDED TO

1891

Warrant Issued

\$100.00.

Wm. C. Brimer
Wm. C. Brimer
Wm. C. Brimer

COUNTY.

Widows' Pension

No. 1601

1891.

Cobb County
Cobb County
Cobb County

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. *Melissa Ruthenford*

, who being sworn according to law, says under

oath that she is the widow of *James Ruthenford*

, who was a soldier in

the service of the Confederate States, and served as a member of Company *'18'*

of the *34th* Regiment of *Georgia* Volunteers; that he enlisted in said

service on or about the *1st* day of *June* 1862, and was in the

Confederate Army up to *July* 1863 That while in the

Army, he was on the day of *July* 1862, (See Note No. 1)

fallen sick at Pickensburg, Miss. with Chronic

Diarrhoea from which he died and

was brought home on the 31st day of July, 1863.

-He contracted said disease during the

Siege of Pickensburg, Miss.

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 *1st* day of *Oct* 1864, and that she has resided in Georgia continuously since the *20th* day of *April* 1865; 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

25th

day of *April*

1891.

Melissa Ruthenford
Wm. C. Brimer
Wm. C. Brimer

Post-Office *Mennessee 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 known 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,

County of CobbGatlin, Caroline Ruthenford
and Mary BrimerIn person came before me, the undersigned Ordinary
in and for said County, witnesses Elizabeth(each known to said Attesting Officer as truthful,
reliable and reputable citizens) who severally say under oath, that, from their own personal knowledge,
Mrs. Melissa Ruthenford of the County of Cobb,
State of Georgia, is the widow of James Ruthenford, who was a soldier in
Company "B" of the 34th 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 June, 1862. That while in said service, or by
reason of said service in the Army, he lost his life as follows: was killed sick onJuly 1863 during the siege of Vicksburg with
Chronic Diarrhea from which disease he
died and was sent home on 5th day of
July 1863. died.Our opportunity for knowing the facts stated in reference to death of applicant's husband were myWe saw the body of Mr James Ruthenford
brought home - & further we saw Mr James Ruthenford
& Mrs Melissa Ruthenford married & know that they lived
together & man & wife until his enlistment in the Army.We further swear that Mrs. Melissa Ruthenford was the wife of said
soldier during the 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, the

28th day of April, 1891.J. M. Storn
Ordinary.

NOTE. Witnesses must not testify about things they may believe, but confine their statements to such facts as they personally know.

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

State of Georgia,

County of CobbI, J. M. Storn Ordinary

in and for said County

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

28th day of April, 1891.

SEAL

Certify as to Mary Brimer, Elizabeth Gatlin
& Caroline Ruthenford
Ordinary.

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 of their County and testify. The attestation of a Justice of the Peace or Notary will not
answer.If proofs must be made out of the State, the witnesses must be sworn before a Judge of a Court of
Record under seal, and the witnesses must be certified to as reliable, and that their signatures are genuine.Fill out Power of Attorney authorizing some one who can call at Treasurer's office in Atlanta and
receive the money, to receipt for same.Fill out the "directions" below Power of Attorney, so that your Agent will know where and how
to send the money.

By order of the Governor.

W. H. HARRISON,

Sec. Ex. Department.

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.
Melissa Rutherford 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
James Rutherford 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
23rd day of January, 1893.

SEAL

Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, County of Cobb
 KNOW ALL MEN BY THESE PRESENTS, That I, Melissa Rutherford
 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 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, 189 3
Melissa Rutherford [L.S.]

Executed in the presence of us:

W. H. B. B. B.
W. H. B. B. B.

DIRECTIONS.

Send amount by _____ to _____
 me at _____, and oblige _____

Rutherford, Melissa
Cobb County
FOR THOSE HERETOFORE PAID
See index
1893.
No. 783
Widows' Pension,
 for year ending February 15th, 1893.
PAID TO —
Melissa Rutherford
Cobb COUNTY.
 Warrant issued
23
 1893
 AND HANDED TO
J. M. Stone
 Geo. W. Harrison, State Printer, Atlanta.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Colo

Personally comes Mrs.

Mrs. Melissa Putnam Ford

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

look

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

continuously ever since April 25 1830 That she is the Widow of

James B. Ruthenford who was a Soldier in Company 34th of the 34th Regiment of Georgia

of the 34 Regiment of Georgia

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

186 ⁿ and served in the Army up to 186 That he lost his

life on the 31st day of July, 1863 (State here)

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

That while in the Service of the Confederate States as above stated that he was attacked with Chronic Dysentery while aticksburg Miss.

That he died of said disease
on 31st day July 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 1837; 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.

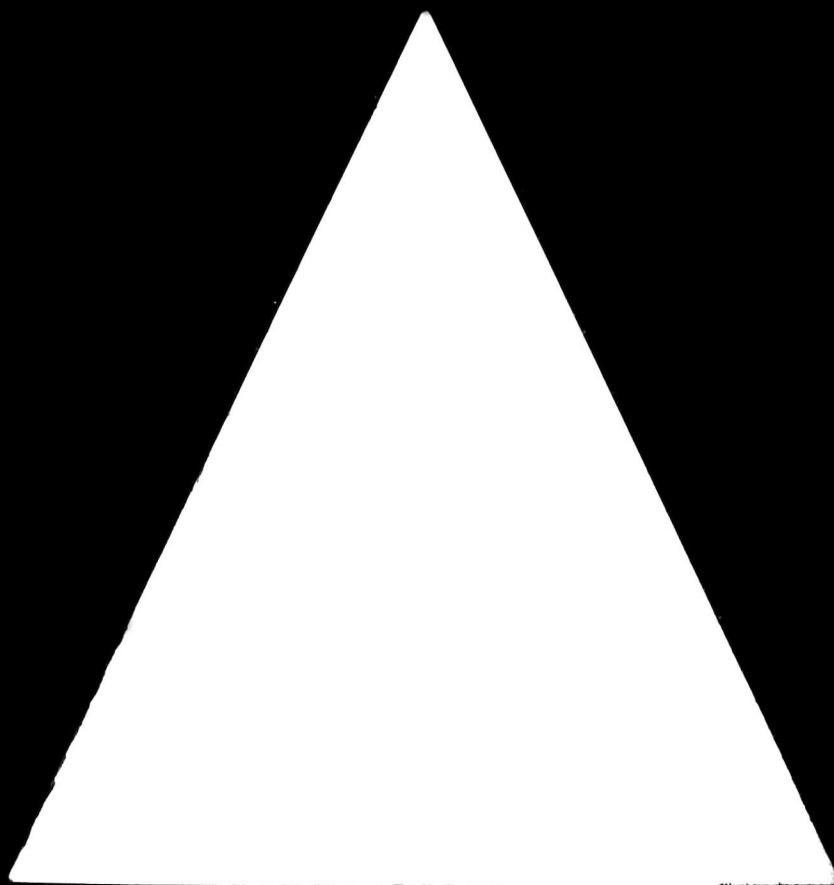
Sworn to and subscribed before me, this

23rd day of June 1893

Ordinary.

Post-office Kennesaw Ga.

Post-office Kennèsawga.



Rutherford, Susan
Cobb Co

Warrant

**WIDOW'S
Indigent Pension.
1901.**

Name *Susan C. Rutherford*

County *Cobb*

Widow of *Thos. M. Rutherford*

Co C 41 - 4a

Approved _____ 1901.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

1901.

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

3/3/10
8/3/10

Offer Arms of Pension
3/3/10
of discharge
Pension plates are stamped
and facts - and must be
placed in App. and then
facts must be proven
by the witnesses - General
Conclusion - will read and
was - without giving date
reasons - therefore - of
Keroses, the witness
signed of his own knowl-
edge - he has dated them
at the time when his
husband was discharged
JO W Lindsey
Comm of Pensions



STATE OF GEORGIA.
County of *Cobb*
I, *Susan C. Rutherford*, hereby authorize *John Lindsey*
my agent to receive and receipt for the pension allowed and that he
will do so to me at *his office* by his check or registered mail.
Witness my hand this *7th* day of *May* 1901.
Executed in presence of
Ordinary, *Susan C. Rutherford*
County, *Cobb*

POWER OF ATTORNEY.

POWER OF ATTORNEY.

STATE OF GEORGIA.

I, Susan C. Lutherford County, Cobb hereby authorize John C. Wooten 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 7th day of July 1901.

Executed in presence of Susan C. Lutherford Ordinary, Cobb County.

RECEIVED

Questions for Applicant.

STATE OF GEORGIA,

Cobb County.

Susan C. Lutherford 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 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 C. Lutherford, Cobb Co. Ga
2. How long and since when have you been a resident of this State? Since 1838
3. When and where were you born? 1835 in South Carolina
4. When and where was your husband born—state his full name, and when were you and he married?
1834 August 12th in Germany Co. Ga - Name Thomas M. Lutherford - Married Sept. 5, 1854
5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States? Enlisted at Kennesaw, March 1862 - in Co. C, 41st Regt. Ga. Inf.
6. How long did your husband serve in said Company and Regiment? Something over one year
7. When and where did your husband's Company and Regiment surrender and was discharged? He was discharged at Kennesaw, Ga. on account of injuries.
8. Was your husband present at the time and place when his Company and Regiment surrendered? No.
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? He was at home, having been discharged at Kennesaw, on account of injuries, as above stated.
10. When and where did your husband die? March 1st 1890 in Cobb Co. 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 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. Have never been able to earn my support since death of my husband.
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? None
16. What property, real or personal, did you possess at death of husband or he left you, and of the year 1890-1900, and what disposition, if any, by sale or gift, have you made of the same? None
17. In what counties did you reside in 1890 and 1900, and what property did you return for taxation? In Cobb Co. Ga. None
18. How have you been supported since death of husband, and especially for 1890 and 1900? I have been supported by my sister and 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? One Hundred Dollars. I did not contribute any
20. What was your employment during 1890 and 1900—how much did you receive for each year? Nothing: 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 live with my sister and grand daughter
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 7th day of July 1901 } Susan C. Lutherford
of John C. Wooten Ordinary, Cobb County.

Office of Pension
3/28/1901
3/28/1901
Their application is upon-
last fact - and must be
vested in 1890 and then
fact must be proven
by the witness - General
Conclusion - will not award
now - witness giving date
names - therefore - of
witnesses. The witness
saw him at his home - saw
him at his home - saw him
at the time when he was
discharged and was discharged
at Kennesaw, Ga.

Authorford, Susan C.
Cobb Co.
WIDOW'S
Indigent Pension.
1901.
Name Susan C. Lutherford
County Cobb
Widow of Thos. M. Lutherford
C. C. 41 - Ga
Approved 1901
JOHN W. LINDSEY,
Commissioner of Pensions
WARRANT HANDLED TO
Gen. W. Harrison, State Printer, Atlanta, Ga.
3/28/01

Questions for Witnesses.

STATE OF GEORGIA,

Cobb County.

B. Rainey

of said State and County, having been presented as a witness in support of the Application of Mrs. *Susan C. Ruthford* 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? *B. Rainey - Inside in Coworth, Cobb County, Ga.*
2. Are you acquainted with the applicant, Mrs. *Susan C. Ruthford*? *Yes, ever since March 1862.*
3. Where does she reside, and how long and since when has she been a resident of this State? *She resides in Cobb County, and has lived here ever since the war.*
4. When and where was she born? *I do not know.*
5. Were you ever acquainted with her husband? *I was.*
6. Where did he reside in 1861? *In Cobb County, Ga.*
7. When and to whom was he married? *He was married to applicant before the war.*
8. When and where was he born? *I do not know.*
9. How long have you known him? *Ever since March 1862.*
10. When and where did *Thomas M. Ruthford* 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 Big Shanty in March 4th, 1862, Co. C. 41st Regt. Va. Inf. I was present.*
11. Were you a member of the same Company and Regiment? *I was ~~not~~ a member of ~~the same~~ Company.*
12. How long did he perform regular military duty? *Something over a year.*
13. When and where was his Company and Regiment surrendered and discharged from service? *In N.C. in April 1865.*
14. Were you with the command when it surrendered? *No. I was paroled five days before.*
15. Was *Thomas M. Ruthford* the husband of applicant present? *No.*
16. If not present, where was he? *at home.*
17. When and where did he leave his Command? *At Vicksburg.*
18. For what cause? *He was discharged on acct. of inability.*
19. By whose authority he left? *By authority of Confederate Commandant.*
20. How do you know all this? (State fully and clearly.) *By being a member of the same Regiment and Co. and knowing him and the facts personally.*
21. When and where did *Thomas M. Ruthford* die? *In 1890 in Cobb County, Ga.*
22. Where did he reside at his death and how long had he been a resident of Georgia at his death? *In Cobb County, where he had lived ever since the war.*
23. Do you of your own knowledge know that applicant is the lawful widow of *Thomas M. Ruthford*? *Yes.*
24. Has she remained unmarried since her soldier husband's death, and is now his widow? *Yes.*
25. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? *None; Yes.*
26. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? *None.*
27. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom? *She has not.*
28. What is applicant's physical condition and her chances and ability to earn a support? *She is old and very feeble, and she is afflicted with dyspepsia and heart trouble. She is unable to perform any of the usual avocations of life.*

26. Is applicant able to earn a support at labor of any sort, if not why? *She is not on account of her age and infirmity.*
27. How was she supported for 1899 and 1900? *By her sister and her own children.*
28. How much did applicant contribute to her support for last two years? *Nothing.*
29. Give a full and complete statement of applicant's physical condition? *She is old and very feeble, and she is afflicted with dyspepsia and heart trouble.*
30. What interest have you in the recovery of this pension by the applicant? *None; none.*

Sworn to and subscribed before me this *4th* day of *Feb* 1901.

John Autrey Ordinary, *Cobb* County.

B. Rainey *Testimony 1 to 21 + 30*
J. L. Morgan *Testimony 22 to 30*
Witnesses.

Affidavits of Physicians.

STATE OF GEORGIA,

Cobb County.

Personally before me comes *E. D. Malone M.D.* and *Chas. H. Field M.D.* 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 C. Ruthford* applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this: *She has chronic dyspepsia of long standing, and also suffers with organic heart disease with frequent cerebral attacks. Her general physical condition is such that she is unable to be sufficient labor of any kind and we have no interest in said pension if allowed.*

Sworn to and subscribed before me this *28th* day of *Jan* 1901.

John Autrey Ordinary, *Cobb* County.

E. D. Malone M.D.
Chas. H. Field M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

I, *John Autrey* Ordinary in and for said county, hereby certify that the applicant, Mrs. *Susan C. Ruthford* resides in said county, and has been a bona fide resident of this State since *1862* day of *Mar* 1862, and that the witnesses, Mr. *B. Rainey* and *J. L. Morgan* 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 *Cobb* 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 *4th* day of *February* 1901.

John Autrey Ordinary, *Cobb* County.

SEAL

NOTE—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.

Questions for Witnesses.

STATE OF GEORGIA,

Fulton

County.

Amendment

of said State and County, having been presented as a witness in support of the Application of Mrs. Susan C. Ruthersford 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? J. E. Verhine 4172 West Pine St Atlanta Ga
2. Are you acquainted with the applicant, Mrs. Susan C. Ruthersford yes
3. How long have you known her? Since 1882
4. Where does she reside, and how long and since when has she been a resident of this State? Atlanta Ga Since 1854 I have known her ever since she married
5. When and where was she born? do not know
6. Were you ever acquainted with her husband? yes
7. Where did he reside in 1861? in Cobb Co Ga
8. When and to whom was he married? in 1854 to Susan C. Collins Applicant
9. When and where was he born? I do not know
10. How long have you known him? Since 1850 up to 1890
11. When and where did Thomas M. Ruthersford enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? At Big Shanty Cobb County Ga on the 4th Day of March 1862 Company C 4th Regt Ga
12. Were you a member of the same Company and Regiment? yes
13. How long did he perform regular military duty? from the 4th of March 1862 to June the 1st 1865
14. When and where was his Company and Regiment surrendered and discharged from service? in North Carolina in 1865
15. Were you with the command when it surrendered? No I was in Detach Duty
16. Was Thomas M. Ruthersford the husband of applicant present? He was not
17. If not present, where was he? at Home 5 miles East of Decatur Cobb Co Ga
18. When and where did he leave his Command? at Andalus Miss
19. For what cause? he was discharged from Army Service
20. By whose authority he left? he was called before a Board of Doctors who recommended
21. How do you know all this? (State fully and clearly.) I was Present & went with him to
22. Represented before the 4th South Miss before a Board of Doctors who ordered
23. When and where did Thomas M. Ruthersford die? He was Discharged
24. Where did he reside at his death and how long had he been a resident of Georgia at his death? 5 miles East of Decatur Cobb Co Ga ever since his death
25. Do you of your own knowledge know that applicant is the lawful widow of Thomas M. Ruthersford? I don't know
26. Has she remained unmarried since her soldier husband's death, and is now his widow? yes yes
27. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? she has none I have known her since 1884
28. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? none what ever
29. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom? she has not
30. What is applicant's physical condition and her chances and ability to earn a support? she is infirm

26. Is applicant able to earn a support at labor of any sort, if not why? she is not

27. How was she supported for 1899 and 1900? by her son & other Relations

28. How much did applicant contribute to her support for last two years? nothing

29. Give a full and complete statement of applicant's physical condition? she is very feeble the most of her time it requires some one to assist upon her

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 August 1901
John R. Verhine Ordinary,
Fulton County.

Witnesses.

Affidavits of Physicians.

STATE OF GEORGIA,

Fulton County.

Personally before me comes _____ and _____ both known to me to be reputable physicians of said county, who, being severally sworn, say on oath that they have examined carefully Mrs. _____ applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this _____

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,

Fulton

County.

I, John R. Verhine, Ordinary in and for said county, hereby certify that the applicant, Mrs. _____ resides in said county, and has been a bona fide resident of this State since _____ day of _____ 18____, and that the witnesses, Mr. J. E. Verhine _____ 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 _____ county shows that applicant returned for taxation in her own name in 1899 _____ dollars worth of property, and in 1900 _____ dollars worth of property.
 Witness my hand and official seal, this 9th day of August 1901
John R. Verhine Ordinary,
Fulton County.

SEAL

NOTE—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 28th April, 1865, are not entitled.
 5. Witnesses and two Physicians are necessary to make out claims.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *Susan Ruthford*, 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 *9*

day of *Jan* 1902.

Susan X Ruthford [L. S.]
mark

Executed in presence of

John W. Lindsey

Ruthford, Susan
Cobb County
To Those Hereof Paid.

1902.

No. *135*

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Ms Susan Ruthford
Cobb

County,

Widow of

Co.

Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1902

AND HANDLED TO

only

CHAS. W. LINDSEY, SECRETARY, ATLANTA, GA.

FOR INDIGENT WIDOWS HERETOFORE ATTOWED PENSIONS?

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Susan C. Ruthinford

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 her life. That she is the Widow of
Thomas M. Ruthinford who was a soldier in Company
 of the 41st Regiment of Ca

Volunteers, that he enlisted in said regiment on or about the month of
1862, and served in the Army up to Summer of 1863. That he died
 on the day of 1890

on account of an infirmity
and poverty. She is unable 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 1864.

I have been allowed an Indigent pension as a resident of Cobb
 County, under Act 1900, for the year 1902, and now apply for the pension provided by law for the
 year ending December 31, 1902.

Sworn to and subscribed before me,

John A. White
 day of Jan 1902
 Ordinary.

Post Office

Susan C. Ruthinford
mark

State of Georgia,

Cobb

County.

John A. White

Ordinary of said County, certify that I am well
 acquainted with Mrs. Susan Ruthinford, 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, 1890.Given under my official signature and seal, this the 9 day of Jan, 1902.

Official
 Seal

John A. White
 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,

_____ 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 _____
day of _____ 1903.

S. C. Rutherford [L. S.]
make

Executed in presence of _____

Rutherford, S. C. (hus)
John W. Lindsey
John W. Lindsey
To Whom Hereofore Paid.

1903.

No. 155-

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO
Wm. M. Rutherford
Widow of *Wm. M. Rutherford*
Co. C. Regiment 41
County, *Colt*

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

1/23

AND HANDLED TO

1903.

Ordg

U.S. W. LINDSEY, STATE, ALABAMA, 1903.

WIDOW'S PENSIONS

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA.

County of Cobb

PERSONALLY COMES MRS.

S. E. Ruthenford

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 Thomas M. Ruthenford who was a soldier in Company B of the 41 Regiment of Kearns

Volunteers, that he enlisted in said regiment on or about the month of August 1861, and served in the Army up to about 1 year 1861. That he lost his life on the 1891 day of 1891 (State here particulars of the husband's death, when, where and from what cause.)

Owing to 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 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 22 day of Jan 1903. S. E. Ruthenford Ordinary. Post Office

State of Georgia

County of CobbI,

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 the 22 day of Jan 1903.

{ Official }
Seal.

S. E. Ruthenford
Ordinary of 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, *Susan C. Ruthford* hereby authorize
John Anthony of *Marilla*
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 *18th*
day of *January* 1904.

Susan C. Ruthford [L. S.]

Executed in presence of

John Anthony

Ruthford, Susan C.
Cobb County

TO THOSE HERETOFORE PAID.

1904.

No. *516*

**INDIGENT
WIDOW'S PENSION**

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs Susan C. Ruthford

or

Cobb County,
Widow of *Mrs M. Ruthford*
Co. C. 41st Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

JAN 25 1904.

AND HANDED TO

John

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY. }
I, *S. C. Ruthford* hereby authorize
John Anthony 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.

S. C. Ruthford [L. S.]

Executed in presence of

John

Ruthford, Susan C.
Cobb County

To Those Heretofore Paid.

1905.

No. *226*

**INDIGENT
WIDOW'S PENSION,**

For year ending Dec. 31, 1905.

PAID TO

Mrs S. C. Ruthford

or

Cobb County,

Widow of _____

Co. _____ Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

JAN 23 1905.

AND HANDED TO

John

The Printer of Pensions and Widows' Co. Atlanta.
Geo. W. Harrison, State Printer, Atlanta.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Elsan C. Rutherford

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 the war. That she is the Widow of Thomas M. Rutherford who was a soldier in Company C of the 41st Regiment of Inf. Volunteers, that he enlisted in said regiment on or about the month of Spring of 1862, and served in the Army up to Summer of 1863. That he died on the 1st day of March 1881.

Owing to age infirmity and
failing she is unable 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 1854

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 1st day of Jan 1904, Elsan C. Rutherford
John A. Antney Ordinary. Post Office _____

State of Georgia, Cobb County, I, John A. Antney Ordinary of said County, certify that I am well acquainted with Mrs. Elsan C. Rutherford 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 1st 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.

S. C. Rutherford

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 J. M. Rutherford who was a soldier in Company _____ of the 41st Regiment of Inf. Volunteers, that he enlisted in said regiment on or about the month of _____ 186____, and served in the Army up to _____ 186____. That he died on the _____ day of _____ 1881.

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 1854

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 1st day of Jan 1905, S. C. Rutherford
John A. Antney Ordinary. Post-Office _____

State of Georgia, Cobb County, I, John A. Antney Ordinary of said County, certify that I am well acquainted with Mrs. S. C. Rutherford 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 1st day of Jan 1905.



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, Susan C. Ruthford, hereby authorize
John A. W. H. H. H. of Marion, Ga.
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 19
day of January 1906.
Susan C. Ruthford [S.]
Executed in presence of man

To Those Heretofore Paid.

1906.

No. 426

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO Mrs. Susan C. Ruthford

OF Cobb County,

Widow of Dr. W. M. Ruthford.

Co. C. 41st Regt.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT ISSUED

1/22 1906,

AND HANDED TO

C
THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.
I, Susan C. Ruthford, hereby authorize
John A. W. H. H. H. 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 14
day of January 1907.
Susan C. Ruthford
Executed in presence of man

Ruthford, Susan C.
Cobb County
To Those Heretofore Paid.

1907.

No. 193

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO Mrs. Susan C. Ruthford

OF Cobb County,

Widow of Dr. W. M. Ruthford

Co. C. 41st Regt.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT ISSUED

1/31 1907.

AND HANDED TO

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES Mrs.

Susan C. Rutheford

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 Thos. M. Rutheford who was a soldier in Company E of the 41st Regiment of La. Volunteers, that he enlisted in said regiment on or about the month of _____

186 2, and served in the Army up to 1863. That he died on the 1st day of March 1890

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 before the war.

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 19 day of January 1906. John H. Heston Ordinary.

Post Office _____

State of Georgia,

County of CobbI, John H. Heston

Ordinary of said County, certify that I am well acquainted with Mrs. Susan C. Rutheford 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 1894

Given under my official signature and seal, this the 19 day of January 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.

Susan C. Rutheford

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 Thos. M. Rutheford who was a soldier in Company E of the 41st Regiment of La. Volunteers, that he enlisted in said regiment on or about the month of _____

186 _____, and served in the Army up to _____ 186 _____. That he died on the _____ day of _____ 18 ____.

Age Inf & poor

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 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 14 day of January 1907. John H. Heston Ordinary.

Post Office _____

State of Georgia,

County of CobbI, John H. Heston

Ordinary of said County, certify that I am well acquainted with Mrs. Susan C. Rutheford 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 January 1907.

Official Seal

Ordinary of Cobb County.

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

{ Seal }

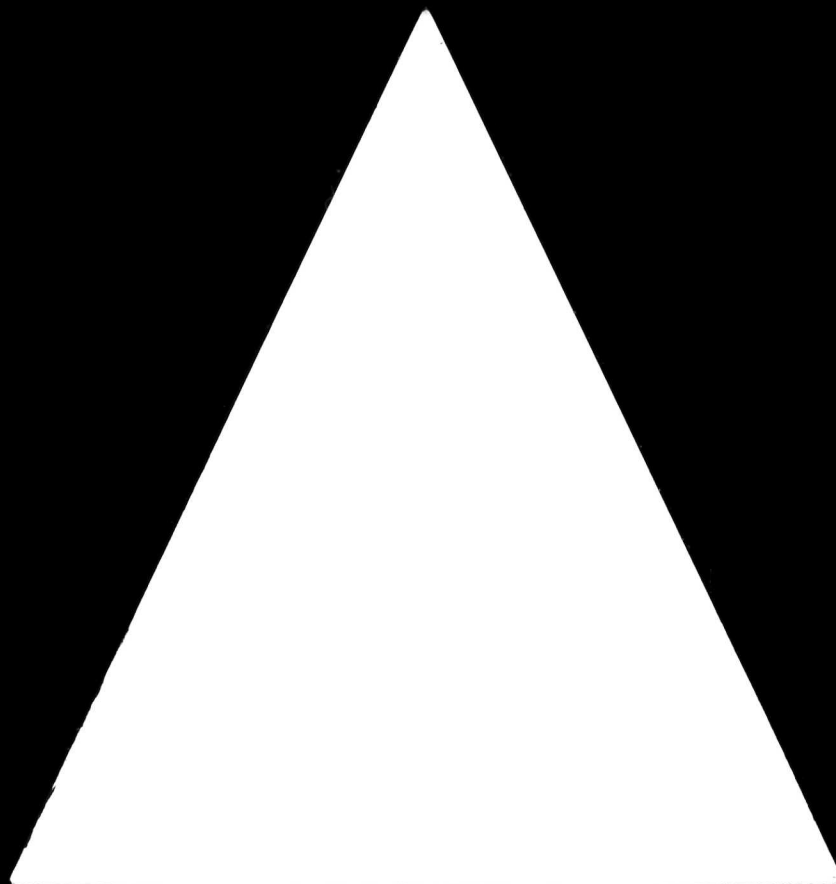
Ordinary of Ross County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1906.

{ Seal }

Ordinary of Wor County.

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



Reuther, John Thomas C.
232 W. 1st St. Cobb County
10/2/68

Code Section 1250.

No. _____

**INVALID
SOLDIER'S PENSION,
190**

Name *Thos R. Reuther*

County *Cobb*

Co. *M 234 8th* Regt.

Disability _____

Amount, \$ _____
190

JOHN W. LINNEY,
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.

10/2/68

Pension for
applicant who
not made a
claim of total loss
of earning - cannot
claim pension
Reuther
Commissioner

POWER OF ATTORNEY.

Form No. 5.

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 _____, 190 _____

Executed in the presence of

[L.S.]

POWER OF ATTORNEY.

Form No. 6.

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 _____ 190 _____

[L. S.]

Executed in the presence of _____

*Power of Attorney
Applicant's order
No. 190
Code of Laws
of Georgia
Article 10, Section 1
of the Constitution
of the State of Georgia*

INVALID
SOLDIER'S PENSION,
190

Name *Thomas R. Rutledge*

County *Cobb*

Regt. *Co. H, 231st*

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.

10/2/90

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

Form No. 1.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears *Thomas R. Rutledge* of said *Cobb*

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

1835, that he is a bona fide citizen and resident of Georgia, and has been

continuously since the _____ day of _____ 1835, that he enlisted

in the military service of the Confederate States (or the State of _____) on the _____

day of *May* 1862, during the war between the States, and

served in Company *H* of *23rd* th Regiment of *Georgia* Volunteers

Colquitts Brigade, and was honorably discharged on the _____ day of _____

1865; that whilst engaged in such military service, and in line of duty in

the State of *S.C.*, on the *30th* day of *August* 1863

he was disabled or wounded as follows: *Applicant, while on duty at Morris Island, S.C. on the above mentioned date, was placed on guard duty in a few feet of some very heavy Cannons, that were being discharged very rapidly. From the discharge of these Cannons applicant totally lost his hearing for a time and they only returned slightly and from that time to the present it has gradually grown worse and applicant at this time is almost totally deaf not being able now to hear anything like a loud conversation, and in addition to the heavy gunnading a shell exploded in a few feet of applicant.*

Where was command surrendered? *Summersburg N.C.*

Was applicant present? *Yes* If not, where

was he? *I was there* How come there? _____

And by whose authority? State fully: *was present when Summersburg*

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 28th, 190

Sworn to and subscribed before me, this the _____ day of _____ 1904

25th day of September 1904 } *Thomas R. Rutledge*
Summersburg }
Ordinary. Post Office *Kennesaw Cobb County Ga*

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 THREE WITNESSES.

Form No. 2.

STATE OF GEORGIA,

County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County, A. D. Kemp

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 Thomas R. Brutherford

whose application is herewith presented for a pension, that he has resided in this State continuously since the

11th day of June 1884, that he served in Company H of the

23rd Regiment of Artillery 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.)

Applicant was posted on guard duty

with a Battery on Baldy Mountain, Morris Island S. C.

The Commanding was very heavy

and was sufficient to have destroyed the hearing of my

ears when I was in the proximity of the guns. Applicant

has since applicant was deaf for a time after the battle

and has never recovered from the same and is so deaf

at this time that he cannot hear even a loud conversation

R. E. Lawton answers. I was present at time and place

mentioned above, when the Commanding was so heavy, at the

same time applicant's hearing was injured by the explosion of a shell

pieces of the shell that exploded leaving off one of my ears

and almost the other. I was sent to the Hospital being

entirely unfit for service and never recovered after this battle

Where was applicant's command surrendered? Greenborough N.C.

Was he with it? I do not know Were all of you present?

If not, where was he?

Where were you all? I was off on account of being sick and

been sent to Hospital about 20 days previous and when I left

the Commanding was with me. I never returned to Company

How do you know the facts you state to be true? so far as we I like me very

present

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 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

28th day of September 1904

John D. Kemp 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.

PHYSICIANS' AFFIDAVIT.

Form No. 3.

STATE OF GEORGIA,

County.

PERSONALLY comes before me John D. Kemp Ordinary of said County,

C. F. Nolan and Chas. H. Field 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: Hearing of both ears is materially

impaired and applicant states that his deafness

is due to the loss of hearing of ears during

the war 1861-65

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 _____ arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this

28th day of Sept 1904

John D. Kemp 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 affiants.

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

STATE OF GEORGIA,

County.

I, John D. Kemp Ordinary of said County,

do certify that I am well acquainted with Thos. R. Brutherford 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 June 1884

I also certify that the witnesses to-wit: A. D. Kemp R. E. Lawton J. F. Bagley

and J. D. Kemp 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 28th day of September 1904

John D. Kemp Ordinary.

County.

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

X AFFIDAVIT FOR THREE WITNESSES.

Form No. 2.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County

J. J. Eagle and J. D. Caworth
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 Wm. R. Rutherford
whose application is herewith presented for a pension, that he has resided in this State continuously since the

17 day of July 1865, that he served in Company A of the

25th GA Regiment of Colquitt's 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.)

He was close to very heavy or long firing of cannon on Morris Island in S.C. the month of August 1863 in consequence of which his hearing was very much impaired so much so that he could not hear at all immediately after the battle and his hearing has never been fully restored and that he cannot understand ordinary talking and that we were present with him at the surrender and were all surrendered together at General Sherman's S.C. in 1865

Where was applicant's command surrendered? Greenboro S.C.

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

If not, where was he?

Where were you all?

How do you know the facts you state to be true? because we were present

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 about 26 day of April 1865. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1865. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this

29 day of Sept 1904

J. J. Eagle
J. D. Caworth
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.

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA.

John R. Rutherford 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).
John R. Rutherford
2. How long and since when have you been a continuous resident citizen of this State?
All my life. 78 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).
May 1862, Richmond, Va. Co. F, 23rd Pa. Regiment, Inf.
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge).
Until April 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service?
Immediately at Appomattox Court House, 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
- a. Where was your Command when you left?
Greensboro, N.C. 28th day of April 1865
- b. When did you leave the Command?
April 28th 1865
- c. For what cause did you leave?
War over
- d. By whose authority did you leave?
War over
- e. For how long was your leave granted? In what way?
War over
- f. Why did you not return to your Command after leave expired?
War over
- g. In what way were you prevented?
War over
- h. What effort did you make to return?
War over
- i. Were you captured during the war?
War over
- j. If so, when, and where? In what prison were you held and when were you released?
War over
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 of items and value).
240 acres of land, value \$2500. 2 mules \$1.50, wagon \$200. One cow \$20.
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?
160 acres sold to M. R. Rutherford, \$800. A dist. of 800, improved on present place, \$400. Wagon \$200. One cow \$20.
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).
80 acres, value \$700. 1 mule, value \$1.50, wagon \$200. One cow \$20.
12. What annual or monthly income or earnings of yourself and wife and the source derived have you?
None, only from land
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

John R. Rutherford
2nd day of May 1913

J. R. Rutherford
Ordinary
County

Confederate

Soldier's Application.

UNDER ACT 1910.

County *DeKalb*
Name *J. R. Rutherford*
Company *4. 23 Co. Inf.*
Regiment *23rd Co.*

Approved

J. W. LINDSEY.

Commissioner of Pensions

CHAS. F. BAYD, State Printer, Atlanta

Year 1910 June 1st 1910 in the morning at 10:00 AM in the presence of the undersigned

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

Cobb County.

J. J. Bagley

of said State and County is hereby presented as a witness in support of the application of J. R. Rutherford 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. J. Bagley

2. How long and since when have you known J. R. Rutherford the applicant? Over 40 years ever 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? Cobb County Ga. ever since I know him

4. When, where and in what Company and Regiment did J. R. Rutherford enlist during war from 1861 to 1865? (Give date and place) 1862 in Co. F 23rd Ga.

5. How did you obtain your information of this Service? I was member of same Co. & Regiment

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) until he surrendered in April 1865

7. When and where was his Command surrendered or discharged (give date and place) April 1865 12 miles South of Frankfort

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? April 24/1865 Where was his Command when he left it? in G. G. for what cause did he leave? over order

By whose authority did he leave over order and how long was he granted leave? over order 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? over order 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? Yes If so, when and where? over order In what prison was he held? over order and when released

Sworn to and subscribed before me, this the 1st day of Sept 1913

J. M. Gann Ordinary, Cobb County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Cobb County.

Personally before me, J. M. Gann who on oath

says that they are freeholders residing in said County and we know J. R. Rutherford

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 values)

80 acres of land value \$12

in better property

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) Sold 160 acres of land

2. When and to whom was it sold or given to? to M. Pringard

3. What was the price paid or stated to be paid? about 2000.00

4. What relation is the party to applicant? none

5. What disposition was made of the proceeds of the sale? sent home

6. Was the disposition of this property made in good faith and full value? good value

or was it made to obtain a pension? no

Sworn to and subscribed before me, this the 1st day of Sept 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. R. Rutherford for Pension is the person he represents himself to be and resides in

said County. That I also know J. J. Bagley the witness swearing to the

service and J. M. Gann 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. R. Rutherford and wife

value for tax in 1908 \$1200 for 1909 \$1225 for 1910 \$1210

1911 \$1200 1912 \$1200 1913 \$1200

Sworn under my hand and official seal of office this 1st day of Sept 1913

J. M. Gann 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

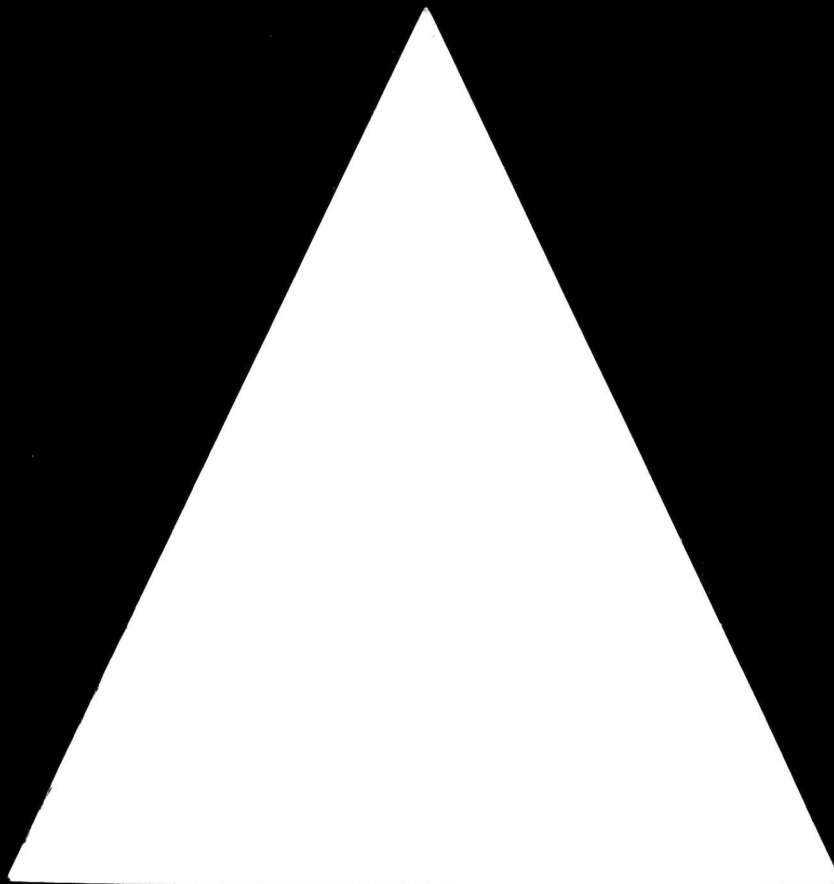
shall give shall be the whole truth; so help you God."

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.

J. M. Dunn Ordinary, *W. H. Moore*
of _____ County.



POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

J. B. Rutledge hereby authorize
Wm. Stone me

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

at

Witness my hand and seal this

day of

May 1895.

Executed in presence of

Wm. Stone

J. B. Rutledge

INDIGENT PENSION

1895.

Name

J. B. Rutledge

County

Cobb

Ground

Infirmity

May 11 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Wm. Stone

Geo. W. Harrison, State Printer, Atlanta.

*Received for same
or cash*

Richard Johnson Sec

Rutledge J. B.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County.

J. S. Rutledge hereby authorize
J. M. Stone of *Monetta Ga.*

to receive and receipt for the pension allowed and request that he remit same to
at *J. M. Stone*

Witness my hand and seal this *9th* day of *May* 1895.

Executed in presence of
W. R. Howard } *J. S. Rutledge*

391
Rutledge
INDIGENT PENSION
1895.
Name *J. S. Rutledge*
County *Cobb*
Ground *Infirmary*
May 11 1896
RICHARD JOHNSON,
Secretary, Executive Department
WARRANT HANDED TO
J. M. Stone
Geo. W. Harrison, State Printer, Atlanta.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

Cobb County.

Personally came before me *J. B. Pledger M.D.* and
O. R. Alexander M.D. both known to me as reputable physicians

of said county, who being severally sworn, say on oath that they have examined carefully
J. S. Rutledge, applicant for pension under the Act of 1894, and after
such personal examination, say that his precise physical condition is as follows:

He is suffering from the effects of
a fractured skull.
We also find his right lung to be
diseased.

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 *9th* day of *May* 1895.
J. M. Stone
Only

J. B. Pledger, M.D.
O. R. Alexander, M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Cobb County. }

I, *Wm. Stone*, Ordinary in and for said County, hereby certify that the applicant *J. B. Rutledge* 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: *C. T. Wright, G. B. Pledge M.D. & O. R. Alexander*

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 *9th* day of *May*, 1895.

Wm. 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."

10. What is the applicant's occupation and physical condition?

Farmer when he was able to work - I understand that in 1882 he was seriously hurt with falling limb and has not been able to do anything since his health is gone

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

I do not think he is

12. How was he supported during the years 1893 and 1894?

By his friend

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, 1894?

He is old, has been hurt as stated and has never worked any since by and on account of this hurt.

15. What interest have you in the recovery of a pension by this applicant?

None

Sworn to and subscribed before me, this *9th* day of *May*, 1895.

C. T. Wright Justice
Wm. Stone Only

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb County. }

C. J. Wright, of said State and County, having been presented as a witness in support of the application of *J. S. Rutledge* 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? *C. J. Wright - Marietta Ga.*
2. Are you acquainted with *J. S. Rutledge*, the applicant, if so how long have you known him? *About 35 Years*
3. Where does he reside, and how long has he been a resident of this State? *Cobb Co. Ga. - ever since I have known him*
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? *Served in the Confederate Army - We were members of the same Company.*
5. When, where and in what company and regiment did he enlist? *In 1862 - In DeKalb County - Co. F, 36th Regt. 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? *From 1862 till the Armistice - Good Soldier - He left the Army at the Armistice*
8. What property, effects or income has the applicant? (Give your means of knowledge.) *I know of none - I am well acquainted with him and his children has been supporting him.*
9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? *None -*

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Cobb County. }

J. S. Rutledge, 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) *J. S. Rutledge - Cobb County, Ga. (Marietta Ga.)*
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? *In Cobb County & born & raised in this State.*
3. When and where were you born? *DeKalb County*
4. Did you volunteer in the Confederate Army or in the Georgia Militia? *Confederate Army*
5. When and where did you enlist? *Decatur, DeKalb County, Ga.*
6. In what company and regiment did you enlist? *Co. F, 36th Ga. Regt.*
7. How long did you remain in that company and regiment? *Not quite three years.*
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? *Never discharged or transferred*
9. For how long a period did you discharge regular military duty? *Not quite three years*
10. When, where and under what circumstances were you discharged from service? *Being with the supply train of Johnson's Army and not being with the Main Army was not paroled until I got back to Atlanta & now have my papers*
11. What is your present occupation? *None*
12. How much can you earn per annum by your own exertions or labor? *Nothing*
13. What has been your occupation since 1865? *Was a farmer up to the year 1892. Since then have not been able to do any thing at all*
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? *I suppose about \$10⁰⁰ or whatever a man's board & clothes would cost. I can't contribute any thing.*

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

Cobb County - Had no property to return for taxation

21. How were you supported during the years 1893 and 1894? by my son & son in law who are looking care of myself and wife (and both of them are over 21)

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? Our support cost I suppose about \$100.00 per year each and myself & wife could not and did not contribute anything.

23. What was your employment during 1893 and 1894? What pay did you receive in each year?

Had no employment at all, and of course received no pay

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? I am married, my wife is living - have six living children - 4 boys & 2 girls - the youngest is now in his 21st year and is not in his estate

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

None at all

26. Are you receiving any aid from your County, and if so, how much? Did you ever apply for such aid?

None at all - no aid at all. Except from my son & son in law who are caring for themselves - I never did apply for aid from my County.

Sworn to and subscribed before me this the

9th day of May 1895.

Ordinary

of

Cobb

County.

J. D. Rutledge
Applicant.

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

I am unable to do anything since 1882 when I got hurt by falling limb from a tree

16. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second "infirmity and poverty" or third "blindness and poverty?" Infirmary

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?

I was hurt by a limb falling from a tree in 1882 and have not been able to do anything since then. no manual labor of any kind and no means of support

18. What property, effects or income do you possess? None at 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? None at all - had none at all to dispose of

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County. }
I, *J. S. Rutledge* hereby authorize *J. M. Egan*
of *Monroe Co*
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 *15th*
day of *May* 1897.

Executed in presence of
J. M. Harrison [L. S.]

ACT OF SEP. 1894
(For Those Already Enrolled.)

No. *965*
INDIGENT
Soldier's Pension.

1897.

Name *J. S. Rutledge*
County *Cobb*

4/16 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

him
SEC. W. HARRISON, STATE PRINTER, ATLANTA.

no data

POWER OF ATTORNEY.

State of Georgia.

Cobb County. }
I, *J. S. Rutledge* hereby authorize *J. M. Egan*
of *Monroe Co*
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 *12th*
day of *July* 1898.

Executed in presence of
J. S. Rutledge [L. S.]
Thos. P. Whitfield
Monroe Co Cobb Co Ga

ACT OF 12 DEC. 1894
(For Those Already Enrolled.)

No. *2177*
INDIGENT
SOLDIER'S PENSION,
1898.

Name *J. S. Rutledge*
County *Cobb*

WARRANT ISSUED

1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

MS
SEC. W. HARRISON, STATE PRINTER, ATLANTA.

no data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. Rutledge 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 *64* years old and
by occupation a *Man*; that he enlisted in the military service of the Confed-
erate States (or of the State of *Georgia*) during the war between the States,
and served for the term of *About 3 1/2* years in Company *A*, of *36*th Regiment of
U. S. Col.; that his physical condition is as
follows:

*On account of disease and
infirmary I am 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 1897. I have heretofore as a resident of *Cobb*
county been allowed a pension for the year 189*6*

Sworn to and subscribed before me, this, the *15*
day of *Jan* 1897. *J. S. Rutledge*
Ordinary.

STATE OF GEORGIA,

Cobb County.

I, *J. S. Rutledge* Ordinary of said County,
do certify that I am well acquainted with *J. S. Rutledge* 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 *Jan* 1897. *J. S. Rutledge*
Ordinary *Cobb* County.



NOTE: The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. Rutledge 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 *12*th day of *November* 1832; that he is *65* years old and
by occupation a *Man*; that he enlisted in the military service of the Confed-
erate States (or of the State of *Georgia*) during the war between the States,
and served for the term of *5* years in Company *A*, of *36*th Regiment of
Georgia *Volunteers* and; that his physical condition is as
follows:

*On account of age and
infirmary 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 1898. I have heretofore as a resident of *Cobb*
county been allowed a pension for the year 189*7*

Sworn to and subscribed before me, this, the *17*
day of *Jan* 1898. *J. S. Rutledge*
Ordinary.

State of Georgia,

Cobb County.

I, *J. S. Rutledge* Ordinary of said County,
do certify that I am well acquainted with *J. S. Rutledge* 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 *Jan* 1898. *J. S. Rutledge*
Ordinary *Cobb* County.



NOTE: The blank spaces must be filled.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *J. S. Rutledge*, hereby authorize
J. F. Hamby of *Marionetta Ga.*

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

by *me* at *him*

Witness my hand and seal this *17th* day of *Jan'y* 1899.

Executed in presence of
M. Stone } *J. S. Rutledge* (L. S.)

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *J. S. Rutledge*, hereby authorize
J. F. Hamby of *Marionetta Ga.*

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

by *me* at *him*

Witness my hand and seal, this *17th* day of *Jan'y* 1900.

Executed in presence of
J. F. Hamby [L. S.]

Rutledge, J. S.
Cobb

CODE SEC. 1264.

(For Those Already Enrolled.)

No. *2013*

INDIGENT

SOLDIER'S PENSION,

1899.

Name *J. S. Rutledge*
County *Cobb*

WARRANT ISSUED

1899

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

M. J. Hamby
Geo. W. Harrison, State Printer, Atlanta.

1899

For file
Sold check to day.
Rutledge, J. S.
Cobb
CODE SEC. 1264.
(For Those Already Enrolled.)

NO. *813*

INDIGENT

SOLDIER'S PENSION,

1900.

Name *J. S. Rutledge*
County *Cobb*

WARRANT ISSUED

1900.

JOHN. W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

J. F. Hamby
Geo. W. Harrison, State Printer, Atlanta.

1900

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County, }
Personally appears *J. S. Rutledge* *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 *12th* day of *Novr.* 18*32* that he is *66* years old and
by occupation a *farmer*; that he enlisted in the military service of the Confed-
erate States (or of the State of *Ga.*) during the war between the States,
and served for the term of *3 yrs.* in Company *H*, of *36th* Regiment of

Ga. Vols.; that his physical condition is as
follows: *On account of disease, hurt, 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 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 *19th* day of *Jan* 1899, } *J. S. Rutledge*
J. M. Stone Ordinary. *Myssa, Ga.*

State of Georgia,

Cobb County, }
I, *J. M. Stone* Ordinary of said County,
do certify that I am well acquainted with *J. S. Rutledge* 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 *Jan* 1899. *J. M. Stone*
Ordinary. *Cobb* 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,

Cobb County, }
Personally appears *J. S. Rutledge* 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 *12th* day of *November* 18*32*; that he is *67* years old and
by occupation a *farmer*; that he enlisted in the military service of the Confed-
erate States (or of the State of *Ga.*) during the war between the States,
and served for the term of *3 years* in Company *H*, of *36th* Regiment of

Ga. Vols.; that his physical condition is as
follows: *On account of disease, hurt, 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, } *J. S. Rutledge*
J. M. Stone Ordinary.

State of Georgia,

Cobb County, }
I, *J. M. Stone* Ordinary of said County,
do certify that I am well acquainted with *J. S. Rutledge* 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. *J. M. 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.

Ch. & Co. County.

I, *J. S. Rutledge* hereby authorize *John A. Rutledge*
of *Monetta*

to receive and receipt for the pension allowed and request that he remit same to
me at *Monetta*

by *himself*

Witness my hand and seal, this

day of

1901.

J. S. Rutledge [L. S.]

Executed in presence of

John M. Gammon

For Those Already Enrolled.

No. *241*

INDIGENT

SOLDIER'S PENSION.

1901.

Name *J. S. Rutledge*
County *Ch. & Co.*

WARRANT ISSUED

Nov 15 1901.

JOHN W. LINDSEY,

WARRANT HANDED TO

Georgie

JOHN W. LINDSEY, State Printer, Atlanta.

1901

STATE OF GEORGIA,

Cobb County.

I, *J. S. Rutledge* hereby authorize

John A. Rutledge of

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

Witness my hand and seal, this *7*

day of *Jan*

1902.

J. S. Rutledge [L. S.]

Executed in presence of

(FOR THOSE ALREADY ENROLLED.)

No. *535*

INDIGENT

SOLDIER'S PENSION

1902.

Name *J. S. Rutledge*
County *Cobb*
Co. *7* Regiment *36*

WARRANT ISSUED

116 1902.

JOHN W. LINDSEY,

WARRANT HANDED TO

116

JOHN W. LINDSEY, State Printer, Atlanta.

116

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County,

Personally appears *J. S. Rutledge* 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 *12th* day of *Nov.* 18*32*; that he is *68* 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 *H*, of *36th* Regiment of *Pa. Vols.*; that his physical condition is as follows: *on account of disease, hurt, 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 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 the *12th* day of *January*, 1901, *J. S. Rutledge* Ordinary.

STATE OF GEORGIA,

Cobb County,

I, *John Dwyer* Ordinary of said County, do certify that I am well acquainted with *J. S. Rutledge* 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*, 1901, *John Dwyer* Ordinary *Cobb* County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1901.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County,

Personally appears *J. S. Rutledge* 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 *12th* day of *Nov.* 18*32*; that he is *68* 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 *H*, of *36th* Regiment of *Pa. Vols.*; that his physical condition is as follows: *on account of 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 the *7th* day of *January*, 1902, *J. S. Rutledge* Ordinary.

STATE OF GEORGIA,

Cobb County,

I, *John Dwyer* Ordinary of said County, do certify that I am well acquainted with *J. S. Rutledge* 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 Dwyer* Ordinary *Cobb* County.

Am
your
seal
here

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }

I, *J. S. Rutledge* hereby authorize
John A. White of _____
 to receive and receipt for the pension allowed and request that he remit same to
 at _____

by _____

Witness my hand and seal, this *13* day of *Jan* 1903.

J. S. Rutledge [L. S.]

Executed in presence of _____

W. A. ...

(FOR THOSE ALREADY ENROLLED.)

CODE SECTION 1254.

No. *502*.

INDIGENT

**SOLDIER'S PENSION
1903.**

Name *J. S. Rutledge*
 County *Cobb*
 Co. *F*. Regiment *36th*
Geo. W. ...

WARRANT ISSUED

123 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Gray

Geo. Harrison, State Printer, Atlanta.

11/1/07

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }

I, *J. S. Rutledge* hereby authorize
John A. White of _____
 to receive and receipt for the pension allowed and request that he remit same to
 at _____

by _____

Witness my hand and seal, this *5th* day of *January* 1904.

J. S. Rutledge [L. S.]

Executed in presence of _____

(FOR THOSE ALREADY ENROLLED.)

CODE SECTION 1254.

No. *647*.

INDIGENT

**SOLDIER'S PENSION
1904.**

Name *J. S. Rutledge*
 County *Cobb*
 Co. *F*. Regiment *36th*
Geo. W. ...

WARRANT ISSUED

438 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Gray

Geo. W. Harrison, State Printer, Atlanta.

rec'd

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb

County.

Personally appears *J. S. Rutledge* 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 *12* day of *Nov* 18*32*; 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 *3 yrs* in Company *H*, of *34th* Regiment of *Ca. Vols*; that his physical condition is as follows: *from exposure of service cannot 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 _____ 1903.

J. S. Rutledge
Ordinary.

STATE OF GEORGIA,

Cobb

County.

I, *John A. Rutledge* Ordinary of said County, do certify that I am well acquainted with *J. S. Rutledge* 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 *3d* day of *January* 1903.

Attest your seal here

John A. Rutledge
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. S. Rutledge* 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 *12* day of *Nov* 18*32*; that he is *71* 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 *H*, of *36th* Regiment of *Ca Vols*; that his physical condition is as follows: *on account of disease 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 *8th* day of *January* 1904.

J. S. Rutledge
Ordinary.

STATE OF GEORGIA,

Cobb

County.

I, *John A. Rutledge* Ordinary of said County, do certify that I am well acquainted with *J. S. Rutledge* 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* 1904.

Attest your seal here

John A. Rutledge
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,

Gobb COUNTY.

I, J. S. Rutledge hereby authorize
John Henry of _____
 to receive and receipt for the pension allowed, and request that he remit same to
 _____ at _____
 by _____

WITNESS my hand and seal, this 18 day of January 1905.

J. S. Rutledge [L. S.]

Executed in the presence of

J. W. Lindsey

POWER OF ATTORNEY.

STATE OF GEORGIA,

Gobb COUNTY.

I, J. S. Rutledge hereby authorize
John Henry of Manilla
 to receive and receipt for the pension allowed, and request that he remit same to
me at his office
 by hand

WITNESS my hand and seal, this 18 day of January 1906.

J. S. Rutledge [L. S.]

Executed in the presence of

J

Rutledge, J. S.
Cobb Co.

(FOR THOSE ALREADY ENROLLED.)

No. 704

INDIGENT
 SOLDIER'S PENSION
 1905.

Name J. S. Rutledge
 County Gobb
 Co. A Regiment 36th

WARRANT ISSUED
JAN 23 1905.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, MANAGER, P. M. STATE PRINTER, ATLANTA.

no date

Rutledge, J. S.
Cobb Co.

(FOR THOSE ALREADY ENROLLED.)

No. 704

INDIGENT
 SOLDIER'S PENSION
 1906.

Name J. S. Rutledge
 County Gobb
 Co. A Regiment 36th

WARRANT ISSUED
1/22 1906.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

THE FRANKLIN PRESS & PUBLISHING CO., 100 N. W. HARRISON, ATLANTA.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears

J. S. Rutledge

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 72 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 H, of 36th Regiment of Vol Infantry; that his physical condition is as follows: infirmary and 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, 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 the _____ day of _____, 1905.

John A. White

Ordinary.

STATE OF GEORGIA,

Cobb County.

I,

John A. White

Ordinary of said County,

do certify that I am well acquainted with J. S. Rutledge 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 January, 1905.

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

J. S. Rutledge

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 H, of 36th Regiment of Vol Infantry; that his physical condition is as follows: Infirmary and 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 the _____ day of _____, 1906.

John A. White

Ordinary.

State of Georgia,

Cobb County.

I,

John A. White

Ordinary of said County,

do certify that I am well acquainted with J. S. Rutledge 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 January, 1906.

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,

Cobb COUNTY. }

I, J. S. Rutledge,

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 _____ day of _____ 1907.

J. S. Rutledge [L. S.]

Executed in presence of

W. H. H. H.

Rutledge & Co.
Cobb Co.
(FOR THOSE ALREADY ENROLLED)
No. 550

**INDIGENT
SOLDIER'S PENSION
1907.**

Name J. S. Rutledge
County Cobb
Co. 736 24 Regiment

WARRANT ISSUED
JAN 21 1907.
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
John W. Lindsey

Geo. W. HARRIS, STATE PRINTER, ATLANTA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.
Personally appears J. S. Rutledge 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: Infirmary and 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, 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 _____ day of January 1907.
John A. Twine Ordinary. J. S. Rutledge

State of Georgia,

Cobb County.
I, John A. Twine Ordinary of said County, do certify that I am well acquainted with J. S. Rutledge 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.

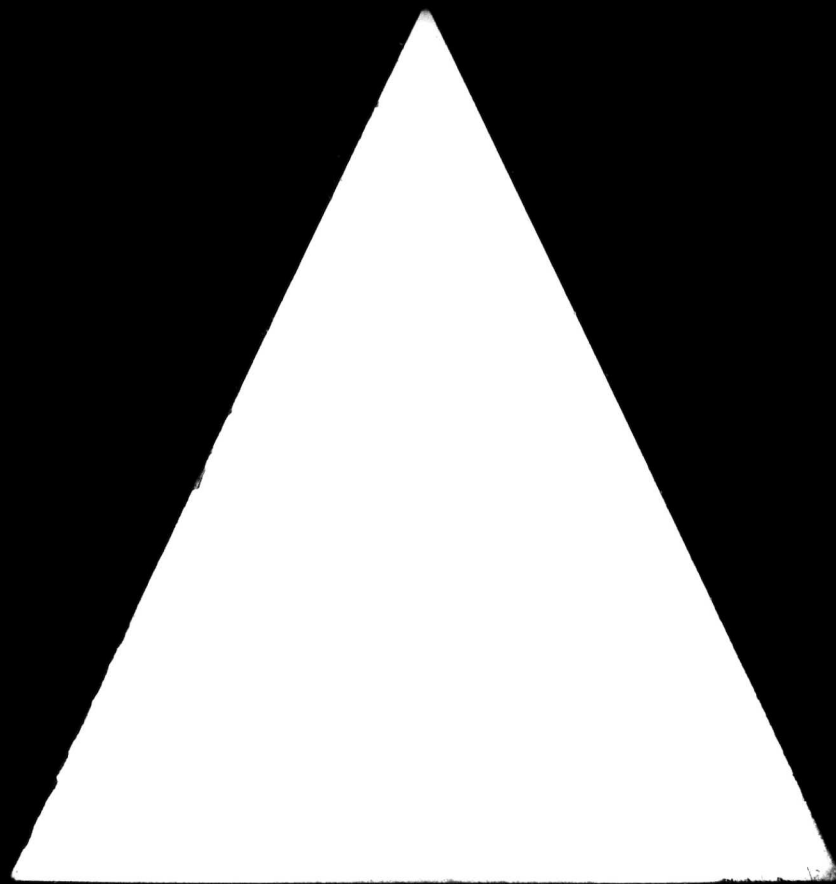
Given under my official signature and seal this 12 day of January 1907.
John A. Twine Ordinary Cobb County.

ALL
FOUR
SEAL
HERE

NOTE.—The blank spaces must be filled.
NOTE.—An affidavit should not be attested before January 1st, 1907.

BAD COPY - LIGHT PRINT

Georgia Dinnett } Before me
County } J. B. Ray M.D.
I personally appeared ~~John Dinnett~~
Filing Physician and after being duly
sworn that Mr. J. B. Kullback who has
been long and severely injured physically by exposure
during the war between the states received a
very serious and almost fatal injury in Jan.
1862 from a falling limb of a tree that
struck him on the head and produced both
a concussion and effusion of the Brain
and also injured the bone so that he has
not been able to perform manual labor
since without great suffering and danger to
his health. Witness my hand and seal this 1st day of
Nov. 1862
J. B. Ray M.D.



Sampler Mary E
Widow of
Cobb County

for 1902

**WIDOW'S
Indigent Pension
1902.**

Name *Mary E. Sampler*
County *Cobb*
Widow of *Thomas E. Sampler*
Co C 20 Ga

Approved _____ 1902

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

9/30-1902
10/4/03

Pension office Nov. 1902
applicant - must state
name of person of whom
husband was Captain - and
to what command he then
belonged - witness says
he was discharged from
33 Co in 1863 -
Must state when
and where married & get
proof of this fact -
obtain copy of marriage
license - Marriage not shown
and - *J. W. Lindsey*
Comr of Pensions

Amended -

Power of Attorney.

STATE OF GEORGIA,

County, }
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 _____ 1902

Executed in presence of

(Ordinary,

County)

[Seal]

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 _____ 1902

Executed in presence of

Ordinary,

County.

REAL

Questions for Applicant.

STATE OF GEORGIA,

County.

Mary E. Sampler 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 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.)

Mary E. Sampler, Marietta, Ga.

2. How long and since when have you been a resident of this State?

All my life - Since 1829

3. When and where were you born?

County, Ga. In 1829 in Winnetka

4. When and where was your husband born - state his full name, and when were you and he married?

His name Thomas G. Sampler - Married 1851

5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States?

He enlisted at Ga. in 1862 in the 23rd Regt. Ia. Inf. - Was -

How long did your husband serve in said Company and Regiment?

Three years.

6. When and where did your husband's Company and Regiment surrender and was discharged?

At Appomattox, Va. April 9th 1865

7. Was your husband present at the time and place when his Company and Regiment surrendered?

No

8. 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?

He was home on sick furlough in Fall of 1864 and was captured and taken to Camp Douglas, and kept till May 17th 1865 -

9. 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 and Poverty

10. 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?

About three years -

11. What has been your occupation since your husband's death?

Farming

12. How much can you earn gross, by your own exertion or labor?

Nothing

13. What property, real or personal, or income do you have or possess, and its gross value?

Nothing

14. What property, real or personal, did you possess at death of husband or he left you, and of the years 1899, 1900, 1901, and what disposition, if any, by sale or gift, have you made of the same?

Had 2 1/2 lots land - that was 30 years ago - it is gone

15. In what counties did you reside in 1899, 1900 and 1901, and what property did you retain for taxation?

Winnetka County -

16. How have you been supported since death of husband, and especially for 1899, 1900 and 1901?

Mostly by my friends of last year -

17. How much did your support cost for each of these years, and how much did you contribute by your own labor or income?

35 to 40 dollars - I contributed nothing

18. What was your employment during 1899, 1900 and 1901 - how much did you receive for each year?

Had no employment - was supported by my friends

19. Have you a family? If so, who compose such family? Give their means of support? Have they any lands or other property?

None

20. Have you ever made an application for pension before?

No

21. How many applications have you made for a Pension, and under what class?

None

Sworn to and subscribed before me this _____ day of _____ 1902

of _____ County.

Ordinary,

Mary E. Sampler

mark

Received of the 14/1 1902
Applicant - Mary E. Sampler
Widow of Thomas G. Sampler
Husband was captured and
taken to Camp Douglas, Va.
and was discharged from
service in 1865 -
Must state when
value was lost or if
more of this family -
Subscribed copy of marriage
license - Mary Sampler
and - J. W. Lindsey
Widow of Sampler

Amended -

Mary E. Sampler
County
Widow of Thomas G. Sampler
C. C. 20 Ga
Approved
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
JOHN W. LINDSEY,
Commissioner of Pensions.
3/30/1902
1911/103

WIDOW'S
Indigent Pension
1902.

Questions for Witnesses.

STATE OF GEORGIA,

Floyd County.

J. P. Earle

of said State and County, having

been presented as a witness in support of the Application of Mrs. Mary E. Sampler 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. P. Earle, Floyd Co.

2. Are you acquainted with the applicant, Mrs. Mary E. Sampler, known her about 45 years.

3. Where does she reside, and how long and since when has she been a resident of this State? Information is in Cobb Co. to my knowledge since 1857

4. When and where was she born? Don't know

5. Were you ever acquainted with her husband? Yes.

6. Where did he reside in 1861? Floyd County, Ga. I knew her

7. When and to whom was he married? Don't know when married when I first

8. When and where was he born? Don't know

9. How long have you known him? Since about 1857. 45 years.

10. When and where did he enlist in the war between

the States, and in what Company and Regiment did he enlist and how do you know this? Was mustered in at Ft. G. Sharps, Ga August 1861, Co. C. 23rd Regt. Ga vol. was present

11. Were you a member of the same Company and Regiment? Yes.

12. How long did he perform regular military duty? about 2 years.

13. When and where was his Company and Regiment surrendered and discharged from service?

Greensboro N. C April 1865.

14. Were you with the Command when it surrendered? Yes.

15. Was Thos. G. Sampler, the husband of applicant present? was not

16. If not present, where was he? Had been discharged full of 1863.

17. When and where did he leave his Command? Fall of 1863. In the

For what cause? was not physically able to stand as my belief

By whose authority he left? By a Board of Surgeons at hospital

How do you know all this? (State fully and clearly.) I was with the Co. and know he was sent to the hospital and then honorably discharged and sick until after war

18. When and where did Thos. G. Sampler die?

Don't know.

19. Where did he reside at his death and how long had he been a resident of Georgia at his death?

Don't know.

20. Do you of your own knowledge know that applicant is the lawful widow of Thos. G. Sampler? Yes.

21. Has she remained unmarried since her soldier husband's death, and is now his widow? Yes. My information is she is.

22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? Don't know

23. What property, effects or income did applicant possess in 1899 and 1900, and what disposition did she make of it? Don't know

24. Has applicant conveyed any property in last two years or given away, if so, what was it, and to whom? Don't know

25. What is applicant's physical condition and her chances and ability to earn a support?

Don't know

26. Is applicant able to earn a support at labor of any sort, if not why? Don't think so on account of her age.

27. How was she supported for 1899, 1900 and 1901? Don't know

28. How much did applicant contribute to her support for last two years? Don't know

29. Give a full and complete statement of applicant's physical condition? She is old. Don't know further

30. What interest have you in the recovery of this pension by the applicant? None

Sworn to and subscribed before me this 11th

day of July 1902 J. P. Earle

John P. Earle Ordinary,

Trustworthy character entitled to full faith and credit

Affidavits of Physicians.

STATE OF GEORGIA,

Cobb County.

Persons before me, J. D. Malone, and

physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mrs.

Mary E. Sampler, applicant for a Pension under Act of 1900, and after

such personal examination say that her physical condition is this. She is fully from

on about 70 years old + now hard labor

not able to do anything towards support

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 30th

day of September 1902 J. D. Malone

John D. Malone Ordinary,

Cobb County.

Ordinary's Certificate.

STATE OF GEORGIA,

Cobb County.

I, John D. Malone, Ordinary in and for said County, hereby certify

that the applicant, Mrs. Mary E. Sampler, resides in said County,

and has been a bona fide resident of this State since the 1st day of July

1894, and that the witnesses, Mr. J. P. Earle, 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 affidavit was read to the applicants and witnesses before the same was signed and subscribed.

I further certify that the tax digest of Cobb County shows that applicant returned for taxation in her own name in 1899 \$10.00 dollars worth of property,

and in 1900 and 1901 \$10.00 dollars worth of property.

Witness my hand and official seal this 30th day of September 1902

John D. Malone 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 26th April, 1865, not entitled.

5. Witnesses and two Physicians are necessary to make out claims

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, Mary E. Sample, hereby authorize
John W. Lindsey of Colt County,
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 19th
day of August, 1905.

Mary E. Sample [s. s.]

Executed in presence of

Witness Mary E.
Colt County
To Those Herebefore Paid.

1905.

No. 220

**INDIGENT
WIDOW'S PENSION,**

For year ending Dec. 31, 1905.

PAY TO
Mrs. Mary E. Sample

OF

Colt County,
Widow of Mrs. E. Sample
Co. C. 23rd Regt.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

Jan 23 1905.

AND HANDED TO

The Federal Printing and Publishing Co., ATLANTA.
GEO. W. HARRISON, Manager, 108 BENT STREET.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Mary E. Sampler

Cobb 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 January 1st 1894. That she is the Widow of
Thomas E. Sampler who was a soldier in Company
C of the 23rd Regiment of Pa.

Volunteers, that he enlisted in said regiment on or about the month of
 180 2, and served in the Army up to May 180 5. That he died on
 the 17th day of May 187 2.

On acct of age infirmity and poverty she is
unable 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 18 51.

I have been allowed an Indigent pension as a resident of Cobb
 County, under Act 1900, for the year 190 5 and now apply for the pension provided by law for the
 year ending December 31, 1905

Sworn to and subscribed before me,
 this 15th day of January 1905.
John Dwyer Ordinary.

Post-Office

State of Georgia,

Cobb County.I, John Dwyer

Ordinary of said County, certify that I am well

acquainted with Mrs. Mary E. Sampler, 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 18 94.

Given under my official signature and seal, this the 15th 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,

County.

I, Mary E. Sampler, hereby authorize
John Austin of Manetta, 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 11
day of Jan 1906.

Mary E. Sampler [L. S.]

Executed in presence of
J. M. Sam

To Those Heretofore Paid.

1906.

No. 231

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO
Mrs Mary E. Sampler
OF
Ga
County,

Widow of
Co. Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/2 2 1906,
AND HANDED TO
copy

THE PRINCIPAL PRINTING AND PUBLISHING CO., ATLANTA, GA.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, M. D. Sampler, hereby authorize
John Austin 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 2
day of Jan 1907.

M. D. Sampler [L. S.]

Executed in presence of
J. M. Sam

To Those Heretofore Paid.

1907.

No. 191

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO
Mrs M. D. Sampler
OF
Co
County,

Widow of M. D. Sampler
Co. Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/2 1 1907,
AND HANDED TO

THE PRINCIPAL PRINTING AND PUBLISHING CO., ATLANTA, GA.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Mary E. Sampler

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 Thos. E. Sampler who was a soldier in Company 6 of the 23rd Regiment of

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

1862, and served in the Army up to 1866. That he died on the 17 day of May 1862.

Infirmary & 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 1851.

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 20 day of Jan 1906.

Mary E. Sampler

Post Office

State of Georgia,

County of Cobb

I, John Hurley

Ordinary of said County, certify that I am well acquainted with Mrs. Mary E. Sampler, 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 Jan 1894.

Given under my official signature and seal, this the 20 day of Jan 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.

M. E. Sampler

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 Jan 1st 1894. That she is the Widow of Thos. E. Sampler who was a soldier in Company C of the 23rd Regiment of Ga.

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

1862, and served in the Army up to 1866. That he died on the 17 day of May 1862.

Infirmary & 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 1851.

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 20 day of Jan 1907.

M. E. Sampler

Post Office

State of Georgia,

County of Cobb

Ordinary of said County, certify that I am well acquainted with Mrs. M. E. Sampler, 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 Jan 1894.

Given under my official signature and seal, this the 20 day of Jan 1907.

Official Seal

Ordinary of Cobb

County.

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1907.

Georgia County,

Personally appears E. F. Austin, well known to the attesting officer as of trustworthy character and entitled to full faith and credit, and he being duly sworn as a witness in support of the application for pension of Mrs Mary E. Sampler, on oath says,

That he (affiant) and the applicant are brother and sister. That the applicant and Thomas, G. Sampler, were married prior to 1860, and lived together as husband and wife until the husband, Thos. G. Sampler, died in Milton, Co. Ga. in 1872. That the applicant has remained the widow of Thos. G. Sampler ever since his death, and is still his widow.

Affiant last saw ^{applicant} her 4 years ago. She was then about 69 years ^{old}, and broken down, and unable to earn a support for herself by labor of any sort. The applicant had no means of support, nor property, nor income. She was mainly supported then by her brothers, sisters and a son.

Sworn to & subscribed before me this July 16, 1902

John A. Austin
Ordinary

COBB COURT OF ORDINARY,
MARIETTA, GA.
JOHN ANTWREY, JUDGE PROBATE.

Amended

Georgia,
Cobb County,

Personally Comes G. M. Downs a resident of said County, who being duly sworn deposes and says that the applicant, Mrs. M. E. Sampler, was married to Thos. G. Sampler, at Roswell, Ga. Oct. 19th 1851. Deponent was present and one of the attendants at said time. Before her said marriage applicant's name was M. E. Austin.

G. M. ^{his} Downs.
sworn

Sworn to and subscribed before me this Sept. 24th 1903 and I certify that G. M. Downs is a bona fide resident of this County, whose statements are ^{verified} to full faith & credit. John Antwrey, Ordinary

John P. Davie
Ordinary

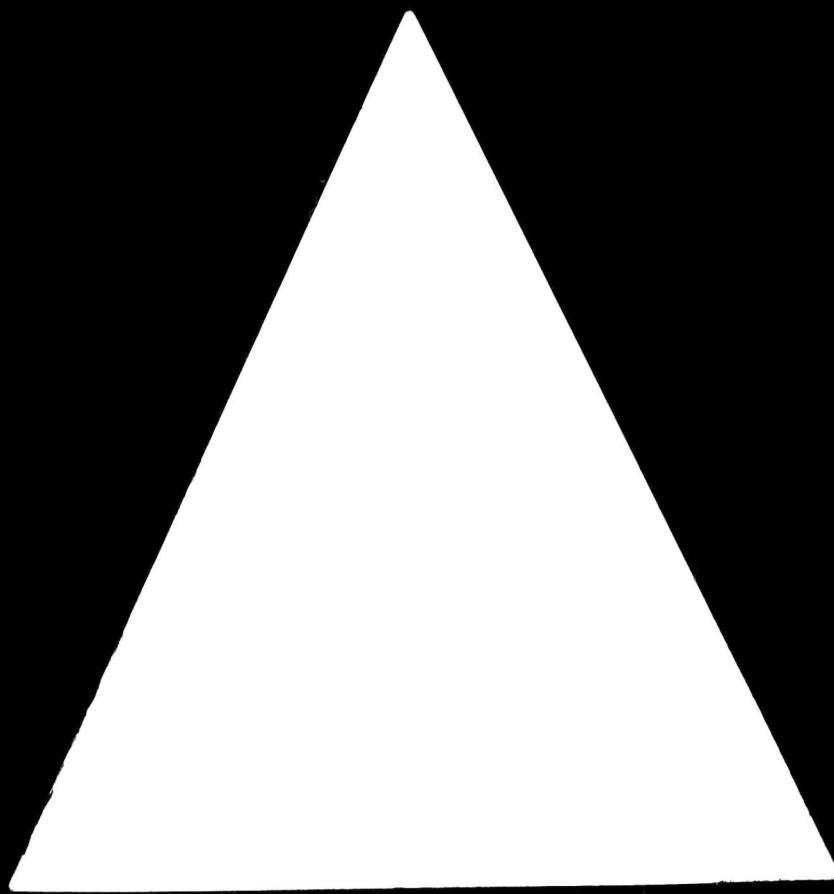
Amendment

STATE OF GEORGIA, FLOYD COUNTY.

Personally came before the undersigned official J.P. Earle well known to said attesting officer as being of trustworthy character and entitled to full faith and credit who being duly sworn says on oath in explanation to his answer in the original application of Mrs. Mary E. Sampler for pensions in reference to the discharge of her husband T. J. Sampler that since he made the original affidavit he has been discussing the matter with others of his company and had his mind refreshed to the extent that he is now certain that said Sampler was not discharged in 1863 but was furloughed home on account of his sickness to the best of his recollection and belief. J. P. Earle

Sworn to and subscribed before me, this September 28th. 1903.

John P. Davie
Ordinary, Floyd
County, Ga.



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 papers are returned for correction and amendments are *added* to any of the affidavits, the amendments must be made *under oath* before an officer, and the proofs must show that the amendments have been duly sworn to.
5. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.
6. The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.
7. No payments can be made for any past year.

W. H. HARRISON,
Clerk Ex. Dept.

Sanders, J. D. 1890
Capt. N. P. Cutler
Laurens *Oct 25/90*
1890.

| |
|--|
| No. _____ |
| APPLICATION FOR ALLOWANCE |
| FOR |
| Applicant, <i>J. D. Sanders</i> |
| County, <i>Co. 61</i> |
| Amount, _____ |
| Date of Warrant, _____ |
| Entered on record _____ |
| SECRETARY EXECUTIVE DEPARTMENT |
| WARRANT HANDED TO _____ |
| W. J. Campbell, State Printer, Constitution Job Office, Atlanta. |

Ex Dept Atlanta
Oct 16 1899
Applicant is not
subscribed.
The disability shown by
the proof is not proved
for by the law.
ref any further of proof
made the two witnesses
are such as to state
under oath of they were
members of applicants
company. Once they each
present when he was shown
from the horse & injured as
he states. Here they each
present when he was
wounded in arm.
Was applicant discharged
on account of the wound.
Additional proof are
required to be added
to the
W. H. Harrison
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 papers are returned for correction and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.
5. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.
6. The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.
7. No payments can be made for any past year.

W. H. HARRISON,
Clerk Ex. Dept.

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,

Cobb County }
PERSONALLY appears *J. Sanders* 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 continuously since the

December 1865; 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 *of Ala* Volunteers *Morgan's Brigade* that whilst engaged

in such military service at the battle of *Chickomuga* in the State of *Term*, on the day of 1863, he was

wounded as follows: *Thrown by a horse while in a fight a shell hit me in the head and broke three of my ribs on left side. In 1862 at Forts with Term while in service as a scout under Lieutenant Jones, on the 4 Saturday in June 1862 I was shot in the hand and arm permanently injuring and disabling said arm and 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 thereunder, ending October 26, 1890. *J. Sanders*

Sworn to and subscribed before me this the *2nd* day of *Sept* 1890.

Note.—State fully nature of wound, or disease, or 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.

J. M. Ramsey
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.

Sworn to and subscribed before me this day of 1890.

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

Applicant, *J. Sanders*
County, *Cobb*

Amount,

Date of Warrant,

Entered on record

SECRETARY EXECUTIVE DEPARTMENT

WARRANT HANDED TO

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

Sanders, J. A. 1890
Cobb Co. Ga.
1890.

Expected Atlanta Oct 16 1890
Applicant is not entitled.
The disability shown by the proof is not proved by the law.
off any further effort made by these witnesses.
Markham, Gule Sanders are each asked to state under oath if they were members of applicants company.
company. These they say present when he was shown the three injured as he states. More they each present when he was wounded in arm.
Was applicant discharged on account of the wound?
Additional proof are required to be released.
W. H. Harrison
Clerk

STATE OF GEORGIA,

Cobb County.

PERSONALLY came *C. Mohorn, & Philip Fuller*
and *M. J. Sanders*
citizens of *Cobb* county, in said State,
who being duly sworn, say that they are well acquainted with *J. D. Sanders*
and know, from having been with him in the army, that
he received the wounds (or contracted the disease) in the military service, as stated by him
in the foregoing affidavit; that said wounds (or disease) permanently disabled applicant, as
the 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
2nd day of *Sept* 1890.

J. C. Mohorn
M. J. Sanders
P. L. Fuller

Sworn to and subscribed before me, this
26th Sept 1890
H. L. Baalman
Minister of the Gospel

STATE OF GEORGIA,

Cobb County.

PERSONALLY comes before me *J. M. Stone* Ordinary of said county,
D. H. B. Hamby and *Dr J. M. Moore*, both known to
me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined *J. D. Sanders*, and after such
examination say that the applicant has been injured as follows: *He was shot*
through the left arm below the elbow, the
ball going through the arm, shivering the
bone, destroying the muscles, rendering
the arm stiff. He was also injured
in the left side, three of his ribs were
broken. He now suffers with his arm
and side. His arm is stiff
and useless. Having no sense of
feeling, & the arm & hand is of
no use.

Sworn to and subscribed before me, this
2nd day of *Sept* 1890.

J. M. Moore MD
H. B. Hamby, M.D.

Norm.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability result-
ing therefrom.
Note 2.—If claim is for disability resulting from disease, state how the disease is known to result from the service as a soldier.
Also state how long physicians have known and treated applicant.

STATE OF GEORGIA,

Cobb County.

I, *John D. Stone* Ordinary of said county,
do certify that I am well acquainted with *J. D. Sanders* the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual
he represents himself to be, and that he resides in this county. I also certify that the
foregoing witnesses are persons of respectability, and that their statements are worthy of
full credit and belief.

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 2nd day of *Sept* 1890.

Ordinary *J. M. Stone* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

Know all Men by these Presents, That I,
J. D. Sanders of *Cobb*
county, in said State, do hereby appoint
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
day of *Sept* 1890.

Executed in the presence of us:

J. M. Stone
Ordinary

J. D. Sanders

If allowed, send amount by
me at _____, and oblige,

DIRECTION.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb

COUNTY.

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

Right hand in left side
Has Chronic Rheumatism, rendering him incapable of making a living at his avocation. Suffering from a stroke of Paralysis, which partially disables him from 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 *18* day of *August*, 190*2*,
John H. Simpson
H. M. Kemp
Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb

COUNTY.

I, *John H. Simpson* Ordinary in and for said County, hereby certify that the applicant *James W. Sanders* resides in said County, and has been a bona fide resident of this State since the *1st* day of *January*, 186*5*, and that the witnesses, viz: *J. H. Simpson* and *H. M. Kemp*

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 digests of *Cobb* County show that applicant returned for taxation in his name in 1899, *nothing* Dollars of property, and in 1900, *nothing* Dollars.

In my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this *19* day of *August*, 190*2*,
John H. Simpson 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 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."
- Additional affidavits may be attached if blank spaces are insufficient.
- In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Polk

COUNTY.

Sworn to and subscribed before me, this *19* day of *August*, 190*2*,
P. L. Fuller
Witness.

- What is your name and where do you reside? *P. L. Fuller, I reside in Atlanta Ga.*
- Are you acquainted with *J. W. Sanders*, the applicant; if so, how long have you known him? *About fifty years.*
- Where does he reside, and how long and since when has he been a resident of this State? *In Cobb Co. Ga. He resided there since 1865 capt. of 1st Regt. Co. Cav.*
- When, where and in what company and regiment did he enlist, and how do you know? *May 1861 in Jacksonville Ga. enlisted in 69th Ala Cavalry. I was there.*
- Were you a member of the same company and regiment? *I was.*
- How long did he perform regular military duty? *About four years.*
- When and where was his command surrendered? *April 26th 1865 at Newsboro N. C. where Capt. C. Johnston surrendered. Surrendered and was paroled at Fort Johnston, N. C. 1865.*
- Were you present when it surrendered? *Yes.*
- Was applicant present? *He was.*
- If not present, where was he? *He was not present.*
- When did he leave his command? *April 26th 1865.* For what cause? *Surrendered to the U. S. Army.* By what authority he left? *Paroled by the U. S. Army.* How do you know all of this? *I was present & shared the same fate.*

- What property, effects or income has the applicant? (Give your means of knowledge.) *Not living in same County now as applicant Capt. Sanders.*
- What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899 and 1900, and what disposition, if any, did he make of same? *Capt. Sanders said know him to be a poor man.*
- Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? *About know.*
- What is the applicant's occupation and physical condition? *He has always been a Cropper. I only know occasionally now. I know he was captured during the war & has been afflicted for many years with rheumatism.*
- Is the applicant unable to support himself by labor of any sort, if so, why? *He is unable to support himself by labor by reason of his physical condition, which is apparent to anyone who ever sees him.*
- How was he supported during the years 1896, 1899 and 1900? *Out of his own land with one or two boys who do not live with him now.*
- What portion of his support for these three years was derived from his own labor or income? *From my individual knowledge of him I say very little.*
- Give a full and complete statement of the applicant's physical condition, that entitles him to a pension under Section 1254, Code? *As before stated, rapture & chronic rheumatism and old age.*

19. What interest have you in the recovery of a pension by this applicant? *None.*
Sworn to and subscribed before me, this *19* day of *August*, 190*2*,
P. L. Fuller
Witness.

John H. Simpson Ordinary.
J. W. Sanders
I certify that *P. L. Fuller* is a citizen of *Georgia* and his statements are true to the best of my knowledge and belief.
John H. Simpson

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb
COUNTY.

David N. Amistead, of said State and County, having been presented as a witness in support of the application of *J. D. Sanders* 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?
Cobb Co Ga
2. Are you acquainted with *James P. Sanders*, the applicant; if so, how long have you known him?
About five or six years
3. Where does he reside, and how long and since when has he been a resident of this State?
He resides in Cobb County, has to reside since I have known him
4. When, where and in what company and regiment did he enlist, and how do you know?
Don't know of my own knowledge
5. Were you a member of the same company and regiment?
Don't know
6. How long did he perform regular military duty?
Don't know
7. When and where was his command surrendered?
8. Were you present when it surrendered?
I was not
9. Was applicant present?
Don't know of my own knowledge
10. If he was not present, where was he?
Don't know of my own knowledge
- When did he leave his command?
For what cause?
- By what authority he left?
How do you know all of this?

11. What property, effects or income has the applicant? (Give your means of knowledge?)
He has no property except a little personal goods. No income
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900 and 1901, 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?
He has not
14. What is the applicant's occupation and physical condition?
He is old, very corpulent and infirm
15. Is the applicant unable to support himself by labor of any sort, if so, why?
He is because of his infirmity
16. How was he supported during the years 1898, 1899, 1900 and 1901?
By what little he could make
17. What portion of his support for these four years was derived from his own labor or income?
Don't say what portion but he wasn't able to do much
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 infirm and very corpulent. He is physically unable to perform manual labor on his account
19. 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 *August*, 1902.
John W. Lindsey Ordinary.
Witness, *D. A. Amistead*

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, *J. D. Sanders* hereby authorize *John 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 *20* day of *Jan*, 1904.

Executed in presence of

John Lindsey

Sanders, J. D.
Cobb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. *444*

INDIGENT

SOLDIER'S PENSION
1904.

Name *J. D. Sanders*
County *Cobb*
Co. *G B Regiment Ala*

WARRANT ISSUED

1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

no data

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ATTENDED BY PENSION

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, }
Cobb County. }

Personally appears J. D. Sanders 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 1866; 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) during the war between the States, and served for the term of 4 years in Company 6, of 3th Regiment of U. S. Cavalry (Whites); that his physical condition is as follows: except to an infirmity and
knowing he 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 16th, 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 ^{enrolled} allowed a pension for the year 1904.

Sworn to and subscribed before me, this 1 day of Jan 1904.

J. D. Sanders
Ment

John Anthony Ordinary.

STATE OF GEORGIA, }
Cobb County. }

I, John Anthony Ordinary of said County, do certify that I am well acquainted with J. D. Sanders 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 Jan 1904.



John Anthony
Ordinary Cobb County.

NOTE.—The blank spaces must be filled.

REMARK.—Affidavits should not be assessed before January 1st, 1904.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY. }
 I, J. D. Sanders hereby authorize
John 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 25 day of July 1905.

Executed in the presence of

John Lindsey

J. D. Sanders [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY. }
 I, J. D. Sanders hereby authorize
John 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 3 day of July 1905.

Executed in the presence of

John Lindsey

J. D. Sanders [L. S.]

Sanders, J. D.
Cobb Co

(FOR THOSE ALREADY ENROLLED.)

No. 756

INDIGENT SOLDIER'S PENSION 1905.

Name J. D. Sanders
 County Cobb
 Co. K Regiment 3 d

WARRANT ISSUED

Jul 25 1905.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

CHAS. W. HARRISON, ENROLER, FOR STATE PRINTER, ATLANTA.

no date

Sanders, J. D.
Cobb County

Cons. Section 1254.
 (FOR THOSE ALREADY ENROLLED.)

No. 710

INDIGENT SOLDIER'S PENSION 1906.

Name J. D. Sanders
 County Cobb
 Co. B Regiment 1st

WARRANT ISSUED

1/22 1906.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

CHAS. W. HARRISON, ENROLER, FOR STATE PRINTER, ATLANTA.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears

J. Sanders

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*66*; 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 *4 years* in Company *6*, of *3* th Regiment of *Alabama Cavalry (Whites)*; that his physical condition is as follows:

poorly *Infirmitly age and*
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, 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 the _____ day of _____ 1905.

J. Sanders
John D. Sanders Ordinary.

STATE OF GEORGIA,

Cobb County.

I,

John D. Sanders

Ordinary of said County,

do certify that I am well acquainted with *J. Sanders* 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 _____ 1905.

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

J. Sanders

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 *6*, of *3* th Regiment of *Alabama Cavalry*; that his physical condition is as follows: *Infirmitly age and*

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 the _____ day of _____ 1906.

J. Sanders
John D. Sanders Ordinary.

State of Georgia,

Cobb 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 _____ 1906.

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,

Cobb COUNTY. }

I, J. D. Sanders, hereby authorize

John 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 8 day of January 1907.

J. D. Sanders [L. S.]

Executed in presence of

W. H. H. H.

Sanders J. D.

Cobb Co.

Cons. Service 124.
(FOR THOSE ALREADY ENROLLED)

No. 651

INDIGENT
SOLDIER'S PENSION
1907.

Name J. D. Sanders

County Cobb

Co. 3rd Regiment

WARRANT ISSUED

JAN 21 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

JOHN W. LINDSEY, STATE PRINTER, ATLANTA.

W. H. H. H.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears J. D. Sanders 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 _____ of _____th Regiment of Cavalry Wheeler's Brigade that his physical condition is as follows: Large Inf & partial

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~~ illness 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 8 day of January 1907. J. D. Sanders mark
John H. Tracy Ordinary.

State of Georgia,

Cobb County.

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

Given under my official signature and seal this 8 day of January 1907.

John H. Tracy Cobb County.

AM
your
seal
here

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

GEORGIA, Cobb County.
I, J. M. Linder, Ordinary of said county, do certify
that I personally know Lucy Sanders, the applicant, and that
she is the lawful widow of J. D. Sanders, and was on
the Independent Pension Roll of said Cobb county, and was paid
a Pension from Lucy Cobb county for 1911, and at the time
of his death on the 28 day of Nov 1911, there was due to
him and unpaid his Pension of Sixty Dollars from the State
of Georgia, and I know W. P. Stephens, the within
witness, and he is of a truthful and trustworthy character and entitled to full credit.
Given under my hand and seal this 26 day of March 1912
J. M. Linder Ordinary,
Cobb County.

SANDERS, J. D.
Cobb County

No. _____ 19____

**Application for Pension Due
Deceased Soldier**

UNDER ACT 1891

To be paid the Widow or Dependent Children

BY J. D. Sanders
Widow of J. D. Sanders
of Cobb County

Co. _____ Regt. _____ Vols. _____

Approved and paid _____ 19____

J. W. LINDSEY,
Commissioner of Pensions.

GEORGIA, _____ County.

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 19____, through my deceased
husband _____, who was on _____
Pension Roll and paid from _____ for 19____.

Witness my hand this _____ day of _____ 19____.

Attested before me: _____

Application for Pension Due Deceased Soldier

To be paid to his widow or dependent children.

UNDER ACT APPROVED OCTOBER 3, 1891

STATE OF GEORGIA, Cobb County.

Personally before me comes Mrs. J. D. Sanders of said county, after being duly sworn, on oath says that she is the widow of J. D. Sanders who was duly enrolled as an Indigent Pensioner from the county of Cobb and was paid a Pension of Sixty Dollars from Cobb county for 1911, and that the said J. D. Sanders died in Cobb county on the 28 day of Nov 1911, and at the time of his death a Pension of Sixty was due him from Cobb county and unpaid for 1912. Applicant further swears that she married the said J. D. Sanders on the 13 day of October 1883, in Randolph county and State of Alabama 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 29 day of July 1912
J. M. Gause Ordinary } Susan Sanders (L. S.)
Cobb County. }

AFFIDAVIT OF WITNESS.

GEORGIA, Cobb County.

Personally before me comes H. P. Stephens, who on oath says that he knew J. D. Sanders while in life and that he knows Mrs. Susan Sanders the above applicant; that he knows that the said J. D. Sanders and Susan Smith were in due form of law married in the county of Randolph in the State of Alabama on the 13 day of October 1883, and that they resided together as husband and wife from date of marriage to the day of his death on the 28 day of November 1911, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 29 day of July 1912
J. M. Gause Ordinary, } H. P. Stephens
Cobb County. }

Georgia Fulton County } Personally appeared
P. S. Fuller who after being duly sworn deponent
and on oath saith that he knows J. D. Saunders
and knows that he belonged to Company
B. 3rd Regiment Alabama Cavalry
Morgan's Brigade & Martin's Division
but was not present when said Saunders
was wounded but after he said Saunders
was wounded he was cut off from his
command he served in my company
to the close of the war and deponent knows
when said Saunders came to deponent's home
nearly he was said to be wounded as stated
above to and subscribed }
to before me this Oct 21st }
1890 W. C. Horton J. P.

Georgia Cobb County
Personally appeared before me W. C. Horton
who after being duly sworn
deponent and on oath saith, That
he knows J. D. Saunders, and knows
that he belonged to company B.
3rd Regiment Alabama Cavalry,
Morgan's Brigade & Martin's Division,
and that he went with him
and was present when he was
shot and helped nurse him
while wounded was also with
him when he was thrown from
his horse and 3 ribs broken.

Sworn to & subscribed to
before me this Oct 23rd 1890
W. C. Horton J. P. J. D. Saunders
J. D. Saunders

W. Cobb Co. Ga.

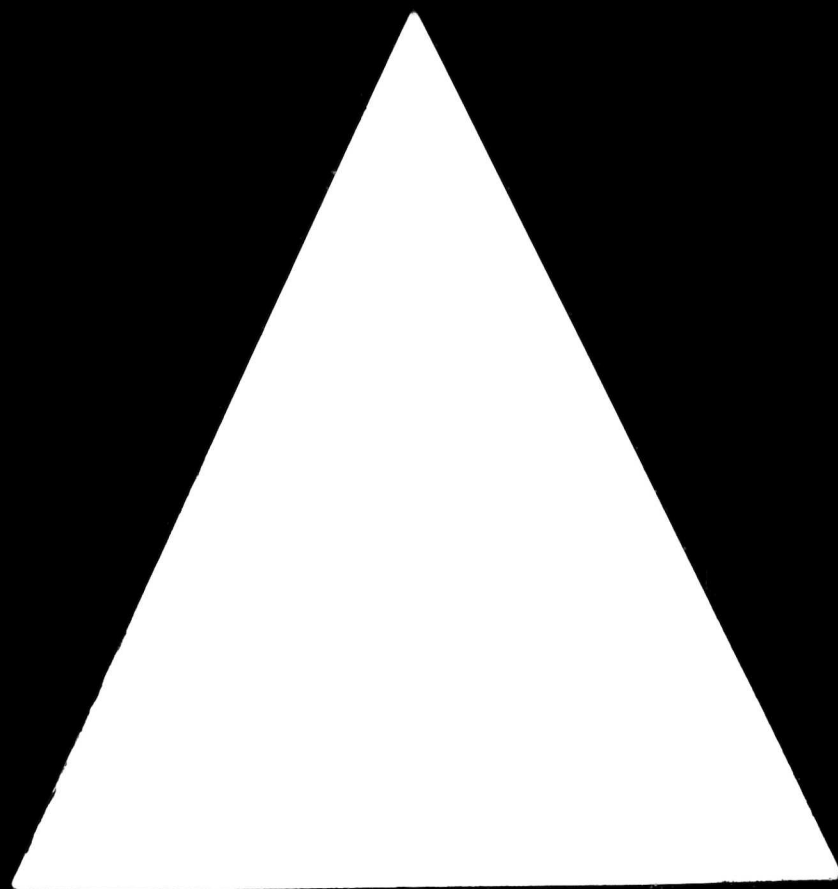
Lizzie Cobb County Ga 3-20-1891

Governor W. B. Griffin Dear Sir

Please excuse me for writing to you. I do it in the
interest of right. I learned to day that one George
Petty of Douglas County was drawing a Pension on an
Eye that should have been lost during the war, when
in truth he lost the Eye several years after the war.
I don't know anything about it myself but I suppose there are
hundreds of people in this & Douglas Counties who know al-
most all. I don't want my name used at all. I write this
that the matter may be looked into. I served through all
the war and am so glad Georgia Colonies to help her old
Soldiers, but I want the ones that honestly deserve it to get
it, and I think that one who obtains a Pension through
fraud should be punished. I understand that H. M. Griffith
of Austell knows something about Petty losing his Eye
by smallpox settling it. I am Sir your Obedt Servt

John E. Stewart

Please do not use my name, but any information
I can obtain I will do so. John E. Stewart



Sanders, Susan
in Roll
Cobb Co
Oct 1913

0

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 *Susan Sanders*

Widow of *J. D. Sanders*

Company *3rd Ala*

Approved

J. W. LINDSEY
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

716-1912

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Cobb County.

Personally before me comes Susan Sanders of said County, who, after being duly sworn, on oath says, that she is the widow of J. D. Sanders to whom in the County of Hamilton State of Alabama she was married on the 13 day of Oct 1863 and that she remained his wife, and resided with him to the date of his death in Mar 28 1911 and that she has not since his death remarried. At the time of his death he was a resident of Cobb County, in Cobb said State of Georgia, and he was on the August Pension Roll of the State, and paid a pension of \$ 60.00 in Cobb County for 1912 per annum on account of being a soldier in Company B 3rd Alabama Regiment. (Volunteers of State Militia).

At the death of J. D. Sanders he was in the use and possession of the following property None 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 for 18 years in State ever since 1866 day of 1912

Sworn to and subscribed before me, this the 16 day of August 1912 } Susan Sanders
J. M. Ginn Ordinary, Susan Sanders
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 H. P. Stephens known to be responsible and faithful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. Susan Sanders who made the foregoing affidavit, is the lawful widow of J. D. Sanders who died in Cobb County in said State of Georgia on 28 day of Mar 1911 and that she has not since remarried. That she became the wife of J. D. Sanders on the 13 day of Oct 1863 and that she and he had resided together as man and wife continuously since 28 day of Mar 1863 and that the J. D. Sanders 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 26 day of August 1912 } H. P. Stephens
J. M. Ginn Ordinary, Susan Sanders
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 Susan Sanders
Widow of J. D. Sanders
Company B. 3rd Ala

Approved

J. W. LINNIN
Commissioner of Pensions

THAS F. BIRD, State Printer, Atlanta

SANDERS, Susan (Mrs.)
Cobb County
1924

Application for Pension Due Deceased Pensioner

(UNDER ACT 1904)
(To pay expenses of last illness or funeral)

Ordinary
For Susan Sanders
of Cobb County
Old or New Class?
Died Nov. 8, 1923
Amount \$ 42.50 OK

Approved and ordered paid.
John W. LINDSEY, 1921
J. W. LINDSEY,
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.

Index Printing Co., Atlanta, Ga.

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Cobb County.
Personally before me comes H. P. Stephens, who after being sworn on oath says, that they are freeholders of said County, and that they know Susan Sanders, of said County and knew her said husband J. D. Sanders at his death on the 28 day of Nov. 1914 that she and he were in the use, possession and control of the following property at his death to wit: Nothing except household goods of the value of \$. That she is now in the use, possession and control of the following property to wit: Nothing except household goods of the value of \$.

Sworn to and subscribed before me, this the 26 day of August 1912
J. M. Lamm Ordinary, H. P. Stephens & J. H. Brown of Cobb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb County.
I, J. M. Lamm Ordinary of said County, do certify, that, I know Mrs. Susan Sanders 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 26 day of 1914.
That I also know H. P. Stephens 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 she returned property to the amount of \$ 0 for 1908 \$ 0 for 1909 \$ 0 for 1910 \$ 0
Sworn under my hand and official seal of office this 26 day of August 1912
(SEAL.) J. M. Lamm 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.

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, Cobb County.

Personally before me, the Ordinary of said County, comes John H. Walls

of said County, who, after being sworn, on oath says

that he knew Susan B. Sanders of said County, and that said pensioner was on the indigent Pension Roll of Cobb County at the time of death, which occurred in Cobb County, in this State, on the 8th day of Nov 1926, and that a Pension of One hundred Dollars was due pensioner and unpaid at the time of pensioner's death. That he left no widow or dependent children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$42.⁵⁰, per sworn statement fully and completely itemized, hereto attached.

Sworn to and subscribed before me

this 17 day of April 1926
J M Gamu Ordinary
Cobb County.

AFFIDAVIT OF ORDINARY

GEORGIA, Cobb County.

I, J M Gamu Ordinary of said County, do certify

that I personally know J M Walls, who is a resident citizen of said County, and that said person is of a truthful and trustworthy character, entitled to full faith and credit.

I also know Susan Sanders while in life and that this was the same person whose name appears on the Genial Pension Roll of Cobb County, and was paid a Pension of Dollars in said County for 1926, and

I now believe said pensioner to be dead.

Given under my hand and official seal, this 6 day of Nov, 1926

(SEAL)

J M Gamu Ordinary
Cobb County.

INSTRUCTIONS:

- 1st. For use in all cases where pensioner died after January 1st, had not been out of State longer than twelve months, and died without owning sufficient property to pay such expenses. The widow of a soldier, if she is living, has prior claim over these expenses, and must make application on yellow blank.
- 2nd. Require those claiming accounts for expenses of last illness, and expenses of funeral, to make out their account in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Running accounts cannot be paid—only those connected with the last illness, just before death when pensioner grew worse to die.
- 4th. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "just, true, due, unpaid," etc.)
- 5th. 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.
- 6th. The Ordinary must see 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.
- 7th. The completed voucher, this blank and the bills must be sent to the Pension Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 8th. The Ordinary signs pay-roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.
- 9th. Accept no bills for nursing until you write the Pension Office, stating the circumstances in very great detail. Pensioner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.
- 10th. Return this application, and attached bills, with your final settlement to the Pension Office.
- 11th. Ordinary should see that the back of this blank, when folded, is filed out.
- 12th. Funeral expenses of deceased "new" pensioners covering all or part of both the 1930 and 1931 pensions require two separate sets of this voucher and bills—one set to be filed in the Pension Office with the pension papers of each year.

Georgia Cobb Co. Nov 1926
Mrs S.B. Sanders to John Walls
for nursing of Mrs S.B. Sanders
a pensioner 3 weeks in her last illness who died without owning
sufficient property to pay these expenses which amounted to the sum of \$42.⁵⁰
Personally appeared J M Walls before me J M Gamu Ordinary
on this 17 day of April 1926
and says the above account is J M Walls

Recd of J M Gamu. only \$42.⁵⁰
in full of amt due on Susan Sanders
being amount allowed by the State
This Nov. 10 1926

J M Walls

Roswell, Ga., 11/24/25 1926

Mr. Susan Elmer Sanders

IN ACCOUNT WITH

ROSWELL STORE

ACCOUNT RENDERED

TO MERCHANDISE

| | |
|------------------|--------|
| Two Basket Cases | 10.00 |
| Antibiotic | 15.00 |
| Nurse | 15.00 |
| | 130.00 |
| by cash | 117.00 |
| | 13.00 |

ordered by Ed Sanders
for his wife & son

Personally came M.E. Groom
Undertaker for Roswell Store who
on oath says that the above
is a true account of the
expenses incurred in connection with
funeral of Mrs. Susan Elmer Sanders

C. Atwill & Son, Undertakers M.E. Groom

Mrs. S.P. Sanders

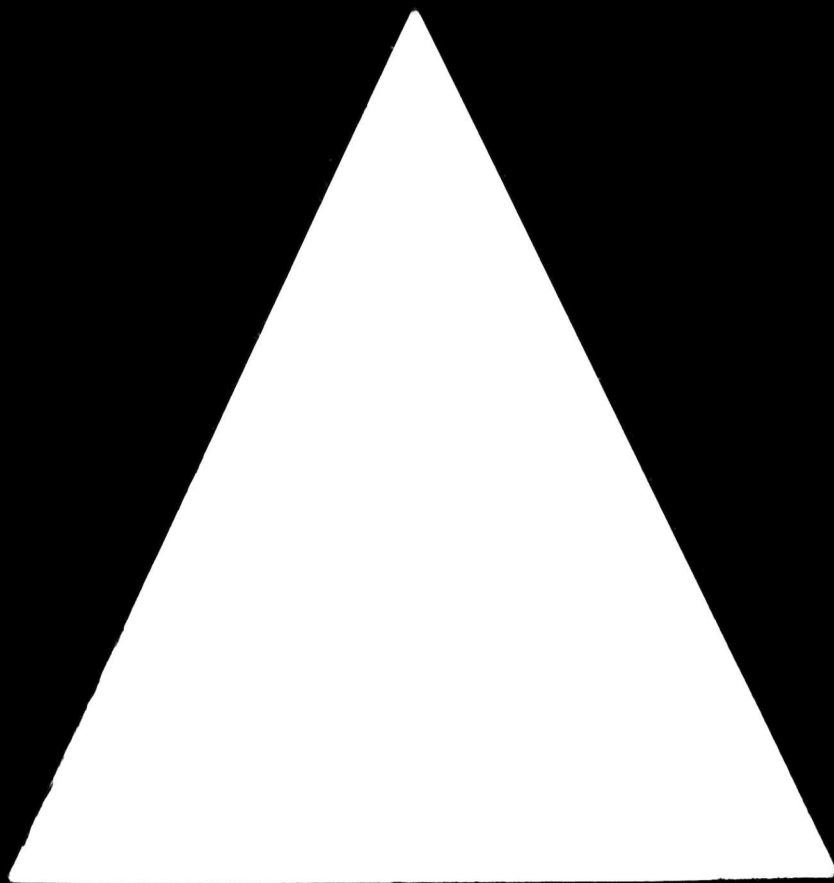
For medical services rendered
in home of Mrs. Sanders

Nov 1925

\$50

C. Atwill & Son

Marshall E. Groom
Marshall E. Groom
Marshall E. Groom



POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

Cobb County

Know all Men by these Presents, That I,

of

Cobb County

County, in said State, do hereby appoint

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 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 18th day of April, 1891.

Witness my hand and seal, this 18th day of April, 1891.

Executed in the presence of us:

Wm. H. Hargrett
John Stone

WITNESSES.

If allowed, send amount by

me at

, and oblige,

to



Sargeant Margaret ^{Ann}
Cobb County
1891.
To Cherokee Co 1891
No. 84

Widows' Pension

— PAID TO —

Miss Margaret Ann Hargrett
OF
Cobb 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 Worth 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 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 April 1891.

Executed in the presence of us:

Marganthe Ann Sargeant [L.S.]
W. H. Stone Ordinary

DIRECTIONS.

If allowed, send amount by me at

, and oblige,



Widow's Pension

PAID TO

\$100.00.

Warrant Issued

AND HANDED TO

1891

W. H. Stone, State Printer, Atlanta.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

County of Worth

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

Mrs. Marganthe Ann Sargeant, who being sworn according to law, says under oath that she is the widow of Peter R. Sargeant, who was a soldier in the service of the Confederate States, and served as a member of Company "J" of the 25th Regiment of Georgia Volunteers; that he enlisted in said service on or about the 30th day of August 1861, and was in the Confederate Army up to 14th day of Sept 1862. That while in the Army, he was on the 14th day of September 1862. (See Note No. 1) Killed in the Battle of South Mountain (near Boonsborough) Maryland

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 March 1871, and that she has resided in Georgia continuously since the 2nd day of March 1871; 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 14th day of April 1891.
W. H. Stone Ordinary.

Marganthe Ann Sargeant her mark

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 *Cobb*
J. H. Rutherford and

In person came before me, the undersigned Ordinary

in and for said County, witnesses *R. E. Lawton*

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. *Margaret Ann Sargeant* of the County of *Cobb*, State of Georgia, is the widow of *Peter H. Sargeant*, who was a soldier in Company "F" of the *23rd* Regiment of *Georgia* Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the *30th* day of *August* 1861. That while in said service, or by reason of said service in the Army, he lost his life as follows: *was killed at the*

Battle of South Mountain (near Boonsborough Maryland).

We further swear that Mrs. *Margaret Ann Sargeant* was the wife of said soldier during the 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, the

6th day of *April* 1891.

J. M. Stone
 Ordinary.

R. E. Lawton

J. H. Rutherford

R. M. Mitchell

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. *Margaret Ann Sargeant* 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

6th 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, 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.

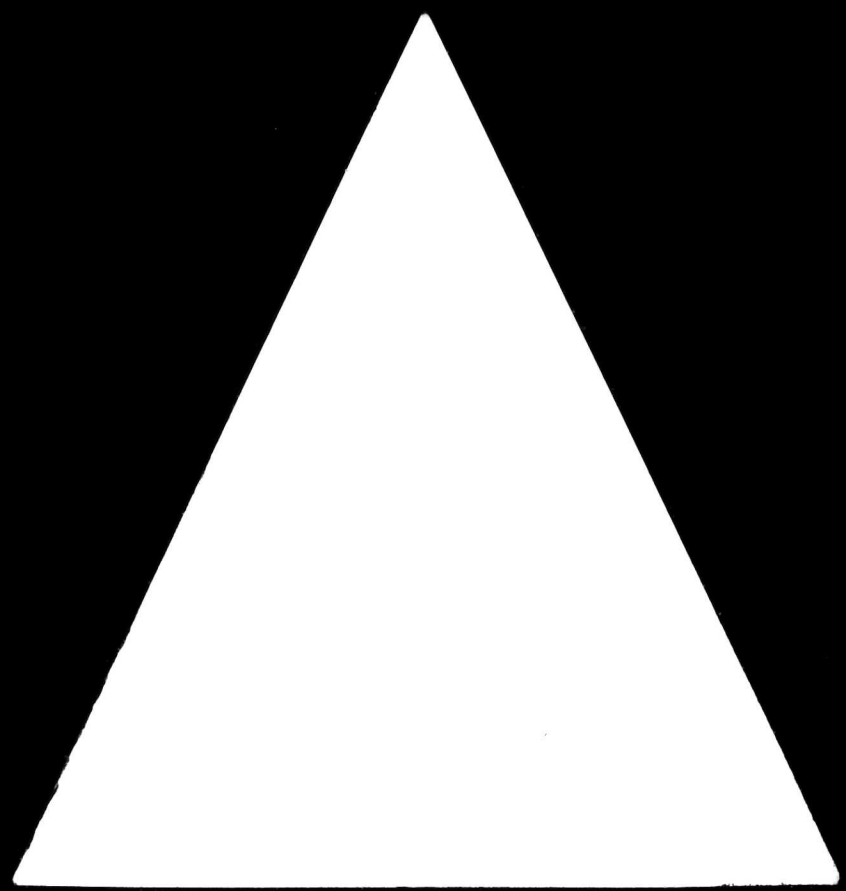
By order of the Governor.

W. H. HARRISON,
 Sec. Ex. Department.

Ordinary.

H. M. Mitchell

Sec. Ex. Department.



Sargent, S. H.
Cobb Co.

CODE SEC. 1254.

(For Those Already Enrolled.)

No. 820
For Milton 1898.

**INDIGENT
SOLDIER'S PENSION,
1899.**

Name

County

S. H. Sargent
Cobb

WARRANT ISSUED

1/2 1899

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

J. T. Newburn
Geo. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, S. H. Sargent, hereby authorize
J. T. Newburn of Cobb Co.

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

by

him

Witness my hand and seal this

11 day of Jan 1899.

Executed in presence of

S. H. Sargent X (L. S.)

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.
Personally appears S. H. Sargent 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 1829 day of May; 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 3 yrs. in Company B, of 43th Regiment of Ma. Vols.; that his physical condition is as follows: on account of Disease, Infirmary 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 1899. I have heretofore as a resident of Milton county been allowed a pension for the year 1898.

Sworn to and subscribed before me, this, 18 day of Jan'y, 1899.
J. M. Stone Ordinary.

State of Georgia,

Cobb County.
I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with S. H. Sargent 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 Jan'y, 1899.
J. M. Stone
Ordinary Cobb County.

Put
your
seal
here.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1899.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.
I, S. H. Sargent hereby authorize J. M. Stone of Marionetta Ga to receive and receipt for the pension allowed, and request that he remit same to him by him.

Witness my hand and seal, this 16 day of Jan'y, 1900.

S. H. Sargent [L. S.]
Executed in presence of
T. J. Haubey

CODE SEC. 1234.
(For Those Already Enrolled.)

NO. 815

INDIGENT

SOLDIER'S PENSION,
1900.

Name S. H. Sargent
County Cobb

WARRANT ISSUED

January 18 1900.

JOHN. W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

J. M. Stone

Geo. F. Harrison, State Printer, Atlanta.

No date

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *S. H. Sargent* hereby authorize

John A. Gentry of *Maricopa*

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

by *me* at *his office*

Witness my hand and seal, this *5* day of *January*, 1901.

S. H. Sargent [L. S.]

Executed in presence of

J. M. Stone

For Those Already Enrolled.

INDIGENT

SOLDIER'S PENSION.

1901.

Name *S. H. Sargent*
County *Cobb*

WARRANT ISSUED

Jan 10 1901.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Gentry

John W. Lindsey, State Printer, Atlanta

no data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *S. H. Sargent* 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 *1827*; 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 *Ga.*) during the war between the States, and served for the term of *3 years* in Company *B*, of *43rd* Regiment of *Ga. 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 *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, 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 1897

Sworn to and subscribed before me, this, the *15th* day of *January*, 1900.

J. M. Stone Ordinary.

State of Georgia,

Cobb County.

I, *J. M. Stone* Ordinary of said County, do certify that I am well acquainted with *S. H. Sargent* 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.

Amx your seal here.

J. M. Stone Ordinary *Cobb* County.

NOTE.—The blank spaces must be filled.

NOTE.—A affidavit should not be attested before January 1st, 1900.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *S H Sargent* 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 *1829*; 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 *3 yrs* in Company *B*, of *43*th Regiment of *Geo. Vols.*, that his physical condition is as follows: *By a 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 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 the *5* day of *Jan*, 1901, by *John A. White* Ordinary.

STATE OF GEORGIA,

Cobb County.

I, *John A. White* Ordinary of said County, do certify that I am well acquainted with *S H Sargent* 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 *January*, 1901, *John A. White* Ordinary *Cobb* County.



NOTE - The blank spaces must be filled.
NOTE - Affidavit should not be attested before January 1st, 1901.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *S H Sargent* hereby authorize *John A. White* of _____ to receive and receipt for the pension allowed and request that he remit same to *John* at _____

Witness my hand and seal, this *4* day of *Jan*, 1902, *S H Sargent* [L. S.]

Executed in presence of

John A. White

(FOR THOSE ALREADY ENROLLED.)

No. *547*

INDIGENT

SOLDIER'S PENSION
1902.

Name *S H Sargent*
County *Cobb*
Co. *B* Regiment *43d*

WARRANT ISSUED

1/16 1902

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

White

Geo. W. Harrison, State Printer, Atlanta.

*Sargent, S. H.
Cobb County*

no foto

POWER OF ATTORNEY.

STATE OF GEORGIA,

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 1 day of Jan 1903.

Executed in presence of

W. H. Sargent

(FOR THOSE ALREADY ENROLLED.)

CODE SECTION 104

No. 506

INDIGENT

SOLDIER'S PENSION
1903.

Name

County

Co.

Regiment

WARRANT ISSUED

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

See Return, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears *A. Sargent* 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 1822; that he is 22 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 B, of 43th Regiment of ; 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 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

4 day of Jan 1902.

Ordinary.

STATE OF GEORGIA,

County.

I, *John A. Sargent* Ordinary of said County, do certify that I am well acquainted with *A. Sargent* 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 1902.

Ordinary

County.



NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1902.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.
Personally appears S. H. Langcut 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 1829; that he is 73 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 yrs in Company B, of 43rd Regiment of Co. Colo.; that his physical condition is as follows: fine infirmity & poverty much & cannot self

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 16 day of Jan, 1903.
John H. Hutter Ordinary. S. H. Langcut

STATE OF GEORGIA,

Cobb County.
I, John Hutter Ordinary of said County, do certify that I am well acquainted with S. H. Langcut 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 Jan, 1903.
John Hutter Ordinary. Cobb County.

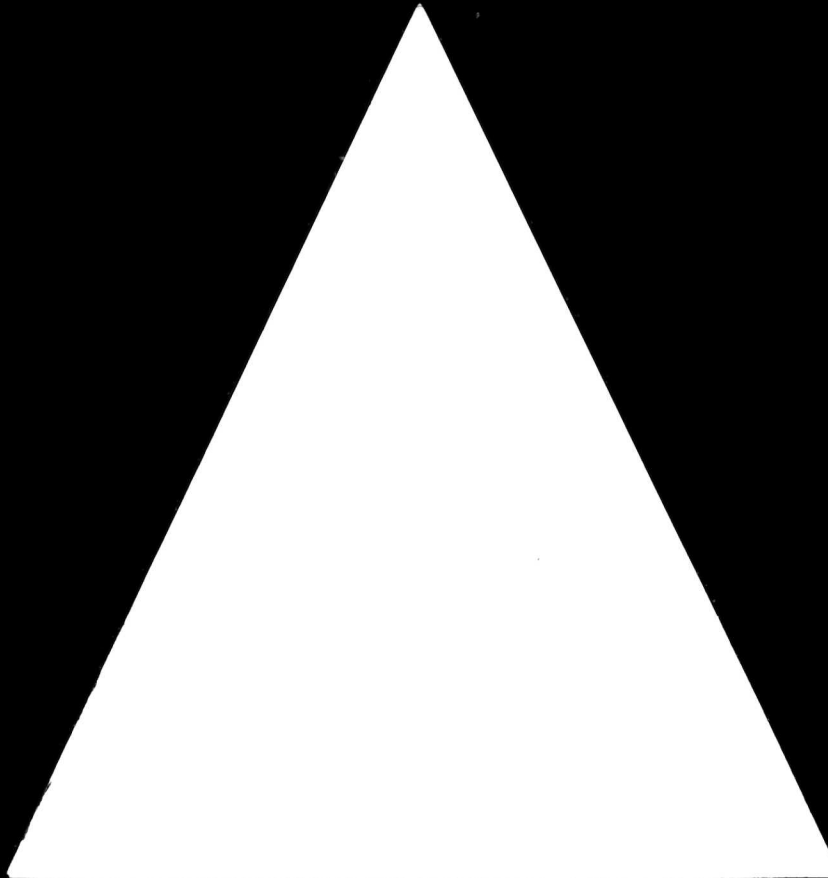


NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1903.

Ordinary..... *Wm* County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1903.



Satterfield, J. W.

For Colo County

1926

**Application for Pension
Due Deceased Pensioner**

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

By J. M. Gamm Ordinary

For J. W. Satterfield

Date of Death May 12 1926

Amount \$ 102.00 OK

Approved and ordered paid

John W. Clark
JOHN W. CLARK,

June 27 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 payroll to be permanently filed with them. Do not keep this application in your office.

(Under Act Approved August 15, 1904)

Personally before me, the Ordinary of said County, comes

Lucinda Satterfield of said County, who, after being sworn, on oath says that he knew John Satterfield 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 12th day of May, 1926, and that a Pension of one hundred (\$ 100.00) Dollars was due pensioner and unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 125.50 per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me
JM Krum, Ordinary
Calif County

(Seal of Ordinary)

Lucinda ^{Per} Gallenfeld
mom

GEORGIA, Cobb County.

I, J. M. Gann, Ordinary of said County, do certify that I personally know Lucinda Satterfield, 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 know John Satterfield 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 one hundred (\$100.00) Dollars in said County for 192 6, 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 20th day of November, 1926)

(Seal or Ordinary) J M Gamm, Ordinary

INSTRUCTIONS

- 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.....
..... 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. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.
- 6th. Return this application, and attached bills, with your final settlement, to the Pension Department.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.

| LADY ASSISTANT | | 100 CHEROKEE STREET | | MOTOR EQUIPMENT | |
|--|---------|-----------------------|--|--------------------|--------|
| DAY PHONE 437 AND 272 | | AMBULANCE SERVICE | | NIGHT PHONE 289-28 | |
| <p>John S. Bodkins & Sons
 Funeral Directors—Embalmers</p> | | | | | |
| <p>To funeral expenses for the burial of
 J W Satterfield</p> | | | | | |
| Casket | \$90.00 | Paid for burial | | \$125.00 | with B |
| Embalming | \$15.00 | 100 on one day | | | |
| Robe | 8.50 | John S Bodkins & Sons | | | |
| Hearse trip | 10.00 | 1899 W. Bodkins | | | |
| <p>I swear that the above is a correct and true statement of the expenses incurred by me in the funeral of the above named deceased.</p> | | | | | |
| <p>Witness my hand and seal this 29th day of June 1910</p> | | | | | |
| <p>John S Bodkins & Sons</p> | | | | | |

IN ACCORDI CON

John S. Robbins & Sons
General Directors—Embalmer

LADY ASSISTANT
DAY PHONE 437 AND 272

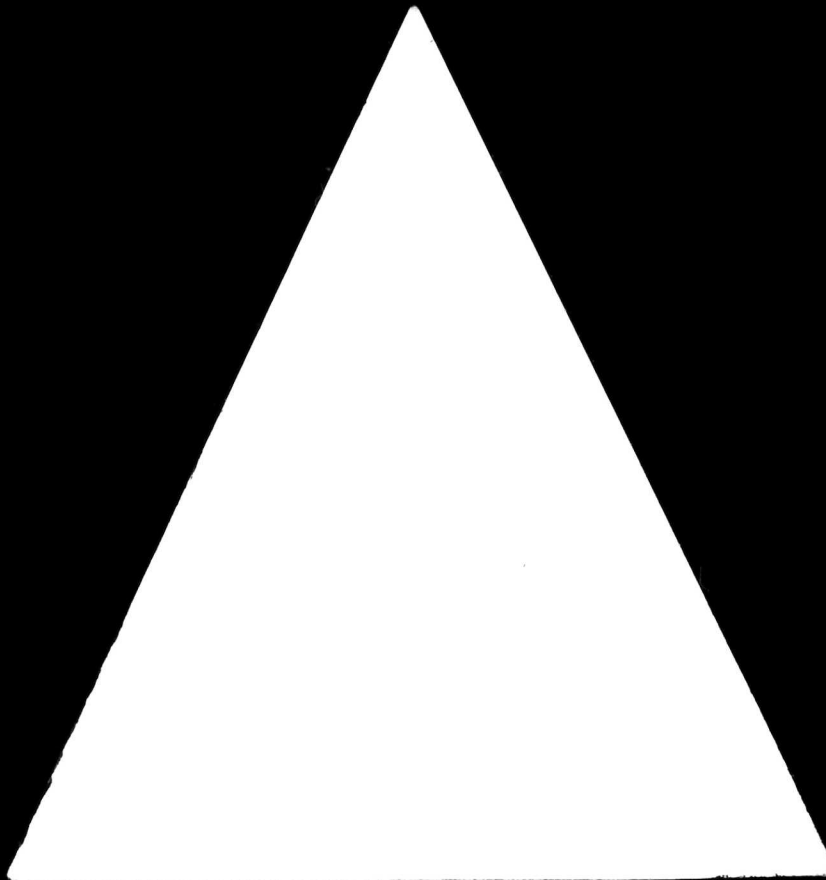
100 CHEROKEE STREET
AMBULANCE SERVICE

MOCK EQUIPMENT

—

MARIETTA, GA., May 18th. 1922 1922

- 4th. The completed vouchers ~~are signed by you~~ are sent to the Pension Department until it is returned to you as your authority to make the payment.
- 5th. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.
- 6th. Return this application, and attached bills, with your final settlement, to the Pension Department.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.



*Sauls, G. H.
L. R. Cable Co
Cobb.*

No. 1881

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889.

For Receipts
Applicant, *G. H. Sauls*
County, *Cobb*
Amount, *100*
Date of Warrant, *April 11*

Entered on record

APR 11 1889

M. H. H.
SECRETARY EXECUTIVE DEPARTMENT.

*No additional data
R. C. Brown*

STATE OF GEORGIA,

PERSONALLY appears *Cobb* *County* *J. H. Sauls* 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 *25th* day of *November* 1839 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 *Phillips Legion* of *Ga.* Volunteers *Hafford's* Brigade, that whilst engaged in such military service, at the battle of *Sharpsburg* in the State of *Md.* on the *17* day of *September* 1862 he was wounded as follows: *By gunshot striking right leg between ankle and knee but not penetrating fracturing the leg, thereby causing amputation near the knee necessitating*

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 ending October 26, 1889.

Sworn to and subscribed before me, this the *23* day of *July* 1889 } *J. H. Sauls*
Jul. Stone

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,

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.

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889

Law of 1874 leg
Applicant, *J. H. Sauls*
County, *Cobb*
Amount, *100*
Date of Warrant, *April 11*
Entered on record, *April 11* 1889

SECRETARY EXECUTIVE DEPARTMENT.

No additional data
W. H. Stone

Sauls, J. H.
J. H. Sauls
Cobb

Nov. 1881

STATE OF GEORGIA,

I, *John H. Pauls* 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 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 *23rd* day of *July* 188 *9*

John H. Pauls
Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. I
Know all Men by these Presents, That I,
_____ of
county of said State, do hereby appoint
of *Cobb Co. 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 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 *23rd*
day of *July*, 188 *9*

Executed in the presence of us:

John H. Pauls
John H. Pauls

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, W. M. Stone Ordinary of said county,
do certify that I am well acquainted with W. H. Sauls 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. R. Brown 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 15 day of Feb 1890

Ordinary

County

STATE OF GEORGIA,

County

I, W. M. Stone Ordinary of said County,
do certify that I am well acquainted with W. H. Sauls 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 15 day of Feb 1891.

Ordinary

County

1890.

No. 1553

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1890.

W. H. Sauls

Applicant, W. H. Sauls

County, Cobb

Amount, 100.00

Date of warrant, Feb 24 1890

Entered on record

Feb 24 1890

W. R. Brown

Notary Public

WARRANT HANDLED TO

R. C. Brown

1891

W. H. Sauls

Applicant, W. H. Sauls

County, Cobb

Amount, 100.00

Date of Warrant, Feb 24

Entered on record

Feb 24 1891

W. R. Brown

Notary Public

WARRANT HANDLED TO

R. C. Brown

Notary Public

WARRANT HANDLED TO

R. C. Brown

Notary Public

WARRANT HANDLED TO

R. C. Brown

Notary Public

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Rowen
PERSONALLY appears *J. H. Sauls* 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 *25* day of *November* 18*79*, 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 *Phillips Legion* of *Georgia* Volunteers *Wofford*'s Brigade; that whilst engaged in such military service, at the battle of *Sharpsburg* in the State of *Md*, on the *17* day of *Sept* 186*2*, he was wounded as follows: *By minnie ball striking the right leg just below the knee causing amputation just below the right knee*

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 the *15* day of *Feb* 1890, *J. H. Sauls*
W. H. Stoworday

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, *J. H. Sauls*

of *Cobb* County, 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 *15* day of *Feb* 1890

Executed in the presence of us:

W. H. Stoworday
W. H. Stoworday

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears *J. H. Sauls* 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 *25* day of *November* 18*79*, 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 *Phillips Legion* of *Georgia* Volunteers *Wofford*'s Brigade; that whilst engaged in such military service at the battle of *Sharpsburg* in the State of *Maryland*, on the *17* day of *September* 1862, he was wounded as follows: *By bullet striking right leg between ankle and knee free from said leg to knee, thereby causing said leg to be amputated just below the knee.*

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

\$100. dollars, for *100* days, *J. H. Sauls*
Sworn to and subscribed before me, this the *15* day of *Feb* 1891, *W. H. Stoworday*

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, *J. H. Sauls* of *Cobb* County, State of Georgia, do hereby appoint

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 *18* day of *Feb* 1891, *J. H. Sauls*

Executed in the presence of us:

W. H. Stoworday
W. H. Stoworday

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

Ordinary 22 e 1/2 County.

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

NOTE—This table is made up of material on the subject of diseases which is contained in the following publications:

[illegible]

FOR APPLICANTS HEREFORE UNKNOWN PERSONS:

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County.

PERSONALLY appears,

of County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously since the day of 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 of 1st Regiment of Georgia Volunteers. That whilst engaged in such military service at the battle of Atlanta, in the State of Georgia, on the 17th day of September 1862, he was wounded as follows:

While striking the stump of a tree, the iron handle of the pickaxe struck his right leg, causing a compound fracture of the bone.

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 \$100.

Dollars for said disability.

Sworn to and subscribed before me this the 1st day of March 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.

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 1st day of March 1892.

Executed in the presence of us:

M. Stone Only

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County.

PERSONALLY appears,

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 1807 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 of 1st Regiment of Georgia Volunteers. That whilst engaged in such military service at the battle of Atlanta, in the State of Georgia, on the 17th day of September 1862, he was wounded as follows:

Right leg below the knee, causing a compound fracture of the bone, and a 3 inch ulcer on the knee.

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 \$100.

dollars, for said disability.

Sworn to and subscribed before me, this, the 1st day of March 1893.

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,

County.

I, J. H. Stiles, 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 duly qualified and sworn attorney at law, and that he is a citizen of said County, and the said affidavits and power of attorney are genuine.

Given under my official signature and seal, this 1st day of March 1893.

County.

STATE OF GEORGIA,

POWER OF ATTORNEY.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.
Know all Men by these Presents, That I,

of *Manitowish* County, State of Georgia, do hereby appoint *J. H. Sauls* 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 *12th* day of *March*, 1894.

Executed in the presence of us

Send money to me as follows, by

DIRECTIONS.

County, Georgia.

P. O.

Soldier's Pension.

1894.

Name *J. H. Sauls*
County *Cobb*
Disability *Loss of arm*
Amount, \$ *100*
3/27

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

W. H. Harrison

Geo. W. Harrison, State Printer, Atlanta.

(For Those Already Enrolled.)

No.

618

STATE OF GEORGIA,

Cobb County.

KNOW ALL MEN BY THESE PRESENTS, That I,

County, State of Georgia, do hereby appoint *J. H. Sauls* of *Manitowish* 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 *16th* day of *March*, 1895.

Executed in presence of us

W. H. Harrison

DIRECTIONS.

Send money to me as follows, by

County, Georgia.

P. O.

SOLDIER'S PENSION.

1895.

Name *J. H. Sauls*
County *Cobb*
Disability *Loss of arm*
Amount, \$ *100*
3/27

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

W. H. Harrison

Geo. W. Harrison, State Printer, Atlanta.

(For Those Already Enrolled.)

No.

336

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County,

PERSONALLY appears *J. H. Sauls* 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 *Novr.* 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 *L*, of *Phillips Legion* of *Georgia* Volunteers, *Wofford's* Brigade; that whilst engaged in such military service at the battle of *Sharpsburg* in the State of *MD.* on the *17* day of *Sept.* 1862, he was wounded as follows:

By gunshot striking the right leg between knee and ankle causing deep lacerations 3 inches below the knee.

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

\$100 dollars, for the year 1893.

Sworn to and subscribed before me, this, *12* day of *Mar.* 1894. *J. H. Sauls*

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, *J. M. Stone* Ordinary of said County, do certify that I am well acquainted with *J. H. Sauls* 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 *Mar.* 1894.



J. M. Stone Ordinary *Cobb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County,

PERSONALLY appears *J. H. Sauls* 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 *Novr.* 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 *L*, of *Phillips Legion* of *Georgia* Volunteers, *Wofford's* Brigade; that whilst engaged in such military service at the battle of *Sharpsburg* in the State of *MD.* on the *17* day of *Sept.* 1862, he was wounded as follows:

By gunshot striking the right leg between knee and ankle causing deep lacerations 3 inches below the knee.

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

100 dollars, for the year 1894.

Sworn to and subscribed before me, this, *12* day of *Mar.* 1895. *J. H. Sauls*

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, *J. M. Stone* Ordinary of said County, do certify that I am well acquainted with *J. H. Sauls* 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 *Mar.* 1895.



J. M. Stone Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Doyle County.

I, *J. H. Sauls* hereby authorize *W. E. Gilbert*
of *Marion* Co.

to receive and receipt for the pension paid hereon and request that he remit same to
by *me* *him*

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *3^d*
day of *March* 1896.

Executed in presence of us

J. M. Stone
07

J. H. Sauls [L. S.]
me

POWER OF ATTORNEY.

STATE OF GEORGIA,

Doyle County.

I, *J. H. Sauls* hereby authorize *W. E. Gilbert*
of *Marion* Co.

to receive and receipt for the pension paid hereon and request that he remit same to
by *me* *him*

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *23^d*
day of *July* 1897.

Executed in presence of

J. M. Stone
07

J. H. Sauls [L. S.]
me

(For Those Already Enrolled.)

SOLDIER'S PENSION.

1896.

Name *J. H. Sauls*
County *Doyle*
Disability *Loss right leg*
Amount, \$ *100.*

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

att
W. W. Harrison, State Printer, Atlanta.

No data

(For Those Already Enrolled.)

INVALID

SOLDIER'S PENSION.

1897.

Name *J. H. Sauls*
County *Doyle*
Disability *Loss Right leg*
Amount, \$ *100.*

1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

att
W. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears H. Sauls 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 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 Phillips Regiment of Georgia Volunteers, Walker's Brigade; that whilst engaged in such military service in the State of Georgia, on the 17 day of Sept 1862, he was wounded, injured or diseased as follows:

the right leg, by bullet striking the bone & to be amputated just above the knee

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 \$100 dollars, for the year 1896.

Sworn to and subscribed before me, this, the 30 day of March 1896.

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, J. M. Stone Ordinary of said County, do certify that I am well acquainted with H. Sauls 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 30 day of March 1896.



Ordinary J. M. Stone Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears H. Sauls 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 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 Phillips Regiment of Georgia Volunteers, Walker's Brigade; that whilst engaged in such military service in the State of Georgia, on the 17 day of Sept 1862, he was wounded, injured or diseased as follows:

right leg, by bullet striking the bone & to be amputated just below the knee

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 \$100 Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 30 day of Feb 1897.

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, J. M. Stone Ordinary of said County, do certify that I am well acquainted with H. Sauls 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 30 day of Feb 1897.



Ordinary J. M. Stone Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County,
I, *J. H. Sauls*
Libert

hereby authorize

B. E.
of *Maricetta, Ga.*

to receive and receipt for the pension paid hereon and request that he remit same to
by *him*
at *Maricetta*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *20th*
day of *March* 1898.

Executed in presence of

J. H. Sauls
Libert

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

No. *3349*

INVALID

SOLDIER'S PENSION.

1898.

Name *J. H. Sauls*
County *Cobb*
Disability *Loss of leg*
Amount, \$ *100.*
3/21 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

R. T. M. H. H.
1898.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County,
I, *J. H. Sauls*

hereby authorize

J. M. Brown
of *Maricetta Ga.*

to receive and receipt for the pension paid hereon and request that he remit same to
by *him*
at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *22nd*
day of *Feb.* 1899.

Executed in presence of

J. H. Sauls [L. S.]

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

No. *3178*

INVALID

SOLDIER'S PENSION.

1899.

Name *J. H. Sauls*
County *Cobb*
Disability *Loss leg*
Amount, \$ *100.*
2/24 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

J. M. S.
1899.

W. H. HANSON, ST. L. PRINTER, ATLANTA

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. H. Sauls* 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 *25* day of *April*, 1837; 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* *Regiment* *Georgia* Volunteers, *Barber's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *17* day of *Sept*, 1862, he was wounded, injured or diseased as follows:

By gun shot striking right leg between knee and ankle and rendering it necessary to amputate same just below knee.

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 *\$100*, Dollars, for the year 1897.

Sworn to and subscribed before me, this, *8th* day of *March*, 1898. *J. H. Sauls* POST OFFICE *Dodgers, Ga.*

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

Given under my official signature and seal, this *8th* day of *March*, 1898.



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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. H. Sauls* 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 *25* day of *April*, 1837; 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* *Regiment* *Georgia* Volunteers, *Barber's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *17* day of *Sept*, 1862, he was wounded, injured or diseased as follows:

By gunshot striking the right leg on the joint of which said leg was amputated below the knee.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of *\$100*, Dollars, for the year 1898.

Sworn to and subscribed before me, this, *15th* day of *Feb*, 1899. *J. H. Sauls* POST OFFICE *Dodgers P.O.*

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, *J. W. Stone* Ordinary of said County, do certify that I am well acquainted with *J. H. Sauls* 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 *Feb*, 1899.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County, }

I, J. H. Sauls hereby authorize
W. E. Gilbert of Marietta, Ga.

to receive and receipt for the pension paid hereon and request that he remit same to
by me
at Marietta

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 6th
day of March 1900.

Executed in presence of

T. J. Hamby

J. H. Sauls [L. S.]
mark

CODE SECTION 126

(For Those Already Enrolled.)

No. 250

INVALID

SOLDIER'S PENSION.

1900.

Name J. H. Sauls
County Cobb
Disability Leg
Amount, \$100.
Warrant issued 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

No data

CODE SECTION 126

(For Those Already Enrolled.)

No. 170

DISABLED

SOLDIER'S PENSION.

1901.

Name J. H. Sauls
County Cobb
Disability Loss of leg.
Amount, \$100 per
Jan 18th 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County, }

I, J. H. Sauls hereby authorize
John Gentry of Marietta

to receive and receipt for the pension paid hereon and request that he remit same to
by me
at his office

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 12
day of Jan'y 1901.

Executed in presence of

J. H. Sauls [L. S.]
mark

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. H. Sauls* 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 *25th* day of *Novr.*, 1839; 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 *L*, of *Phillips* *Legion* of *Georgia* Volunteers, *Wafford's* Brigade; that whilst engaged in such military service in the State of *Ind.*, on the *17th* day of *Sept.*, 1862, he was wounded, injured or diseased as follows:

By gunshot striking the right leg on account of which wound said leg was amputated below the knee.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of _____ County been allowed an invalid pension of _____ Dollars, for the year 1899.

Sworn to and subscribed before me, this, the *6th* day of *March*, 1900. *J. H. Sauls* *Delmar, Ga.*

John Stone Only

STATE OF GEORGIA,

Cobb County.

I, *J. W. Stone* Ordinary of said County, do certify that I am well acquainted with *J. H. Sauls* 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 Stone* Ordinary *Cobb* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. H. Sauls* 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 *Novr.*, 1839; 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 *L*, of *Phillips* *Legion* of *Ga.* Volunteers, *Wafford's* Brigade; that whilst engaged in such military service in the State of *Ind.*, on the *17th* day of *September*, 1862, he was wounded, injured or diseased as follows:

By gun-shot striking the right leg on account of which said leg was amputated below the knee

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 _____ Dollars, for the year 1900.

Sworn to and subscribed before me, this the *6th* day of *January*, 1901. *J. H. Sauls* *Postoffice* *Delmar*

John A. Wooten, Only

STATE OF GEORGIA,

Cobb County.

I, *John A. Wooten* Ordinary of said County, do certify that I am well acquainted with *J. H. Sauls* 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*, 1901. *John A. Wooten* Ordinary *Cobb* County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *J. H. Saults* 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 *11*

day of *Jan* 1902.

J. H. Saults [L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *J. H. Saults* 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 *21st*

day of *Jan* 1903.

Executed in presence of _____

J. H. Saults [L. S.]

(FOR THOSE ALREADY ENROLLED.)

No. *346*

DISABLED

SOLDIER'S PENSION

1902.

Name *J. H. Saults*

County *Cobb*

Co. *7*

Regiment *Phillips Legion*

Disability *100*

Amount, \$ *100*

1902.

JOHN W. LINDSEY,

(Commissioner of Pensions.)

WARRANT HANDED TO

Ordy

Geo. W. Harrison State Prison, Atlanta.

No data

Saults, J. H.

John Anthony

(FOR THOSE ALREADY ENROLLED.)

No. *395*

DISABLED

SOLDIER'S PENSION

1903.

Name *J. H. Saults*

County *Cobb*

Co. *2*

Regiment *Phillips Legion*

Disability *100*

Amount, \$ *100*

1903.

JOHN W. LINDSEY,

(Commissioner of Pensions.)

WARRANT HANDED TO

only

Geo. W. Harrison State Prison, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Personally appears

Cobb County

J. H. Sauls 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* 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 *L*, of *Phillips* 2nd Regiment of *Vol* Volunteers, *Hofford*'s Brigade; that whilst engaged in such military service in the State of *GA*, on the *17* day of *Sept* 1862, he was wounded, injured or diseased as follows:

By gun shot striking the right leg on account of which said leg was amputated below the knee.

Deponent makes application for the pension to which he is entitled for the year ending October 30th, 1902. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$100* Dollars, for the year 1901.

Sworn to and subscribed before me, this the *11* day of *Jan* 1902. *J. H. Sauls* Post-office *Dodgen*

John Aubrey
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 *J. H. Sauls* 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 Aubrey 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

of

J. H. Sauls 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* 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 *L*, of *Phillips* 2nd Regiment of *Vol* Volunteers, *Hofford*'s Brigade; that whilst engaged in such military service in the State of *GA*, on the *17* day of *Sept* 1862, he was wounded, injured or diseased as follows:

Gun shot striking the right leg causing amputation below the knee.

Deponent makes application for the pension to which he is entitled for the year ending October 30th, 1903. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$100* Dollars, for the year 1902.

Sworn to and subscribed before me, this the *11* day of *Jan* 1903. *J. H. Sauls* Post-office *Dodgen*

John Aubrey
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 *J. H. Sauls* 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* 1903.

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, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, *J. H. Sauls*, hereby authorize
John Andrew 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* 1904.

Executed in presence of

J. H. Sauls
Mark

[L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, *J. H. Sauls*, hereby authorize
John Andrew 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* 1905.

Executed in the presence of

J. H. Sauls
Mark

[L. S.]

Sauls, J. H.

Cobb Co.

(FOR THOSE ALREADY ENROLLED.)

No. *112*

DISABLED

SOLDIER'S PENSION

1904.

Name *J. H. Sauls*
 County *Cobb*
 Co. *2*
 Disability *Philip's Leg*
 Amount, \$ *100*

JAN 25 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Andy

Geo. W. Harrison, State Printer, Atlanta.

no date

Sauls, J. H.

Cobb Co.

(FOR THOSE ALREADY ENROLLED.)

No. *357*

DISABLED

SOLDIER'S PENSION

1905.

Name *J. H. Sauls*
 County *Cobb*
 Co. *2*
 Disability *Philip's Leg*
 Amount, \$ *100*

JAN 23 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Andy

Geo. W. Harrison, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. B. Sauls* 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* 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 *L* of *Phillips' Georgia* of *Volunteers* *Wofford's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *17th* day of *September* 1862, he was wounded, injured or diseased as follows:

By gun shot striking the right leg an account of which said leg was amputated below the knee

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 *\$100* Dollars, for the year 1903.

Sworn to and subscribed before me, this the *12* day of *January* 1904.

John A. Harty

Post-office *Mark*

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. Harty* Ordinary of said County, do certify that I am well acquainted with *J. B. Sauls* 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 A. Harty 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. B. Sauls* 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 *25* day of *Nov* 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 *L* of *Phillips' Georgia* of *Volunteers* *Wofford's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *17th* day of *Sept* 1862, he was wounded, injured or diseased as follows:

Right leg shot off by gun shot

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 *- 100 -* Dollars, for the year 1904.

Sworn to and subscribed before me, this the *12* day of *January* 1905.

John A. Harty

Post-office *Mark*

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. Harty* Ordinary of said County, do certify that I am well acquainted with *J. B. Sauls* 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 A. Harty 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. H. Sauls hereby authorize
John A. Swain 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'y 1906.

J. H. Sauls [L. S.]

Executed in the presence of
John A. Swain

(Cons. Service 1250.
 FOR THOSE ALREADY ENROLLED.)

No. 303

DISABLED SOLDIER'S PENSION 1906.

Name J. H. Sauls
 County Cobb
 Co. L. Phillips Legion
 Disability right leg
 Amount, \$100

1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Full Pensioners Print Name and Signature On. Geo. W. H. HARRISON, Secy.

no date

Sauls, J. H.

Cobb Co.

(Cons. Service 1250.
 FOR THOSE ALREADY ENROLLED)

No. 251

DISABLED SOLDIER'S PENSION 1907.

Name J. H. Sauls
 County Cobb
 Co. L. Phillips Legion
 Disability right leg
 Amount, \$100

1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. H. HARRISON, STATE PRINTER, ATLANTA.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, J. H. Sauls hereby authorize
John A. Swain 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'y 1907.

J. H. Sauls [L. S.]

Executed in presence of
J. M. Gamm

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears J. H. Sauls 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 _____) during the war between the States, and served as a _____ in Company L, of Philips Regiment, of Volunteers's Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186____, he was wounded, injured or diseased as follows:

Lost Leg

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 100 Dollars, for the year 1905.

Sworn to and subscribed before me, this the _____ day of January 1906.

J. H. Sauls
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. H. Sauls 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 Andrew
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 J. H. Sauls 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 _____) during the war between the States, and served as a _____ in Company L, of Philips Regiment, of Volunteers's Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186____, he was wounded, injured or diseased as follows:

Lost Leg

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 100 Dollars, for the year 1906.

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

J. H. Sauls
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 Andrew Ordinary of said County, do certify that I am well acquainted with J. H. Sauls 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 Andrew
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 April 12 1889.

Wm S. Wright
COMPTROLLER GENERAL

Gobb
Maimed Soldiers.
Voucher No. 1881

Amount, \$ 100

Paid to J. H. Sauls
For Loss of Right
Leg
Apr 11 1889

Included in Warrant No.
issued to Treasurer.

1889.

WARRANT CLERK.

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

R. C. Brown

Audited

18

COMPTROLLER GENERAL.

Gobb
Maimed Soldiers.
Voucher No. 1553.

Amount \$ 100

Paid to J. H. Sauls
For Loss of leg

July 20 1890

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK.

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

R. C. Brown

No. 1551

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. April 11 1889

Mr. J. H. Sauls
of Cobb 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

Loss of leg
He is entitled to receive the sum of One Hundred & 00/100 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. Hammon

CLERK EXECUTIVE DEPARTMENT.

100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred & 00/100 Dollars,
per above voucher, this 11 of April 1889.

R. C. Irwin

No. 1573

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. July 20 1890

Mr. J. H. Sauls
of Cobb 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

Loss of leg
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 hold his receipt on this voucher, and return same
to Executive Department for warrant.

By the Governor,

J. H. Hammon

CLERK EXECUTIVE DEPARTMENT.

\$ 100⁰⁰/₁₀₀

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred & 00/100 Dollars,
per above voucher, this 20th of July 1890.

J. H. Sauls
per R. C. Irwin

Audited,

1891.

COMPTROLLER GENERAL

James H. Sauls, Jr. D.

Cobb

1891.

Maimed Soldiers.

Voucher No. 13.

Amount \$

Paid to J. H. Sauls, Jr.

For

1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK

Geo. W. Harrison State Printer, Atlanta.

J. H. Sauls, Jr.

Georgia }
Cobb County } Personally appeared before me
James H. Sauls of the County of Cobb State
of Georgia who being duly sworn deposes and
swears that he was on the 10th day of September
1869 a bona fide resident of this State that he
served in the military service of the Confed-
erate States or of this State as a private in Co.
A. Phillips' Legion of Georgia Volunteers; that
while engaged in such military service, to wit; at
the battle of Sharpsburg on the 17th day of September
1862 he was wounded in the right leg and
that the same was amputated below the knee
that he has not received the payment allowed
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
1868 approved September 20th 1869; that he has
supplied himself with an artificial leg and
wishes that he be allowed such sum as is due
him under the act aforesaid.

Given under my hand and subscribed
before me this November 4th 1879. } J. H. Sauls
1879. } Geo. W. Harrison }
Grow

Georgia }
Cobb County } Personally came before me W. W.

STATE OF GEORGIA.
EXECUTIVE DEPARTMENT.

1891.
No. 1312

Atlanta, Ga. *July 20, 1891.*

Mr. *J. N. Sauls* 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 in Mexico
He is entitled to receive the sum of _____ 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,

J. N. Harrison
Secy. EXECUTIVE DEPARTMENT

RECEIVED OF R. C. HARRIS, Treasurer of the State of Georgia

per above voucher, this



R. C. Harris
for Sauls

Dollars,
1891.

I Gabe of the County of Cobb State of Georgia who being duly sworn deposes and says that he was first Lieutenant in Company I of Phillips's Legion of Georgia Volunteers and that James H. Sauls the above defendant was a private in said Company, and that this defendant knows that said James H. Sauls lost a leg in the military service as said in the above affidavit.

I depose and subscribe
before me this 8 day
of November 1891.
J. W. Hammett
Ord.

State of Georgia
Cobb County *J. W. Hammett* Ordinary
of Cobb County, do certify that I am well
acquainted with James H. Sauls the affli-
cant 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 the G. H. Gabe the Commission-
ed officer who makes the affidavit
he is a respectable citizen of this
County and that the facts stated by him
are true given under my hand and
official seal this 8th day of November 1891.

J. W. Hammett
Ord.

No. 608 #878
Sault, Geo. H.
All location for
a Leg. cable.

10 Confederate Soldier
Allmont James H. Sault
County Cobb
Sault Leg. cable three
Amount \$75.00
Date of Payment Dec 10th 1879

Page
G. L. P. Smith
S. H. Sault
1879

State of Georgia }
Cobb County } David Paul Lester
has full authority
to receive for me the sum due
from the State of Georgia in lieu
of artificial limbs and to sign
my name and receipt for the
same This December 9th 1879
Attest
J. H. Sault

Sauls, William H.
#302
Sauls, Wm. H.
Cobb Co
No. 142 ✓

APPLICATION FOR

Arm

FOR CONFEDERATE SOLDIER.

Applicant... W. H. Sauls

County... Cobb

Lib... Wm. Cobb

Amount ... \$60

Date of Warrant... 7th / 79

Page...

G. M. Phillips

Legionary

1952

STATE OF GEORGIA.

Cobb County.

Personally appeared before me *William H. Sauls* 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 *M Phillips's Georgia Legion* Volunteers that while engaged in such military service, to-wit: at the battle or engagement of *South Mountain* in the State of *Maryland* on the *11th* day of *September* 1862, he was wounded in the *arm*, and that the same was amputated *above 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 *1st* day of *November* 1879. *Wm H. Sauls*
Wm H. Sauls
 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 OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

Cobb County.

Personally came before me *William P. Stetson* of the county of *Cobb*, State of Georgia, who, being duly sworn, deposes and says that he was *William H. Sauls* in Company *M Phillips's Georgia Legion* and that *William H. Sauls*, the above deponent, was a *Private* in said Company, and that this deponent knows that said *William H. Sauls* lost a *an arm* in the military service as said in the above affidavit.

Sworn to and subscribed before me this *1st* day of *November* 1879. *William P. Stetson*
Wm P. Stetson
 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 SOLDIER

Applicant *Wm H. Sauls*

County *Cobb*

Limb *Arm above elbow*

Amount *\$60*

Date of Warrant *Nov-7th 1879*

Page *1*

Cobb

Wm H. Sauls

1879

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 useful 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 R. GOETCHUS,
Secretary House Representatives.
WM. A. HARRIS,
Secretary Senate.
Approved, September 9th, 1879

A. O. BACON,
Speaker House Representatives.
RUFUS E. LAWREN,
President Senate.
ALFRED H. COLQUHITT, Governor.

STATE OF GEORGIA,

Cobb County.

Personally came *Geo M. Manning, P. O. Bellak*
W. D. Gillham
who, being duly sworn, depose and say they are acquainted with *Wm. A. Paul*
and know that he lost a *arm* in the military service during the late war;
that said *arm* was amputated *above 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 *1* day of *Novr* 1879.
Geo M. Manning
W. D. Gillham
Ordinary

STATE OF GEORGIA,

Cobb County.

I, *A. W. Hammett*, Ordinary of *Cobb*
county, do certify that I am well acquainted with *Wm. A. Paul*
the applicant for a *arm*, and am well satisfied that the facts stated by him in the foregoing
affidavit are true, and that I am well acquainted with *Geo M. Manning, P. O. Bellak*
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 *1* day of *Novr* 1879.
A. W. Hammett
Ordinary

Sauls, W. H.
Cobb Co

No. 787

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889

Law of Left Arm
Applicant, W. H. Sauls
County, Cobb

Amount 100

Date of Warrant July 21

Entered on record

July 21 1889

W. H. H

SECRETARY EXECUTIVE DEPARTMENT.

Waddiana Letts
Attest

STATE OF GEORGIA,

PERSONALLY appears W. H. Sauls 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 23rd day of August 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 M, of Phillips Legion of Ga. Volunteers Drafted into the State in such military service, at the battle of South Mountain the State of Md. on the 14 day of September 1862, he was wounded as follows: By gunshot striking left arm between wrist & elbow, thereby causing amputation of said arm above elbow.

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 ending October 26, 1889.

Sworn to and subscribed before me, this the 19th day of July, 1889, W. H. Sauls
Jut. Sporn

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,

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,

I, *W. H. Sauls* Ordinary of said county,
do certify that I am well acquainted with *W. H. Sauls* 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 *19th* day of *July*, 188*9*

Ordinary *W. H. Sauls* County.

POWER OF ATTORNEY

STATE OF GEORGIA,

W. H. Sauls
County. *W. H. Sauls*
Know all Men by these Presents, That I, *W. H. Sauls*
of *W. H. Sauls* County, 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 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 *19th*
day of *July*, 188*9*

Executed in the presence of us:

Send money to me as follows, by

DIRECTION:

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,

I, J. M. Stone Ordinary of said county, do certify that I am well acquainted with W. H. James 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 19th day of Febry, 1890

J. M. Stone
Ordinary Cobb County.

STATE OF GEORGIA,

I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with W. H. James 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 14th day of Febry, 1891

J. M. Stone
Ordinary Cobb County.

1890.

Loss of Arm

No. 877
APPLICATION FOR ALLOWANCE.

FOR THIS BEING OFFERED IN 1890.

Loss of Arm
Applicant W. H. James

County, Cobb

Amount, 100.

Date of warrant, Febry 11

Entered on record

Oct 11 1890

W. H. Harrison
DEPUTY EXECUTIVE DEPARTMENT

WARRANT HANDED TO

P. O. McLean

1891.

James W. H.
Cobb Co

Application for Allowance

FOR THIS BEING OFFERED IN 1891.

Loss of Arm
Applicant W. H. James

County, Cobb

Amount, \$100.

Date of Warrant, Febry 11

Entered on record

Oct 11 1891

W. H. Harrison
DEPUTY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

P. O. McLean

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears *W. H. Sauls* 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 *23* day of *August* 18*44*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *M*, of *Phillips* Regiment of *Georgia* Volunteers *Wafford's* Brigade; that whilst engaged in such military service, at the battle of *South Mountain* in the State of *Maryland*, on the *14* day of *September* 1867, he was wounded as follows: *by a minie ball in left arm below elbow and caused arm to have to be amputated about half way between elbow and shoulder, and thereby lost left hand and 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 the *15* day of *July*, 1890 *W. H. Sauls*
W. H. Sauls

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. H. Sauls* of *Cobb* county, in said State, do hereby appoint *P. O. McLane*

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 *February*, 1890 *W. H. Sauls* [L. S.]

Executed in the presence of us:

J. D. Bowen
W. H. Sauls
W. H. Sauls

Send money to me as follows, by

to _____ P. O. _____ County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears *W. H. Sauls* 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 *23* day of *August* 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 *M*, of *Phillips* Regiment of *Georgia* Volunteers *Wafford's* Brigade; that whilst engaged in such military service at the battle of *South Mountain* in the State of *Maryland*, on the *14* day of *Sept.* 1867, he was wounded as follows: *By bullet striking left arm between wrist & elbow, causing arm to piece, thereby causing said arm to be amputated between elbow and shoulder.*

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 _____ dollars, for *lost arm.*

Sworn to and subscribed before me, this the *14* day of *July*, 1891. *W. H. Sauls*
W. H. Sauls

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, *W. H. Sauls* of *Cobb* County, State of Georgia, do hereby appoint *A. S. Galt*

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*, 1891. *W. H. Sauls* [L. S.]

Executed in the presence of us:

J. D. Bowen
W. H. Sauls
W. H. Sauls

Send money to me as follows, by

to _____ P. O. _____ County, Georgia.

STATE OF GEORGIA.

I, W. H. Harrison County, Ston 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 March 1892

W. H. Harrison Ordinary, Cobb County.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892

Name W. H. Harrison
County Ston
Disability Loss of limb
Amount \$ 100
Entered on record March 3 1892.
W. H. HARRISON.
Secretary of Examiners Department
AGENT.
Adeloy
Geo. W. Harrison, State Printer Atlanta, Ga.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb County, Ston Ordinary of said county, do hereby appoint W. H. Harrison my true and lawful attorney in fact, for 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, and to receive and receipt 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:
W. H. Harrison
W. H. Harrison

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

1893.
No. 623
Application for Allowance
For the Year Ending October 26, 1892.
Name W. H. Harrison
County Ston
Amount, 100
Date of Warrant, 3/11
Entered on record, March 3 1892.
W. H. HARRISON.
Secretary of Examiners Department
AGENT.
Adeloy
Geo. W. Harrison, State Printer Atlanta, Ga.

STATE OF GEORGIA.
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County, *W. McSauls*
 PERSONALLY appears
 of *W. McSauls* 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 *22nd* day of *August* 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 *Sergeant* in Company *M*
 of *1st Regiment of Georgia Volunteers* Brigade; that whilst engaged in such military service at the battle of *Smith Mountain*
 in the State of *Virginia*, on the *11th* day of *August* 1861, he was wounded as follows:

He was shot in the left arm, the bullet passing through the bone and coming out at the elbow, causing the arm to be amputated between the elbow and shoulder.

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

\$100. Dollars for *Said Arm*
 Sworn to and subscribed before me this the *1st* day of *March* 1892.
W. McSauls 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. McSauls*
 Know all Men by these Presents, That I, *W. McSauls*
 of *W. McSauls* County, in said State, do hereby appoint
 of *W. McSauls* 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. *W. McSauls* [L. S.]

Executed in the presence of us:

W. McSauls
 DIRECTION.

Send money to me as follows, by *to* *W. McSauls* P. O. *County, Georgia.*

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County, *W. McSauls*
 PERSONALLY appears *W. McSauls* of *W. McSauls* 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 *22nd* day of *August* 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 *Sergeant* in Company *M* of *1st Regiment of Georgia Volunteers* Brigade; that whilst engaged in such military service at the battle of *Smith Mountain* in the State of *Virginia*, on the *11th* day of *August* 1861, he was wounded as follows:

He was shot in the left arm, the bullet passing through the bone and coming out at the elbow, causing the arm to be amputated between the elbow and shoulder.

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

\$100. dollars, for *Said Arm*
 Sworn to and subscribed before me, this, the *1st* day of *March* 1893.
W. McSauls

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,

County, *W. McSauls*
 I, *W. McSauls* Ordinary of said County,
 do certify that I am well acquainted with *W. McSauls* 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. McSauls* before whom the foregoing affidavits were made and power of attorney was signed, is a *bona fide* citizen of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal this *1st* day of *March* 1893.
W. McSauls
 Ordinary *W. McSauls* 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

of *Martha* 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 *10th* day of *March* 1894.

Executed in the presence of us

J. M. Fleming

DIRECTIONS.

Send money to me as follows, by

to *W. H. Harrison* P. O.
County, Georgia.

Sauls, W. H.
(For Those Already Enrolled.)

No. *617*

Soldier's Pension.

1894.

Name *W. H. Sauls*
County *Cobb*
Disability *Loss of arm*
Amount, \$ *100*
3/100 1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

J. M. Fleming

Geo. W. Harrison, State Printer, Atlanta.

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* 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 *6th* day of *March* 1895.

Executed in presence of us

B. A. Harrison

DIRECTIONS.

Send money to me as follows, by

to *W. H. Harrison* P. O.
County, Georgia.

(For Those Already Enrolled.)

No. *335*

SOLDIER'S PENSION.

1895.

Name *W. H. Sauls*
County *Cobb*
Disability *Loss of arm*
Amount, \$ *100*
3/100 1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

W. H. Harrison

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County, }
 PERSONALLY appears *W. H. Sauls* 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 *22* day of *August* 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 *M*, of *Shiloh* Brigade, that whilst engaged in such military service at the battle of *South Mt.* in the State of *Ga.* on the *14* day of *Sept.* 186*3* he was wounded as follows: *By gunshot striking the left arm between elbow & wrist, thereby causing said arm to be amputated between elbow & shoulder.*

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 *\$100* dollars, for the year 189*3*.

Sworn to and subscribed before me, this, the *10* day of *March* 1894. } *W. H. Sauls*
M. Stone Org.

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, *M. Stone* Ordinary of said County, do certify that I am well acquainted with *W. H. Sauls* 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 *March* 1894.
M. Stone
 Ordinary *Cobb* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County, }
 PERSONALLY appears *W. H. Sauls* 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 *22* day of *August* 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 *M*, of *Shiloh* Brigade, that whilst engaged in such military service at the battle of *South Mt.* in the State of *Ga.* on the *14* day of *Sept.* 186*3* he was wounded as follows: *By gunshot striking the left arm between elbow & wrist, thereby causing said arm to be amputated just below shoulder.*

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 *100* dollars, for the year 189*4*.

Sworn to and subscribed before me, this, the *6* day of *March* 1895. } *W. H. Sauls*
M. Stone Org.

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, *M. Stone* Ordinary of said County, do certify that I am well acquainted with *W. H. Sauls* 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 *6* day of *March* 1895.

M. Stone
 Ordinary *Cobb* County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, W. H. Sauls hereby authorize _____ of _____

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 3^d

day of March 1896.

W. H. Sauls [L. S.]

Executed in presence of us

M. H. Stom
G. W. Phillips

ACT OF OCT. 1887.

(For Those Already Enrolled.)

M. H. Phillips

No. 2910

SOLDIER'S PENSION.

1896.

Name

W. H. Sauls

County

Cobb

Disability

Loss left arm

Amount, \$

100.

1896

3/5

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

G. W. Phillips

Geo. W. Harrison, State Printer, Atlanta.

No later

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, W. H. Sauls hereby authorize _____ of _____

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 24th

day of July 1897.

W. H. Sauls [L. S.]

Executed in presence of

G. W. Phillips

ACT OF OCT. 1887.

(For Those Already Enrolled.)

W. H. Phillips

No. 2910

INVALID

SOLDIER'S PENSION.

1897.

Name

W. H. Sauls

County

Cobb

Disability

Loss arm

Amount, \$

100.

1897.

2/25

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

G. W. Phillips

Geo. W. Harrison, State Printer, Atlanta.

No later

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *W. H. Sauls* 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 *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 *M* of *Phillips* of *Georgia* Volunteers, *Phillips*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *14* day of *Sept* 1862, he was wounded, injured or diseased as follows:

By gunshot striking left arm between shoulder and elbow, thereby causing the arm to be amputated between shoulder and elbow.

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 *\$100* dollars, for the year 1895.

Sworn to and subscribed before me, this, the *3* day of *May* 1896.

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. H. Sauls* Ordinary of said County, do certify that I am well acquainted with *W. H. Sauls* 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 *May* 1896.



Ordinary *W. H. Sauls* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *W. H. Sauls* 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 *August* 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 *M* of *Phillips* of *Georgia* Volunteers, *Phillips*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *14* day of *Sept* 1862, he was wounded, injured or diseased as follows:

By gunshot striking left arm between shoulder and elbow, thereby causing the arm to be amputated between the shoulder and elbow.

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 *\$100* Dollars, for the year 1896.

Sworn to and subscribed before me, this, the *3* day of *May* 1897.

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. H. Sauls* Ordinary of said County, do certify that I am well acquainted with *W. H. Sauls* 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* 1897.



Ordinary *W. H. Sauls* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.
I, *W. H. Sauls*
Monetta Ga.

hereby authorize

J. M. Stone

of

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

July

1898.

W. H. Sauls

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.
I, *W. H. Sauls*

hereby authorize

J. M. Stone
of *Monetta 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

day of

July

1899.

W. H. Sauls

[L. S.]

Executed in presence of

ACT OF 1887, 188

(For Those Already Enrolled.)

No. 2553

INVALID

SOLDIER'S PENSION.

1898.

Name

W. H. Sauls

County

Cobb

Disability

Loss Arm

Amount, \$

100.

1898.

2/18

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

J. M. Stone

Geo. W. Harrison, State Printer, Atlanta

No data

CODE SECTION 126.

(For Those Already Enrolled.)

No.

3179

INVALID

SOLDIER'S PENSION.

1899.

Name

W. H. Sauls

County

Cobb

Disability

Loss arm

Amount, \$

100

1899.

2/18

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

J. M. Stone

Geo. W. Harrison, State Printer, Atlanta

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Personally appears

Cobb County. *W. H. Sauls* 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 *1843* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *M* of *Phillips* Legion *Ma* Volunteers, *Anderson's* Brigade; that whilst engaged in such military service in the State of *Md.*, on the *14th* day of *Sept.* 1862, he was wounded, injured or diseased as follows:

With gun shot the left arm between elbow and wrist passing the said arm so that it was amputated above the elbow.

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 *\$100.* Dollars, for the year 1897.

Sworn to and subscribed before me, this, the

14 day of *July* 1898. POST-OFFICE

NOTE.—Fully state 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 *W. H. Sauls* 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 *14th* day of *July* 1898.

Ordinary

Cobb County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears

W. H. Sauls 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 *August* 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 *M* of *Phillips* Legion *Ma* Volunteers, *Wallace's* Brigade; that whilst engaged in such military service in the State of *Md.*, on the *14th* day of *Sept.* 1862, he was wounded, injured or diseased as follows:

By gunshot the left arm causing said arm to be amputated above elbow.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of *\$100.* Dollars, for the year 1898.

Sworn to and subscribed before me, this, the

15th day of *Feb.* 1899. POST OFFICE *Dodgers P.O.*

NOTE.—Fully state 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 *W. H. Sauls* 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 *Feb.* 1899.

Ordinary

Cobb County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, W. H. Sauls hereby authorize J. M. Staus
of Marietta

to receive and receipt for the pension paid hereon and request that he remit same to
by him
at Marietta

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 6th
day of March 1900.

Executed in presence of

J. J. Hamby

CODE SECTION 126

(For Those Already Enrolled.)

No. 1296

INVALID

SOLDIER'S PENSION.

1900.

Name W. H. Sauls
County Cobb
Disability Shrew
Amount, 100
Warrant issued Jan 7 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Staus

Geo. W. Harrison, State Printer, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, W. H. Sauls hereby authorize John Hamby
of Marietta

to receive and receipt for the pension paid hereon and request that he remit same to
by him
at Marietta

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 12th
day of January 1901.

Executed in presence of

Jas M Hamby

CODE SECTION 126

(For Those Already Enrolled.)

No. 169

DISABLED

SOLDIER'S PENSION.

1901.

Name W. H. Sauls
County Cobb
Disability Inf of Arm
Amount, \$ 100

Jan. 15 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Hamby

Geo. W. Harrison, State Printer, Atlanta.

No data

FOR APPLICANTS HERETOFORE ALLOCATED PENSIONS.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears W. H. Sauls 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 23 day of August 1844; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a private in Company M, of Phillips

Legion of Georgia Volunteers, Hafford's Brigade; that whilst engaged in such military service in the State of Wd., on the 14th day of September 1862, he was wounded, injured or diseased as follows:

By gunshot striking the left arm
causing said arm to be
amputated above elbow

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 \$100. Dollars, for the year 1899.

Sworn to and subscribed before me, this, the W. H. Sauls

6th day of March 1900. POST OFFICE

J. M. 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, J. M. Stone Ordinary of said County, do certify that I am well acquainted with W. H. Sauls 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 J. M. Stone Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears W. H. Sauls 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 23 day of August 1844; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a private in Company M, of Phillips

Legion of Georgia Volunteers, Hafford's Brigade; that whilst engaged in such military service in the State of Wd., on the 14th day of September 1862, he was wounded, injured or diseased as follows:

By gunshot striking the left arm
causing said arm to be
amputated above elbow

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 \$100.00 Dollars, for the year 1900.

Sworn to and subscribed before me, this the W. H. Sauls

12th day of January 1901. Postoffice

John Anthony

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 W. H. Sauls 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 Anthony Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb
County.

I, *W. H. Sauls* 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 *16th*
day of *Jan* 1902. *W. H. Sauls* [L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb
County.

I, *W. H. Sauls* 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 *17th*
day of *Jan* 1903. *W. H. Sauls* [L. S.]
Executed in presence of _____

COB. SECTION 150.
(FOR THOSE ALREADY ENROLLED.)

No. *348*
**DISABLED
SOLDIER'S PENSION
1902.**

Name *W. H. Sauls*
County *Cobb*
Co. *M* Regiment *Phillips Legion*
Disability *100*
Amount, \$ *100* *1/16* 1902.

JOHN W. LINDSEY,
Comptroller of Pensions.

WARRANT HANDED TO
Ordry

Geo. W. Harrison, State Printer, Atlanta.

no data

COB. SECTION 150.
(FOR THOSE ALREADY ENROLLED.)

No. *396*
**DISABLED
SOLDIER'S PENSION
1903.**

Name *W. H. Sauls*
County *Cobb*
Co. *M Phillips Legion*
Disability *Left Arm*
Amount, \$ *110⁰⁰* *1/23* 1903.

JOHN W. LINDSEY,
Comptroller of Pensions.

WARRANT HANDED TO
Ordry

Geo. W. Harrison, State Printer, Atlanta.

no data

FOR APPROVAL BY RESPECTIVE ATTORNEY GENERAL

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears

W. H. Sauls 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 *August* 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 *M*, of *Phillips* th Regiment of *69* Volunteers, *Hofford's* Brigade; that whilst engaged

in such military service in the State of *MD*, on the *14* day of *Sept* 18*62*, he was wounded, injured or diseased as follows:

By gun shot striking the left arm causing said arm to be amputated above elbow

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 *\$100* Dollars, for the year 1901.

Sworn to and subscribed before me, this the *11th* day of *Jan* 1902. Post-office *Dodgers P.O.*

John A. W. [Signature]
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. W. [Signature]*

Ordinary of said County,

do certify that I am well acquainted with *W. H. Sauls* 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* 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. H. Sauls 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 *August* 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 *M*, of *Phillips* th Regiment of *69* Volunteers, *Hofford's* Brigade; that whilst engaged

in such military service in the State of *MD*, on the *14* day of *Sept* 18*62*, he was wounded, injured or diseased as follows:

By gun shot striking the left arm causing said arm to be amputated

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 *\$100* Dollars, for the year 1902.

Sworn to and subscribed before me, this the *11th* day of *Jan* 1903. Post-office *Monetta*

John A. W. [Signature]
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. W. [Signature]*

Ordinary of said County,

do certify that I am well acquainted with *W. H. Sauls* 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 *14th* 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

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 1904.

W. H. Sauls

[L. S.]

Executed in presence of

John A. Tinsley

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 21

day of Jan 1905.

W. H. Sauls

[L. S.]

Executed in the presence of

CODE SECTION 1260.

(FOR THOSE ALREADY ENROLLED.)

No.

DISABLED

SOLDIER'S PENSION

1904.

Name

County

Co.

Disability

Amount, \$100

JAN 25 1904.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Ord.

Geo. W. Harrison, State Printer, Atlanta.

no data

Cons. Section 1260.

(FOR THOSE ALREADY ENROLLED.)

No.

DISABLED

SOLDIER'S PENSION

1905.

Name

County

Co.

Disability

Amount, \$100

JAN 23 1905.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Ord.

Geo. W. Harrison, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *W H Sauls* 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 *August* 1844; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *Private* in Company *M*, of *Phillips* Regiment of *Volunteers* *Wofford*'s Brigade; that whilst engaged in such military service in the State of *Miss*, on the *14th* day of *September* 1862, he was wounded, injured or diseased as follows:

By my shot striking the left arm causing said arm to be amputated above elbow

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 *\$100* Dollars, for the year 1903.

Sworn to and subscribed before me, this the *21st* day of *Jan* 1904. *W H Sauls* 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 Austin* Ordinary of said County, do certify that I am well acquainted with *W H Sauls* 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.—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 *W H Sauls* 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 *1844*; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *Private* in Company *M*, of *Phillips* Regiment of *Volunteers* *Wofford*'s Brigade; that whilst engaged in such military service in the State of *Miss*, on the *14th* day of *September* 1862, he was wounded, injured or diseased as follows:

By my shot striking the left arm causing said arm to be amputated above elbow

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 *\$100* Dollars, for the year 1904.

Sworn to and subscribed before me, this the *21st* day of *Jan* 1905. *W H Sauls* 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 Austin* Ordinary of said County, do certify that I am well acquainted with *W H Sauls* 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 Austin 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, W. H. Sauls, 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 6th
day of January, 1906.

Executed in the presence of

W. H. Sauls [L. S.]
John W. Lindsey

(FOR THOSE ALREADY ENROLLED.)

No. 302

DISABLED SOLDIER'S PENSION 1906.

Name W. H. Sauls
County Cobb
Co M. Phillips
Disability Ann
Amount, \$100

1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

The Pensioner's and Pensions Co. Co. W. Lindsey, Sec.

no date

Sauls W. H.
Cobb Co.

(FOR THOSE ALREADY ENROLLED)

No. 252

DISABLED SOLDIER'S PENSION 1907.

Name W. H. Sauls
County Cobb
Co M. Phillips
Disability Ann
Amount, \$100

JAN 21 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

The Pensioner's and Pensions Co. Co. W. Lindsey, Sec.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY. }
I, W. H. Sauls, 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 8th
day of January, 1907.

Executed in presence of

W. H. Sauls [L. S.]
John W. Lindsey

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears W H Sauls 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 M of Phillips Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of Georgia, on the 186 day of 186, he was wounded, injured or diseased as follows:

Lost arm

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 100 Dollars, for the year 1906.

Sworn to and subscribed before me, this the 1 day of Jan, 1906.

Post-Office

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 A. White Ordinary of said County, do certify that I am well acquainted with W H Sauls 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, 1906.

John A. White Ordinary Cobb County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears W H Sauls 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 M of Phillips Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of Georgia, on the 186 day of 186, he was wounded, injured or diseased as follows:

Lost arm

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 100 Dollars, for the year 1906.

Sworn to and subscribed before me, this the 8 day of Jan, 1907.

Postoffice

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

Given under my official signature and seal this 8 day of Jan, 1907.

John A. White Ordinary Cobb County.



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

GEORGIA, Cobb County.

I, John Broome, Ordinary of said county, do certify that I personally know Mrs. Nancy Banks, the applicant, and that she is the lawful widow of W. H. Banks, and was on the Invalid 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 17th day of June, 1908, there was due to him and unpaid his Pension of fifty for 3 or 4 quarters dollars from the State of Georgia, and I know Mrs. Nancy Banks, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 7th day of July, 1908.

John Broome Ordinary.
Cobb County.

Sauls, W. H.

Cobb County

No. _____ 1908.

Application for Pension
Due Deceased Soldier
UNDER ACT 1891.

By Mrs. Nancy Banks
Widow of W. H. Banks
of Cobb County.

Co. _____ Regt. _____ Vols. _____

Approved and Paid _____ 1908.

J. W. LINDSEY,
Commissioner of Pensions.

GEORGIA, _____ County.

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 Pension Due Deceased Soldier

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, Cobb County.

Personally before me comes Mrs. Weney Sauls, of said county, after being duly sworn, on oath says that she is the widow of W H Sauls who was duly enrolled as an Invalid or Invalid Pensioner from the county of Cobb and was paid a Pension of One Hundred Dollars from Cobb county for 1907, and that the said W H Sauls died in Cobb county on the 17 day of June 1908, and at the time of his death a Pension of 90¢ per month was due him from Cobb county and unpaid for 1908. Applicant further swears that she married the said W H Sauls on the 31st day of December 1873, 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 that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 7 day of July 1908.
John A. Hickey Ordinary, } Mrs. Weney Sauls [L. S.]
Cobb County. }

AFFIDAVIT OF WITNESS.

GEORGIA, Cobb County.

Personally before me comes J V Steele, who on oath says that he knew W H Sauls while in life and that he knows his widow Mrs. Weney Sauls the above applicant; that he knows that the said W H Sauls and Weney Steele were in due form of law married in the county of Cobb in the State of Ga. on the 31st day of December 1873, and that they resided together as husband and wife from date of marriage to the day of his death on the 17 day of June 1908, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 7 day of July 1908.
John A. Hickey Ordinary, } J V Steele
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.

Audited

1889.

COMPTROLLER GENERAL

Sabb & Co.
W. H. Sauls

Maimed Soldiers.

Voucher No. 787

Amount \$ 100

Paid to W H Sauls
For Loss of Left
Arm.

Feb 21 1889

Included in War No.

ISSUED BY Treasurer.

1889.

WARRANT CLERK

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

A. S. Clay

Audited

18

COMPTROLLER GENERAL

Cobb

Maimed Soldiers.

Voucher No. 879

Amount \$ 100

Paid W H Sauls
For Loss of
Arm

Feb. 11 1890

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK

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

P. O. McLean

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 787.

Atlanta, Ga. Feb 21 1889.

Mr. W. H. Sauls 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 arm

He is entitled to receive the sum of One Hundred and no/100 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.

\$100.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred and no/100

per above voucher, this

21

of

Feb

1889.

A. S. Clay

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 879

Atlanta, Ga. Feb 11 1890

Mr. W. H. Sauls 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 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, 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.

\$100.00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred and no/100

per above voucher, this

Dollars,

18 90

P. C. McLean

Audited.

1891.

COMPTROLLER GENERAL

Sauls, W. H.
Duplicate 34
Cash
1891.

Maimed Soldiers.

Voucher No. 901

Amount \$ 100

Paid to W. H. Sauls
For Loss of arm

July 1st 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison State Printer, Atlanta.

A. L. Coker

To N. A. Wright.
Comptroller General
Atlanta
Ga.

I hereby authorize W.
H. Power to receive a receipt
for the amount of money that
may be coming to me on my
application for an arm.

Witness my hand and seal
this November 1, 1891.
W. H. Sauls

1891.

No. 901.

STATE OF GEORGIA.

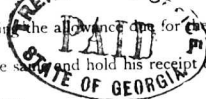
EXECUTIVE DEPARTMENT.

Atlanta, Ga. July 14 1891.

Mr. *W. H. Sauls* 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 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, 1891.

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
SECY EXECUTIVE DEPARTMENT.

\$100.

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

One Hundred & 00/100 Dollars,
per above voucher, this *14* of *July* 1891.

W. H. Sauls per
A. S. Delay his
attly in fact

GEORGIA,
COBB COUNTY. } Court of Ordinary of said County.

I, J. M. GANN, Clerk of the Court of Ordinary of said County, in said State, do hereby certify that the foregoing is a correct transcript of the record in the matter of

Copy of money loan & certificate of W. H. Sauls and Henry Stark

and I further certify that I have compared said transcript with said record and that the same is a correct transcript therefrom. I further certify that under the laws of Georgia I am the keeper and sustodian of said records and the proper party to make and certify transcript therefrom and that I am the duly appointed and qualified Clerk of said Court.

In witness whereof I have hereunto set my hand and seal of office in the City of Marietta, County of Cobb, State of Georgia. This *7th* day of *July* 190*8*

J. M. Gann
Clerk Court Ordinary, Cobb County, Ga.

STATE OF GEORGIA,
COBB COUNTY. } Court of Ordinary of said County.

I, JOHN AWTRY, Ordinary and Judge of the Court of Ordinary of said County, in said State, hereby certify that J. M. GANN is the duly appointed and qualified Clerk of said Court of Ordinary, and as such Clerk is the custodian of the records and files of said Court. I further certify that the attestation made by him is genuine and in due form of law and by the proper officer, and that the seal thereto attached is the seal of said Court.

In witness whereof I have hereunto affixed my name.

This *7th* day of *July* 190*8*
John Awtry
Ordinary of Cobb County, Ga.

No. 92
A. H. Sauls

TO
Kenney Steel

Recorded in Book B

Page of 92 190

ORDINARY.

No. 92
A. G. Sauls

TO
Nancy Steel

Recorded in Book B

Page 92 190

ORDINARY.

MARRIAGE LICENSE.



STATE OF GEORGIA, COBB COUNTY.

TO ANY MINISTER OF THE GOSPEL, JUDGE OF THE SUPERIOR COURT,
OR JUSTICE OF THE PEACE, TO CELEBRATE:

YOU ARE HEREBY AUTHORIZED TO JOIN IN THE HONORABLE STATE OF MATRIMONY

W H Sauls and *Nancy Steel*

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.

Given under my hand and seal *31* day of *December* *1873*

W M Hammett 
ORDINARY.

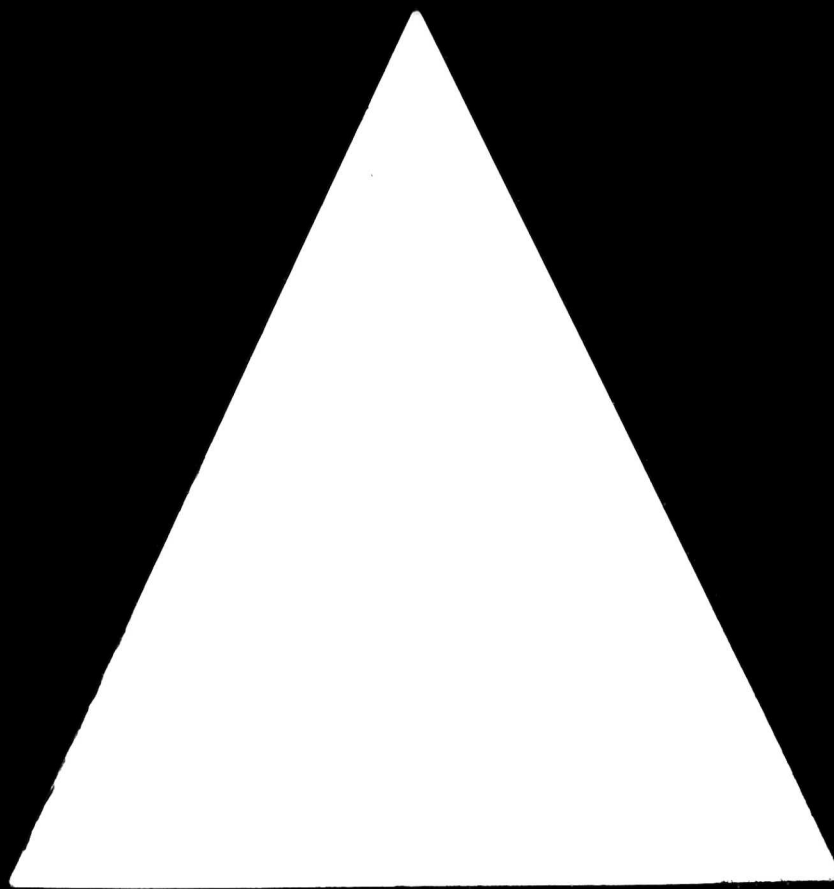
I Hereby Certify that *W H Sauls* and

Nancy Steel were joined together in

HOLY BANS OF MATRIMONY

on the *31st* day of *December* *1873*, by me.

Walter Manning O M G



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb

COUNTY.

James A. Smith

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 16

day of January, 1907.

Tested in presence of

McNamee

James A. Smith [S.]

Scaif, Louisa
Cobb County
(To Those Herebefore Paid.
From Charles)

37 1907.

No. 171

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO

Mrs. Louisa Scaif

OF

Cobb

County,

Widow of James I. Scaif

Co. 2 14th Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1/16 1907,

AND HANDED TO

10

Geo. W. Harrison, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Louisa Scarp

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 Samuel J. Scarp who was a soldier in Company I of the 14th Ga 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 particulars of the husband's death, when, where and from what cause.)

Died in Richmond Jan 1865-
from wounds

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 16 day of Jan 1907.
John H. Hartney Ordinary. Post Office _____

State of Georgia,

Cobb

County,

Ordinary of said County, certify that I am well

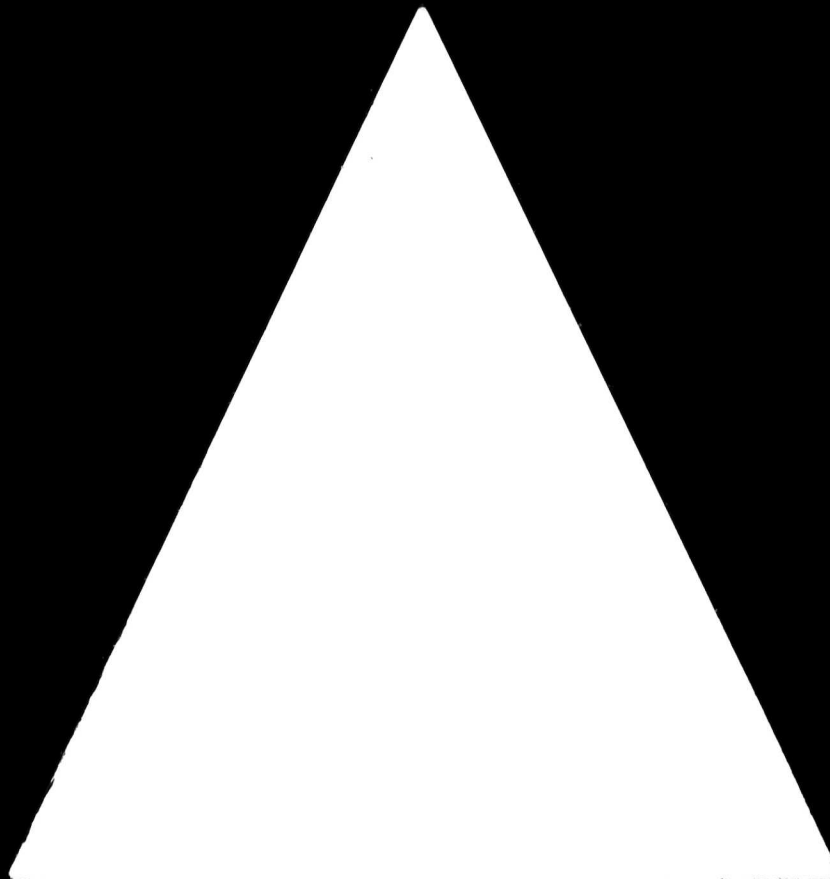
acquainted with Mrs. Louisa Scarp, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the _____ day of _____ 18____.

Given under my official signature and seal, this the 16 day of Jan 1907.

{ Official
Seal }

John H. Hartney
Ordinary of Cobb County.

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



Seabrook, N.C.
Cobb Co.

OK for 1911

**Confederate
Soldier's Application.**

UNDER ACT 1910.

✓
County *Cobb*
Name *J. H. Seabrook*
Company *A*
Regiment *5th Co. 1st Regt.*
Approved _____

J. W. LINDSEY,
Commissioner of Prisons

CHAR. P. BYRD, State Senator, Atlanta.

11/15/10

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA.

County.

I, J. H. Scarborough 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. Scarborough Manilla, Cobb Co. Ga.
2. How long and since when have you been a continuous resident citizen of this State?
63 years from June March 16th 1847
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)
June 1861, Macon Ga. Co. A. 5th Ga. Heavy Artillery
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge)
April 21, 1865 (Greenborough, Va.) about 11 months
6. When and where was your Company and Regiment surrendered or discharged from the Service?
April 26 - 1865, Greenborough, 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
- a. Where was your Command when you left it? Greenborough, Va. at 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? 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 wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.)
2 Horses, Value \$20.00; Wagons, Value 25.00
2 Cows, 00.00; Wagons, 25.00
Household goods, 25.00
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).
2 Horses, Value 150.00; Household goods, 15.00
2 Cows, 60.00; Wagons, 25.00
1 Horse, 10.00; Wagons, 25.00
12. What annual or monthly income or earnings of yourself and wife and the source derived have you?
Nothing, except from my wife's amount about 12.00
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

3rd day of September 1910

J. H. Scarborough
of Cobb County.

Soldier's Application.

Confederate

UNDER ACT 1910.

County

Name

Company

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. E. BETH, State Printer, Atlanta

QUESTIONS FOR WITNESS AS TO SERVICE
STATE OF GEORGIA.

Monroe County.
R. A. Smith of said State and County is hereby presented as a witness in support of the application of S. N. Starbough 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? R. A. Smith, Long 2 1/2 mi. S. of
2. How long and since when have you known S. N. Starbough the applicant? 60 yrs
3. Where does he now reside, and since when has he been a bonafide, continuing resident in this State and how do you know? could be all his life
4. When, where and in what Company and Regiment did S. N. Starbough enlist during war from 1861 to 1865? (Give date and place) about 2 months, May 1861, in 1st Regt. S. Cal. Inf.
5. How did you obtain your information of this Service? from some one
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) 10 months from 1861 to April 1866
7. When and where was his Command surrendered or discharged (give date and place) April 1866, Brunswick, Ga.
8. Were you personally present at the Surrender? I was
9. If not, where were you and how came you there? Present
10. Was the applicant personally present with his Command at surrender? he was
11. If not where was he and how came him there? Present
12. When did he leave his Command? April 1866 - Sunday Where was his Command when he left it? Brunswick, Ga. for what cause did he leave? Surrender
By whose authority did he leave? Official and how long was he granted leave? Surrender 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 in some 100 & 100
13. In what way was he prevented from returning to his Command? none
How do you know? Surrender
14. What effort did he make to return to his Command and how do you know? none
was killed
15. Was applicant captured as a prisoner? yes If so, when and where? in
in In what prison was he held? in and when released?

Sworn to and subscribed before me, this the 16th day of Sept 1912.
Geo. M. Newton Ordinary.

W. H. Westbrooke of Monroe County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Cuth County.

Personally before me come M. A. Griggs 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.)

2 Horses value 200.00 1 Cow value 10.00
1 Hog value 10.00 2 Cows value 20.00
1 Pig value 2.00 1 Horse value 50.00

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

2. When and to whom was it sold or given away?
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 26th day of Oct 1912.
Geo. M. Newton Ordinary.
Ma Griggs
T. J. Alexander County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Monroe County.

Ordinary of said County, certify that I know

the applicant S. N. Starbough 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 M. A. Griggs 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 Returns of S. N. Starbough shows that he and wife

value for tax is in 1908 \$390 for 1909 \$390 for 1910 \$400

Sworn under my hand and official seal of office this 16th day of Oct 1912.

Geo. M. Newton Ordinary. Cuth 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.

GEORGIA, Cobb County.

I, J. M. Gamm Ordinary of said county, do certify that I personally know Mrs. Ellen Scarborough, the applicant, and that she is the lawful widow of I. N. Scarborough, and was on the Union Pension Roll of said Cobb county, and was paid a Pension from Cash county for 1914, and at the time of his death on the 25 day of December 1914, there was due to him and unpaid his Pension of Eight Dollars from the State of Georgia, and I know the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 26 day of April 1915.

J. M. Gamm Ordinary.
Cobb County.

Scarborough, I. N.
Cobb County

No. _____ 1915

Application for Pension Due Deceased Soldier
UNDER ACT 1891

To be paid his Widow or Dependent Children

BY
Mrs. Ellen Scarborough
Widow of I. N. Scarborough
of Cobb County

Co. _____ Regt. _____ Vols. _____

Approved and paid _____ 1915.

J. W. LINDSEY,
Commissioner of Pensions.

Chas. F. Boyd State Printer, Atlanta.

GEORGIA, _____ County.

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 191..., through my deceased husband, _____ who was on _____ Pension Roll and paid from _____ for 19....

Witness my hand this _____ day of _____ 19....

Attested before me: _____

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. Ella Scarborough, of said county, after being duly sworn, on oath says that she is the widow of I. N. Scarborough who was duly enrolled as a Private Pensioner from the county of Cobb and was paid a Pension of Sixty Dollars from Cobb county for 1914, and that the said I. N. Scarborough died in Cobb county on the 25 day of December, 1914, and at the time of his death a Pension of Sixty was due him from Cobb county and unpaid for 1915. Applicant further swears that she married the said I. N. Scarborough on the 29 day of October, 1891, 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 that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 22 day of March, 1915.

J. M. Gamm Ordinary. Mrs. Ella Scarborough (U. S.)
Cobb County.

AFFIDAVIT OF WITNESS.

GEORGIA, Cobb County.

Personally before me comes G. E. Crow, who on oath says that he knew I. N. Scarborough while in life and that he knows Mrs. Ella Scarborough the above applicant; that he knows that the said I. N. Scarborough and Ella Scarborough were in due form of law married in the county of Cobb in the State of Ga on the 29 day of Oct, 1891, and that they resided together as husband and wife from date of marriage to the day of his death on the 25 day of December, 1914, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 22 day of March, 1915.

J. M. Gamm Ordinary. G. E. Crow
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 same certified copy of marriage license attached.

I. N. Scarborough died in *Cobb* county on the *25* day of *December*, 191*4*, and at the time of his death a Pension of *\$14* was due him from *Cobb* county and unpaid for 191*5*. Applicant further swears that she married the said *I. N. Scarborough* on the *29* day of *October*, 189*1*, 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 that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this *22* day of *March*, 1915.

J. M. Gamm Ordinary. *Mrs. Ella Scarborough* (L. S.)
Cobb County.

AFFIDAVIT OF WITNESS.

GEORGIA, *Cobb* County.

Personally before me comes *G. E. Brown*, who on oath says that he knew *I. N. Scarborough* while in life and that he knows *Mrs. Ella Scarborough* the above applicant; that he knows that the said *I. N. Scarborough* and *Ella Scarborough* were in due form of law married in the county of *Cobb* in the State of *Ga* on the *29* day of *Oct*, 189*1*, and that they resided together as husband and wife from date of marriage to the day of his death on the *25* day of *December*, 1914, and I now know that she is his dependent widow.

Sworn to and subscribed before me this *22* day of *March*, 1915.

J. M. Gamm Ordinary. *G. E. Brown*
Cobb County.

Note 1st—This form can be used by guardian of minor children where there is no widow.
2d—Ordinary must send in all cases certified copy of marriage license attached.

of Danby, 1914, and I now know that she is his dependent widow.
Sworn to and subscribed before me this 22 day of March, 1915.

J. M. Gamm, Ordinary. E. C. Crow
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.

886

MARRIAGE LICENSE

STATE OF GEORGIA

COBB COUNTY

To any Judge, Justice of the Peace, or Minister of the Gospel
YOU ARE HEREBY AUTHORIZED TO JOIN

J. N. Scarborough and Ella Scudder
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 22nd day of
October 1891 191 J. M. Gamm (L. S.)
ORDINARY

State of Georgia **CERTIFICATE** County of Cobb

I CERTIFY that J. N. Scarborough and Ella Scudder
were joined in Matrimony by me this 29 day of October 1891 Nineteen Hundred

Recorded 191 and
A. L. Butolph U.S.
ORDINARY

886

MARRIAGE LICENSE

STATE OF GEORGIA

COUNTY OF COBB

To any Judge, Justice of the Peace, or Minister of the Gospel

YOU ARE HEREBY AUTHORIZED TO JOIN

J. N. Scarborough and *Ella Soudder*

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

October 1891 191

day of

ORDINARY

(L. S.)

State of Georgia **CERTIFICATE** County of Cobb

I CERTIFY that

J. N. Scarborough and *Ella Soudder*

were joined in Matrimony by me this 29 day of *October* 1891 Nineteen Hundred

Recorded

191

and

A. L. Butolph U.S.

ORDINARY

Booker Nichols

STATE OF GEORGIA---Monroe County.

ORDINARY'S OFFICE, AT CHAMBERS.

1. *Geo. W. Newton*

Ordinary in and for said Monroe County.

do hereby certify that I am personally acquainted with the above subscribing witness *H. A. Smith**and W. H. Westbrooke*and know that *they are*

trustworthy and

truthful men, and that ~~the~~ ^{their} evidence is entitled to full faith and credit; and that the above affidavit was his own dictation and that he was qualified as the law directs before subscribing the same.

WITNESS my hand and official seal this

Sept 16

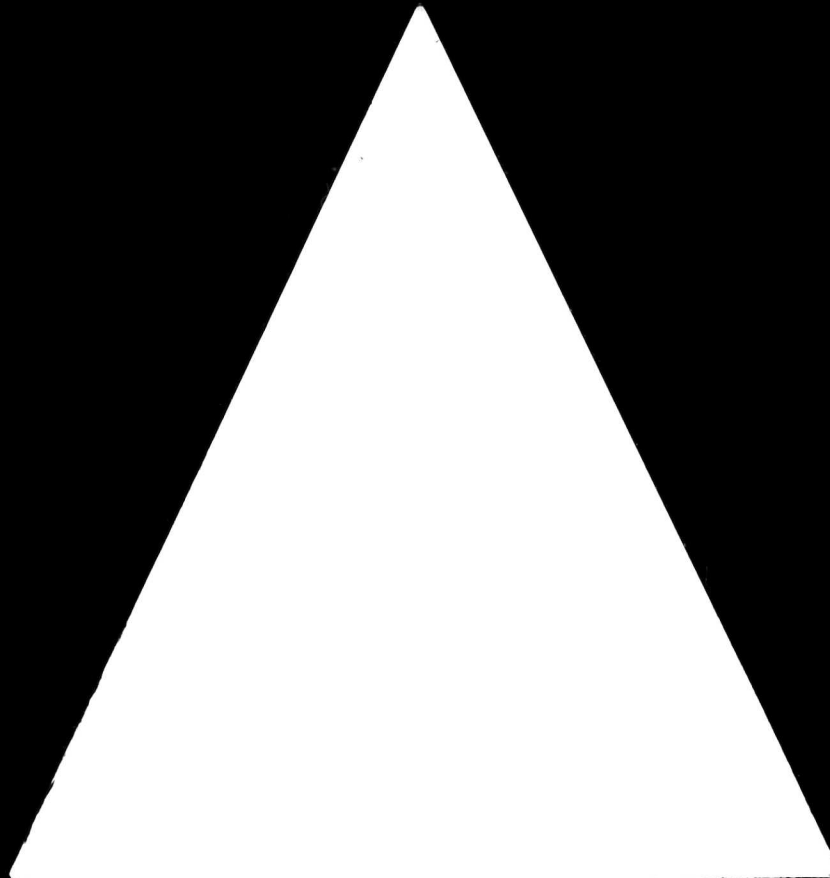
1890

Geo. W. Newton

ORDINARY MONROE COUNTY.

12
Geo. W. Houston

ORDINARY MONROE COUNTY.



ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

Cobb

COUNTY }

I, *J. M. Givens*

Ordinary of said County, do certify that I

know *Mrs. Francis Scoggins* 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 *1* day of *June* 19*24*

That I also know *W. E. Smith* Witness as to marriage, and I also know

that both 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.

Sworn under my hand and official seal of office this *10* day of *May* 19*24*

(SEAL)

J. M. Givens Ordinary

Cobb County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and also witnesses to the following: "I, *W. E. Smith*, do hereby 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 space are unobtainable.

3. All affidavits who married prior to first January, 1891, are entitled.

4. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

5. Affidavit of blooded Pensioners must use the Blue Application Blank and state and prove full term of husband's service because he made no proof of service and was not required to do so.

Scoggins Francis
Widow
Cobb for 19*24*
Cobb County
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—
As Amended by Act of 1919.

County *Cobb*

Name *Francis Scoggins*

Widow of *F. Scoggins*

Company *M*

Regiment *5th Ga. Inf.*

Approved *Feb. 5, 1925*

N. E. Harris

Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-31-1924

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

Cobb COUNTY.

Personally before me comes Fannie Scoggins of said County, who, after being duly sworn, says that she is the widow of S. Scoggins to whom, in the County of Cobb State of Ga she was married on the 17 day of July 1869, and that she remained his wife, and resided with him to the date of his death in Dec 17 1923 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 Sernal Pension Roll of the State and paid a pension of \$1.00 in Cobb County for 1923 per annum, on account of being a soldier in Company M Regiment 6th Ga Infy (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of Cobb and she has so continuously resided since all my life day of all my life 19

Sworn to and subscribed before me, this the

16 day of February 1924

J. M. Garner Ordinary

of Cobb County.

(SEAL)

Fannie Scoggins
Wm

Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband

STATE OF GEORGIA,

Cobb COUNTY.

Personally before me comes W. S. Smith known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs. Fannie Scoggins, who made the foregoing affidavit, is the lawful widow of S. Scoggins who died in Cobb County in said State of Ga on day of 1923 and that she has not since remarried. That she became the wife of S. Scoggins on the 17 day of July 1869, and that she and he had resided together as man and wife continuously since 17 day of July 1869, and that the man was the same man who was on the pension roll of said State from County Cobb when he died.

Sworn to and subscribed before me, this the

6 day of July 1924

J. M. Garner Ordinary

of Cobb County.

(SEAL)

W. S. Smith

(SEAL)

County.

No. 907



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

J. Sargyins and *Mrs. Frances Dime*
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.
But you are hereby required to return this License to me with your
Certificate herein of the fact and date of the Marriage.

Given under my hand and seal this *17* day of
February 18*80*

E. A. Dobb (L.S.)
Ordinary

STATE OF GEORGIA

CERTIFICATE

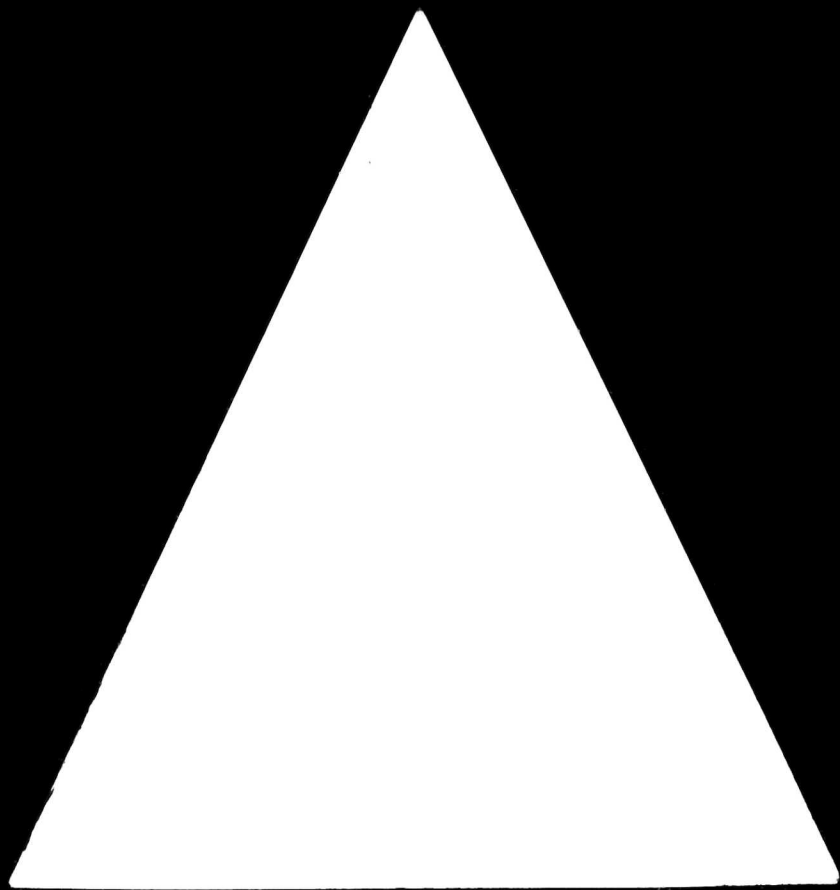
COUNTY OF COBB

I Certify that *J. Sargyins* and *Francois Dime*
were joined in Matrimony by me this *17* day of *Feb* 18*80* Indian Hundred
and

March 18*80*
E. A. Dobb Ordinary

N. A. Johnson, M. L.

PARTY PERFORMING CEREMONY RETURN TO ORDINARY TO BE RECORDED.



Scoggins, Sylvanus
Cobb Co

Q. 1 No. _____

INDIGENT PENSION,

~~1000.~~

1901

Name

Scoggins

County

Cobb
Cobb - 32 Ga

Approved _____ 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

485 WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

7-28-1901

Power of Attorney.
STATE OF GEORGIA.

County. }

I, _____

of _____

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

at _____

Witness my hand and seal, this _____ day of _____

1900.

Executed in presence of _____

[L. 8.]

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb COUNTY.)

W. B. Barfield of said State and County, having been presented as a witness in support of the application of *Suburban Scoggins* 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? *My name is W. B. Barfield and I reside in the County of Cobb State of Georgia.*
2. Are you acquainted with *Suburban Scoggins*, the applicant; if so, how long have you known him? *I am acquainted with the said *Scoggins* for 50 years.*
3. Where does he reside, and how long and since when has he been a resident of this State? *He resides in the County of Cobb and has been a resident of this State all his life.*
4. When, where and in what company and regiment did he enlist, and how do you know? *He was not present when he first enlisted and did not belong to his first command.*
5. Were you a member of the same company and regiment? *I was not.*
6. How long did he perform regular military duty? *I do not for certain.*
7. When and where was his command surrendered? *Surrendered at Fort Fisher in 1865.*
8. Were you present when it surrendered? *I was not.*
9. Was applicant present? *He did not see him there in the 3rd Regt.*
10. If he was not present, where was he? *He was there in the 3rd Regt.*
- When did he leave his command? *May 1865 when the 3rd Regt. was disbanded.*
- By what authority he left? *He was paroled.* How do you know all of this? *I was there myself, a member of the 1st Regt. and saw him in the 3rd Regt. and after the surrender at Appomattox.*
11. What property, effects or income has the applicant? (Give your means of knowledge.) *He has no property, effects, and income.*
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? *He did not have any property, effects, or income in 1896, 1897, 1898 and 1899.*
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? *He has not conveyed away any of his property in the last four years.*
14. What is the applicant's occupation and physical condition? *His occupation is farming and his physical condition is poor.*
15. 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.*
16. How was he supported during the years 1898 and 1899? *By the help of his family and what little he could do.*
17. What portion of his support for these two years was derived from his own labor or income? *Not more than one-third.*
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 unable to do farm work regularly and having no other trade or profession, and being very infirm.*
19. What interest have you in the recovery of a pension by this applicant? *I have no interest.*

Sworn to and subscribed before me, this *19th* day of *Feb*, 190*6*.
John C. Gentry Ordinary.
W. B. Barfield Witness.
My m. 3-21

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb COUNTY.)

Personally came before me *W. B. Barfield* and *George E. Eggard*, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully *Suburban Scoggins*, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Severely afflicted with blind palsy which is sufficient and renders him unable to earn a support by 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 the *19th* day of *Feb*, 190*6*.

W. B. Barfield Ordinary.
George E. Eggard Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb COUNTY.)

I, *John C. Gentry*, Ordinary in and for said County, hereby certify that the applicant *Suburban Scoggins* resides in said County, and has been a bona fide resident of this State since the *10th* day of *Jan*, 189*4*, and that the witnesses, viz: *W. B. Barfield*

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

I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.

I further certify that the tax digests of *Cobb* County show that applicant returned for taxation in his name in 189*9* *10* Dollars of property, and in 190*0* *10* Dollars of property.

In my opinion the foregoing claim is made in good faith.
 Witness my hand and seal of office, this *16th* day of *March*, 190*6*.
John C. Gentry 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 answer make to each of the questions asked of you, and the evidence you shall give will 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, S. Scoggins 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 1 day of January 1902.

S. Scoggins [L. S.]
Thos. Goggin

Executed in presence of

J. M. Garrison

CODE SECTION 154.
(FOR THOSE ALREADY ENROLLED.)

No. 538

INDIGENT

SOLDIER'S PENSION

1902.

Name S. Scoggins

County Cobb

Co. M Regiment 5th 1500

WARRANT ISSUED

1902.

16

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Grady

Geo. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, S. Scoggins 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 2 day of January 1903.

Executed in presence of

S. Scoggins [L. S.]
Thos. Goggin

CODE SECTION 154.
(FOR THOSE ALREADY ENROLLED.)

No. 514

INDIGENT

SOLDIER'S PENSION

1903.

Name S. Scoggins

County Cobb

Co. 5th 1500 Regiment 5th 1500

WARRANT ISSUED

1903.

123

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Grady

Geo. W. Harrison, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *S. S. Coggins* 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 *67* 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 *1 year* in Company *M* of *5th* Regiment of *Ca. Vols*; that his physical condition is as follows: *From Age Infirmary and poverty dependent on me. 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 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 *1st* day of *January* 1902. *John A. Aubrey* Ordinary.

STATE OF GEORGIA,

Cobb County.

I, *John A. Aubrey* Ordinary of said County, do certify that I am well acquainted with *S. S. Coggins* 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* 1902.

John A. Aubrey Ordinary *Cobb* County.

NOTE.—The blank space must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1902.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cow *John A. Aubrey* County.

Personally appears *S. S. Coggins* of *Cow* 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 *57* 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* in Company *M*, of *6th* Regiment of *Ca. Vols*; that his physical condition is as follows: *Age Infirmary & poverty*

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 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 *Jan* 1903. *John A. Aubrey* Ordinary.

STATE OF GEORGIA,

Cow County.

I, *John A. Aubrey* Ordinary of said County, do certify that I am well acquainted with *S. S. Coggins* 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* 1903.

John A. Aubrey Ordinary *Cow* County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colt COUNTY.

I, J. Scaggins hereby authorize
John 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 _____ day of Jan 1904.

Executed in the presence of

J. W. Harrison

CODE SECTION 1384

(FOR THOSE ALREADY ENROLLED.)

No. 634

INDIGENT

**SOLDIER'S PENSION
1904.**

Name Scaggins

County Colt

Co. E Regiment 5732

WARRANT ISSUED

1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Colt

Geo. W. Harrison, State Printer, Atlanta.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colt COUNTY.

I, J. Scaggins hereby authorize
John 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 _____ day of January 1905.

Executed in the presence of

J. W. Harrison

CODE SECTION 1384

(FOR THOSE ALREADY ENROLLED.)

No. 767

INDIGENT

**SOLDIER'S PENSION
1905.**

Name Scaggins

County Colt

Co. M Regiment 5732

WARRANT ISSUED

JAN 29 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, Manager, for State Printer, Atlanta.

no date

Co. H. 3rd Regt. 4th Inf.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears I. Scoggins 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 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 _____ in Company M, of Co. H in Regiment of Co. H; that his physical condition is as follows: owing to infirmity & poverty

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. _____ Ordinary.

STATE OF GEORGIA,

Cobb County.

I, John H. Hooten Ordinary of said County, do certify that I am well acquainted with I. Scoggins 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 H. Hooten Ordinary Cobb County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears I. Scoggins 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 3 years in Company G of Co. M in Regiment of Co. M; that his physical condition is as follows: infirmity and 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, 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 the _____ day of Jan 1905. _____ Ordinary.

STATE OF GEORGIA,

Cobb County.

I, John H. Hooten Ordinary of said County, do certify that I am well acquainted with I. Scoggins 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 H. Hooten Ordinary Cobb County.



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

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 _____ 1906.

[L. S.]

Executed in the presence of

W. L. Gunn

COOK SECTION 1254
(FOR THOSE ALREADY ENROLLED.)

No. *119*

INDIGENT SOLDIER'S PENSION 1906.

Name *S. Scoggins*

County *Cobb*

Co. *5th* Regiment

WARRANT ISSUED

1/22 2 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

W. L. Gunn

THE FARMERS' TRUST CO., GEO. W. HARRISON, MGR.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ COUNTY. }

I, *S. Scoggins*, hereby authorize

of *John W. Lindsey*

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

W. L. Gunn

COOK SECTION 1254
(FOR THOSE ALREADY ENROLLED.)

No. *119*

INDIGENT SOLDIER'S PENSION 1907.

Name *S. Scoggins*

County *Cobb*

Co. *5th* Regiment

WARRANT ISSUED

JAN 21 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

W. L. Gunn

THE FARMERS' TRUST CO., ATLANTA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears *J. Scroggins* 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 *1st* of *5th* Regiment of _____; that his physical condition is as follows: *Age 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 1906. I have heretofore, as a resident of _____ County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this _____ day of _____ 1906. *John Andrew* Ordinary.

State of Georgia,

Cobb County.

I, *John Andrew* Ordinary of said County,

do certify that I am well acquainted with *J. Scroggins* 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 _____ 1906.

John Andrew Ordinary *Cobb* County.



ROMEB OF ALLOMBEX
NOTE.—The blank spaces must be filled.
NOTE.—An Affidavit should not be attested before January 1st, 1907.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears *J. Scroggins* 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 _____ of _____th Regiment of _____; 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 1907. I have heretofore, as a resident of _____ County, been allowed a pension for the year 1906.

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

John Andrew Ordinary.

State of Georgia,

Cobb County.

I, *John Andrew* Ordinary of said County,

do certify that I am well acquainted with *J. Scroggins* 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 Andrew Ordinary *Cobb* County.



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

CERTIFICATE OF ORDINARY

STATE OF GEORGIA

Georgia.

I, J. M. Gamm, Ordinary of said County, do certify that I personally know Mrs. Agnes Scoggins, the applicant, and that she is the lawful widow of J. Scoggins, and was on the Indigent Pension Roll of said Cobb County, and was paid a Pension from Cobb County for 1924, and at the time of his death on the 12 day of December, 1923, there was due to him and unpaid his Pension of Five Dollars from the State of Georgia, and I know H. S. Smith, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 13 of July, 1924.

(Seal of Ordinary)

J. M. Gamm, Ordinary
Cobb, County

Scoggins, S.

22

of Cobb County

1924

Application for Pension Due
Deceased Soldier

(UNDER ACT 1891)

(To be paid to his Widow or Dependent
Children)

BY

Mrs. Agnes Scoggins

Widow of J. Scoggins

Date of Marriage July 17 1864

Date of Death Dec 17 1923

Approved and ordered paid.

JAN 3 1924
N. E. Harris

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-rolls for permanent filing in the Pension Department.

GEORGIA, _____ County

I hereby authorize and constitute _____, of said County, my lawful attorney to collect, and receipt for me in my name, for the Pension due me for 192_____, through my deceased husband, _____, who was _____ Pension Roll and paid from _____ County for 19____.

Witness my hand this _____ day of _____, 192_____.

Attested before me:

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, the Ordinary of said County, comes Mrs. Francis Sarggin of said County, who after being duly sworn, on oath says that she is the widow of S. Sarggin and that said Pensioner was on the Pension Roll of Cobb County and was paid a Pension of \$100 Dollars from Cobb County for 1924, and that the said Pensioner died in Cobb County on the 18 day of Dec, 1923, and at the time of his death a Pension of \$100 was due him from Cobb County and unpaid for 1924. Applica further swears that she married the said S. Sarggin on the 17 day of Feb, 1869, 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 that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 13 day of Feb, 1924.
J. M. Gaur, Ordinary } Francis Sarggin (L. S.)
Cobb, County }
(Seal of Ordinary)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Cobb County.

Personally before me comes W. S. Smith, who on oath says that he knew S. Sarggin while in life and that he knows Mrs. Francis Sarggin, the above applicant; and knows that the said S. Sarggin and Francis were in due form of law married in the County of Cobb in the State of Ga on the 17 day of Feb, 1869, and that they were residing together as husband and wife at the time of his death on the 18 day of Dec, 1923, and that she is his dependent widow.

Sworn to and subscribed before me this 13 day of Feb, 1924.
J. M. Gaur, Ordinary } W. S. Smith
Cobb, County }
(Seal of Ordinary)

INSTRUCTIONS:

- 1st. This form is for widows of Service and Disabled Soldier 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 pensioner and widow were living together as husband and wife at the time of death.
- 3rd. Do not use the enormously large form of marriage certificate in common vogue throughout the State, suitable only for framing. 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 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 receives 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 1861, 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.

Applicant further swears that she married the said S. Scoggins
the 17 day of February, 1867, in Colt County and
State of La, 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 13 day of Feb, 1924
J. M. Gamm Ordinary } Francis X. Scoggins (L. S.)
Colt County } widow
(Seal of Ordinary)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Colt County.

Personally before me comes W. S. Smith, who
on oath says that he knew S. Scoggins while in life
and that he knows Mrs. Francis Scoggins, the
above applicant; and knows that the said S. Scoggins
and Francis were in due form of law married in the County
of Colt in the State of La on
the 17 day of Feb, 1867, and that they were residing
together as husband and wife at the time of his death on the 18 day of
Dec, 1923, and that she is his dependent widow.

Sworn to and subscribed before me this 13 day of Feb, 1924.
J. M. Gamm Ordinary } W. S. Smith
Colt County }
(Seal of Ordinary)

INSTRUCTIONS:

- 1st. This form is for widows of Service and Disabled Soldier 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 pensioner and widow were living together as husband and wife at the time of death.
- 3rd. Do not use the enormously large form of marriage certificate in common vogue throughout the State, suitable only for framing. 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 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 receipts 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.

John Awtrey,
Ordinary Court County.

No. 908

MARRIAGE LICENSE

State of Georgia

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

You are hereby authorized to give

I Benjamin and Frances Anna

in the State of Georgia, according to the Constitution and laws of this State and for so doing this shall be your license.

I and you are hereby required to return this license to me with your certificate, before the first and date of the Marriage License under my hand and seal this 17 day of July 1869

day of July 1869

STATE OF GEORGIA CERTIFICATE COUNTY OF COBB

I certify that Benjamin and Frances Anna were joined in Marriage by me this 17 day of July 1869. Witness my hand and seal.

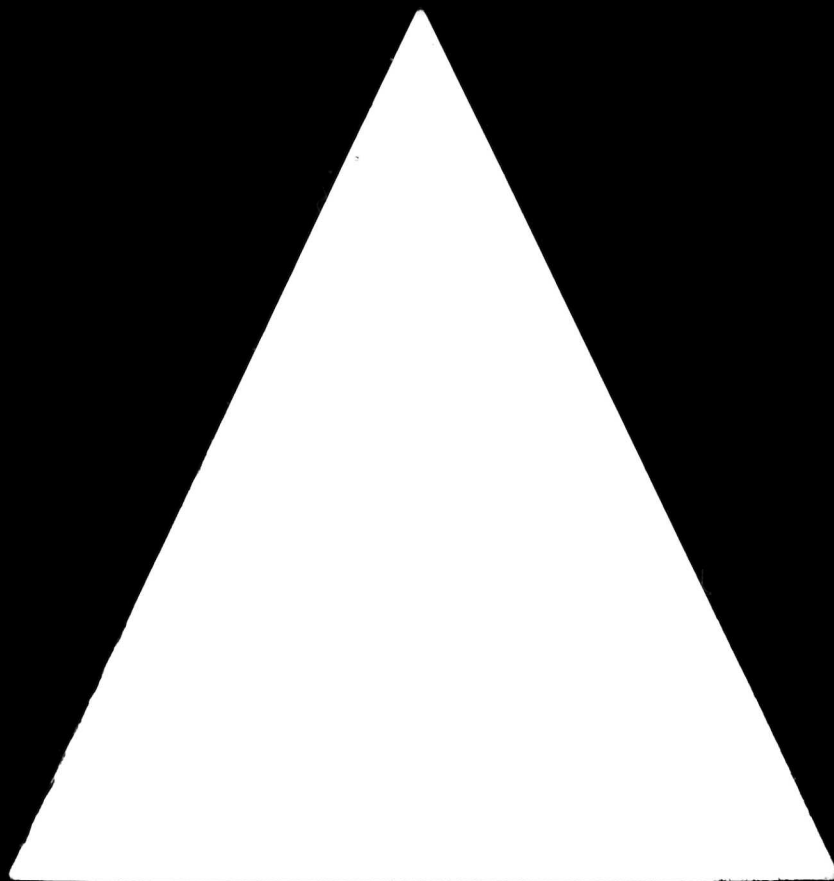
N. A. Johnson M. S.

Ordinary

WITNESSES

MINISTER OF THE GOSPEL

PLATY PERFORMING CEREMONY RETURN TO BE RECORDED.



ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

Cobb COUNTY }

I, J. M. Gamm Ordinary of said County, do certify that I know Mrs. Linnie E. Scott 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 and was born in Ramsey Co. Ark. on the 10 day of Oct 1916.

That I also know A. H. Talley witness as to marriage, and I also know _____; that both 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.

Sworn under my hand and official seal of office this 22 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 of the county of residence.
4. Only widows who 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.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

Scott Linn E. &
Oct 19 1918
No. 1

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—As Amended by Act of 1919.

County Cobb
Name Linnie E. Scott
Widow of D. L. Scott
Company 17
Regiment 14th Inf 025
Approved _____

ENTERED POSTAL MAIL
J. W. LINDSEY,
Commissioner of Pensions
Byrd Printing Co., State Printers, Atlanta.
10-30-1919

Ind. serv. 1, 62, W.
Chas. H. Lippel
June 24, 63, W.

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

COUNTY.

Personally before me comes Ann Elizabeth DeLoach of said County, who, after being duly sworn, says that she is the widow of W. L. DeLoach to whom, in the County of Cobb State of Georgia she was married on the 6th day of June 1872 and that she remained his wife, and resided with him to the date of his death in May 1877 and that she has not since his death remarried. At the time of his death he was a resident of W. L. DeLoach, Cobb County, in said State of Georgia, and he was on the Pension Roll of the State and paid a pension of \$ 60.00 in Cobb County for 1877 per annum, on account of being a soldier in Company 7th 1st Confederate Cavalry (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of Cobb and she has so continuously resided since 4th day of May 1903.

Sworn to and subscribed before me, this the

22nd day of Oct 1919
J. M. Gann Ordinary
Cobb County.

(SEAL)

Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband

STATE OF GEORGIA,

COUNTY.

Personally before me comes George H. Talley known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs. Ann Elizabeth DeLoach who made the foregoing affidavit, is the lawful widow of W. L. DeLoach who died in Cobb County in said State of Georgia on 15th day of May 1917, and that she has not since remarried. That she became the wife of W. L. DeLoach on the 6th day of June 1872, and that she and he had resided together as man and wife continuously since 18th day of Aug 1873 and that the W. L. DeLoach was the same man who was on the pension roll of said State Georgia from Park County Cobb when he died.

Sworn to and subscribed before me, this the

22nd day of Oct 1919
J. M. Gann Ordinary
Cobb County.

(SEAL)

has so continuously resided since _____ day of _____ 19__

Sworn to and subscribed before me, this the

22 day of Oct 1919
J M Gann Ordinary
Cobb County

Amie Elizabeth Scott
Marr

(SEAL)

**Affidavit of Witnesses to Prove Marriage and to Whom.
Date of Death of Husband**

STATE OF GEORGIA,

Cobb COUNTY

Personally before me comes George H. Talley known to be
responsible and truthful persons, residing in said County, who after having been duly sworn, say: that
of their own personal knowledge Mrs. Amie Elizabeth Scott who made the foregoing
affidavit, is the lawful widow of W. J. Scott who died in Cobb
County in said State of Ga. on 18th day of May 1917
and that she has not since remarried. That she became the wife of W. J. Scott on
the 6 day of Aug 1873, and that she and he had resided together as man and
wife continuously since 18th day of Aug 1873 and that the W. J. Scott was
the same man who was on the pension roll of said State Ga. from Park
County Cobb when he died.

Sworn to and subscribed before me, this the

22 day of Oct 1919
J M Gann Ordinary
Cobb County

A H Talley

(SEAL)

of Cobb County.
(SEAL)

1846

MARRIAGE LICENSE
STATE OF **GEORGIA**, COUNTY OF **COBB**

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

I, Samuel J. Scott and Miss Betie Lally
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 4 day of Aug 1873
W. H. Campbell (Ordinary)

CERTIFICATE
STATE OF GEORGIA, COUNTY OF **COBB**
I certify that Samuel J. Scott and Miss Betie Lally
were joined in Matrimony by me this 4 day of Aug 1873 Nineteen Hundred
and —
Recorded Aug 5 1873 19 W. H. Campbell (Ordinary)

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

MARRIAGE LICENSE

OF

AND

Issued

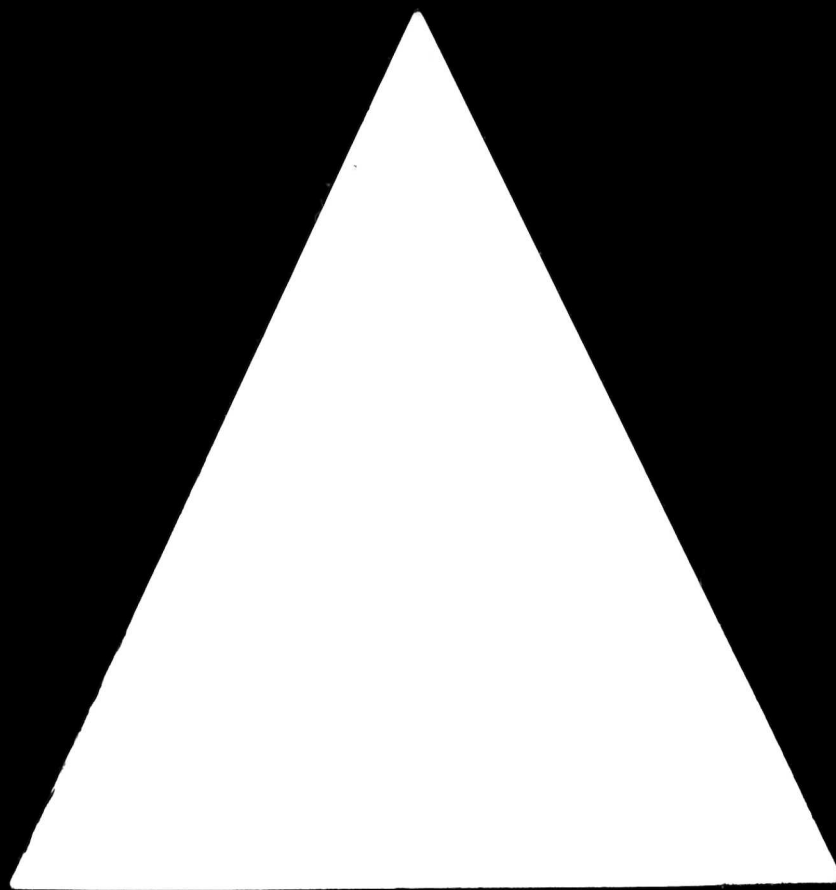
191

and recorded on page

Book

of Marriage Licenses.

Ordinary



NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances for 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 be made of the words of the Act in reference to the arm or leg, but the limb must for all purposes be essentially 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.
7. The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

Scott, Isaac N.
Cobb Co
Cobb

No. 1886

APPLICATION FOR ALLOWANCE

FOR

County

Amount

Date of Warrant

Entered on record

SECRETARY EXECUTIVE DEPARTMENT.

1886
P. C. Brown
J. W. Brown

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.

Scott, Isaac N.
of Cobb Co

Cobb

No. 1886

APPLICATION FOR ALLOWANCE

Leg. Dr. J. H. Scott
Amount 50
County Cobb

Date of Warrant April 11

Entered on record April 11 1889

SECRETARY EXECUTIVE DEPARTMENT

P. C. Brown

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears Isaac N. Scott 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 29 day of July 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 D, of 7th Regiment of 92 Volunteers Barton's Brigade; that whilst engaged in such military service, at the battle of First Manassas in the State of Va, on the 21st day of July 1861, he was wounded as follows:

He was shot through the knee joint, the ball going clear through the bone and broken and several large pieces of bone came out; the leg was made about two inches shorter is perfectly stiff, applicant uses a stick, the leg is crooked and is and has been substantially and essentially useless since the injury.

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 18 day of July 1889 Isaac N. Scott

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,

Cobb County.

PERSONALLY came before me L. N. Mizell of the county of Cobb State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company D, of 7th Regiment of 92 Volunteers, and that deponent knows Isaac N. Scott, 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 Isaac N. Scott as stated by him in said affidavit. Deponent further states that said Isaac N. Scott is a bona fide citizen of this State and resides in Cobb county.

L. N. Mizell

The foregoing affidavit, when used 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 affidavits 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, applicant's residence.

STATE OF GEORGIA,

County.

PERSONALLY comes before me

Dr. H. V. Reynolds and Dr. E. J. Detsch

Ordinary of said county,

me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined Isaac A. Scott and after such

examination say that the applicant has been injured as follows: He was shot through the knee, the ball round through and broke the bone in and about the joint, the wound a very serious one, the leg is crooked and stiff, is fully two inches shorter than the other leg, applicant is unable to walk without a stick or crutch, the leg is substantially and essentially useless, and he is unable to perform any manual labor.

Sworn to and subscribed before me, this day of 188

J. M. Stone
ORDINARY.

H. V. Reynolds, M.D.
E. J. Detsch, M.D.

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, J. M. Stone

Ordinary of said county,

do certify that I am well acquainted with Isaac A. Scott 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 signatures thereto are genuine.

Given under my official signature and seal, this 18 day of March 1889

Ordinary J. M. Stone County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I, Isaac A. Scott of county, in said State, do hereby appoint R. C. Dineen of 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 18 day of March 1889

Executed in the presence of us:

J. M. Stone
Ordinary.

Isaac A. Scott (L. S.)

STATE OF GEORGIA,

Colts County, }

I, *J. M. Stone* Ordinary of said county, do certify that I am well acquainted with *Francis N. Scott* 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 *4th* day of *March* 189*0*.

J. M. Stone
Ordinary *Colts* County.

STATE OF GEORGIA,

Colts County, }

I, *J. M. Stone* Ordinary of said County, do certify that I am well acquainted with *F. N. Scott* 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 *13th* day of *July* 189*1*.

J. M. Stone
Ordinary *Colts* County.

APPLICATION FOR ALLOWANCE

No. *2277*

FOR THE YEAR ENDING OCTOBER 31, 1890.

Leg. apptd.
Applicant, *J. N. Scott*

County, *Colts*

Amount, *50*

Date of Warrant, *May 6*

Entered on record *May 6* 189*0*

W. H. Harrison
CLERK OF THE SUPERIOR COURT.

No. *2277* of *Colts*

WARRANT HANDLED TO

R. C. Surin

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

APPLICATION FOR ALLOWANCE

FOR THE YEAR ENDING OCTOBER 31, 1891.

Leg. apptd.
Applicant, *J. N. Scott*

County, *Colts*

Amount, *50*

Date of Warrant, *July 14*

Entered on record *July 14* 189*1*

W. H. Harrison
CLERK OF THE SUPERIOR COURT.

No. *2277* of *Colts*

WARRANT HANDLED TO

R. C. Surin

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

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears *Isaac N. Scott* 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 *8* day of

July 18*61*; 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 *7* th Regiment of *Georgia* Volunteers *Barton*'s Brigade; that whilst engaged in such military service at the battle of *First Manassas* in the State of *Virginia*, on the *21* day of *July* 1861, he was wounded as follows:

By being shot through right knee with Minnie ball making knee joint stiff and causing leg to be so much injured as to be unable to walk. By reason of this wound the right leg is two inches shorter than left leg. By reason of this wound respondent has been rendered substantially and essentially 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 *2.25* dollars.

Sworn to and subscribed before me this the *11* day of *March* 189*1* *Isaac N. Scott*

J. M. Stone Ordny.

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, *I. N. Scott* of *Cobb* county, in said State, do hereby appoint

Robert C. Smith 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 *4* day of *March* 189*0*

Executed in the presence of us:

W. R. Boyer
J. M. Stone

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 *I. N. Scott* 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 *8* day of

July 18*61*; 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 *7* th Regiment of *Georgia* Volunteers *Barton*'s Brigade; that whilst engaged in such military service at the battle of *First Manassas* in the State of *Virginia*, on the *21* day of *July* 1861, he was wounded as follows:

By Minnie ball through the knee joint of right leg, fracturing the bone, causing infection to be made on & on of thigh. Said leg is pushed away & much shorter than the other one. Deponent is compelled to use stick. Said leg is essentially and substantially 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 *3.50* dollars, for *Said disability*

Sworn to and subscribed before me, this, the *13* day of *July* 1891. *I. N. Scott*

J. M. Stone Ordny.

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, *I. N. Scott* of *Cobb* County, State of Georgia, do hereby appoint

Robert C. Smith 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 *13* day of *July* 1891. *I. N. Scott* [L. S.]

Executed in the presence of us:

J. D. Power
J. M. Stone Ordny.

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

STATE OF GEORGIA.

I, John H. Stone County, Stone Ordinary of said county, do certify that I am well acquainted with J. H. Scott 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 14 day of March 1892.

John H. Stone County, Stone Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA,

John H. Stone County, Stone Know all Men by these Presents, That I J. H. Scott of Stone County, State of Georgia, do hereby appoint J. H. Stone my true and lawful attorney in fact, for me and my heirs, assigns 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.

J. H. Stone WHEREOF I have hereunto set my hand and seal, this 14 day of March 1892.

Executed in the presence of us: J. H. Stone

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

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 30, 1892.

Name J. H. Scott
County Stone
Disability Right Leg Siff
Amount, \$ 50.00
Entered on record March 14 1892.
W. H. HARRISON,
Secretary of Expenditure Department.
AGENT.
A. C. Davis
Geo. W. Harrison, State Printer, Atlanta, Ga.

1893.
Application for Allowance
No. 677
For the Year Ending October 30, 1892.
Date of Warrant 3/10
Entered on record March 14
W. H. HARRISON,
Secretary of Expenditure Department.
WARRANT HEREON
J. H. Stone
Geo. W. Harrison, State Printer, Atlanta, Ga.

STATE OF GEORGIA.
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA.

Cobb County. *J. N. Scott*
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 *8* day of *July* 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 *D* of *7*th Regiment of *Georgia* Volunteers *Anderson's* Brigade; that while engaged in such military service at the battle of *Manassas* in the State of *Virginia*, on the *21* day of *July* 1862, he was wounded as follows:

By being killed passing quietly through the night lines, fracturing said knee so that said leg is useless, stiff and about 2 1/2 inches shorter than the other. The dependent is rendered practically incompetent to perform the ordinary manual avocations of life.

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

\$50 Dollars for *said term*

Sworn to and subscribed before me this *14* day of *March* 1892. *J. N. Scott*

Notary—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,

County, in said State, do hereby appoint

of *Martha* 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 *March* 1892. *J. N. Scott* [L. S.]

Executed in the presence of us:

J. H. Stone Esq.
DIRECTION.

Send money to me as follows, by

to P. O. County, Georgia.

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA.

Cobb County. *J. N. Scott*
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 *8* day of *July* 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 *D* of *7*th Regiment of *Georgia* Volunteers *Anderson's* Brigade; that whilst engaged in such military service at the battle of *Manassas* in the State of *Virginia*, on the *21* day of *July* 1862, he was wounded as follows:

By being killed passing quietly through the night lines, fracturing said knee so that said leg is useless, stiff and about 2 1/2 inches shorter than the other. The dependent is rendered practically incompetent to perform the 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, 1893. I have heretofore been allowed a pension of

\$50 dollars, for *said disability*

Sworn to and subscribed before me, this, *14* day of *March* 1893. *J. N. Scott*

Notary—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, *J. H. Stone* Ordinary of said County,

do certify that I am well acquainted with *J. N. Scott* 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

competent person of the State of Georgia, and the said affidavits and

signatures thereto are genuine.

Given under my official signature and seal, this *14* day of *March* 1893.

J. H. Stone Ordinary *Cobb* County.

STATE OF GEORGIA.

BOMBER OF ALLOVIEA

to _____, _____, P. O.
County, Georgia.

Geo W Harrison, State Printer, Atlanta.

Send money to me as follows, by

to.

to
County, Georgia.

WARRANT HANDED TO

30- W. Harrison State Printer Atlanta

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County.

PERSONALLY appears *J. N. Scott* 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* 1841, 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 *D*, of *7*th Regiment of *Ga.* Volunteers, *Anderson's* Brigade; that whilst engaged in such military service at the battle of *1st Manassas* in the State of *Va.*, on the *July* day of *July* 1861, he was wounded as follows:

By gunshot striking through the right knee joint, fracturing the bone & tearing the muscles - the muscles on the outside and around that large cords and lumps have formed. Deponent is unable 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 *10th* day of *March* 1894. } *Isaac N. Scott*
J. M. 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, *J. M. Stone* Ordinary of said County, do certify that I am well acquainted with *J. N. Scott* 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 *March* 1894.
J. M. Stone
Ordinary *Cobb* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cobb County.

PERSONALLY appears *J. N. Scott* 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* 1841, 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 *D*, of *7*th Regiment of *Ga.* Volunteers, *Anderson's* Brigade; that whilst engaged in such military service at the battle of *1st Manassas* in the State of *Va.*, on the *July* day of *July* 1861, he was wounded as follows:

By gunshot striking the right hand joint passing through said joint and fracturing the bone, so that deponent 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 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 189 *5*

Sworn to and subscribed before me, this, the *16th* day of *March* 1895. } *J. N. Scott*
J. M. 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, *J. M. Stone* Ordinary of said County, do certify that I am well acquainted with *J. N. Scott* 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 *March* 1895.
J. M. Stone
Ordinary *Cobb* County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County,
I, *J. N. Scott* hereby authorize *J. M. Stone*
of *Martha Way*
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 *March* 1896. *J. N. Scott* [L. S.]

Executed in presence of us

G. M. Fleming

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County,
I, *J. N. Scott* hereby authorize *J. M. Stone*
of *Martha Way*
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 *2nd*
day of *March* 1897. *J. N. Scott* [L. S.]

Executed in presence of

Scott Isaac N
Cobb Co
ACT OF MARCH 1896
(For Those Already Enrolled.)

No. *3208*

SOLDIER'S PENSION.

1896.

Name *J. N. Scott*
County *Cobb*
Disability *Right leg*
Amount, \$ *50.* 1896.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

me

Geo. W. Harrison, State Printer, AT-LANTA.

No data

Scott Isaac N
Cobb County

ACT OF MARCH 1896.
(For Those Already Enrolled.)

No. *3214*

INVALID

SOLDIER'S PENSION.

1897.

Name *J. N. Scott*
County *Cobb*
Disability *Right leg*
Amount, \$ *50.* 1897.
March 16

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

J. M. Stone

Geo. W. Harrison, State Printer, AT-LANTA.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears J. N. Scott 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 8 day of July 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 spright in Company A, of 7th Regiment of Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Va., on the 21st day of July 1861, he was wounded, injured or diseased as follows:

By gunshot through the knee joint of the right leg, fracturing the bone & muscles - the said leg is paralyzed & is shorter than the other - Deponent is required to use crutches in order to be able to walk -
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 \$50. dollars, for the year 1895.

Sworn to and subscribed before me, this, the 14 day of March 1896. J. N. Scott
M. Stone
Notary Public for Georgia

STATE OF GEORGIA,

Cobb County.

I, M. Stone Ordinary of said County, do certify that I am well acquainted with J. N. Scott 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 1896.



Ordinary Cobb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears J. N. Scott 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 8 day of July 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 A, of 7th Regiment of Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Va., on the 21 day of July 1861, he was wounded, injured or diseased as follows:

By gunshot through the knee joint of the right leg -
Deponent is required to use crutches in order to be able to walk -
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 \$50. Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 14 day of March 1897. J. N. Scott
M. Stone
Notary Public for Georgia

STATE OF GEORGIA,

Cobb County.

I, M. Stone Ordinary of said County, do certify that I am well acquainted with J. N. Scott 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 Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.
I, *I. N. Scott* 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*
at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *2nd*
day of *March* 1898.

Isaac N. Scott [L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.
I, *I. N. Scott* hereby authorize
J. M. Stone of *Marietta*
to receive and receipt for the pension paid hereon and request that he remit same to
me by
at *Marietta*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *25th*
day of *July* 1899.

Isaac N. Scott [L. S.]

Executed in presence of

Scott, Isaac N.
Cobb Co

ACT OF 24 OCT. 1882.

(For These Already Enrolled.)

No. *3236*

INVALID

SOLDIER'S PENSION.

1898.

Name *I. N. Scott*
County *Cobb*
Disability *wound*
Amount, \$ *50.*
3/4 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO
J. M. Stone
GEO. W. HARRISON, STATE PRINTER, ATLANTA

No data

Scott, Isaac N.
Cobb Co.

CODE SECTION 128A.

(For These Already Enrolled.)

No. *3353*

INVALID

SOLDIER'S PENSION.

1899.

Name *I. N. Scott*
County *Cobb*
Disability *leg*
Amount, \$ *50.*
3/4 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO
J. M. Stone
GEO. W. HARRISON, STATE PRINTER, ATLANTA

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Personally appears

Cobb County, }
N. Scott 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* 18*61*; that he enlisted in the military service of the Con-
 federate States (or of the State of) during the war between the
 States, and served as a *Private* in Company *A*, of *7*th Regiment
 of *Va* Volunteers, *Anderson*'s Brigade; that whilst engaged
 in such military service in the State of *Va*, on the *21st* day
 of *July* 1861, he was wounded, injured or diseased as follows:

That while engaged in battle on July 2nd 1861 Applicant was shot in the right leg through the knee joint. 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
 Dollars, for the year 1897.

Sworn to and subscribed before me, this, the
 day of *March* 1898.

Isaac N. Scott
 POST-OFFICE *Powder Springs, Ga.*

John Stone only

STATE OF GEORGIA,

I, *John Stone* Ordinary of said County,
 do certify that I am well acquainted with *N. Scott* 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 *March* 1898.



John Stone
 Ordinary *Cobb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County. }

Personally appears *S. N. Scott* 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* 18*61*; that he enlisted in the military service of the Con-
 federate States (or of the State of) during the war between the
 States, and served as a *Private* in Company *D*, of *7*th Regiment
 of *Va* Volunteers, *Anderson*'s Brigade; that whilst engaged
 in such military service in the State of *Va*, on the *21st* day
 of *July* 1861, he was wounded, injured or diseased as follows:

By a gunshot going through right knee joint on account of which 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 end-
 ing October 26th, 1898. I have heretofore under said law as a resident of
Cobb County been allowed an invalid pension of
 Dollars, for the year 1897.

Sworn to and subscribed before me, this, the
 day of *July* 1898.

Isaac N. Scott
 POST OFFICE *Powder Springs, Ga.*

John Stone

STATE OF GEORGIA,

I, *J. W. Stone* Ordinary of said County,
 do certify that I am well acquainted with *S. N. Scott* 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.



John Stone
 Ordinary *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }

I, *I. M. Scott* hereby authorize *J. M. Stone*
of *Maricotta, Ga.*

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

at _____
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *26th*
day of *February* 1900.

Isaac M. Scott [L. S.]

Executed in presence of

J. J. Hamby

CODE SECTION 126

(For These Already Enrolled.)

No. *1299*

INVALID

SOLDIER'S PENSION.

1900.

Name *I. M. Scott*
County *Cobb*
Disability *Leg.*
Amount, \$ *50.*

Warrant issued *Mar 7* 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Stone

Geo. W. Harrison, State Printer, Atlanta.

No Data

STATE OF GEORGIA,

Cobb County. }

I, *Isaac M. Scott* hereby authorize
John Hamby of *Maricotta*

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

at _____
IN WITNESS WHEREOF, I have hereunto set my hand and seal this *14th*
day of *July* 1901.

Isaac M. Scott [L. S.]

Executed in presence of

CODE SECTION 126

(For These Already Enrolled.)

No. *171*

DISABLED

SOLDIER'S PENSION.

1901.

Name *I. M. Scott*
County *Cobb*
Disability *Wound in knee*
Amount, \$ *50.00*

Warrant issued *Jan. 15* 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Hamby

Geo. W. Harrison, State Printer, Atlanta.

No Data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. M. Scott* 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 *8* day of *July* 1844; 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 7th Regiment of *Georgia* Volunteers, *Anderson's* Brigade; that whilst engaged in such military service in the State of *Va.*, on the *21st* day of *July* 1861, he was wounded, injured or diseased as follows:

By gunshot passing through right knee joint - on account of which 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, 1900. I have heretofore under said law as a resident of *Cobb* County been allowed an invalid pension of *\$50* Dollars, for the year 1899.

Sworn to and subscribed before me, this, the *Isaac H. Scott* 26th day of *February* 1900. POST OFFICE

M. Stone Ordny
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, *J. M. Stone* Ordinary of said County, do certify that I am well acquainted with *J. M. Scott* 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 *26th* day of *February* 1900. *M. Stone* Ordinary *Cobb* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. M. Scott* 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 *8* day of *July* 1844; 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 7th Regiment of *Ga.* Volunteers, *Anderson's* Brigade; that whilst engaged in such military service in the State of *Va.*, on the *21* day of *July* 1861, he was wounded, injured or diseased as follows:

By gunshot passing through right knee joint on account of which 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 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 the *Isaac H. Scott* 14th day of *Jan* 1901. Postoffice

John M. Ordny
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. Ordny* Ordinary of said County, do certify that I am well acquainted with *J. M. Scott* 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 *14th* day of *Jan* 1901. *John M. Ordny* Ordinary *Cobb* County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *Cl. A. Scott* hereby authorize *John Andrew* of *Marilla* 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 *January* 1902.

Isaac H. Scott [L. S.]
Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *Isaac H. Scott* hereby authorize *John Andrew* of *Marilla, Ga* to receive and receipt for the pension paid hereon and request that he remit same to *me* by *mail* at *Powder Springs*

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *18* day of *January* 1903.

Isaac H. Scott [L. S.]
Executed in presence of _____

Scott, Isaac H.
Cobb County
CODE SECTION 126
(FOR THOSE ALREADY ENROLLED.)

No. *1113*

DISABLED

SOLDIER'S PENSION
1902.

Name *Cl. A. Scott*
County *Cobb*
Co. *D* Regiment *7th*
Disability
Amount, *\$50.00*

1/31 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

no data

CODE SECTION 126
(FOR THOSE ALREADY ENROLLED.)

No. *394*

DISABLED

SOLDIER'S PENSION
1903.

Name *Isaac H. Scott*
County *Cobb*
Co. *D* Regiment *7th*
Disability
Amount, *\$50.00*

1/23 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

no data
Talk and see Andrew
check

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears

I. N. Scott 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 *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 *D*, of *7th* Regiment of *Volunteers*, *Auderson's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *21st* day

of *July* 1861, he was wounded, injured or diseased as follows:

By him shot wound in right knee thereby rendering said right leg practically useless and is disabled

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 *\$30* Dollars, for the year 1901.

Sworn to and subscribed before me, this the *18th* day of *January* 1902. } *Isaac N. Scott*
Post-office *Powder Springs*

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. Waring* Ordinary of said County, do certify that I am well acquainted with *I. N. Scott* 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 *18th* day of *January* 1902.



Ordinary *John A. Waring* 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

I. N. Scott 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 *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 *D*, of *7th* Regiment of *Volunteers*, *Auderson's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *21st* day

of *July* 1861, he was wounded, injured or diseased as follows:

By him shot wound in right knee thereby rendering said right leg practically useless and is disabled

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 *fifty* Dollars, for the year 1902.

Sworn to and subscribed before me, this the *18th* day of *January* 1903. } *Isaac N. Scott*
Post-office *Powder Springs*

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. Waring* Ordinary of said County, do certify that I am well acquainted with *Isaac N. Scott* 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 *18th* day of *January* 1903.



Ordinary *John A. Waring* 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. H. Scott 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 22
 day of Jan 1904. J. H. Scott [L. S.]

Executed in presence of
J. M. Gammon

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, John Lindsey hereby authorize
J. H. Scott 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 22
 day of January 1905. John Lindsey [L. S.]

Executed in the presence of
J. M. Gammon

Scott, J. H.
Cobb Co

(FOR THOSE ALREADY ENROLLED.)

No. 810

DISABLED
 SOLDIER'S PENSION
 1904.

Name J. H. Scott
 County Cobb
 Co. D 7th Regiment
 Disability 200.00
 Amount, \$50.00
JAN 25 1904.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

Ordry

Geo. W. Harrison, State Printer, Atlanta.

no date

Scott, J. H.
Cobb Co

(FOR THOSE ALREADY ENROLLED.)

No. 350

DISABLED
 SOLDIER'S PENSION
 1905.

Name J. H. Scott
 County Cobb
 Co. D 7th Regiment
 Disability 200.00
 Amount, \$50.00
JAN 23 1905.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

Ordry

Geo. W. Harrison, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *I H Scott*

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* 1841; 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 *7*th Regiment of *Volunteers Anderson's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *21* day of *July* 1864, he was wounded, injured or diseased as follows:

By gunshot passing through right knee joint on account of which the joint is rendered practically maniplent to perform the ordinary manual evolutions 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 *\$60* Dollars, for the year 1903.

Sworn to and subscribed before me, this the *22* day of *Jan* 1904.

I H Scott
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 *I H Scott* 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 *22* day of *Jan* 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 *I H Scott*

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 *7*th Regiment of *Volunteers Anderson's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *21* day of *July* 1864, he was wounded, injured or diseased as follows:

Wounded

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 *\$60* Dollars, for the year 1904.

Sworn to and subscribed before me, this the *22* day of *Jan* 1905.

I H Scott
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 *I H Scott* 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 *22* day of *Jan* 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.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cobb COUNTY.
I, *Isaac H. Scott* hereby authorize
John Andrew 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* 1906. *Isaac H. Scott* [L. S.]

Executed in the presence of
Miss Ann

Cons Section 126.
(FOR THOSE ALREADY ENROLLED.)

No. *292*

DISABLED SOLDIER'S PENSION 1906.

Name *Isaac H. Scott*
County *Cobb*
Co. *D 7th* Regiment
Disability _____
Amount, \$ *50-* 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Test: President Pensions, John Lindsey, Chas. W. Harrison, Secy.

not state

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.
I, *Isaac H. Scott* hereby authorize
John Andrew 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 *14th*
day of *Jan* 1907.

Executed in presence of
Isaac H. Scott [L. S.]
A. W. Plummer

Cons Section 126.
(FOR THOSE ALREADY ENROLLED.)

No. *2331*

DISABLED SOLDIER'S PENSION 1907.

Name *Isaac H. Scott*
County *Cobb*
Co. *D 9th* Regiment
Disability *Wound*
Amount, \$ *50* 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Chas. W. Harrison, State Printer, Atlanta.

not state

FOR THE STATE OF GEORGIA, THE COMMISSIONER OF PENSIONS

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears I N Scott 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 _____ 18____; that he enlisted in the military service of the Con-
federate States, (or of the State of _____) during the war between the
States, and served as a _____ in Company A, of 24th Regiment
of _____ Volunteers _____'s Brigade; that whilst engaged
in such military service in the State of _____, on the _____ day
of _____ 186____ he was wounded, injured or diseased as follows:

By disease

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 _____

day of July 1906.

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. Tracy Ordinary of said County,
do certify that I am well acquainted with I N Scott
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 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 I N Scott 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 Con-
federate States (or of the State of _____) during the war between the
States, and served as a _____ in Company A, of 24th Regiment
of _____ Volunteers _____'s Brigade; that whilst engaged
in such military service in the State of _____, on the _____ day
of _____ 186____, he was wounded, injured or diseased as follows:

By disease

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
50.00 Dollars, for the year 1906.

Sworn to and subscribed before me, this the _____

day of July 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, John A. Tracy Ordinary of said County,
do certify that I am well acquainted with I N Scott
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.

Audited April 2 1889.

Wm A. Mingle
COMPTROLLER GENERAL

Sabb

Maimed Soldiers.

Voucher No 1816.

Amount, \$ 50

Paid to J. W. Scott
For Leg disabled.

April 11 1889.

Included in Warrant No
issued to Treasurer.

1889.

WARRANT CLERK

R. C. Smith

Audited

18

COMPTROLLER GENERAL

STATE OF IOWA

Wm A. Mingle

2

of the County

presented for the deposition in the license

statement on an invoice on the 12th day of April 1889, and was accompanied by the

check for the same, and was examined and approved by the

Scott

Maimed Soldiers.

Voucher No 2277

Amount \$ 50

Paid to J. W. Scott
For Leg disabled.

May 6

go

Included in warrant No
issued to Treasurer.

18

WARRANT CLERK

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

W. J. Campbell

No. 1886

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.)

Atlanta, Ga. April 11 1889.

Mr. *I. A. Scott* 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

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, 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,

D. N. Harrison

CLERK EXECUTIVE DEPARTMENT.

50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty & 00/100

per above voucher, this

11

of

April

Dollars,

1889.

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.)

No. 2277

Atlanta, Ga. March 6, 1890.

Mr. *Isaac A. Scott* 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, 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,

D. N. Harrison

CLERK EXECUTIVE DEPARTMENT.

\$ 50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty & 00/100

per above voucher, this

6

of

March

Dollars,

1890.

*I. A. Scott**per R. C. Irwin*

Scott, Isaac H.
Co. H

1891.

Maimed Soldiers.

Voucher No. 893

Amount \$ 50

Paid to Isaac H. Scott

For For a d. c.

July 14 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison State Printer, Atlanta.

P. H. Smith

Audited.

1891.

COMPTROLLER GENERAL

1891.

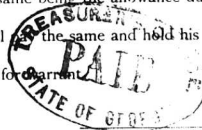
No. 893

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feb 14 1891.

Mr. Isaac A Scott 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
Pay also
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, 1891.

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



R. F. Wadsworth
GOVERNOR.

By the Governor.

W. H. Harrison
Sec'y EXECUTIVE DEPARTMENT.

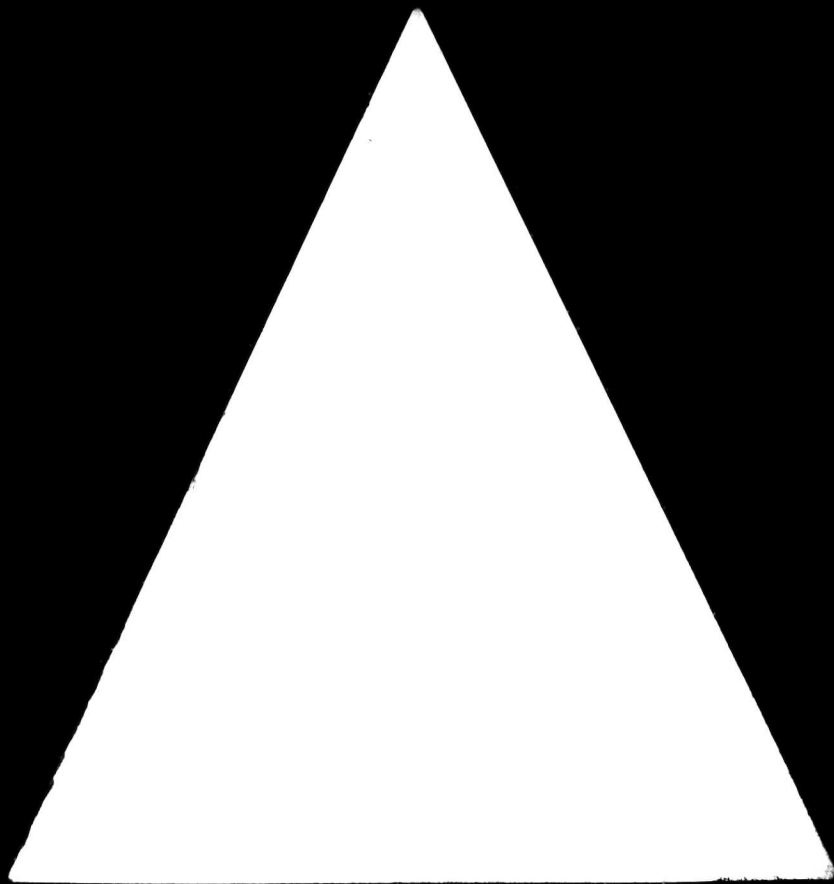
\$ 50

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

Fifty 00 Dollars,
per above voucher, this 14 of Feb 1891.

R. C. Irwin
for I. A. Scott

0-000000



Ordinary's Certificate

STATE OF GEORGIA

Cobb COUNTY

I, Wm. S. Lindsay Ordinary of said County, do certify that I know J. W. Scott 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 1st November 1908, that I also know J. H. Stewart

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 faithful, trust-

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

Sworn under my hand and official seal of office this 24 day of Oct 1919

(SEAL)

Wm. S. Lindsay 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. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage by some person or by general reputation.

No.

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Cobb

Name J. W. Scott

Widow of J. W. Scott

Company D

Regiment 7th La. Inf.

Approved _____

ENTERED ROSTER, 1919

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-30-19

Enl. May 4, 61. Dis-
charged 1864. No
other record.

Scott, J. W.
1864

Ordinary's Certificate

STATE OF GEORGIA

COUNTY.

I, J. M. Lums Ordinary of said County, do certify that I know Lou J. Scott 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. J. Handager 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 24 day of Oct 1919

(SEAL)

Ordinary.

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 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. 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.

No.

County

Name

Widow of

Company

Regiment

Approved

ENTERED ROSTER OFFICE

J. W. LINDSEY
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-30-1919

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

Questions for Applicant

STATE OF GEORGIA,

COUNTY.

Personally before me comes Lou J. Scott 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? Lou J. Scott Powder Springs Ga
2. How long and since when have you been a continuing resident of the State of Georgia? 76 years
3. When, where and to whom were you married? May 10, 1866. DeKalb Co. Ga. Isaac H. Scott
 - a. Have you married since the death of first and soldier husband? No
 - b. 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.) Union R. 61. Powder Springs Ga. Company Co. D. 1st Ga. Infantry
 - c. When and where did the commands of your husband surrender or discharge from the army? April 1865. Appomattox Va
 - d. Was your husband personally present at the time of the surrender or discharge of this command? No
 - e. If he was not present state clearly where he was? he was at home
 - f. Where was his command when he left? Virginia
 - g. For what cause did he leave his command? He was wounded on the knee of the right leg and he was sent to the hospital and never returned
 - h. By whose authority did he leave his command? He was discharged on this act
 - i. For how long was he granted leave of absence? and never returned during his life
 - j. What was his physical condition when he left his command? he was
 - k. What effort did he make to return to his command? he was
 - l. In what way was he prevented from going back to Command? he was
 - m. Was he captured by the enemy at any time? No
 - n. If so, when and where captured and where held as a prisoner, and when and for what cause released? No
 - o. When and where did your first husband die? July 1st 1908
 - p. Were you residing together when he died? Yes
 - q. If not, how long had you resided apart? Yes
 - r. Are you now a widow? Yes
 - s. Have you or your husband heretofore been paid a pension by the State? Yes my husband

Sworn to and subscribed before me this the

13 day of October 1919

J. M. Lums Ordinary

of DeKalb County.

(SEAL)

Scott, Lou J. 1919

Ind. May 4 61. Sec. 1. 1919. 1919. 1919.

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,

Cobb

COUNTY.

Personally before me comes *Mr. Sam J. Scott* 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? *Sam J. Scott, Powder Springs, Cobb Co. Ga*
2. How long and since when have you known *Sam J. Scott* applicant?
3. How long and since when has she continuously resided in this State? (Give date.)
4. When and to whom was she married? *I H. Scott* How do you know?
5. How long and since when did you know *I H. Scott* her husband? *Ever since 1861*
6. When and where did *I H. Scott* the husband of applicant, die? *Cook*
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?

9. When, where and in what Company and Regiment, did *I H. Scott* enlist? *April 17 1861 Co. D 7th Ga Infantry*
10. Were you a member of the same Company?
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? *He was wounded July 21-1861 and came back to his post and continued on as such*
12. When and where did his Command surrender, and was discharged? *At Vicksburg approximately April 9-1865*

13. Were you personally present when it was surrendered? *Yes* If not, where were you and how came you there?

14. Was the husband of applicant personally present at surrender? *No* If not where was he? *Wounded July 21-1861, returned to his post* 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? *Wounded*

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

20 day of *October* 18*69*

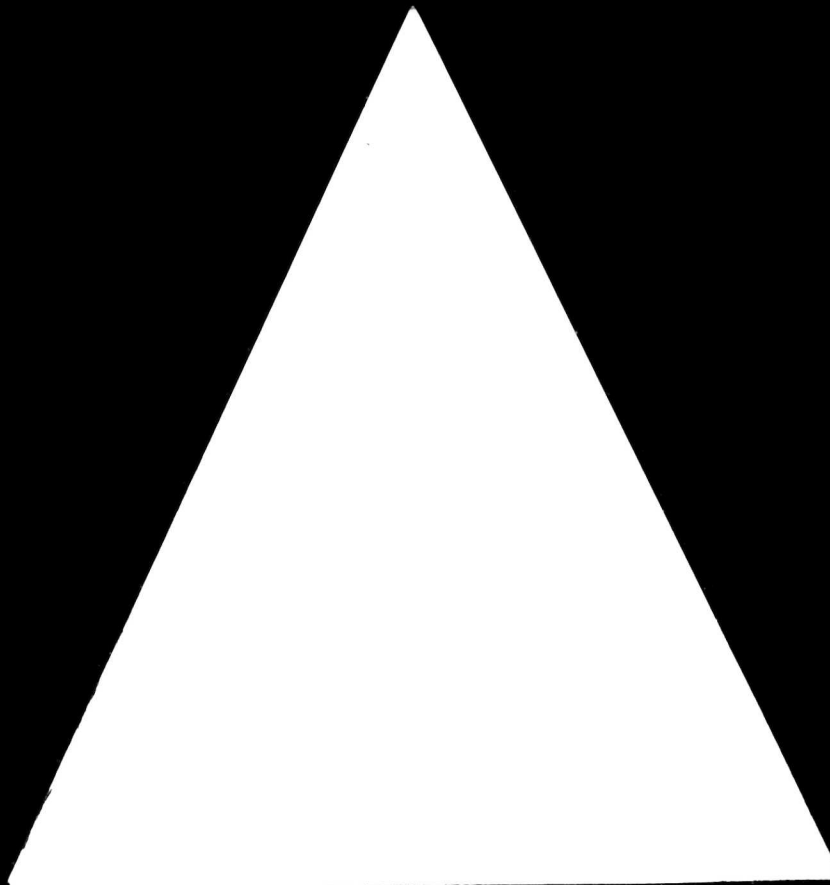
Sam J. Scott Ordinary
of *Cook* County.

(SEAL)

*This is not an original
Capt Co. D - 7th Ga. Regt*

Of York County. }

(SEAL)



POWER OF ATTORNEY.

STATE OF GEORGIA

Cobb County

Nancy E. Scott of Cobb County, hereby authorize John Lindsey to receive and receipt for the pension paid hereon, and request that he remit same to Edward at _____

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

day of June 1903.

Executed in the presence of

John Lindsey

Nancy E. Scott [L.S.]
Edward

Scott, Nancy E.
Cobb, County
To Those Heretofore Paid.

1903.

No. 167

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Mrs. Nancy E. Scott
of Cobb County,
Widow of W. R. Scott
Co. _____ Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/23 1903

AND HANDLED TO

body.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of

Cobb

PERSONALLY COMES Mrs.

Nancy E. South

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

W. R. South

who was a soldier in Company

of the

Regiment of

4th

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

1860, and served in the Army up to

1861

That he died

on the day of

December 1899

*Owing to age, family and
 infirmity she is unable 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 1849

I have been ~~allowed~~ *enrolled* an Indigent pension as a resident of*Lawrence*

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 *2* day of *Jan* 1903.*John H. South*, Ordinary.

Post-Office

Nancy E. South

State of Georgia,

Cobb

County.

John H. South

Ordinary of said County, certify that I am well

acquainted with Mrs. *N. E. South*, 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 *Jan* 1903.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,

Cobb COUNTY.

I, *Nancy E. Scott*

hereby authorize

John W. 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 *27*

day of *Jan* 1904.

Nancy E. Scott [L. S.]
Murt

Executed in presence of

John W. Lindsey

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, *Nancy E. Scott*

hereby authorize

John W. 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 *13*

day of *January* 1905.

Nancy E. Scott [L. S.]
Murt

Executed in presence of

John W. Lindsey

TO THOSE HERETOFORE PAID.

1904.

No. *240*

INDIGENT

WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904

PAID TO

Mrs. Nancy E. Scott

County,

Cobb of *W. B. Scott*

Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1904,

AND HANDED TO

John W. Lindsey
Geo. W. Harrison, State Printer, Atlanta.

To Those Heretofore Paid.

1905.

No. *222*

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

Mrs. Nancy E. Scott

OF

Cobb County,

Widow of

Regiment.

Co.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1905, 93

AND HANDED TO

John W. Lindsey
Geo. W. Harrison, State Printer, Atlanta.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

Nancy E Scott

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 MR Scott 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 _____ 1863 _____. That he died on the _____ day of Dec _____ 1879 _____. owing to age infirmity and poverty unable to support himself

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 49

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 27 day of Jan 1904.

John H. Harty Ordinary.

Post Office _____

State of Georgia,

Cobb County.

I, John H. Harty Ordinary of said County, certify that I am well acquainted with Mrs. Nancy E Scott 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 27 day of Jan 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.

Nancy E Scott

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 MR Scott who was a soldier in Company _____ of the 2nd Regiment of _____

Volunteers, that he enlisted in said regiment on or about the month of _____ 186 _____, and served in the Army up to _____ 190 _____. That he died on the _____ day of _____ 18 _____.

Age Infirmary & 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 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 13 day of Jan 1905.

John H. Harty Ordinary.

Post-Office _____

State of Georgia,

Cobb County.

I, John H. Harty Ordinary of said County, certify that I am well acquainted with Mrs. Nancy E Scott, 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 13 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.

Scott, L.J.

ACT 24th October, 1887.

(In Folsom Co 1898)

SOLDIER'S PENSION 1896.

Name *S. J. Scott*
County *Cobb*
Disability *Leg*
Amount, \$ *50*

1896.
RICHARD JOHNSON,
Secretary Executive Dep't.

WARRANT HANDRED TO

Geo. W. Harrison, State Printer

1/5.98

Ex. Sept 20 March 1896
The board by the physi-
cians do not set out
any disability entitling
applicant to a pension
In addition to the proof
to be made by the physi-
cians there must be
three witnesses -
and they must so state
the present condition
of applicant that it
can be understood on
what grounds they base
their decision as to his
disability. The cer-
tificate to be made
by the Ordinary is
blank -
Rich Johnson
(See over)
See Mem. attached

Dec 17 1896
More full & detailed state must as to the
present physical condition of applicant
is required - *Rich Johnson*
Com of Board

STATE OF GEORGIA.
COUNTY of *Cobb*
I, *J. P. Scott*, hereby authorize
of *Rich Johnson* to receive and receipt for the pension allowed and
request that he remit same to *Rich Johnson*
by *at* *13th day*
day of *January* 1897.
I, WITNESS WHEREOF, I have hereunto set my hand and seal, this
Executed in presence of:
W. J. Scott
[L.S.]

POWER OF ATTORNEY.

Form 5.

STATE OF GEORGIA.

I, *S. J. Scott* COUNTY *Colt* hereby authorize *John M. Stone Ordinary* to receive and receipt for the pension allowed and request that he remit same to *Me a Pension* by *at* *13th day*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *13th day* day of *February* 1896. *S. J. Scott* [L. S.]

Executed in presence of:

Mon full & at Lake State ment as to the
are 11/1896
must be kept in a secure place
in regard to

Ex. 29 March 1896
The fund by the physi-
crans do not get out out
any disability into this
affili can't be a pension
In addition to the fund
to be made by the physi-
crans other must be
three witnesses -
and they must as state
the present condition
of affli can't that it
can be understood on
what grounds they have
this opinion as to his
disability - The ev-
idence to be made
by the Ordinary is
blank -
See mem. attached
(See over)

Scott, S. J.
ACT 24th October, 1887.
(See P. 100, 1896)
SOLDIER'S PENSION
1896.

| | |
|------------|--------------------|
| Name | <i>S. J. Scott</i> |
| County | <i>Colt</i> |
| Disability | <i>Leg</i> |
| Amount | <i>50</i> |

1896
RICHARD JOHNSON,
Secretary, Executive Department.
WARRANT HANDLED TO
1/5-98

Form 1.

For Use of Applicants Who have Not Heretofore Drawn.

STATE OF GEORGIA,

Colt COUNTY *S. J. Scott* of *Colt* County, State of Georgia, who being duly sworn says on oath that he was born on the *13th* day of *August* 1843, that he is a bona fide citizen and resident of Georgia, and has been continuously since the *18th* day of *August* 1863 that he enlisted in the military service of the Confederate States (or the State of) during the war between the States, and served as a *Private* in Company *B* of *1st Confederate* th Regiment of Volunteers *Jackson* Brigade; that whilst engaged in such military service, and in line of duty in the State of *Alabama*, on the day of 1863, he was disabled or wounded as follows:

He contracted Merosis Osseum in his right
hip and leg from which he is permanently
disabled from performing manual labor and
that said members are practically useless to him
in laboring and occasions him much suffering.
That former pieces of the bones of said leg and
hip have been discharged from his hip and leg
from time to time.

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 thereunder, ending October 26th, 1896.

Sworn to and subscribed before me, this the *26th* day of *January* 1896. *John M. Stone* Ordinary.

S. J. Scott

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 WITNESSES.

STATE OF GEORGIA,

Cobb

County.

PERSONALLY appears before me, the undersigned, Ordinary in and for said County, *A. J. McLeary* and *A. Y. Moss* each of whom, being duly sworn according to law, severally say, under oath, that they are personally well acquainted with *S. J. Scott*

whose application is herewith presented for a pension, that he served in Company *A* of the *Confederate* Regiment of

Volunteers, and from our personal knowledge he was injured by the service as follows: *after full statement, and full explanation of the injury received, and how badly applicant is disabled from work.*

That he contracted Necrosis Femur while in the Confederate Service, during the war from which he is permanently disabled from performing manual labor, and is now in the Spring of his life.

We personally know above stated facts. We were with him in the army and have known him ever since. He was honorably discharged *in 1862* the service on *September* day of *1862*. 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 *24th* day of *January* 1896.

A. J. McLeary *A. Y. Moss* *A. H. Briggs*
Ordinary
Notary Public
State of Georgia
Sworn to and subscribed before me this *24th* day of *January* 1896.

J. M. Stone
Ordinary
Cobb County

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA,

Cobb

County.

PERSONALLY comes before me *J. M. Stone* Ordinary of said County, *John A. Simpson* and *E. J. Stutz*, both known to me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined *S. J. Scott* and after such personal examination,

say that the present condition of applicant is as follows:

Same in right leg & hip - from necrosis femur. Remains of sinuses from which bone was discharged now on leg. Still discharging from two sinuses.

and that said condition is permanent.

We further say that said condition arises from the following facts:

Result of service during the war - was discharged on account of disability.

We have treated applicant professionally for *not* years, and his condition, as above stated, does *not* arise from any hereditary or congenital cause, nor from any vicious or intemperate habits.

Sworn to and subscribed before me, this *24th* day of *January* 1896.

J. M. Stone
Ordinary

John A. Simpson M.D.
Engineer

NOTE 1.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.

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

NOTE 3.—The physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA,

Cobb

County.

I, *J. M. Stone* Ordinary of said County, do certify that I am well acquainted with *S. J. Scott* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he resides in this County. I also certify that the foregoing witnesses to-wit: *A. J. McLeary* *A. Y. Moss* and *A. H. Briggs* 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 *19th* day of *April* 1896.

J. M. Stone
Ordinary
Cobb County

GEORGIA, _____ County.

I hereby authorize and constitute _____ of _____ County, my lawful attorney to collect and receipt for me in my name, the pension due to _____ for 1920, now deceased, who was on the _____ Pension Roll from said County at his death.

Witness my hand and seal, this _____ day of _____ 1920.

ATTEST BY _____

Note 1—Use this blank only when the Pension is wanted to pay funeral expenses.

Application for Pension Due
Deceased Pensioner
Under Act 1904

Wm. Blaine Ordinary
For *6 & 2 Scott*

of *Scott, S. S.* County
in *Co. 2, 1st Regt.* Regiment

Died *March 1, 1870*

Amount \$ *1.00*

Approved and ordered paid *150*
March 1, 1920

J. W. LINDSEY,
Commissioner of Pensions

July 1920
done

Additional Testimony

Georgia } Personally appeared before
Cobb County, } me, the undersigned, Ordinary
} in and for said County, S. S.
Griggs who being duly sworn, according to law
Says under oath, that P. J. Scott was a
Member of the same Company he served in and
was a sound man when he enlisted in Co. 2,
1st Confederate Regiment. He came to the Company
at Port Gaines Alabama in February 1863. Said Scott
was discharged in September 1863 from a disease
of the bone of his right leg. I remember well
he was apparently as stout a man as we
had. He gave when he joined the Company
deponent served in. Deponent has known
Mr Scott ever since the war. He has been
a cripple ever since he was discharged,
and confined to his room a great portion
of the time with the same trouble or disease. I have
seen pieces of bone discharged from his leg.
He contracted this disease while in the
Service while in the Service at Port Gaines Alabama.
He was attacked by the disease in July or
August 1863 as deponent remembers. He com-
plained of severe pains in the leg, was the
first deponent knew of it and was sent
to the hospital on account of it.

Mr Scott was a sound

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, Cobb County.

Personally before me, the Ordinary of said County, comes
W. H. Scott of said County, who, after being sworn, on oath says that
 he knew Mrs. E. A. Scott (Annie) of said County, and that he was on
 the Indigent Pension Roll Cobb County at the
 time of his death, which occurred in Cobb County, in this
 State, on the 15 day of August 1926, and that
 a Pension of One hundred 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 _____
 Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me
 this 17 day of Dec 1926 W. H. Scott
W. H. Scott Ordinary.
Cobb County.

GEORGIA, _____ County.

AFFIDAVIT OF ORDINARY

I, J. M. Gause Ordinary of said County, do certify
 that I personally know Robertson Scott, 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 Mrs. Annie Scott while in life; that he
 was the same person whose name appears on the Indigent Pension
 Roll of Cobb County, and was due a Pension
 of \$100 Dollars in said County for 1926 and
 I now believe him to be dead.

Given under my hand and official seal, this 17 day of December, 1926
J. M. Gause Ordinary.
Cobb County.

NOTE: Require those claiming accounts for expenses of last illness and for funeral expenses, to make out the
 account in itemized form, giving value of each item and for what. Running accounts, other than those connect-
 ed with last illness before death, cannot be paid. All accounts must be made out and sworn to before the Ord-
 inary, 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."
 Parties who pay such bills must see to it that they are itemized and sworn to as above directed before
 presenting them for payment by the State.
 The Ordinary must see that an affidavit has been made on the face or back of each bill submitted for pay-
 ment, and must then attach such bills to this voucher and send to the Pension Office so that his account may be
 given credit for the money thus paid out. If you have any doubt about a claim, send it to this Office for instruc-
 tions.

man when he enlisted in said Company
 as far as I knew. He did Soldier's duty
 until he was taken down just as the
 others did. Mr Scott had two symptoms
 of disease when he enlisted in the Company.
 He was discharged on account of
 this diseased leg. The difference in his
 legs is that the sore leg is practi-
 cally useless while the other is
 sound. A. A. Briggs
 Sworn to & subscribed
 before me this Nov 2nd
 1897. J. H. Stone
 Only.

Georgia
 Cobb County } Personally
 appeared before
 me George W.
 Robertson who being duly sworn
 says, that he has read the fore-
 going affidavit of A. A. Briggs
 and knows of his own knowledge
 that the facts stated therein are
 true. Defendant has known Mr
 Scott all his life.

Richard Johnson
Commissioner of Pensions
ATLANTA GA

3/22/1897.

Further proof is asked going to show that the disease originated in or was caused by the service.

How long after applicant enlisted was it before the disease manifested itself?
In what form was it first noticed?
At what time was it first known by the witnesses?

Was applicant free from this trouble when he enlisted?

Had he at that time any symptoms of it?

Did it cause his discharge from the army?

How does the case differ from the other

Rich Johnson
Comm of Pensions

| STATEMENT | | J. J. BLACK, Secy-Treas. and Gen. Mgr. |
|--|----------------|--|
| MARIETTA, GA. Dec 15 th 1921 | | |
| <p><i>Funeral Expenses of William Elizabeth Scott</i>
IN ACCOUNT WITH <i>G. Bessinger</i>
Black Undertaking Co., Inc.
Funeral Directors and Embalmers</p> | | |
| DAY PHONE 400 106 WINTERS STREET NIGHT PHONE 480 | | |
| Account Rendered | | |
| Aug 22 | Cash on D.D. x | 15.00 |
| | Funeral | 25.00 |
| | Embaling | 15.00 |
| | Flowers | 10.00 |
| | | <u>20.00</u> |
| <p>Georgia } Personally appeared before me
Cott (only) } W. J. Black, Manager for Black
Undertaking Co., who on oath says
the above acct is just true and
and unpaid W. J. Black</p> | | |
| <p>Given to and
subscribed before
me 12/19-21
J. M. Bessinger</p> | | |
| <p>Recd of J. M. Bessinger ordinary
Cash hundred 100.00 dollars</p> | | |
| 12/20/21 | | W. J. Black |

J. E. MOZLEY,
ATTORNEY AT LAW
MARIETTA, GEORGIA

Marietta, Ga.

189

Georgia Sup. Court. Do. I have advised
the undersigned
that the undersigned
and the undersigned who on oath said that in
addition to the affidavits made by me on
Jan 27th 1890 in the case of J. D. Scott applicant
for writs said Scott contracted the
disease at one in said affidavit at first
said one in the Spring or summer of 1883
and that on account of said disease said
Scott was discharged from service.
Applicant said that there has been a large
number of times to times more or less
two and three leaving large holes
and scars. Said Scott has been
constantly using matter freely, rendering
his eyes by continually wetting and anointing
the same with various ointments and
ointments. He said that said Scott
is a permanent one and that applicant and myself
will move to approach to and was present when
he was discharged. A. A. Briggs
Sworn to before me on 5/19/90

Sworn to and subscribed
before me this 11th Nov
3rd 1897.
J. H. Stone
Ordry.

Georgia
Scott County } Personally appeared before
me the undersigned, James
F. Johnson who being
Sworn Says that the facts stated in the
 foregoing affidavit of A. A. Briggs are
true of his own knowledge - that he
was in the same Company + has been
a neighbor of J. D. Scott since 1858.
Sworn to and subscribed before
me this 11th November 7th 1897
J. M. Stone
Ordry.

James F. Johnson

Georgia } Personally appeared before
DeKalb County: } me John M. Stone, Ordinary of
said County - H. A. Gandy, & George

M. Robinson. Who was a member of the same
Company and Regiment of said P. I. South
and knew of his Service and disease con-
tracted from said Service as specified
in his application for pension under the
Law providing for the pension of disabled
Soldiers and those who served in the late war
and are entitled to the provisions of this State
to pension. That we have known said
applicant since his boyhood. We know that
he was a member of Company F. 1st Califor-
nia Regiment and was discharged at Fort Gaines
Alabama and that while in said Paid Service
he contracted the disease or sprain in the
or Rheim of his bones and has been a
sufferer ever since and is now and to the
best of our belief will always be permanently
disabled from performing manual labor.
George M. Robinson state that he have the day
examined said and know the foregoing statement
to be true.

George M. Robinson

Sum to Subscribed
before me this January
13th 1897. J. M. Jones
Only

State of Ala
County Do

I am person appeared before the
Commissioner & J. McCurdy who
this day sworn says that in
addition to the affidavit made by me on Jan 7th
1896 in the case of J. Scott Applicant for
Union said Scott contracted the disease set
out in said affidavit in Fors. Game Ala in
the Spring or Summer of 1893 and that on account
of said disease said Scott was discharged
from service. Plaintiff says that there has
been a number of cases of bones worked out
of his hip and thigh leaving large scars
and sores. Said bones have been examined
being matter thereby rendering his right
leg scarcely useful and disabling
him from performing manual labor
Plaintiff says that said disease is permanent
Applicant, my wife & A. G. Gregg were members
of applicant's company
Sworn to & subscribed before me
this Jan'y 12th 1897 - Emmett F. Cook
Judge Probate Clerk Co. Ala

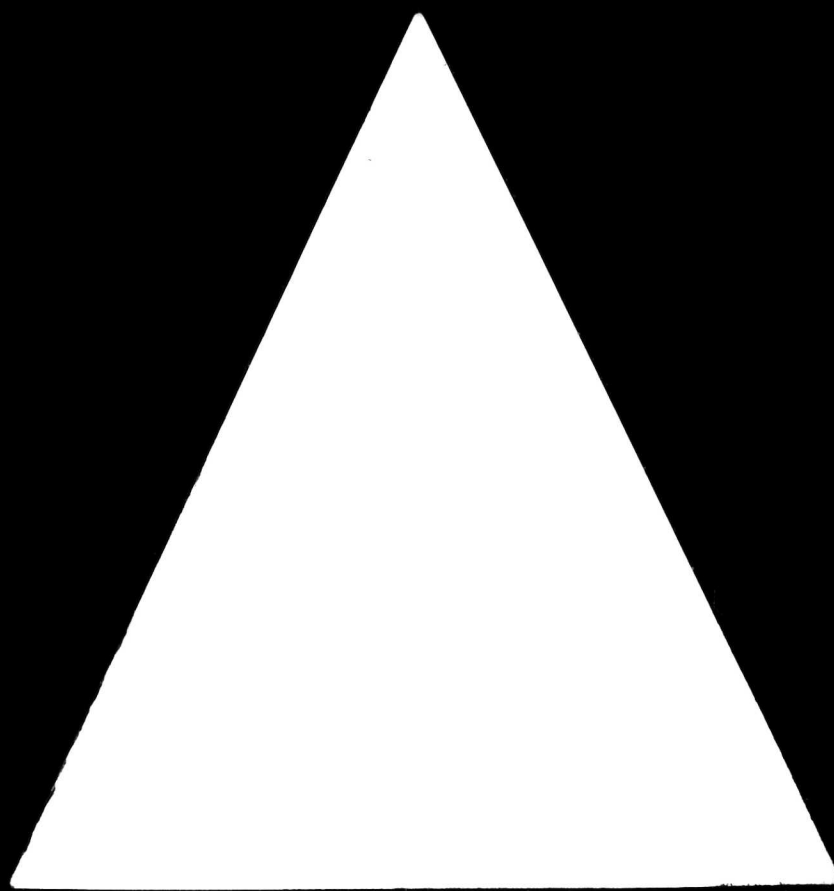
Jungfernsbach, Cuckoo bei Alr

Maintta. Ga Dec 29¹⁸⁹⁶
I certify that E. J. Scott is at
present in a bad state of
health - Unfit for any labor.
Has been in bad health since
this war - His present condi-
tion is due to result of ~~the~~
injury of bone from exposure
during war - He is permanently
disabled and becomes leave
able to perform any work
very poor.

Jas M. Simpson
M.D.

E. J. Setze M.D.
Sworn to & subscribed before me
this Dec 29¹⁸⁹⁶.

J. M. Stone
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 papers are returned for correction and amendments are *added* to any of the affidavits, the amendments must be made *under oath* before an officer, and the proofs must show that the amendments have been duly sworn to.
5. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.
6. The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.
7. No payments can be made for any past year.

W. H. HARRISON,
Clerk Ex. Dept.

1890.

APPLICATION FOR ALLOWANCE

FOR
Disabled by Disease
Applicant, *W. H. Scott*
County, *Cobb*
Amount, *50*
Date of Warrant, *Sept 6*
Entered on record *Sept 6* 1890
C. L. N. H.

WARRANT HANDED TO

R. Harrison

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

*Ex. Dept. Atlanta Ga
Sept 1, 1890.*

*Applicant, affdavit
not officially sworn
to.*

*The full history of the case
could not be furnished
and not been furnished.*

*The rules are printed, not
for past time, but must
be observed by all parties.
Lieut. would write
out & make oath to a
fact statement showing
precisely how applicant
was disabled & how it is known that
the disease caused the
disability. (As he*

*thinks he always been
disabled from disease
before the service.)*

*What business does appli-
cant have? What has he done
since the war? Has he been in
any other service? (As he was
present at the battle of Gettysburg,
Aug. 28, 1862, Co. H, 1st Mass. Inf.,
2nd Regt., 1st Div., 1st Army, 1862.)*

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

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

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

7. No payments can be made for any past year.

W. H. HARRISON,
Clerk Ex. Dept.

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,

Cobb County,

PERSONALLY appears *Wm N Scott* 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 continuously since the *1st* day of *January* 18*88*, 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 *G*, of *1st* Regiment of *Confederate* Volunteers *Powell* Brigade; that whilst engaged in such military service at the battle of in the State of on the day of 186*6*, he was wounded as follows:

That whilst engaged in said military service, he contracted inflammatory rheumatism; at Fort Gaines Alabama and has had it continuously since to such an extent that he is unable to walk at all for one half the time & was in bed for thirteen months & which disease totally unfit him for any work & fatigues & renders him

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

Sworn to and subscribed before me this the

25th day of *Aug* 18*90*

NOTE.—State facts, name, wounds, character of disease which causes the disability, and explain particularly the extent of the disability. If claim is based on disease, give connected history of disease, tracing it directly to the service.

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

Cobb County,

PERSONALLY came before me of the county of *Cobb* State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company *G*, of *1st* Regiment of *Confederate* Volunteers, and that deponent knows *Wm N Scott*, 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 *Wm N Scott*

as stated by him in said affidavit. Deponent further states that said *Wm N Scott* is a *bona fide* citizen of this State and resides in *Cobb* county. *Y. W. Kewell*

Sworn to and subscribed before me this

25th day of *Aug* 18*90*

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.

1890.

APPLICATION FOR ALLOWANCE

FOR
Disabled by Disease
Applicant, *Wm N Scott*
County, *Cobb*
Amount, *50*
Date of Warrant, *Sept 6*
Entered on record *Sept 6* 18*90*
WARRANT HANDED TO *Rabin*
W. J. Campbell, State Printer, Constitution Job Office, Atlanta.

Ex. Dept. Atlanta Ga. Sept 1. 1890.
Applicant's affidavit as it not officially sworn to.
The full history of the case each year, by the rules, has not been furnished.
The rules are provided not for past time, but must be observed by all parties.
Just words with out a statement over to a free statement showing proceed how applicant caught rheumatism & how it is shown that the disease came to him! Was he drunk? Was he always been acting free from disease before the war?
What business was he in at the time? What was he doing? Was he in the service? Was he in the service? Was he in the service? Was he in the service?

Totally disabled

STATE OF GEORGIA,

Cobb County.

PERSONALLY came

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

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

Sworn to and subscribed before me, this _____
day of _____ 1890.

NOTE. Above affidavit must be made by three citizens who personally know of the service of applicant and can state of their
own knowledge precisely how he is disabled, and what disabled him.

NOTE 2. The attesting officers must see that each witness reads, or has read to him the affidavit he signs.

STATE OF GEORGIA,

Cobb County.

Physicians comes before me *J. M. Stone* Ordinary of said county,
W. H. Hunter and *J. F. Cotton*, both known to
me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined *W. H. Scott* and after such
examination say that the applicant has been injured as follows:

*That on 1st of September 1863 whilst
engaged in the military service of
the Confederate States at Fort Gaines
Ala. He contracted inflammatory
rheumatism, & has been a sufferer
from said disease ever since
& at times he is totally unable to
walk, & is totally unable
to perform any labor at any time
by reason of said disease*

Sworn to and subscribed before me, this _____
day of *August* 1890

J. M. Stone

ORDINARY.

NOTE. The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability result-
ing therefrom.
NOTE 2. If claim is for disability resulting from disease, state how the disease is known to result from the service as a soldier.
Also state how long physicians have known and treated applicant

STATE OF GEORGIA,

Cobb County.

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

I further certify that *Unish Mathews* 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 *29* day of *August* 1890.

Ordinary

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 *R. C. Smith*
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
29 day of *August* 1890.

Executed in the presence of us:

J. M. Stone Ordinary

DIRECTION.

If allowed, send amount by _____
me at _____

to

and oblige,

STATE OF GEORGIA,

I, W. H. Stone Ordinary of said County,
do certify that I am well acquainted with W. H. South 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. H. Matthews
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 19th day of July 1891.

Ordinary Cobb County.

STATE OF GEORGIA,

I, J. M. Stone Ordinary of said county,
do certify that I am well acquainted with W. H. South 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 18th day of May 1892.

Ordinary Cobb County.

1891

South, W. H.
Cobb Co

PAID 1891

1891

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

Dr. J. M. Stone
Applicant, W. H. South
County, Cobb
Amount, \$50.
Date of Warrant, 9/19
Entered on record, 9/19 1891
Cobb
WARRANT HANDED TO
J. M. Stone
Geo. W. Harrison, State Printer, Atlanta, Ga.

Cobb Co.

South, W. H.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name W. H. South
County Cobb
Disability Discharge
Amount, \$50
Entered on record May 19 1892.

W. H. HARRISON,
Secretary of Insurance Department.

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears

W. H. Scott 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 *Sept* 18*61*; 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 *12*th Regiment of *Georgia* Volunteers *Rawlins*'s Brigade; that whilst engaged in such military service at the battle of *Port James* in the State of *Alabama* on the *1st* day of *Sept* 186*2*, he was

wounded as follows:

Made in actual service in the year 1861 I did contract inflammatory rheumatism of which disease I have been continually disabled and not able to do full manual labour at any time

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

fifty dollars, for *said disability*

Sworn to and subscribed before me, this, the

15 day of *Nov* 1891.

W. H. Scott

W. H. Scott *Ordinary*

POWER OF ATTORNEY.

STATE OF GEORGIA,

W. H. Scott County.

Know all Men by these Presents, That I, *W. H. Scott* of *Cobb* County, State of Georgia, do hereby appoint

James H. Bullard 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 *Nov* 1891. *W. H. Scott* [L. S.]

Executed in the presence of us:

W. H. Bullard *Ordinary*
James H. Bullard

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears

W. H. Scott 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 *Sept* 1837 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 *12*th Regiment of *Georgia* Volunteers *Rawlins*'s Brigade; that whilst engaged in such military service at the battle of *Port James* in the State of *Alabama* on the *1st* day of *Sept* 1862 he was

wounded as follows: *Attacked with typhoid fever inflammation from an abscess in the pharynx - was paralyzed for near a year - now am unable to do my manual labor since the war & unable to perform the ordinary manual operations 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, 1892. I have heretofore been allowed a pension of

50 Dollars for *said disability*

Sworn to and subscribed before me this, the

15 day of *Nov* 1892.

W. H. Scott

W. H. Scott *Ordinary*

POWER OF ATTORNEY.

STATE OF GEORGIA,

W. H. Scott County.

Know all Men by these Presents, That I,

W. H. Scott of *Cobb* County, in said State, do hereby appoint

James H. Bullard 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 *Nov* 1892.

[L. S.]

Executed in the presence of us:

W. H. Bullard *Ordinary*
James H. Bullard

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

POWER OF ATTORNEY. STATE OF GEORGIA.

Cobb County.
Know all Men by these Presents, That I W. H. Scott
of Cobb County, State of Georgia, do hereby appoint
of James M. Bullard 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
22nd day of March, 1893.

W. H. Scott
Executed in the presence of us:
W. H. Scott J. M. Bullard

DIRECTION.
Send money to me as follows, by James M. Bullard
to Powder Springs P. O.
Cobb County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb COUNTY.
Know all Men by these Presents, That I, W. H. Scott
of Cobb County, State of Georgia, do hereby appoint
of James M. Bullard 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 Attor-
ney 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 March, 1894.

Executed in the presence of us
[L. S.]

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

Soldier's Pension.

1894.

Name W. H. Scott
County Cobb
Disability Discharge
Amount, \$ 50
1894.
W. H. HARRISON,
Secretary Executive Department.
WARRANT HANDLED TO
Applicant
Geo. W. Harrison, State Printer, Atlanta.

Cobb County.
1893.
Application for Advance
No. 6328
For the Year Ending October 31, 1893.
FOR
Reason Disability
Applicant W. H. Scott
County Cobb
Amount, \$ 50
Date of Warrant 3/23
Entered on record 3/23
1893.
W. H. Scott
WARRANT HANDLED TO
J. M. Bullard
Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears

Cobb County. *W. H. Scott* 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 *Sept* 1837; 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 *1st* Regiment of *Volunteers* *Donnell*'s Brigade; that whilst engaged in such military service at the battle of *the Contrabands* in the State of *Ala.* on the *1st* day of *Sept* 1862, he was

wounded as follows: *Infammatory Rheumatism which has disabled him from doing any manual labor since the war*

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 *Disability*

Sworn to and subscribed before me, this, the

22nd day of *March* 1893.

Norm—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,

Wm. H. Scott Ordinary of said County, do certify that I am well acquainted with *Wm. H. Scott* 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 *Wm. H. Scott* 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 *22nd* day of *March* 1893.

Wm. H. Scott Ordinary *Cobb* County.

STATE OF GEORGIA,

COMMISSIONER OF ALLOTMENT

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears

Cobb County. *W. H. Scott* 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 *Sept* 1837 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 *1st* Regiment of *Volunteers* *Donnell*'s Brigade; that whilst engaged in such military service at the battle of *the Contrabands* in the State of *Ala.* on the *1st* day of *Sept* 1862 he was

wounded as follows: *was attacked with inflammatory rheumatism from which I have never recovered. Deponent is an invalid and 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 allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of

\$50 dollars, for the year 1893

Sworn to and subscribed before me, this, the

15th day of *March* 1894.

Uriah Mathews S. D. E. & P.

Norm—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,

Wm. H. Scott Ordinary of said County, do certify that I am well acquainted with *Wm. H. Scott* 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* 1894.



Uriah Mathews Ordinary *Cobb* County.

Uriah Mathews is a duly Commissioned N.P. & S. Officer in Cobb County Ga. March 15/94

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

[L. S.]

DIRECTIONS.

Send money to me as follows, by,

to

P. O.

County, Georgia.

(For Those Already Enrolled.)

No. 337

SOLDIER'S PENSION.

1895.

Name W. H. Scott
County Cobb
Disability Wound
Amount, \$ 51 3/4 1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Gen. W. Harrison, State Printer, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }

I, W. H. Scott

hereby authorize

Florence

of Powder Springs Ga

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

W. H. Scott

by W. W. Florence

at Powder Springs

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10th

day of March 1896.

W. H. Scott
Mark

[L. S.]

Executed in presence of us

W. W. Scott & P.
8 + 6 dist - 9 M Cobb Co Ga

(For Those Already Enrolled.)

No. 3103

SOLDIER'S PENSION.

1896.

Name W. H. Scott
County Cobb
Disability Rheumatism
Amount, \$ 50. 1896.

3/11

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Gen. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *W. H. Scott* 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 *Sept* 18*77*; 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 *1st* th Regiment of *Georgia* Volunteers, *Powells*'s Brigade; that whilst engaged in such military service at the battle of *Kennesaw* in the State of *Georgia*, on the *1st* day of *Sept* 1863, he was wounded as follows:

Contracted inflammation of the knee which resulted in rheumatism and has been unable to do manual labor

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the 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, the *11th* 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,

Cobb County.

I, *J. M. Stone* Ordinary of said County, do certify that I am well acquainted with *W. H. Scott* 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.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears *W. H. Scott* 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 *September* 18*77*; 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 *1st* th Regiment of *Georgia* Volunteers, *Powells*'s Brigade; that whilst engaged in such military service in the State of *Alabama*, on the *1st* day of *September* 1863, he was wounded, injured or diseased as follows:

Contracted inflammation of the knee which resulted in rheumatism and has been unable to do manual labor

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of *Cobb* county been allowed a pension of *50* dollars, for the year 1895.

Sworn to and subscribed before me, this, the *5th* day of *March* 1896.

W. H. Scott *J. P. & Co. Adv. Gen.*
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, *J. M. Stone* Ordinary of said County, do certify that I am well acquainted with *W. H. Scott* 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.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Liberty County.

I, *W. H. Scott* hereby authorize *W. H. Scott*
Ballard of *Said County & State*

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

W. H. Scott by
at *Lawder Springs Ga*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *3rd*
day of *March* 1897.

W. H. Scott [L. S.]

Executed in presence of

W. H. Scott
21

ACT OF MARCH 1897
(For Those Already Enrolled.)

No. *3076*

INVALID

SOLDIER'S PENSION.

1897.

W. H. Scott

Name
County
Disability
Dependence

Amount, \$ *50.*
3/5 1897.

RICHARD JOHNSON,
Commissioner of Pensions

WARRANT HANDED TO

W. H. Scott
GEO. W. HARRISON, STATE PRINTER, AT NYA.



Audited

1897

COMPTROLLER GENERAL

6000
Maimed Soldiers.

Voucher No. *3046*

Amount \$ *50*

Paid to *W. H. Scott*

For *Debit from*
Nessee.

Sept. 6 1890

Included in Warrant No.

issued to Treasurer.

1897

WARRANT CLERK

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

R. L. Linn

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Georgia County.

Personally appears *W. H. Scott* 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 27*; 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 *1st* Regiment of *Georgia* Volunteers, *Panville's*'s Brigade; that whilst engaged in such military service in the State of *Alabama*, on the *1st* day of *Sept* 186 *2*, he was wounded, injured or diseased of follows:

Contracted Inflammatory Rheumatism by and on account of which disease Applicant is rendered permanently 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, 1897. I have heretofore under said law as a resident of *Cobb* county been allowed an invalid pension of *fifty* Dollars, for the year 188 *6*.

Sworn to and subscribed before me, this, the *3rd* day of *March* 1897. } *W. H. Scott*
POST OFFICE *Lawrence Springs*

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

STATE OF GEORGIA,

Cobb County.

I, *J. L. Stone* Ordinary of said County, do certify that I am well acquainted with *W. H. Scott* 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 *March* 1897.



J. L. Stone Ordinary *Cobb* County.

No. *3046*.

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Atlanta, Ga., Sept 6 1890

Mr. *W. H. Scott* of the County *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 *Disability from 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, 189 *0*.

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. Scott* CLERK EXECUTIVE DEPARTMENT.

\$ *50*

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

Fifty 00 Dollars, per above voucher, this *6* of *Sept* 189 *0* *W. H. Scott*



Scott, W. H.
babb

1891.

Maimed Soldiers.

Audited _____ 1891.

COMPTROLLER GENERAL.

Voucher No. 1203.

Amount \$ 50

Paid to W. H. Scott

For Discharge

Feb 17 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

J. M. Ballard

1891.

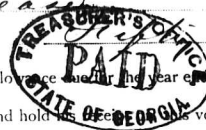
No. 1203

STATE OF GEORGIA.
EXECUTIVE DEPARTMENT. }

Atlanta, Ga. Decy 19 1891.

Mr. M. H. Seatt 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
dis. by disease
He is entitled to receive the sum of _____ Dollars
for such disability, the same being the allowance under the Act approved October 24, 1891.

The Treasurer will pay the same and hold it as a voucher and return same to
Executive Department for warrant.



W. J. Harrison
GOVERNOR.

By the Governor,

W. J. Harrison

SEC'Y EXECUTIVE DEPARTMENT.

\$ 50

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

Twenty 100 Dollars,
per above voucher, this 19 of Decy 1891.

W. H. Seatt
by James M. Bullard Atty

This is to certify that
 Mr H. Scott was a private in
 the Company of 1st and was
 1st Lieut and was mustered
 in to service at Ft. Lamo Ala
 as a healthy man and
 after serving 14 months
 on the first day of September 1863
 he contracted Inflammatory
 Rheumatism caused from
 Exposure in Bad weather
 as pronounced by the Surgeons
 in charge I was with him
 before and after he contracted
 the disease and am confident
 it was caused from Exposure
 while in actual service
 he has not been able to
 follow any occupation since
 the war (over)

I was acquainted with
 Mr H. Scott for years before
 the war and considered him
 a sound healthy man

Sworn to and subscribed
 J. H. Kewell Lt
 Upper Mo
 this Sept 2 1890
 Wm H. Matthews M
 Q. 8408 P

David Matthews M
 Q. 8408 P

Sworn to and subscribed before me

Rec'd Spring 64
 Sept 2nd 1890

J. H. Kewell

I certify that I have known Mr H. Scott for
 many years and that at the beginning of the war I regarded
 him as a healthy man. That he contracted Rheumatism
 in the war and that it the close of the war I treated him
 several years for Rheumatism. He has been getting
 worse every year and is now wholly unable to do
 any labor